

Department of Environmental Protection

Lawton Chiles Governor Twin Towers Office Building 2600 Blair Stone Road Tallahassee. Florida 32399-2400

Virginia B. Wetherell Secretary

December 30, 1996

Mr. Zul Dossa President Valet Cleaners 5578 North Orange Blossom Trail Orlando, Florida 32810

Re: Facility I.D. No. 0950345

Dear Mr. Dossa:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 12, 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

Jud 901

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

David B. Struhs Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

NS1 8085 2/12/01

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

SEE ATTACK

PLEASE

RE INVOICE

PERMIT IN

NEW NAME

(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS 1D # 0950345

VALET CLEANERS

-ZUL-DOSSA

5578 N ORANGE BLOSSOM TRAIL
ORLANDO FL 32810

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



Jeb Bush Governor

Department of Environmental Protection

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

David B. Struhs Secretary

February 16, 2001

Mr. Zul Dossa Valet Cleaners 5578 North Orange Blossom Trail Orlando, Florida 32810

Dear Mr. Dossa:

Thank you for your letter informing the Division of Air Resource Management that your facility Valet Cleaners was sold February 12, 2001. We received your letter on February 15 and changed your facility status to inactive in our files.

The invoice you received was for the annual air operation fee. Rule 62-213.300(3), Florida Administrative Code (F.A.C.), requires the owner or operator of a facility, upon written notice from the Department, to submit payment of an annual operation fee in the amount of \$50. This fee is due and payable annually between January 15 and March 1 for the **preceding** year which the facility was in operation and subject to the requirements. Therefore, since our files indicate that Valet Cleaners (AIRS ID #0950345) was in operation in **2000**, the fee is now due.

For your convenience, a copy of your last invoice along with a self-addressed envelope is mailed enclosed. If you have any questions or need additional information or assistance, please call me at 850/921-9583.

Sincerely,

Sandra Bowman

Mobile Source Control Section

Bureau of Air Monitoring

and Mobile Sources

SB/

Enclosures

cc: Ilka Bundy, Orange County

"More Protection, Less Process"

Printed on recycled paper.



Department of Environmental Protection

hed 5101

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

David B. Struhs Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

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Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Zust \$1085 Sold 2/12/01

Title V Air General Permits Receipts Post Office Box 3070 Tallahassee, FL 32315-3070 - PLERSE RE INVOICE PERMIT IN NEW NAME

(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0950345

VALET CLEANERS

5578 N ORANGE BLOSSOM TRAIL ORLANDO FL 32810 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

VALET CLEANERS

CHANGE OF OWNERSHIP

EFFECTIVE FEB 12TH ,2001

VIATECH ENTERPRISES, INC.
DBA VALET CLEANERS

5578 North Orange Blossom Trail

Orlands. Florida. 22940

Telephone 407-297-8178

Jon and Lisa Huddleston

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL CO	MPLAINT/DISCOVERY RE-INSPECTION V
TIME IN: 11:45	TIME OUT: 12	15 AIRS ID#: 0950345
TYPE OF FACILITY:	Dry Cleaner	
FACILITY NAME:	Villet Cleaner	DATE: 10 22 47
FACILITY LOCATION:	5578 N. Over	uga Piloscom Trail
	Orlando FI	
RESPONSIBLE OFFICIAL:		PHONE NUMBER:
ليكيا	the compliance requirements evalu Rule 62-213.300, Florida Administ	uated during this inspection, the facility is found to be in trative Code (F.A.C.).
Based on the results of discrepancies were not	•	uated during this inspection, the following compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•		RECEIVED OEC 5 Bureau of Air
		Elva
i,		OEC F V E D
		Bures 1997
•		Bureau of Air Monitoring & Mobile Sources
: _ -	√	Sources
\$ · · · · · · · · · · · · · · · · · · ·		
	<u> </u>	
· · · · · · · · · · · · · · · · · · ·		
	V	
COMMENTS:		
	Facility "	11 Compliance
The Annual Compliance Certif	ication form has been properly cert	tified and submitted to the inspector.
DATE OF NEXT INSPECTI		ZZ / 9 8 Approximate)
INSPECTION CONDUCTED	DBY: TODD F	Please Print)
INSPECTOR'S SIGNATURE	The all clint	PHONE NUMBER: 836-9524

Revised 10/96

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

r			
1. Facili	y Owner/Company Name (Nat		
	KAYZAL	COR	P. INC
2. Site N	ame (For example, plant name	or number):	
	VALET E	LIEANER.	S
3. Hazar	dous Waste Generator Identific	ation Number:	
	FLD 984	171165	VALET CLEANERS committed to quality and service
4. Facili	y Location:		committed to quality and service
1	Address:		55/8 N. Orange Blossom Trail
City:	00	County:	Orlando. Florida. 32810
	ORLANDO	ORANUE	
5. Facili	y Identification Number (DEP	Use):	
	A STATE OF THE SHARE THE STATE OF THE STATE OF	100	0950345
			V100073
		Dannaraible Offic	:-1
		Responsible Offic	ıaı
6. Name	and Title of Responsible Offici	ial·	
o. Name	and Thie of Responsible Office	iai.	
	Zui	DOCCA	- RESIDENT
7. Re		<u> </u>	
	LET CLEANERS		
1	mitted to quality and service		
	N. Orange Blossom Trail	ity:	Zip Code:
	ndo. Florida. 32810	. 0	RANGE
8. Respo	nsible Official Telephone Num	ber:	
Telepl	ione: (407) 297	7/70 F	ax: () -
	29/	8118	None
	Facility Conta	ct (If different from I	Responsible Official)
<u></u>			
9. Name	and Title of Facility Contact (F	or example, plant man	nager):
			NIA
10 5 111			<u> </u>
10. Facili	y Contact Address:		
Street	Address:		
City:	Address.	County:	Zip Code:
City.		bunty.	Zip Code.
11 Facilit	y Contact Telephone Number:		
Telepl	· · · · · · · · · · · · · · · · · · ·	F	fax: () -
	, /	•	,

RECEIVED

SEP 1 2 1996

DEP Form No. 62-213.900(2) Effective: 6-25-96

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Bureau of Air Monitoring & Mobile Sources

#0950345

	#0950342
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r 1	
	Walst- Morroson
	Valet Cleaners
-	-Spoke with Zul Dossa-10/9/96-
	Spore recreated boost 10/1/10
1	propane use approx. 6,760 gal./yr., under limits
	property and approx.
	le Hougal Mr. Junder Doubts
D./4	1.(c) add "X"
<u> </u>	1.(U) UOO 'X
/	
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	N. A.
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}	;
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<u> </u>	
1	
-	
	

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
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit							· ·		
(1) w/ ref. condenser	1	1988	1988						
(2) w/ carbon adsorber			` **						
(3) w/ no controls									
Washer Unit	r. By					man in the contract of			
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	100	d Yanighi		'aran			1 1		4. Til
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	Ç Ç	Madibu di		i Fi			[H]#.		
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are No control devices 2.(a) What was the total of [are requanting gallo	equired to be ity of perchlons ow many? [_	installed [_ oroethylene (perc)] purchased in				[]
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi	cation only.) Ne	ew sm	nitions found nall area sour ge area sour	rce []]	Part II?	
ı									

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(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
* BOILER RUNS ON PROPANE.
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

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

DEP Form No. 62-213.900(2) Effective: 6-25-96

Surrender of Existing Air Permit(s)

	€
Please indica	te 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)
Ľ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain comply v	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification. Auc 26.1996

DEP Form No. 62-213.900(2) Effective: 6-25-96

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMI	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 100 TIME OUT:	AIRS ID#: 0950345
TYPE OF FACILITY: Dry Clean in Facility NAME: Valet Cleaner FACILITY LOCATION: 5578 NOB	/\
RESPONSIBLE OFFICIAL: Zu Dossa	PHONE NUMBER: 407 297-8178
Based on the results of the compliance requirements evaluat compliance with DEP Rule 62-213.300, Florida Administrat Based on the results of the compliance requirements evaluat discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM	tive Code (F.A.C.).
No Perc Rolling Log	SIX Month reinspection
No Leak Detection Log	- II II
No Corrective Action form	11 11
No Perc receipts on site	He tr , it
	,Ac
COMMENTS:	
The Annual Compliance Certification form has been properly certification. DATE OF NEXT INSPECTION:	8/18/97
INSPECTION CONDUCTED BY: TODD	Proximate) Fletchev ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (407) 836 4524

Page of .

Revised 10/96



Orange County Environmental Protection Department

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	COMPLAINT/DISC	OVERY	
	•	197 TIMEIN: 1100 TIM		
facility location: 557 8				
	Vlando			
PART I: NOTIFICATION				
(check appropriate box)				
1. Existing facility notified DARM	by 9/1/96			Q /
2. New facility notified DARM 30	days prior to st	artup		
3. Facility failed to notify DARM t	o use general p	permit		ū
PART II: CLASSIFICATION				0.0000000000000000000000000000000000000
Facility indicated on notification (check appropriate box)	form that it is	:		
A. 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)	. 🗹	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)		
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>/yr</td><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td><td></td></x<2,></td></x<2,>	/yr	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td><td></td></x<2,>		
This is a correct facility classification	tion	OY ON		
If no, please check the appropriat	e classification	:		
		permit as number above ad is not eligible for a general permit		
B. The total quantity of perchlore	oethylene (perc) purchased within the preceding 12 mon	ths by this d	ry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? 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? DY DN DY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated UY UN condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the $\square Y \square N$ condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

II				
₿.	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?	ΠY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПΝ	:
	Is the temperature differential equal to or greater than 20° F?	\Box Y	ПN	
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?	ΘY	ШN	
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ŪΝ	
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?	ΟY	ÜN	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПΥ	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПΝ	□N/A
P	ART V: RECORDKEEPING REQUIREMENTS			
III.				
	as the responsible official: heck appropriate boxes)			/
(c		ΠΥ	MN	/
(c	heck appropriate boxes)	OY OY	N N	/
(c 1. 2.	heck appropriate boxes) Maintained receipts for perc purchased?	ΟΥ	ON ON	/
(c 1. 2.	heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	OY OY	ahi	
(c 1. 2.	heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	ΟY	ahi	
(c 1. 2. 3.	heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days		ON CN) in the second of the second
(c 1. 2. 3.	heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?			UN/A
(c 1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only)			ON/A A
(c 1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?			DIN/A
(c 1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?			J WN/A N/A
(c 1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?			DINIA A DINIA
(c 1. 2. 3. 4. 5. 6	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? Maintained compliance plan, if applicable?			ν/ <i>Α</i>
(c 1. 2. 3. 4. 5. 6	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?			ν/A , ΩΝΛ

?	Which method of detection is used by th	C recour	ible official?			
L.	Visual examination (condensed so	•			17	
	Physical detection (airflow felt three	ccs)	17			
	•	ougu gasi	(CIS)			
	Odor (noticeable perc odor)		water 1 1			
	Use of direct-reading instrumentat	,		•		
	If using direct-reading instrume	•				
	 Capable of detecting p 	ere vapor	concentration	ous in a range of 0-500 ppm?	מצר מו	4
	b. Calibrated against a st (PID/FID only)?	andard g	as prior to ar	ad after each use		7
	c. Inspected for leaks and	d obvious	signs of wea	r on a weekly basis?	UY ON	
	d. Kept in a clean and so	use?	UY UN			
	uples (calorimetric only)?	OY ON/				
3.	Has the facility maintained a leak log?				CIY CZ	N
4.	Does the responsible official check the	following	areas for lea	ıks?		
	Hose connections, fittings, couplings, and valves	ŊΧ	ПИ	Muck cookers	ΘÝ	ПИ
	Door gaskets and scating	ŒΥ	DΝ.	Stills	ŒΥ	ПN
	Filter gaskets and scating	ŒΥ	ПN	Exhaust dampers	ĽΥ	ПИ
	Pumps	ďΥ	ПИ	Diverter valves	ŒΥ	ПЙ
	Solvent tanks and containers	ΠY	ΠN	Cartridge filter housings		ПИ
	Water separators	ПY	DИ			

Name of Responsible Official

Todd Fletcher

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

COPY #0450345
Valet Cleaners **BEST AVAILABLE COPY** Spoke with Zul Dossa-10/9/96 Faci Site Haz 4. Faci Stre City 5. Faci Nam 7. Rr O VA Sicor C, 55 Or 8. Resp Telep 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: City: Zip Code: 11. Facility Contact Telephone Number Telephone: Fax: (

RECEIVED

SEP 1 2 1996

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

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):
	KAYZAL CORP. INC.
2.	
	VALET CLEANERS
3.	Hazardous Waste Generator Identification Number:
	Facility Location: VALET CLEANERS committed to quality and service
4.	Street Address: 5578 N. Orange Blossom Trail
	City: Orlando. Florida. 32810
	Facility Location: Street Address: City: County: Coun
5.	Facility Identification Number (DEP Use):
	0950345
	Responsible Official
6.	Name and Title of Responsible Official:
	ZUL DOSSA - PRESIDENT
7.	Re Til Omition
١ ′٠	O VALET CLEANERS
	Si committed to quality and service
	C 5578 N. Orange Blossom Trail ity: Zip Code:
0	5 - 101/1dt. 5 2010
0.	Responsible Official Telephone Number: Telephone: (407) 2 a = Fax: ()
	Telephone: (407) 297 8178 Fax: () - NONE
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	\ N/A
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
	Zip code.
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

RECEIVED

SEP 1 2 1996

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

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.

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit			. ,						
(1) w/ ref. condenser	1	1988	1988						
(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		1							
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are required, but not yet installed									
3. What is the facility's son (Indicate with an "X". S Existing small are Existing large are	Selec ea so	t one classifi	ication only.) Ne	ew sn	nitions found in the second s	rce [3) of	Part II?	·

DEP Form No. 62-213.900(2)

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Effective: 6-25-96

(Indicate with an "X".)	Part II of this notification form?
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 Rule 62-213.300, F.A.C. Verify that all steam and hot water generating unit 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 it boiler HP or less), and (2) are fired exclusively by natural gas except for perioduring which propane or fuel oil containing no more than one percent sulfur is	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
* BOILER RUNS ON PROPATIE.	
Equipment Monitoring and Recordkeeping Inform	mation
Check all logs which are required to be kept on-site in accordance with the requ	uirements of this general permit:
(a) Purchase receipts and solvent purchases	X
(b) Leak detection inspection and repair	[<u>*</u>]
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[×]

DEP Form No. 62-213.900(2) Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicat	te 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)
[X]	No air permits currently exist for the operation of the facility indicated in
لكك	this notification form.
	Responsible Official Certification
this notifi statemeni maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	emptly notify the Department of any changes to the information contained in this notification.
	Aug 26.1996
Signature	
,	Chi Rosario 2/18/97
	MB 12/92



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

HECKLIST

Bureau of Air Monitoring

COMPLAINT/DISCOVERY

Mobile Sources

ANNUAL

RE-INSPECTION

AIRS 1D#: 0950345 DATE:	10/22/97 TIME IN: 11:45 TIME OUT: 12:15
FACILITY NAME: Valet	Cleaner
FACILITY LOCATION: 5578	3 N. Ovange Blossom Tvail
OVla	indo Fl
RESPONSIBLE OFFICIAL: 201	Dossa PHONE: 407 297-8178
CONTACT NAME:	PHONE:
A Company of the Comp	

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

PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A.	
1. Existing small area source	2. New small area source
dry-to-dry only, $x < 140$ gal/yr	dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr	transfer only, $x < 200 \text{ gal/yr}$
both types, x < 140 gal/yr	both types, $x < 140 \text{ gal/yr}$
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source □
dry-to-dry only, $140 \le x \le 2{,}100$ gal/yr	dry-to-dry only, $140 \le x \le 2,100$ gal/yr
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800$ gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	□N □Can not determine
If no, please check the appropriate classific	cation: neral permit as number above
	nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pu facility was gallons.	urchased within the preceding 12 months by this dry cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) ON ON/A 1. Storing perchloroethylene in tightly scaled and impervious containers? □N □N/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at NY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DYNA beds according to the manufacturer's specifications? 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? DY DN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? $\Box Y \Box N$ 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? $\square Y \square N$

PART III: GENERAL CONTROL REQUIREMENTS

В.	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?	ΟY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟΥ	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	Пλ	ПN	□N/A
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?	ΟY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppin?	\Box Y	ПN	□N/A
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?	ΟY	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПΥ	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) DY DN 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: DY DN DN/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days OY ON ON/A and parts installed w/in 5 days of receipt? DY DN DKIA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN PN/A 5. Maintained exhaust duct monitoring data on perc concentrations? אם אם 6. Maintained startup/shutdown/malfunction plan? DY DN BN/A 7. Maintained deviation reports? DY DN BYNA Problem corrected? DY DN PM/A 8. Maintained compliance plan, if applicable?

P	ART VI: LEAK DETECTION AND	REPAIRS			
1.	Does the responsible official conduct a	weekly (for	small sour	ces, bi-weckly) leak detection ar	nd repair
	inspection?				DY DN
2.	Has the facility maintained a leak log?	,		•	DY ON
3.	Does the responsible official check the	following ar	eas for leal	ks?	•
	Hose connections, fittings, couplings, and valves	AY ON	□N/A	Muck cookers	Y ON ON/A
	Door gaskets and seating	DY ON		Stills	DY ON ON/A
	Filter gaskets and seating	OY ON		Exhaust dampers	DY ON ON/A
	Pumps	DY ON		Diverter valves	ON ON/A
	Solvent tanks and containers	DY ON	□N/A	Cartridge filter housings	DY ON ON/A
	Water separators	™ GAN □N	□N/A		٠
4.	Which method of detection is used by	the responsib	ole official?	?	
	Visual examination (condensed	solvent on ex	terior surfa	aces)	
	Physical detection (airflow felt t	hrough gaske	ets)		
	Odor (noticeable perc odor)				
	Use of direct-reading instrument	tation (FID/P	ID/calorim	netric tubes)	
	Halogen leak detector				
	If using direct-reading inst	rumentation	, is the eq	uipment:	MN/A
	 Capable of detecting 	g perc vapor c	concentration	ons in a range of 0-500 ppm?	□Y □N
	b. Calibrated against a	standard gas	prior to ar	nd after each use	
	(PID/FID only)?				OY ON
	c. Inspected for leaks a	nd obvious s	igns of wea	ar on a weekly basis?	ПА ПИ
	d. Kept in a clean and	secure area v	vhen not in	use?	OY ON
	e. Verified for accurac	y by use of di	aplicate sar	nples (calorimetric only)?	□Y □N
-	PRINCES I MINICEN AND THE PROPERTY IN THE PROPERTY OF THE PROPERTY IN THE PROPERTY OF THE PROP	210.00	TOT. S RESERVED AND WASH	HHIP COMMISSION IS NOT SECURITION OF THE PROPERTY OF THE PROPE	
		1			í
_	Topo Het	chou		10/2	2197
	Inspector's Name (Please Pr	int)		Date of Inspe	ection

Approximate Date of Next Inspection

Inspector's Signature

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

303585

RECEIV IAIL RO

* 98 YED

Do NOT Remove Label

AIRS ID 0950345

KAYZAL CORP INC ZUL DOSSA 5578 N ORANGE BLOSSOM TRAIL ORLANDO FL 32810

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

Z 333 P73 055 US Postal Service Receipt for Certified Mail AIRS ID 0950345 KAYZAL CORP INC ZUL DOSSA 5578 N ORANGE BLOSSOM TRAIL ORLANDO FL 32810 Postage \$ Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees Postmark or Date

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 card to you. Attach this form to the front of the mailpiece, or on the back if spacement. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e does not e number. d the date	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	5
DRESS completed	AIRS ID 0950345 KAYZAL CORP INC ZUL DOSSA 5578 N ORANGE BLOSSOM TRAIL ORLANDO FL 32810	4a. Article No 2 33 4b. Service 1 Registere Express I	Type A Certified	
IRN ADD	5. Received By: (Print Name)	7. Date of De	aliven/8/98	
s your RETU	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X > + Car Car	and fee is	e's Addréss (Only if requested a paid)	
	PS Form 3811 , December 1994	2595-97-B-0179	Domestic Return Receipt	

Best	Ava	ilabl	e Co	DV
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	CLEANER AIR QUALITY GENERAL P ANNUAL COMPLIANCE CERTIFICATION FO	/ -
	AIRS ID 0950345 KAYZAL CORP INC ZUL DOSSA 5578 N ORANGE BLOSSOM TRAIL ORLANDO FL 32810	FEB 2 6 15 WH Bureau of Air Monitoring Whobile Sources
	Do <u>NOT</u> Remove Label	•
Annual Reporting Period:	JAN 1 1997 TO DO	S 31 19 9
	the Title V general air permit, my facility has remained in complete Code (F.A.C.), during the period covered by this statement.	
If NO, complete the following:		
#1. Term or condition of the general	permit that has not been in continuous compliance during the r	reporting period stated above:
Exact period of non-compliance: from	n to	
Action(s) taken to achieve compliance	e:	
Method used to demonstrate complian	nce:	
#2. Term or condition of the general	permit that has not been in continuous compliance during the r	reporting period stated above:
Exact period of non-compliance: from	n to	
Action(s) taken to achieve compliance	»:	· .
As the responsible official, I hereby certif notification are true, accurate and compl loes not exceed 2,100 gallons per year for	y, based on information and belief formed after reasonable inquiry, ete. Further, my annual consumption of perchloroethylene solvent, dry-to dry facilities or 1,800 gallons per year for transfer or combi	that the statements made in this based upon purchase receipts, ination facilities.
RESPONSIBLE OFFICIAL:	Name (Please Print) Signature Signature	## 12/92 Date

^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL,	Y .	COMPLAINT/DISC	COVERY	
	RE-INSPECTION		4.		
Address the transfer of the tr	1/19/9	8	1020		
AIRS 1D#: <u>0</u> 950345	DATE: 1030	AL TIME I	N: HOVALTIN	ME OUT: 👤	100
FACILITY NAME: Val				BL 1	
FACILITY LOCATION:	5578 N. Ora	inge Bli	ossom Trail	470	ارم م
	Orlando FL			OK K	Syg
RESPONSIBLE OFFICIAL	: Zul Dossa		PHONE: (407)	297-84	18
CONTACT NAME:			PHONE:	``.	
PART I: NOTIFICATION	ξ.				
(check appropriate box)					
1. New facility notified DAR	M 30 days prior to startup				ם
2. Facility failed to notify DA	RM to use general permit	l	·		
PART II: CLASSIFICATION	NC		,		:
Facility indicated on notification			□ No notification I		
Facility indicated on notificated (check appropriate box)			☐ No notification I		trolcum
Facility indicated on notifies (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr	ation form that it is: ource 2. al/yr dr tra bo	ansfer only, xoth types, x <	☐ Drop store/out o area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr		etroleum
Facility indicated on notifies (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/	ation form that it is: ource 2. al/yr dr tra bo	ry-to-dry only ansfer only, x oth types, x <	☐ Drop store/out of area source , x < 140 gal/yr : < 200 gal/yr	f business/pe	etroleum
Facility indicated on notifies (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr	ation form that it is: ource 2. al/yr dr bo 21) (co	ry-to-dry only ansfer only, x oth types, x < constructed or . New large ry-to-dry only ransfer only, 2 oth types, 140	□ Drop store/out of area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr n or after 12/9/91)	of business/pe	etroleum
Facility indicated on notifies (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,80	ation form that it is: ource 2. al/yr dr bo 01) (cc 22,100 gal/yr dr 800 gal/yr tra 00 gal/yr bc 01) (cc	ry-to-dry only ansfer only, x oth types, x < constructed or . New large ry-to-dry only ransfer only, 2 oth types, 140	Drop storc/out of area source, $x < 140$ gal/yr $4 < 200$ gal/yr 140 gal/yr $4 < 300$ gal/yr	c business/pe	etroleum
Facility indicated on notifies (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,80 (constructed before 12/9/9) 5. This is a correct facility of the property of t	ation form that it is: ource 2. al/yr dr bo 01) (cc 22,100 gal/yr dr 800 gal/yr tra 00 gal/yr bc 01) (cc	ry-to-dry only ansfer only, x oth types, x < constructed or . New large ry-to-dry only ransfer only, 2 oth types, 140 constructed or	□ Drop store/out of area source , $x < 140$ gal/yr $x < 200$ gal/yr	t business/pe	ctrolcum

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? □N/Λ 2. Examining the containers for leakage? UN UN/A 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? UN UN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? אואלש, אנו צנו 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) DY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the CIY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY UN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON ONA condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

PART III: GENERAL CONTROL REQUIREMENTS

В.	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?	ÜΥ	⊔и,	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ÜΥ	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	Пи	□N/A
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?	C IY	ПΝ	
	Is the perc concentration equal to or less than 100 ppm?	ĽΙΥ	ШΝ	טא/ג
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?	ΟY	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	Пи	□N/ ∧
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ΠИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 lirs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY ZIN DN/A and parts installed w/in 5 days of receipt? DY DN ØN/A 4. Maintained calibration data? (for applicable direct reading instruments) OY ON ON/A 5. Maintained exhaust duct monitoring data on perc concentrations? MU YES 6. Maintained startup/shutdown/malfunction plan? DY DN DNA 7. Maintained deviation reports? CIY UN DINA Problem corrected? DY DN DN/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS			
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair			
inspection?		11 (Month of the State of the S	on the
2. Has the facility maintained a leak log'			DY AN
3. Does the responsible official check the	e following areas for leak	s?	
Hose connections, fittings, couplings, and valves	אואום אום אוא	Muck cookers	איאנם אנם צוא
Door gaskets and seating	MY ON ON/A	Stills	MY ON ON/A
Filter gaskets and scating	DY ON ON/A	Exhaust dampers	אואם אם אס
Pumps	אומם מם צע	Diverter valves	אואם אם אוא
Solvent tanks and containers	AND NO AND	Cartridge filter housings	אוחם אם צב.
Water separators	MY UN UNIA		
4. Which method of detection is used by	•		
Visual examination (condensed solvent on exterior surfaces)			石
Physical detection (airflow felt t	hrough gaskets)		
Odor (noticeable perc odor)	Odor (noticeable perc odor)		
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			
Halogen leak detector			
If using direct-reading instrumentation, is the equipment:			JAN/A
a. Capable of detecting pere vapor concentrations in a range of 0-500 ppm			DY DN
 b. Calibrated against a standard gas prior to and after each use (PJD/FJD only)? 			OY ON
c. Inspected for leaks	and obvious signs of wea	r on a weekly basis?	OY ON
d. Kept in a clean and	secure area when not in	usc?	DY DN
e. Verified for accuracy by use of duplicate samples (calorimetric only)?		OY ON	
1			
			N _e
0000 10 110015	A	11/19/	192
ASSEFA HATLEMARIAM ////17/78 Inspector's Name (Please Print) Date of Inspection			
inspector of rame (reason mit)			
onch theremand 2/19/99			
Inspector's Signature	Inspector's Signature Approximate Date of Next Inspection		

ADDITIONAL SITE INFORMATION	:	
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL [V]	COMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1030 TIME OUT: 1	1/10 AIRS 10#: 09	50345
TYPE OF FACILITY: Dry Cleaner FACILITY NAME: Valet Cleaner		DATE: 11/19/98
FACILITY LOCATION: 5578 N. Orange		DATE. 7771772
RESPONSIBLE OFFICIAL: ZUL	DOSSA PHONE NUMBER:	407 - 257 - 8178
Based on the results of the compliance requiremen		
compliance with DEP Rule 62-213.300, Florida A	dministrative Code (F.A.C.).	
Based on the results of the compliance requirement discrepancies were noted:	nts evaluated during this inspection, the follow	wing compliance
COMPLIANCE REQUIREMENT/PROBL	EM FOLLOW-UP ACTIO	ON REQUIRED
NO PERC Rolling lo	2/19/98	P
NO LEAK Detection		Burren CK
NO corrective Ar Lin		Applie South A C J. 1848
PEAC Receipt log No		Ces
		<u>:</u>
COMMENTS: PACI-PITY TO CON	a Plianer	
The Annual Compliance Certification form has been prope	erly certified and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION: ASS e-fa	(Approximate)	7 9
INSPECTION CONDUCTED BY:	(Please Print)	
INSPECTOR'S SIGNATURE:	,	836-9323

Page $1 \text{ of } \underline{\hspace{0.1in}}$.

Revised 10/96

BEST AVAILABLE COPY TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

11/20/98	Ah	\ }
RÉ-INSPECTI	ON [

TYPE OF INSPECTION: ANNUAL 11/20/96 COMP	LAINT/DISCOVERY RE-INSPECTION V
TIME IN: 11:45 TIME OUT: 12:11	AIRS ID#: 0950345
TYPE OF FACILITY: Dry Cleary	
FACILITY NAME: Valet Cleaner	DATE: 10/22/97
FACILITY LOCATION: 5578 10. Over the	· Process Trail
OVlando Fl	
RESPONSIBLE OFFICIAL:	PHONE NUMBER:
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administrati	
Based on the results of the compliance requirements evaluate discrepancies were noted:	d during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	•
	KECr.
	RECEIVED POEC 5 1997
	We Woolle So. Monitoring
	Who have the sources we have the source of t
	- Les joinne
	·
COMMENTS:	·
Friendity III	Compliance
The Annual Compliance Certification form has been properly certified	d and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 10 ZZ (App.	roximate)
, =	se Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 836-9524
Page_ !	of 1. Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION	I COMPLAINT/DISCOVERY U
AIRS ID#: <u>0950345</u> DATE: 12/10/98 FACILITY NAME: Valet Cleaner	TIME IN: 0845 TIME OUT: 0900
facility location: <u>5578</u> N. O	range Blossom Trail
Orlando, FL RESPONSIBLE OFFICIAL: Zul Dos	55Q PHONE: 407-297-8178
CONTACT NAME:	PHONE:
PARTI: NOTIFICATION .	
(check appropriate box) 1. New facility notified DARM 30 days prior to star 2. Facility failed to notify DARM to use general per	•
PART II: CLASSIFICATION	Bureau of Air Monitoring
Facility indicated on notification form that it is: (check appropriate box)	& Mobile Sources I No notification form Drop storc/out of business/petroleum
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)	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)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	Y IN ICan not determine
If no, please check the appropriate classifi ———————————————————————————————————	eneral permit as number above
facility exceeds above li	mits and is not eligible for a general permit

#0950345

	Valet Cleaners
	Spoke with Zul Dossa-10/9/96- approx. propane use = 130gal/wk. = ~ 6,760gal/yr.
	approx propane, use = 13000/wk.
	= ~ la Floman I him
	47, 45 glas 1 97.
	PM = 2.70 lb.lyr.
. /	NOV=94/04/h/m
	NOX=94.64 16.14r. CO=12.84 16.14r.
	TOC=3.38 lb./yr.
	100 0.30 10.791.
. [
,	
	•
	I control to the second of the

(check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? אאם אם אא 2. Examining the containers for leakage? UN UNIA 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? UN UN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification I 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 mist 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? UY UN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY UN UN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? CIY UN CINIA 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated UY UN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the AMD ND YD condenser exceeded 45° F? Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

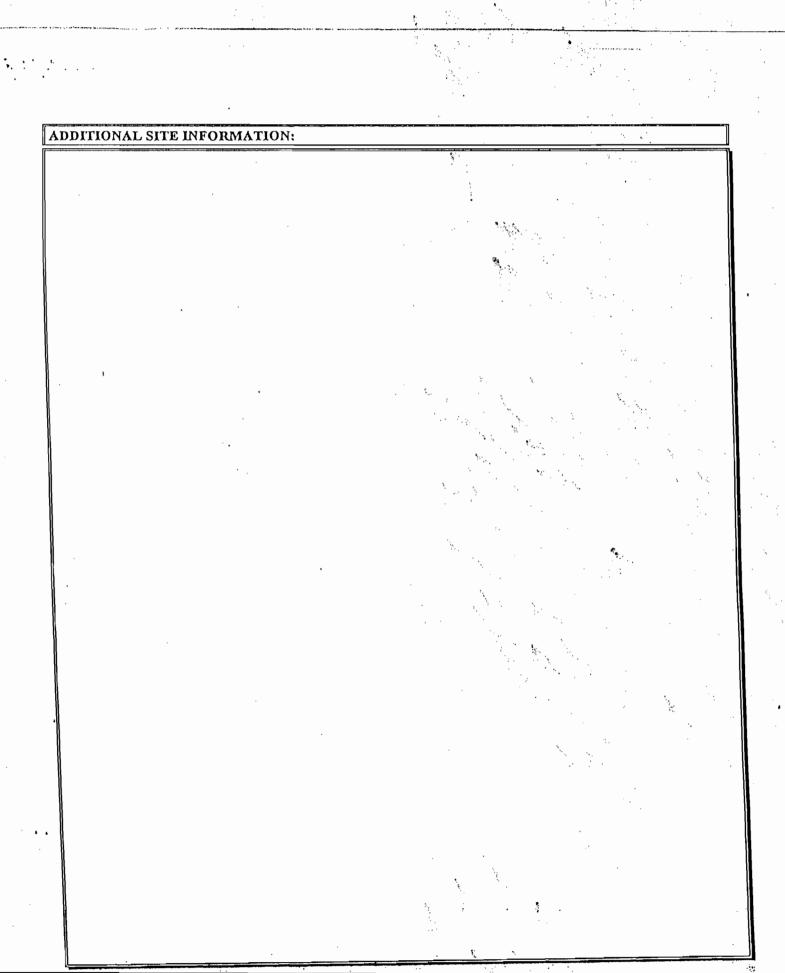
PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

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?	üү	UN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ÜΥ	UN	אאם
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΩΝ	□N/A
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?	ĐΥ	DИ	
	Is the perc concentration equal to or less than 100 ppm?	ÜΥ	UN	רואיא
1.	Assured that the sampling port on the carbon adsorber exhaust for measuring pere 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?	ΟΥ	DИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ÜN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DAY CIN
2. Maintained rolling monthly total of perc consumption?	DAY CIN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	אאם אט אַשּ
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 □N/A
4. Maintained calibration data? (or applicable direct reading Instruments)	רוא מו און או
5. Maintained exhaust duct monitoring data on perc concentrations?	אואים אם אם א
6. Maintained startup/shutdown/malfunction plan?	DA CIN
7. Maintained deviation reports?	ON ON QNIV
Problem corrected?	ראאס אט אס
8. Maintained compliance plan, if applicable?	OY ON QN/A

P	ART VI: LEAK DETECTION AND REPAIRS							
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?		•	DAY CIN.				
2.	Has the facility maintained a leak log?			QYY CIN				
3.	Does the responsible official check the	following areas for leak	s7	·				
	Hose connections, fittings, couplings, and valves	מא מא מאיע	Muck cookers	MA CIN CIN/Y				
	Door gaskets and scating	קא טא טאיע	Stills	QA ON ONV				
	Filter gaskets and scating	A ON ONY	Exhaust dampers	עאט אט אַע				
	Pumps	אין מא מאין אין אין אין אין אין אין אין אין אין	Diverter valves	N CIN CIN/A				
	Solvent tanks and containers	QA ON ONV	Cartridge filter housing	S DY ON ON/A				
	Water separators	קא מא מאיע						
4.	Which method of detection is used by	the responsible official?	7	. /				
	Visual examination (condensed	solvent on exterior surfa	ces)	(1				
	Physical detection (airflow felt t	through gaskets)						
	Odor (noticeable perc odor)		v.	-				
	Use of direct-reading instrumer	itation (FID/PID/calorim	etric tubes)					
	Halogen leak detector		. .					
	If using direct-reading ins	strumentation, is the eq	nipment: 🛰	<u>מא</u> אא				
	a. Capable of detectin	ig pere vapor conceiltrati	ons in a range of 0-500 ppm?	OY ON				
	b. Calibrated against (PID/FID only)?	a standard gas prior to a	nd after each use	חם אם				
1	c. Inspected for leaks	and obvious signs of we	ar on a weekly basis?	CIY CIN				
	d. Kept in a clean an	d seeme area when not in	n use?	מט עט				
I	e. Verified for accura	ncy by use of duplicate sa	mples (calorimetric only)?	מט עט				
1								
ĮĻ,			* N					
				. 1				
•	Tika Bundy Inspector's Name (Please		12/1	0/98				
,	Inspector's Name (Please	Print)	Date of It	ispection				
	Llha Bunch		12/10	/99 c of Next Inspection				
	Juspector's Signature		Approximate Date	of Next Inspection				



TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

THE OF INSPECTION: ANNUAL COMP	PLAINI/DISCOVERY RE-INSPECTION
TIME IN: 0845 TIME OUT: 0900	AIRS 1D#: 0950345
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Valet Cleaner	DATE: 12/10/98
FACILITY LOCATION: 5578 N. Orange B	lossom Trail
Orlando FL 3281	
RESPONSIBLE OFFICIAL: 7ul Dossa	PHONE NUMBER: 407-297-8178
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administrat	- · · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaluate discrepancies were noted:	ed during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<u> </u>	
	·
•	RECEIVED
	DEC 2 8 1998
	Bureau of Air Monitoring & Mobile Sources
COMMENTS:	
Facility in order.	
The Annual Compliance Certification form has been properly certifie	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: $\frac{12/10}{460}$	99
INSPECTION CONDUCTED BY: Ika Bundy	ase Print) PHONE NUMBER: 834-9524
INSPECTOR'S SIGNATURE: Uka Bund	рнопе number: 83 <i>6</i> - 952 <i>4</i>
Page	of 1. Revised 10/9

FACILITY NAME: Valet	Cleaner		<u>·</u>	TION DEPARTMENT
FACILITY LOCATION: 5578	3 N. Orano	je Blossom Tr	a. /	//_
FACILITY NAME: Valet FACILITY LOCATION: 5578	ando , FL	32810		
Annual Reporting Period:		^ -		19 98
ased on each term or condition of the T 2-213.300, Florida Administrative Cod	-	· · ·		Rule INO
NO, complete the following:			• •	
Term or condition of the general pe	rmit that has not been	in continuous compliance di	ring the reporting period	stated above:
•			NA	
xact period of non-compliance: from		to	RECEI	VED
ction(s) taken to achieve compliance:			SEP 2 8	1999
fethod used to demonstrate compliance	:		Bureau of Air	Menitoring
			& Mobile S	
2. Term or condition of the general pe	rmit that has not been	in continuous compliance du	ring the reporting period	stated above:
· 			I 11/1 11	PUAN
xact period of non-compliance: from		to	/ UNCHASE	270170
	NE		I allegasse	APIK 9
ection(s) taken to achieve compliance:	NCIL (DEAL	W DAYCLEAN	MULASE MU 19/C	APIIL 9 120 94
ction(s) taken to achieve compliance:	NEW Pone	W DAYCLEAN	IN M/c	120 ga
Action(s) taken to achieve compliance: Method used to demonstrate compliance s the responsible official, I hereby cert ade in this notification are true, accur pon rolling averages of purchase recei	ify, based on information and complete. Fur pts, does not exceed 2,	DNYCLEAN UNIVER AN ion and belief formed after rether, my annual consumption	easonable inquiry, that the	lvent, based
exact period of non-compliance: from action(s) taken to achieve compliance: Method used to demonstrate compliance as the responsible official, I hereby cert hade in this notification are true, accurate pon rolling averages of purchase receipear for transfer or combination facilities.	ify, based on information and complete. Fur pts, does not exceed 2,	DNYCLEAN UNIVER AN ion and belief formed after rether, my annual consumption	easonable inquiry, that the	lvent, based

Page _____ of ____.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

THE OF INSPECTION:	ANNUAL	Œ.	COMP	LAIN1/DISCOVE	KY U
	RE-INSPECTIO	ON 🗆			
			 .		
airs id#: <u>0950345</u> d.	ATE: 10 [25]	199 TIN	ME IN: 112	TIME OU	B 1145 F
FACILITY NAME: Vale				· · · · · · · · · · · · · · · · · · ·	eau V
1			Rlage	T .1	75 P
FACILITY LOCATION: 55) 18 N. (range	DIOSSO	om Irail	
$\frac{Or}{Or}$	lando, Fl	L 328	10		Monite Monite
RESPONSIBLE OFFICIAL :	Zul Do	ssa_	PHON	E: 407-29	ا 18/18 و
CONTACT NAME:			PHON	Ξ:	•
DADEK NOMERCATION					·
PART I: NOTIFICATION	· · · · · · · · · · · · · · · · · · ·				
(check appropriate box)		·			
1. New facility notified DARM 30		-			
2. Facility failed to notify DARM	to use general pe	rmit	·		<u>Q</u>
					·
PART II: CLASSIFICATION	·			·	
Facility indicated on notification	form that it is:	•		notification form	
(check appropriate box) A.		. ~).	☐ Dro	store/out of busine	ess/petroteum
1. Existing small area source			all area sour		
dry-to-dry only, x < 140 gal/yr			only, $x < 140$	~ .	
transfer only, x < 200 gal/yr both types, x < 140 gal/yr			ly, x < 200 ga x < 140 gal/y	•	\$
(constructed before 12/9/91)			d on or after 1		
3. Existing large area source		A New las	ge area sour	ce 🚨	
dry-to-dry only, $140 \le x \le 2,10$				≤2,100 gal/yr	
transfer only, $200 \le x \le 1,800$			$y, 200 \le x \le 1$		
both types, $140 \le x \le 1,800$ gal	l/yr	• •	$140 \le x \le 1,8$		•
(constructed before 12/9/91)		(constructe	d on or after 1		
5. This is a correct facility class	sification		N DCan	not determine	sce add'l site info.
If no, please check the ap	propriate classific	ation:		2	-
_	qualified for a ge	•		above	
☐ facility	exceeds above lin	nits and is no	t eligible for a	general permit	
B. The total quantity of perchloro facility was 90 gallons.	ethylene (perc) pu	archased with	in the precedi	ng 12 months by th	is dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DN DN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ØN/A beds according to the manufacturer's specifications? 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) מם אַע 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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?	· DY DN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	□Y □N □N/A
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?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	□Y □N □N/A
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?	OY ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: MY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days □N □N/A and parts installed w/in 5 days of receipt? DY ON ON/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? DY ON 6. Maintained startup/shutdown/malfunction plan? DY ON ON/A 7. Maintained deviation reports? DY DN DNA Problem corrected? DY DN DN/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REI	PAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?			MIN DIN			
2. Has the facility maintained a leak log?			ØY □N			
3. Does the responsible official check the fol	lowing areas for leaks?		·			
Hose connections, fittings, couplings, and valves	dy on on/a	Muck cookers	Øy □n □n/a			
Door gaskets and seating	Y ON ON/A	Stills	DY ON ON/A			
Filter gaskets and seating	Y ON ON/A	Exhaust dampers	MY ON ON/A			
Pumps [Y ON ON/A	Diverter valves	MY ON ON/A			
Solvent tanks and containers	Y ON ON/A	Cartridge filter housings	MY ON ON/A			
Water separators	Y ON ON/A					
4. Which method of detection is used by the	responsible official?					
Visual examination (condensed solve	ent on exterior surfaces)		\overline{\overline{\sigma}}			
Physical detection (airflow felt throu	gh gaskets)		0			
Odor (noticeable perc odor)			. 🗆			
Use of direct-reading instrumentation						
Halogen leak detector						
If using direct-reading instrum	entation, is the equipme	ent:	⊠N/A			
a. Capable of detecting per	c vapor concentrations in	a range of 0-500 ppm?	OY ON			
b. Calibrated against a stan (PID/FID only)?	dard gas prior to and after	r each use	□Y □N			
c. Inspected for leaks and o	bvious signs of wear on a	a weekly basis?	□Y □N			
d. Kept in a clean and secu	re area when not in use?		OY ON			
e. Verified for accuracy by	use of duplicate samples	(calorimetric only)?	DY DN			
•			`			
TIV D. I.		10 1 100	•			
Ilka Bundy		Date of Inspection				
Inspector's Name (Please Print)		Date of Inspection				
Mks. Bunch		11/25/90	7			
Inspector's Signature		Approximate Date of 1	Next Inspection			

Has new machine. Needs to notify
Tallahassee of permit change.

Mr. Dossa also needs to conduct condenser
temperature monitoring per permit requirements.

Mha Bundy
10/25/99

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLA	NT/DISCOVERY	RE-IN	SPECTION
TIME IN: 1120 TIME OUT: 1	145.	AIRS ID#:	095034	15
TYPE OF FACILITY: Dry Cleaner				
FACILITY NAME: Valet Cleaners			DATE:	10/25/99
FACILITY LOCATION: 5578 N. Orange		n Trail	-	
Orlando, FL 3281	0	·	11.5	07 0,70
RESPONSIBLE OFFICIAL: Zul Dossa		PHONE NUM	BER: 407-2	97-8178
Based on the results of the compliance requirements compliance with DEP Rule 62-213.300, Florida Add Based on the results of the compliance requirements discrepancies were noted:	ministrative (s evaluated d	Code (F.A.C.). uring this inspection, the	ne following comp	bliance
COMPLIANCE REQUIREMENT/PROBLE	EM	FOLLOW-UP A	ACTION REQ	UIRED
Condenser temperature log need for new machine.	ed	Re-inspect	in 1	m0.
. ·				
·				
	,			
COMMENTS:				_
The Annual Compliance Certification form has been properl	y certified ar	d submitted to the insp	pector. YES	NO
DATE OF NEXT INSPECTION: 11/25	5/99 (Approx	imate)		
INSPECTION CONDUCTED BY: Ika B	und y (Please)			
INSPECTOR'S SIGNATURE: Mea Burn	4	PHONE NUM	IBER: 836	-1400
· 4	Page of_	<u></u>		Revised 10/96



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 0358000

Rease include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

0358010

Do NOT Remove Label

AIRS ID # 0950345

VALET CLEANERS ZUL DOSSA 5578 N ORANGE BLOSSOM TRAIL ORLANDO FL 32810

FOR GOVERNMENT USE OND TO Org.: 37550101000 EO: BI Fund: 20-2-035001

Obj.: 002273

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO		ta Va	COMPLAINT	MODISCOVERY MOD	ECE 1	1
airs id#: <u>0950345</u> facility name: <u>Val</u> e			IME IN	i: <u>10'.00</u>	TIME OUTCES	FOZO	
FACILITY LOCATION: _5	578 North Irlando, Fl	Oran - 32	2810		Trail 5	<u> </u>	-
RESPONSIBLE OFFICIAL	: Zul Doss	sa_		PHONE: <u>40</u>	7-297-8	3178	
CONTACT NAME: 12-3-99 - Come back Monday	12-6-99			PHONE:			
PART I: NOTIFICATION							
(check appropriate box)					·		
1. New facility notified DARA	A 30 days prior to star	rtup	-				1
2. Facility failed to notify DA	RM to use general per	rmit ·			 	0	
PART II: CLASSIFICATIO	N					,	
Facility indicated on notifica (check appropriate box) A.	tion form that it is:			☐ No notifice☐ Drop store	ntion form c/out of business/	petroleum	
1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/9)	1 /уг т	dry-to-di transfer both type	y only, only, $x < c$	rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/9	1)		
3. Existing large area soundry-to-dry only, $140 \le x \le 130$ transfer only, $200 \le x \le 130$ both types, $140 \le x \le 1300$ (constructed before $12/9/9$)	2,100 gal/yr 800 gal/yr) gal/yr	dry-to-da transfer both typ	ry only, only, 20 cs, 140	rea source $140 \le x \le 2,10$ $00 \le x \le 1,800$ $00 \le x \le 1,800$ ga or after 12/9/9	gal/yr l/yr.		
5. This is a correct facility	classification	Ø Y	ΠN	□Can not de	etermine		ĺ
	e appropriate classific ility qualified for a ge ility exceeds above lir	eneral pern			above eral permit		
B. The total quantity of percl facility was 130 gallor		ourchased v	within th	ne preceding 13	2 months by this	dry cleaning	g

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? DN DN/A 2. Examining the containers for leakage? Y ON ON/A 3. Closing and securing machine doors except during loading/unloading? DAY ON 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? CIY CIN CON//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? OY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ONA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the ON ON/A condenser exceeded 45°F7 6. Conducted all temperature monitoring after an appropriate cooldown period and after ETY DIN verifying that the coolant had been completely charged?

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?	ΠY	ŪИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПΥ	ПN	□N/A
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,	(T) Y	ריאיי	CINTA
	if machines are equipped with a carbon adsorber?			ON/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠN	□N/A
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?	ПΥ	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ОΥ	Ωи	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	DИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	DN '			
2. Maintained rolling monthly total of perc consumption?	DA DN			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	אואם אם צעם			
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	DY ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN ŒN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DON/A			
6. Maintained startup/shutdown/malfunction plan?				
7. Maintained deviation reports?	OY ON ON/A			
Problem corrected?	אואם אם אם			
8. Maintained compliance plan, if applicable?	ביאס אם עם			

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a	weekly (for small sources	, bi-weekly) leak detection an	d repair		
inspection?			MY ON		
2. Has the facility maintained a leak log?			DN DN		
3. Does the responsible official check the	following areas for leaks?				
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON ON/A		
Door gaskets and seating	DY ON ON/A	Stills	ON ON/A		
Filter gaskets and scating	DY ON ON/A	Exhaust dampers	ON ON/A		
Pumps	OY ON ON/A	Diverter valves	OY ON ON/A		
Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	OY ON ON/A		
Water separators	DY ON ON/A		,		
4. Which method of detection is used by	the responsible official?				
Visual examination (condensed	solvent on exterior surface	es)	9		
Physical detection (airflow felt the	hrough gaskets)				
Odor (noticeable perc odor)	Odor (noticeable perc odor)				
Use of direct-reading instrument					
Halogen leak detector					
If using direct-reading inst	ØN/A				
a. Capable of detecting	OY ON				
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					
c. Inspected for leaks a	and obvious signs of wear	on a weekly basis?	OY ON		
	secure area when not in u		OY ON		
e. Verified for accurac	OY ON				
		•			
Ilka Bundy		12-6-99			
Inspector's Name (Please P	rint)	Date of Insp	ocction		
Mrs Russ L		12-6-20	ω		
Inspector's Signature	-	Approximate Date o			

ADDITIONAL SITE INFORMATION:	
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	OMPLAINT/DISCOVERY RE-INSPECTION V
TIME IN: 1000 TIME OUT: 10	20 AIRS 10#: 0950345
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Valet Cleaners	DATE: 12-6-99
FACILITY LOCATION: 5578 North Orange	Blossom Trail
Orlando, FL 32811	0
RESPONSIBLE OFFICIAL: ZUI DOSSA	
compliance with DEP Rule 62-213.300, Florida Admini	
discrepancies were noted:	aluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
COMMENTS:	L
Facility in compli	ance
The Annual Compliance Certification form has been properly ce	ertified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 12	-6-2000
INSPECTION CONDUCTED BY:	(Approximate)
INSPECTION CONDUCTED BY:	(Please Print)
INSPECTOR'S SIGNATURE: Alka B	PHONE NUMBER: 836-1400
Page	eof Revised 10/96

Orange County Environmental Protection Department

8	
AIRS 10#: 0950345	

Revised 10/10/96

t in the contract of the contr	
DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM ZALTECK INC. DRA	1217
FACILITY NAME: Valet Cleaners (DATE:	Dez 6/99
FACILITY LOCATION: 5578 N. Orange Blossom Trail	
Orlando, FL 32810	70
Annual Reporting Period: Nov. 19 1998 TO Dec 300	11999
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DESR 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. If NO, complete the following:	Ind I
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period st	lated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period st	1
Exact period of non-compliance: from to	
Action(s) taken to achieve compliance:	· · · · · · · · · · · · · · · · · · ·
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solv upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gyear for transfer or combination facilities. RESPONSIBLE OFFICIAL:	vent, based
Name (Please Print)	Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

DBA VALET CLEANERS.

Best Available Copy

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

AKMS	1-19-01	H
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•				
TYPE	OF	INSPE	CTI	ON

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS 10#: 0950345 DATE: 1-19-01 TIME IN:

FACILITY NAME: Valet Cleaners

FACILITY LOCATION: 5578 North Orange Blosso

Orlando FL 32810

PHONE: 407 -297-8178 RESPONSIBLE OFFICIAL: Zul Dossa

CONTACT NAME: PHONE:

PART I: NOTIFICATION

(check appropriate box)

- 1. New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use general permit
- ☐ No notification form
- ☐ Drop store/out of business/petroleum

PART II: CLASSIFICATION

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

- 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)

3. Existing large area source

dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr

(constructed before 12/9/91)

5. This is a correct facility classification

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)

4. New large area source

dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only, 200 < x < 1.800 gal/yr both types, $140 \le x \le 1,800$ gal/yr

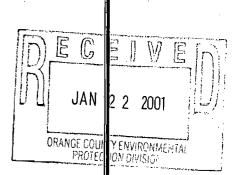
(constructed on or after 12/9/91)

ΩN □Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number
- . 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 45 gallons.



PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? MY DN DN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? □N □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? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the MY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

В	. 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?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser	
	inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
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?	אותם אם אם אם
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
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?	DY DN DN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	,
(check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY ON
2. Maintained rolling monthly total of perc consumption?	day □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or,	DY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	
and parts installed w/in 5 days of receipt?	DY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	מאום אם עם
6. Maintained startup/shutdown/malfunction plan?	MY ON
7. Maintained deviation reports?	DY ON MIN/A
Problem corrected?	DY ON DANIA
8. Maintained compliance plan, if applicable?	OY ON BIN/A

P	PART VI: LEAK DETECTION AND REPAIRS						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			DY ON			
2.	Has the facility maintained a leak log?			ØY ON			
3.	Does the responsible official check the f	following areas for leak:	s?	-			
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON ON/A			
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A			
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	OY ON ON/A			
	Pumps	DY ON ON/A	Diverter valves	DY ON ON/A			
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	CY ON ON/A			
	Water separators	MY ON ON/A					
4.	Which method of detection is used by th	e responsible official?					
	Visual examination (condensed so	lvent on exterior surface	es)	9			
	Physical detection (airflow felt thro	ough gaskets)		0			
	Odor (noticeable perc odor)						
	Use of direct-reading instrumentation						
	Halogen leak detector						
	If using direct-reading instru	ØN/A					
	a. Capable of detecting po	אם אם					
	b. Calibrated against a sta (PID/FID only)?	חם עם					
	c. Inspected for leaks and	l obvious signs of wear	on a weekly basis?	מם עם			
	d. Kept in a clean and sec	cure area when not in us	se?	OY ON			
	e. Verified for accuracy b	y use of duplicate samp	oles (calorimetric only)?	OY ON			
		·					
	, · <u>-</u>						
	Ilka Bundy		1-19-01	•			
	Inspector's Name (Please Print))	Date of Inspection				
	Mha Burd		12-19-0)			
	Inspector's Signature		Approximate Date of I	Next Inspection			

ADDITIONAL SITE INFORMATION:



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ARMS 1-19-01/18

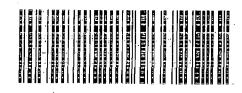
ACILITY NAME: Valet Cl	20 nacc				1/9/
racility location: 5578 Orlando	M II A	RI.	T	_DATE:	1/01
racility Location: 35 18	North Ura	nge DIOSS	som Irai	<u> (· </u>	
Orlando	FL 32	2810	·		
· · · · · · · · · · · · · · · · · · ·					
Annual Reporting Period: Decemb	er	26/999 TO _	December	·	20_00
			•	•	
3ased on each term or condition of the Title i2-213.300, Florida Administrative Code (F		-	· A -		O
f NO, complete the following:			<i>:</i>		•
11. Term or condition of the general permit	that has not been in co	ntinuous complianc	ce during the reporti	ing period stated	above:
Exact period of non-compliance: from	·		to	/	· · · · · · · · · · · · · · · · · · ·
Action(s) taken to achieve compliance:		· 			
Method used to demonstrate compliance:					
#2. Term or condition of the general permit	that has not been in co	ntinuous complianc	ce during the reporti	ing period stated	above:
Exact period of non-compliance: from		t	0		
Action(s) taken to achieve compliance:		· .			· · ·
Method used to demonstrate compliance:			· .		
As the responsible official, I hereby certify, in this notification are true, accurate and consurchase receipts, does not exceed 2,100 gas combination facilities.	mplete. Further, my an	nual consumption	of perchloroethylen	e solvent, based	upon
CEST OTISTICE OF LICENS.	me (Please Print)	OSPA	Signature	J Date	1/19/61
	(2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				/ /

^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT ANNUAL IVI

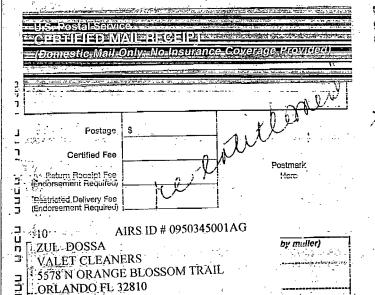
TYPE OF INSPECTION: ANNUAL V COM	PLAIN I/DISCOVERY RE-INSPECTION			
TIME IN: 1230 TIME OUT: 12:5	5 AIRS 10#: 0950345			
TYPE OF FACILITY: Dry Cleaner				
FACILITY NAME: Valet Cleaners	DATE: 1-19-0/			
FACILITY LOCATION: 5578 North Orange	Blossom Trail			
Orlando, FL 32810				
RESPONSIBLE OFFICIAL: Zul Dossa	PHONE NUMBER: 407-297-8178			
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration	- · · · · · · · · · · · · · · · · · · ·			
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance			
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED			
·				
,				
,				
•				
Facility in compliance	· · · · · · · · · · · · · · · · · · ·			
The Annual Compliance Certification form has been properly certification				
DATE OF NEXT INSPECTION: 12-19	pproximate)			
INSPECTION CONDUCTED BY: I Ka B				
	PHONE NUMBER: 407-836-1400			
Page	of Revised 10/96			

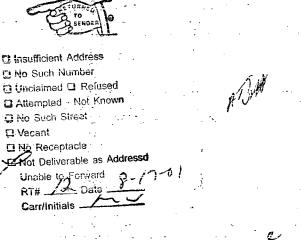
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2500 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400



7000,0520 0020;9372 7558







ARS ID # 0950345001AG
ZUL DOSSA
VALET CLEADERS
5578 N ORANGE BLOSSOM TRAIL
ORLANDO FL 32810

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly)	3. Date of Delivery	٠.
 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. 	C. Signature	☐ Agent ☐ Addressee	
Article Addressed to:	D. Is delivery address different from item If YES, enter delivery address below:	and the second second	¥- <u>↓</u>
10 AIRS ID # 0950345001AG ZUL DOSSA -VALET CLEANERS 5578 N ORANGE BLOSSOM TRAIL ORLANDO FL 32810		ot for Merchandise	
	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee)	Yes	٠ .
2. Article Number (Copy from service label) 7000 0520 0025 9372 13		400505 00 M 4700 Å	
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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

RECEIVED MAIL ROOM FEB 25 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0950345

KAYZAL CORP INC ZUL DOSSA 5578 N ORANGE BLOSSOM TRAIL ORLANDO FL 32810 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390858

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0950345

VALET CLEANERS ZUL DOSSA 5578 N ORANGE BLOSSOM TRAIL ORLANDO FL 32810 JAN 11 00

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

406171 FEB262001

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0950345

VALET CLEANERS

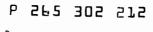
-ZUL-BOSSA

5578.N ORANGE BLOSSOM TRAIL
ORLANDO FL 32810

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273



US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

AIRS ID#: 0950345 KAYZAL CORP INC ZUL DOSSA 5578 N ORANGE BLOSSOM TRAIL ORLANDO FL 32810

	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
PS Form 3800, April 1995	Return Receipt Showing to Whom & Date Delivered	
, April	Return Receipt Showing to Whom, Date, & Addressee's Address	-
800	TOTAL Postage & Fees	\$
33	Postmark or Date	•
S Fo		
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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 card to you. - Attach this form to the front of the mailpiece, or on the back if space permit. - Write "Return Receipt Requested" on the mailpiece below the article. - The Return Receipt will show to whom the article was delivered and delivered.	ce does not le number.	I also wish to receive following services (extra fee): 1. Addressee' 2. Restricted I	for an 's Address Delivery
IN ADDRESS completed o	3. Article Addressed to: AIRS ID#: 0950345 KAYZAL CORP INC ZUL DOSSA 5578 N ORANGE BLOSSOM TRAIL ORLANDO FL 32810	4b. Service Registere Express Return Ref	Type ad EMAII Ceipt for Merchandise	Certified Insured
Is your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee of Agent) PS Form 3811 , December 1994	8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt		

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
891	. San	al sur un la la	•	
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77	Postage	\$		
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ĺ	Return Receipt Fee		Postmark Here	
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9200	Restricted Delivery Fee (Endorsement Required)			
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0600		-	RS ID # 0950345	
0	Recipien VALET CLEANERS ZUL DOSSA			
_				
7000	ORLANDO	FL 32810		
r~	Ony, State			
	PS Form 3800, February 2	2000	See Reverse for In	structions

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	COMPLETE THIS SECTION ON DELIVERY
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. 1. Article Addressed to: AIRS ID # 0950345 ALET CLEANERS OUL DOSSA 578 N ORANGE BLOSSOM TRAIL ORLANDO FL 32810	A. Received by (Please Print Clearly) C. Signature Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes