



Department of Environmental Protection

Lawton Chiles
Governor

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Virginia B. Wetherell
Secretary

January 30, 1997

Mr. Anver A. Dawood
President
Parisian Cleaners
701 Virginia Drive
Orlando, Florida 32803

Re: Facility I.D. No. 0950340

Dear Mr. Dawood:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 5, 1996.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District

"Protect, Conserve and Manage Florida's Environment and Natural Resources"



Department of Environmental Protection

Lawton Chiles
Governor

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Virginia B. Wetherell
Secretary

May 20, 1997

Mr. Anver A. Dawood
701 Virginia Drive
Orlando, Florida 32803

Dear Mr. Dawood:

Mr. Todd Fletcher of Orange County has informed me that your business, Adams Cleaners, has been sold. Rule 62-213.300, Florida Administrative Code (F.A.C.), does not allow the transfer of an air general permit. Therefore, the air general permit which you received, No. 0950340, will not follow the change in ownership of the facility.

In addition, Rule 62-213.300, F.A.C., also requires the responsible official to notify the Department prior to any sale, other change of ownership, or permanent shutdown of the facility. As the responsible official for Adams Cleaners, please provide the Department with a statement to this effect. The receipt of this information will ensure that Adams Cleaners is removed from the Department's active file.

If you have any questions or if I can be of further assistance, please call me at 904/488-6140.

Sincerely,

Sandra Bowman
Mobile Source Control Section
Bureau of Air Monitoring
and Mobile Sources

SB\

Orange County Environmental Protection Department

PERCHLOROETHYLENE DRY CLEANERS RECEIVED TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

APR 31 1997

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

Bureau of Air Monitoring
& Mobile Sources

AIRS ID#: 0950340 DATE: 4/15/97 TIME IN: 0900 TIME OUT: 0905
 FACILITY NAME: Adams Cleaners
 FACILITY LOCATION: 2525 E. South St
Orlando FL 32803

PART I: NOTIFICATION

(check appropriate box)

1. Existing facility notified DARM by 9/1/96
2. New facility notified DARM 30 days prior to startup
3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
(check appropriate box)

A.

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Existing small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91) <input checked="" type="checkbox"/></p> | <p>2. New small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed on or after 12/9/91) <input type="checkbox"/></p> |
| <p>3. Existing large area source
dry-to-dry only, $140 < x < 2,100$ gal/yr
transfer only, $200 < x < 1,800$ gal/yr
both types, $140 < x < 1,800$ gal/yr
(constructed before 12/9/91) <input type="checkbox"/></p> | <p>4. New large area source
dry-to-dry only, $140 < x < 2,100$ gal/yr
transfer only, $200 < x < 1,800$ gal/yr
both types, $140 < x < 1,800$ gal/yr
(constructed on or after 12/9/91) <input type="checkbox"/></p> |

This is a correct facility classification Y N

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was _____ gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 1. Storing perchloroethylene in tightly sealed and impervious containers? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Examining the containers for leakage? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3. Closing and securing machine doors except during loading/unloading? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 1. Equipped all machines with the appropriate vent controls? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input type="checkbox"/> Y <input type="checkbox"/> N |

B. Has the responsible official of an existing large or new large area source also:

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Is the temperature differential equal to or greater than 20° F? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the perc concentration equal to or less than 100 ppm? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

- | | |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 1. Maintained receipts for perc purchased? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Maintained rolling monthly averages of perc consumption? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3. Maintained leak detection inspection and repair reports for the following: | |
| a. documentation of leaks repaired w/in 24 hrs? or; | <input type="checkbox"/> Y <input type="checkbox"/> N |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Maintained calibration data? (for direct reading instruments only) | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 6. Maintained startup/shutdown/malfunction plan? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 7. Maintained deviation reports? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Problem corrected? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 8. Maintained compliance plan, if applicable? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

PART VI: LEAK DETECTION AND REPAIRS

- | | |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------|
| 1. Does the responsible official conduct a weekly leak detection and repair inspection? | <input type="checkbox"/> Y <input type="checkbox"/> N |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------|

2. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

If using direct-reading instrumentation, is the equipment:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

3. Has the facility maintained a leak log? Y N

4. Does the responsible official check the following areas for leaks?

- | | | | |
|---------------------------------------------------|-------------------------------------------------------|---------------------------|-------------------------------------------------------|
| Hose connections, fittings, couplings, and valves | <input type="checkbox"/> Y <input type="checkbox"/> N | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Door gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N | Stills | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Filter gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Pumps | <input type="checkbox"/> Y <input type="checkbox"/> N | Diverter valves | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Solvent tanks and containers | <input type="checkbox"/> Y <input type="checkbox"/> N | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Water separators | <input type="checkbox"/> Y <input type="checkbox"/> N | | |

Anver Dawood

Name of Responsible Official

Todd Fletcher

Inspector's Name (Please Print)

Todd Fletcher

Inspector's Signature

4/15/97

Date of Inspection

Approximate Date of Next Inspection

Sold Facility, New Business, No Longer @ this address

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 0900 TIME OUT: 0905 AIRS ID#: 0950340
 TYPE OF FACILITY: Dry Cleaner
 FACILITY NAME: Adams Cleaners DATE: 4/15/97
 FACILITY LOCATION: 2525 E. South St
Orlando FL 32803
 RESPONSIBLE OFFICIAL: Anver Dawood PHONE NUMBER: 894-2655

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

*This facility has two Airs ID#s
0950314 & 0950340*

COMMENTS: *Sold Facility, New Business
No longer @ this address*

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: _____

INSPECTION CONDUCTED BY: Tom Fletcher
(Approximate)
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: _____

#0950340

BEST AVAILABLE COPY

Adam's Cleaners

P.13 10. one address needed

P.14 1.(c) mark out "X" and initial

3. should be existing large

area source

P.15 4. should be existing large

area source w/ control

equipment

1. F2

038

2. S

3. F

4. F

2803

5.

340

6.

803

7.

Code: 32803

8.

FP

9. Name and Title of Facility Contact (For example, plant manager):

WUDUPT KYNOLH MANAGE

10. Facility Contact Address: 7525 E. SOUTH ST ORLANDO FL 32803

Street Address: 701 VIRGINIA DR

City: ORLANDO FL

County: ORANGE

Zip Code: 32803

11. Facility Contact Telephone Number:

Telephone: (407) 844-2655

Fax: (407) 194-8588

RECEIVED

SEP 5 1990

Bureau of Air Monitoring

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>MUTARE INC</i> <i>9502038</i>
2. Site Name (For example, plant name or number): <i>ADAMS CLEANERS</i>
3. Hazardous Waste Generator Identification Number: <i>FLD 981865918</i>
4. Facility Location: <i>ORLANDO</i> Street Address: <i>7525 E. SOUTH ST</i> City: <i>ORLANDO FL</i> County: <i>ORANGE</i> Zip Code: <i>32803</i>
5. Facility Identification Number (DEP/Use): <i>0950340</i>

Responsible Official

6. Name and Title of Responsible Official: <i>ANVER A. DAWOOD - PRESIDENT</i>
7. Responsible Official Mailing Address: <i>701 VIRGINIA DR ORLANDO FL 32803</i> Organization/Firm: <i>MUTARE INC</i> Street Address: <i>701 VIRGINIA DR</i> City: <i>ORLANDO FL</i> County: <i>ORANGE</i> Zip Code: <i>32803</i>
8. Responsible Official Telephone Number: Telephone: <i>(407) 894-7605</i> Fax: <i>(407) 894-8588</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>ROBERTA KYNCH MANAGER</i>
10. Facility Contact Address: <i>7525 E. SOUTH ST ORLANDO FL 32803</i> Street Address: <i>701 VIRGINIA DR</i> City: <i>ORLANDO FL</i> County: <i>ORANGE</i> Zip Code: <i>32803</i>
11. Facility Contact Telephone Number: Telephone: <i>(407) 894-7605</i> Fax: <i>(407) 894-8588</i>

RECEIVED

SEP 5 1996

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	<i>#1</i>	<i>03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit	<i>COLUMBIA MODEL 1031 TANDEM</i>								
(1) w/ ref. condenser	<i>#1</i>	<i>1989</i>	<i>1989</i>	<i>#2</i>	<i>1989</i>	<i>1989</i>			
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
 (Indicate with an "X". Select one classification only.)

Existing small area source New small area source

Existing large area source New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt

No such units on-site

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:


I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____.

No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.



Signature

8/31/96.

Date

Orange County Environmental Protection Department

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0950314 DATE: 4/15/97 TIME IN: 0900 TIME OUT: 0905
 FACILITY NAME: Admas Cleaners
 FACILITY LOCATION: 2525 E. South St
 Orlando FL 32803

PART I: NOTIFICATION
 (check appropriate box)
 1. Existing facility notified DARM by 9/1/96
 2. New facility notified DARM 30 days prior to startup
 3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION *Last*

Facility indicated on notification form that it is:
 (check appropriate box) *See page*

<p>A.</p> <p>1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91) <input type="checkbox"/></p> <p>3. Existing large area source <input type="checkbox"/> dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed before 12/9/91)</p>	<p>2. New small area source <input type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)</p> <p>4. New large area source <input type="checkbox"/> dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed on or after 12/9/91)</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

This is a correct facility classification Y N

If no, please check the appropriate classification:

facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was _____ gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 1. Storing perchloroethylene in tightly sealed and impervious containers? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Examining the containers for leakage? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3. Closing and securing machine doors except during loading/unloading? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 1. Equipped all machines with the appropriate vent controls? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input type="checkbox"/> Y <input type="checkbox"/> N |

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N
Is the temperature differential equal to or greater than 20° F? Y N
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
Is the perc concentration equal to or less than 100 ppm? Y N
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N
4. Maintained calibration data? (for direct reading instruments only) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N
Problem corrected? Y N
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly leak detection and repair inspection? Y N

2. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

If using direct-reading instrumentation, is the equipment:

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N

c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N

d. Kept in a clean and secure area when not in use? Y N

e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

3. Has the facility maintained a leak log? Y N

4. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves Y N

Muck cookers Y N

Door gaskets and seating Y N

Stills Y N

Filter gaskets and seating Y N

Exhaust dampers Y N

Pumps Y N

Diverter valves Y N

Solvent tanks and containers Y N

Cartridge filter housings Y N

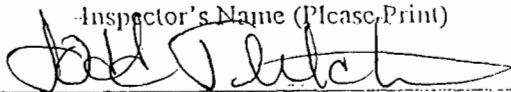
Water separators Y N

Anwer Dawood

Name of Responsible Official

Todd Fletcher

Inspector's Name (Please Print)



Inspector's Signature

4/15/97

Date of Inspection

Approximate Date of Next Inspection

Sold Facility, New Business, No Longer @ this Address

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 0900 TIME OUT: 0905 AIRS ID#: 0950314
 TYPE OF FACILITY: Dry Cleaner
 FACILITY NAME: Adams Cleaners DATE: 4/15/97
 FACILITY LOCATION: 2525 E South St.
Orlando FL 32803
 RESPONSIBLE OFFICIAL: Anver Dawood PHONE NUMBER: 894-2655

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<p><i>This Facility has two AIRS ID#'s 0950314 & 0950340</i></p>	

COMMENTS: Sold Facility, New Business, no longer @ this Address

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: _____

INSPECTION CONDUCTED BY: Todd Fletcher
(Approximate)
(Please Print)

INSPECTOR'S SIGNATURE: *Todd Fletcher* PHONE NUMBER: (407) 836-9524

Adam's Cleaners

CD

1.	- spoke with Ronulo Gonzalez 9/24/96 - incorrect signature for R.O. Certification	
2.		
3.	- facility is undergoing a change of ownership - Mr.	
4.	Gonzalez plans to open a new dry cleaning business in Nov. of '96 - he plans	32803
5.	to use petro.	0314

6.	- spoke with Anver Dawood - 9/24/96 - dry cleaning machine has already been	
7.	removed from the facility - facility exempt	Code: 32803
8.		

9. Name and Title of Facility Contact (For example, plant manager):
Ronulo Gonzalez (President)

10. Facility Contact Address: **2525. E South St.**

Street Address:
 City: **ORLANDO** County: **ORANGE** Zip Code: **32803**

11. Facility Contact Telephone Number:
 Telephone: **407 896-7035** Fax: () _____

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AUG 30 1996

Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
NATURE, INC

2. Site Name (For example, plant name or number):
ADAM'S CLEANERS

3. Hazardous Waste Generator Identification Number:
FLD 984171165

4. Facility Location:
Street Address: 2525 E. South St.
City: ORLANDO County: ORANGE Zip Code: 32803

5. Facility Identification Number (DEP Use):
0950314

Responsible Official

6. Name and Title of Responsible Official:
ANVER DANWOOD.

7. Responsible Official Mailing Address:
Organization/Firm: NATURE INC
Street Address: 701 VIRGINIA DR.
City: ORLANDO County: ORANGE Zip Code: 32803

8. Responsible Official Telephone Number:
Telephone: 407 894-2655 Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
RONULO GONZALEZ (President)

10. Facility Contact Address:
Street Address: 2525. E South St.
City: ORLANDO County: ORANGE Zip Code: 32803

11. Facility Contact Telephone Number:
Telephone: 407 896-7035 Fax: () -

RECEIVED

AUG 30 1996

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	<i>#1</i>	<i>03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit									
(1) w/ ref. condenser		<i>01-july 88</i>			<i>01-july 88</i>				
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

(b) If less than 12 months, how many? months
 Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
 (Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt
No such units on-site

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)

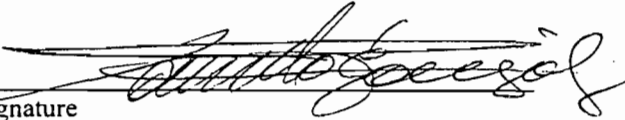
No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Signature



Date

8-26-96

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>MUTARE INC</i> <i>9502038</i>
2. Site Name (For example, plant name or number): <i>ADAMS CLEANERS</i>
3. Hazardous Waste Generator Identification Number: <i>FLD 981865918</i>
4. Facility Location: <i>ORLANDO</i> Street Address: <i>2525 E. SOUTH ST</i> City: <i>ORLANDO FL</i> County: <i>ORANGE</i> Zip Code: <i>32803</i>
5. Facility Identification Number (DEP Use): <i>0950340</i>

Responsible Official

6. Name and Title of Responsible Official: <i>ANVER A. DAWOOD - PRESIDENT</i>
7. Responsible Official Mailing Address: <i>701 VIRGINIA DR ORLANDO FL 32803</i> Organization/Firm: <i>MUTARE INC</i> Street Address: <i>701 VIRGINIA DR</i> City: <i>ORLANDO FL</i> County: <i>ORANGE</i> Zip Code: <i>32803</i>
8. Responsible Official Telephone Number: Telephone: <i>(407) 894-7605</i> Fax: <i>(407) 894-8588</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>ANDREA KYNOLH MANAGER</i>
10. Facility Contact Address: <i>2525 E. SOUTH ST ORLANDO FL 32803</i> Street Address: <i>701 VIRGINIA DR</i> City: <i>ORLANDO FL</i> County: <i>ORANGE</i> Zip Code: <i>32803</i>
11. Facility Contact Telephone Number: Telephone: <i>(407) 894-7605</i> Fax: <i>(407) 894-8588</i>

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SEP 5 1996

#0950340

Adam's Cleaners

P.13 10. one address needed

P.14 1.(c) mark out "X" and initial
3. should be existing large
area source

P.15 4. should be existing large
area source w/ control
equipment

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	<i>#1</i>	<i>03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit	<i>COLUMBIA MODEL 1031 TANDEM</i>								
(1) w/ ref. condenser	<i>#1</i>	<i>1989</i>	<i>1989</i>	<i>#2</i>	<i>1989</i>	<i>1989</i>			
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
 (Indicate with an "X". Select one classification only.)

existing large area
 Existing small area source New small area source
 Existing large area source New large area source

4) What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

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All steam and hot water generating units exempt

No such units on-site

Equipment Monitoring and Recordkeeping Information

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(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____.

No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Signature

Date

0950340



Department of Environmental Protection

Lawton Chiles
Governor

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Virginia B. Wetherell
Secretary

April 20, 1997

Multare, Inc.
Adams Cleaners
701 Virginia Drive
Orlando, Florida 32801

Re: 1996 Title V General Permit Fees

Dear Business Owner:

Rule 62-213.300, F.A.C., requires the Department to provide written notice to facilities to submit payment of an annual operation fee of \$50. The fee is due and payable annually between January 15 and March 1 for the preceding year during which the facility was in operation and subject to the requirement of the rule and general permit.

Initial fee invoices were mailed January 7. This was followed by a second invoice sent by certified mail on February 15. As of this date, our records indicate that your payment has not been received.

For your convenience, an invoice is enclosed. Please return the bottom portion of the invoice along with your payment.

If you have any questions concerning your payment, please contact Sandy Bowman or Marnie Brynes at 904/488-6140.

Sincerely,

Henry Estevez
Administrator
Mobile Source Control Section
Bureau of Air Monitoring and
Mobile Sources

HE\sb

Enclosure

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

P 265 302 211

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

AIRS ID#: 0950340

MUTARE INC
ANVER A DAWOOD
701 VIRGINIA DR
ORLANDO FL 32801

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID#: 0950340

MUTARE INC
ANVER A DAWOOD
701 VIRGINIA DR
ORLANDO FL 32801

4a. Article Number

265 302 211

4b. Service Type

- | | |
|---------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

2-18-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0020 9372 7824

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

T 10 AIRS ID # 0950340001AG

Re ANVER A DAWOOD
 St ADAMS CLEANERS
 Cl 701 VIRGINIA DR
 ORLANDO FL 32801

PS Form 3800 February 2000 See reverse for instructions

M. Estelle Menz

TO THE RIGHT OF RETURN ADDRESS
 PLACE STICKER AT TOP OF ENVELOPE

SENDER: COMPLETE THIS SECTION ON DELIVERY

<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>10 AIRS ID # 0950340001AG ANVER A DAWOOD ADAMS CLEANERS 701 VIRGINIA DR ORLANDO FL 32801</p>	<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>8/17/01</u></p> <p>C. Signature <u>Fouzia Hanbur</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Copy from service label)</p> <p><u>7000 0520 0020 9372 7824</u> </p>	

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789