

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. Greg Froemming President Custom Cleaners 5518 Edgewater Drive Orlando, Florida 32810

Re: Facility I.D. No. 0950347

Dear Mr. Froemming:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 16, 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"

PERCHLOROETHYLENE DRY CLEANERS

COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION	COMPLAINT/DISCOVERY
AIRS ID#: 0950347 DATE: 1/15/99 TEACILITY NAME: Custom Cleaners	`
FACILITY LOCATION: 5518 Edge Wa	
RESPONSIBLE OFFICIAL: Greg Froemmin	19 PHONE: (407) 293-8010
CONTACT NAME: Jeff Froemming	PIIONE: <u>(407) 293 - 8010</u>
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: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr dry-to-dry transfer only, x < 200 gal/yr transfer both types, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	small area source lry only, x < 140 gal/yr only, x < 200 gal/yr oes, x < 140 gal/yr acted on or after 12/9/91)
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 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification	fry only, $x < 140$ gal/yr only, $x < 200$ gal/yr ocs, $x < 140$ gal/yr
1. Existing small area source dry-to-dry only, $x < 140$ gal/yr dry-to-dry transfer only, $x < 200$ gal/yr transfer both types, $x < 140$ gal/yr both type (constructed before $12/9/91$) 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 both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) (2. New dry-to-dry-transfer both types, $x \le 1,400$ gal/yr both types, $x \le 1,800$ gal/yr both types, $x \le 1,800$ gal/yr both types.	lry only, $x < 140$ gal/yr only, $x < 200$ gal/yr ocs, $x < 140$ gal/yr octed on or after $12/9/91$) large area source lry only, $140 \le x \le 2,100$ gal/yr only, $200 \le x \le 1,800$ gal/yr ocs, $140 \le x \le 1,800$ gal/yr octed on or after $12/9/91$) \square \square \square Can not determine

FART 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?	שאים אם איא
2. Examining the containers for leakage?	, פעל טא טאיע
3. Closing and securing machine doors except during loading/unloading?	OY ON
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	OY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	מאס אט איס
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 refu (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with eithe condenser or a carbon adsorber (complete A and B below). Carbon adsorber m installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a ref (complete $\bf A$ and $\bf B$ below).	rigerated condenser
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?	מט עם
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	. OA ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY 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?	םץ טא
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?	מארם אם צם
	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?	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
1. Maintained receipts for perc purchased?	M QA CIN
2. Maintained rolling monthly total of perc consumption?	DAY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 lirs? or;	DAY CIN CIN/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? 	מאס מס אמ
4. Maintained calibration data? (for applicable direct reading Instruments)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON MON/A
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	OY ON DINA
Problem corrected?	OY ON MYA
8. Maintained compliance plan, if applicable?	OY ON QN/A

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves Cy DN DN/A Muck cookers Pumps, and valves Pumps P	PART VI: LEAK DETECTION AND REPAIRS					
2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves Door gaskets and seating Y DN DN/A Filter gaskets and containers Y DN DN/A Solvent tanks and containers Y DN DN/A Water separators Y DN DN/A Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? Q DN d. Kept in a clean and secure area when not in use? Q DN c. Verified for accuracy by use of duplicate samples (calorimetric only)? Date of inspection	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
3. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves Door gaskets and seating Y N N/A Stills Y N N/A Filter gaskets and seating Y N N/A Exhaust dampers Y N N/A Pumps Y N N/A Diverter valves Y N N/A Solvent tanks and containers Y N N/A Cartridge filter housings Y N N/A Water separators Y N N/A Water separators Y N N/A Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable pere odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting pere vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? Date of inspection	inspection?	N _e	• •	DAY ON		
Hose connections, fittings, couplings, and valves Door gaskets and seating Y DN DN/A Stills Y DN DN/A Filter gaskets and seating Y DN DN/A Exhaust dampers Y DN DN/A Solvent tanks and containers Y DN DN/A Cartridge filter housings Y DN DN/A Water separators Y DN DN/A Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable pere odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting pere vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? y DN c. Verified for accuracy by use of duplicate samples (calorimetric only)? Date of inspection	2. Has the facility maintained a leak log?	A.C.		DY DN		
Couplings, and valves Door gaskets and seating V DN DN/A Stills VY DN DN/A Filter gaskets and seating V DN DN/A Filter gaskets and seating V DN DN/A Filter gaskets and seating V DN DN/A Pumps V DN DN/A Solvent tanks and containers V DN DN/A Water separators V DN DN/A Water separators V DN DN/A Water separators Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? P DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? Date of Inspection	3. Does the responsible official check the	following areas for leaks?				
Filter gaskets and seating		DY ON ON/A	Muck cookers	DY ON ON/A		
Pumps By ON ON/A Diverter valves Y ON ON/A Solvent tanks and containers Y ON ON/A Water separators Y ON ON/A 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable pere odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting pere vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? c. Verified for accuracy by use of duplicate samples (calorimetric only)? Inspector's Name (Please Print) Date of Inspection	Door gaskets and scating	MA ON ONIV	Stills	אוחם אם צום		
Solvent tanks and containers AY ON ON/A Water separators AY ON ON/A 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? c. Verified for accuracy by use of duplicate samples (calorimetric only)? Inspector's Name (Please Print) Date of Inspection	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	MY ON ON/A		
Water separators A. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable pere odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting pere vapor concentrations in a range of 0-500 ppin? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? c. Verified for accuracy by use of duplicate samples (calorimetric only)? Inspector's Name (Please Print) Date of Inspection	Pumps	MY ON ON/A	Diverter valves	MY ON ON/A		
4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Description of the percondense of	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	MY ON ON/A		
Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable pere odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting pere vapor concentrations in a range of 0-500 ppm?	Water separators	DY ON ON/A				
Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N d. Kept in a clean and secure area when not in use? Y N c. Verified for accuracy by use of duplicate samples (calorimetric only)? N Inspector's Name (Please Print) Date of Inspection	4. Which method of detection is used by the	he responsible official?				
Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	Visual examination (condensed so	olvent on exterior surfaces)		02		
Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? Inspector's Name (Please Print) Date of Inspection	Physical detection (airflow felt the	rough gaskets)		٦		
Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting pere vapor concentrations in a range of 0-500 ppm?	Odor (noticeable perc odor)	* *				
If using direct-rending instrumentation, is the equipment: a. Capable of detecting pere vapor concentrations in a range of 0-500 ppm?	Use of direct-reading instrumenta	tion (FID/PID/calorimetric	(ubcs)			
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	Halogen leak detector	•				
b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? Inspector's Name (Please Print) Date of Inspection	If using direct-reading instr	umentation, is the equipm	ent:	ΦΝ/Λ		
(PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? The Bundy Inspector's Name (Please Print) Date of Inspection	a. Capable of detecting	perc vapor concentrations in	n a range of 0-500 ppm?	OY ON		
d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? The Bundy Inspector's Name (Please Print) Date of Inspection		standard gas prior to and aff	ter each use	OY ON		
The Bundy Inspector's Name (Please Print) e. Verified for accuracy by use of duplicate samples (calorimetric only)? 1/15/99 Date of Inspection	c. Inspected for leaks ar	nd obvious signs of wear on	a weekly basis?	OY ON		
Inspector's Name (Please Print) Date of Inspection	d. Kept in a clean and s	ecure area when not in use	?	OY ON.		
Inspector's Name (Please Print) Date of Inspection	e. Verified for accuracy	by use of duplicate samples	s (calorimetric only)?	OY ON		
Inspector's Name (Please Print) Date of Inspection						
Inspector's Name (Please Print) Date of Inspection						
Inspector's Name (Please Print) Date of Inspection						
	- 1/15/99					
Ilha. Biman 1/15/2000	Inspector's Name (Please Pri	nt)	Date of Inspe	ection		
T 1 (7) (1)	Alka Bindy	<u> </u>	1/15/2	000		

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

TYPE OF INSPECTION: ANNUAL \(\sum \) COMPI	LAINT/DISCOVERY RE-INSPECTION
TIME IN: 1452 TIME OUT: 1510	AIRS ID#: 0950347
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Custom Cleaners	DATE: 1/15/99
FACILITY LOCATION: 5518 Edgewater D	ſ.
Orlando FL 32810	
RESPONSIBLE OFFICIAL: Grea Froeinming	PHONE NUMBER: 407-293-8010
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administrative	- · · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaluated discrepancies were noted:	d during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	*
	· · · · · · · · · · · · · · · · · · ·
	بيدفيسر
COMMENTS:	4.5
Facility in compliance.	
The Annual Compliance Certification form has been properly certified	d and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 1 / (5 / 200	oximate)
INSPECTION CONDUCTED BY: Ilka Bund	
	se Print) PHONE NUMBER: 836 - 9524;
Page /	of

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION RE-INSPECTION
TIME IN: 10:15TIME OUT:	1045 AIRS ID#: 0950347
TYPE OF FACILITY: DVY (Faney	<u> </u>
FACILITY NAME: Custom Classey	DATE: 2/11/99
FACILITY LOCATION: 5518 Edgen	+21
Ovlando Fl	32810
RESPONSIBLE OFFICIAL: Jeff From	
Based on the results of the compliance requirements of compliance with DEP Rule 62-213.300, Florida Adm	evaluated during this inspection, the facility is found to be in ninistrative Code (F.A.C.).
	evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	M FOLLOW-UP ACTION REQUIRED
~ _ `	
·	
<u> </u>	· ·
COMMENTS:	
Facility in	Compliance
· · · · · · · · · · · · · · · · · · ·	
The Annual Compliance Certification form has been properly	certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 2	(Approximate)
INSPECTION CONDUCTED BY: TO DO	Fletcher (Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 836-9524

Revised 10/96

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
2. Site Name (For example, plant name or number):	
2. Site Name (For example, plant name or number):	
3. Hazardous Waste Generator Identification Number:	
,	
FLO032608820	
A Facility Location:	
Street Address: ST-8 EOGEWATER DR.	
City: OR ANGE Zip Code: 33810	
5: Facility Identification Number (DEP Use):	
0950347	Jan 1
Responsible Official	
Responsible Official	
6. Name and Title of Responsible Official:	
GREG FROEMMING PRESIDENT	
7. Responsible Official Mailing Address: Organization/Firm:	
Street Address:	
City: County: Zip Code:	
8. Responsible Official Telephone Number: Telephone: (いつ) コタス・ジンパウ Fax: (407) コタコ・ユグノブ	
Telephone: (407) 293 - 8010 Fax: (407) 292 - 2417	
) ,
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	 1
\sim 0 \sim 0.	
JEFF TROEMMING PLANT MANAGER	
10. Facility Contact Address:	
Street Address:	
City: County: Zip Code:	
Zip code.	
11. Facility Contact Telephone Number:	$\neg \neg$
Telephone: (407) 293 -8010 Fax: (407) 292 - 2417	

RECEIVED

SEP 1 6 1990

DEP Form No. 62-213.900(2)

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Bureau of Air Monitoring & Mobile Sources

4. Should not be marked

(c) is not required (f) should be marked

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	lD	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	$\overline{}$							_	
	#1	08-102-91		Τ	7				· ·
(2) w/ carbon adsorber		20 XX 2 11		 -					
(3) w/ no controls	 			_					
Washer Unit	 								<u>. </u>
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit					1				1.
(7) w/ ref. condenser				Ι	T				
(8) w/ carbon adsorber								_	
(9) w/ no controls	-								
Reclaimer Unit	 	· .			L				
(10) w/ ref. condenser		<u> </u>		l		<u> </u>	· · ·		
(11) w/carbon adsorber	├─	 				-			
(12) w/ no controls									
(12) 110 001111 002		<u> </u>			<u> </u>				
		:				1			
(b) Control devices are	requ	ired, but not	yet installed]	ž.			
	•		-						
(c) No control devices	are r	equired to be	installed [X	1				
,		•		/					
2.(a) What was the total of	quant	ity of perchlo	roethylene (perc)	purchased in	n the latest 12	mor	ths?	
[120]	gallo	ons							
, 0									
(b) If less than 12 mont									
Check why it is less	than	12 months:	New owner:	[_] New store	: [] Did	not k	eep records:	
		*							
3. What is the facility's so					nitions found	d in section (3	3) of	Part II?	
(Indicate with an "X".	Selec	t one classifi	cation only.)	i					
		. 1.							
Existing small ar	ea so	urce [_X]	Ne	w sn	nall area sour	rce []			
						i			
Existing large are	ea soi	ırce [i]	Ne	w lai	rge area sour	ce []			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

 What control technology is required on machines p (Indicate with an "X".) 	ursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser []
New small area source Refrigerated condenser [X]	
New large area source Refrigerated condenser []	
	•
5. A facility which contains non-exempt emissions up to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	nits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following
	ave a total heat input of 10 million BTU/hr or less (298 tural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
	•
Equipment Monitoring an	d 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	· X
(c) Refrigerated condenser temperature monitoring	Γ Χ ΄)
(d) Carbon adsorber exhaust perc concentration monit	
(e) Instrument calibration	Ĺ X J
(f) Start-up, shutdown, malfunction plan	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate	e 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 X J	No air permits currently exist for the operation of the facility indicated in this notification form.		
	Responsible Official Certification		
	<u>;</u>		
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.			
I will pro	mptly notify the Department of any changes to the information contained in this notification.		
Signature	1 Troe Date 9/4/96		

Orange County Environmental Protection Department

TITLE VAIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COME	TMINITECOME.	RY []		RE-INSPECT	TON [_]
TIME IN: TIME OUT: TYPE OF FACILITY: Dry Cle	AII eaning	CS 1D#:		09503	47
FACILITY HAME: Custon Cheaners FACILITY LOCATION: 5518 Edgewater	Dv	· · · · · · · · · · · · · · · · · · ·	D7	VIE:	
RESPONSIBLE OFFICIAL: Jeff Fromming	3281°	E NUMBEI	≀: 2°	72-2417	
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra	ted during this inspe				iu
Based on the results of the compliance requirements evalua discrepancies were noted:					
COMPLIANCE REQUIREMENT/PROBLEM	FOLLON	Y-UP ACT	UON	REQUIRI	ED
No Perc receipts on site	No	Follow	go	action	regulad
NO corrective action Form	1\	``	11	1(1(
No Running average for Perc	1 (13	Ų	((ц .
·			,		
COMMENTS:					
The Annual Compliance Certification form has been properly cered by the OFNEXT INSPECTION: 2/3/98		to the inspe	ector.	YES	NO
INSPECTION CONDUCTED BY: Todo	d Fletcher	ONE NUM	BER:	(407)	836-9524

Orange County Environmental Protection Department

PERCHLOROETHYLENE DRY CLEANERS



TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	此 COMPLAINT/DISCOVERY 口 DN 口
AIRS ID#: 095 0347 DATE: 2 3 0	
FACILITY LOCATION: 5518 EDGE	WATER DR.
ORLANDO, FL	32810
PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	9/16/96 >> DX
2. New facility notified DARM 30 days prior to sta	li di
3. Facility failed to notify DARM to use general po	ermit \square
PART II: CLASSIFICATION	3-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2
Facility indicated on notification form that it is: (check appropriate box)	
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>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=""></x<2,></td></x<2,>	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=""></x<2,>
This is a correct facility classification	ØA □N
If no, please check the appropriate classification:	· ·
	ermit as number above d is not eligible for a general permit
B. The total quantity of perchloroethylene (perc)	purchased within the preceding 12 months by this dry 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?	DXY ON
2. Examining the containers for leakage?	Ď X Ý □N
3. Closing and securing machine doors except during loading/unloading?	רבאע, בזע
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	DXX ON
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אַאַע טא סאיא
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	<i>'</i> .
If classification 2 has been checked, the machine should be equipped with a refr (complete Λ below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mulinstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser
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
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OA .ON ON/V
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	ОУ ОИ
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON

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?	CIY CIN
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ОУ ОИ
Is the temperature differential equal to or greater than 20° F?	OY ON
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?	OY ON
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 infet?	ОХ ОИ
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 X N
2. Maintained rolling monthly averages of perc consumption?	DY DAY
	,
2. Maintained rolling monthly averages of perc consumption?	,
2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	CIY SXV
 2. Maintained rolling monthly averages of perc consumption? 3. 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 	CIY DAN
 2. Maintained rolling monthly averages of perc consumption? 3. 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? 	(1) (2) (N) (N) (N) (N) (N) (N) (N) (N) (N) (N
 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) 	OY 28 44 OY 28 14 OY 28 14 OY ON ON/A
 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? 	OY 2844 OY 2814 OY 2814 OY 2814 OY 0N 0N/A OY 0N
 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? 	OY 2844 OY 2814 OY 2814 OY 0N 0N/A OY 0N OY 0N
 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? 	OY 2844 OY 2814 OY 2814 OY 2814 OY 0N 0N/A OY 0N QY 0N QY 0N
 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? 	OY 0844 OY 0814 OY 0814 OY 04 04 OY 04 OY 04 OY 04 OY 04 OY 04
 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? 	OY 0844 OY 0814 OY 0814 OY 04 04 OY 04 OY 04 OY 04 OY 04 OY 04

2	Which method of detection is used by th	C TOSDOTIO	sible offici	212		
~.	Visual examination (condensed so	•			ςη.·	Ì
				•	Ž .	
	Physical detection (airflow felt three	ough gas	kcts)			
	Odor (noticeable perc odor)			•	X	
	Use of direct-reading instrumentat	ion (FID	/PID/calo	rimetric tubes)		
	If using direct-reading instrume	ntation,	is the equ	ipment:		
	 Capable of detecting p 	ere vapo	r concentr	ations in a range of 0-500 ppm?	OY C	И
	b. Calibrated against a st (PID/FID only)?	andard g	as prior to		ם אַ כ	אנ
	 c. Inspected for leaks and 	lobvious	signs of	wear on a weekly basis?	UY C	אנ
	d. Kept in a clean and se	cure area	when no	t in use?	CIY C	NE
	e. Verified for accuracy t	y usc of	duplicate	samples (calorimetric only)?	ΩY C	NC
3.	Has the facility maintained a leak log?				CIY	אכ
4.	Does the responsible official check the f	ollowing	; areas for	leaks?		
	Hose connections, fittings, couplings, and valves	M Y	ПΝ	Muck cookers	ΣΊΥ	ПИ
	Door gaskets and scating	×Α	ΩN	Stills	×ΛΑ	ПN
	Filter gaskets and scating	ŅΥ	ПN	Exhaust dampers	QΥ	ΠN
	Pumps	ΔĮA	ПП	Diverter valves	A	ПN
	Solvent tanks and containers	Ġ(Λ	ПN	Cartridge filter housings	Άλ	ПN
	Water separators	ÞÍΥ	ПN			

Name of Responsible Official Todd Fletcher / MARIE L. DKISCOLC	2/3/97
Inspector's Name (Please Print)	Date of Inspection
Manc Lilrundel	2/3/98
Inspector's Signature	Approximate Date of Next Inspection

Facility Contact (If different from Responsible Official)

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

10. Facility Contact Address:

Street Address:

City:

County:

11. Facility Contact Telephone Number:

Telephone:

(407) 293 -8010

Fax: (407)292-2417

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SEP 1 6 סצעו

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

Facility Name and Location
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Farmer Tomas Tomas
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
5. Hazardous waste Generator Identification Number.
FL0032608820 -
4. Facility Location:
4. Facility Location: Street Address: 55 8 EDGEWATER DR. City: OR ANGE Zip Code: 33810
5. Facility Identification Number (DEP Use):
the formal confidence to the following and the first of t
Responsible Official
6. Name and Title of Responsible Official:
Corre Francisco de Persono -
7. Responsible Official Mailing Address:
Organization/Firm: USTOM (CEANERS)
Street Address: 518 EDGEWATER DR City: Dr. 103 County: On the Zip Code: 3816
City: ONLANDO County: ORANGE Zip Code: 32810
8. Responsible Official Telephone Number:
Telephone: (407) 293 - 8010 Fax: (407) 392 - 2417
<u> </u>
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
) n.
10. Facility Contact Address: 10. Facility Contact Address:
Street Address: \$518 EDGENATOR DR
City: ORLANDS County: ORANGE Zip Code: 318/0
11. Facility Contact Telephone Number:
Telephone: (407) 393 -8010 Fax: (407) 292 - 2417
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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-92
Dry-to-Dry Unit		:		\leftarrow		:-		_	
<u> </u>	#1	-c. 4 -d0.	201-0	1		1			Γ
(-)	W/_	08-182-91	COLECT						
(2) w/ carbon adsorber (3) w/ no controls									
Washer Unit									
			Γ						Γ
(4) w/ ref. condenser								ļ	
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 montrol Check why it is less	are requanting gallo	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene (y perc)	_] purchased in				·
3. What is the facility's so (Indicate with an "X". Existing small ar	urce (Selec ea so	classification t one classifi urce [X]	based on the cation only.)	e defi	nitions found	d in section (3			
Existing large are	ea sou	rce []	Ne	w lar	ge area sour	ce []			

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

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source Carbon adsorber [] Refrigerated condenser []
New small area source Refrigerated condenser (A)
New large area source Refrigerated condenser []
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site
Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring []
(e) Instrument calibration (f) Start-up, shutdown, malfunction plan
(f) Start-up, shutdown, malfunction plan

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ιXı	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I bereby certify based on information and belief formed after reasonable inquiry, that th
this noti, statemer maintair	
this noti, statemer maintair comply v	fication. I hereby certify, based on information and belief formed after reasonable inquiry, that th hts made in this notification are true, accurate and complete. Further, I agree to operate and hthe air pollutant emissions units and air pollution control equipment described above so as to
this noti, statemer maintair comply v	fication. I hereby certify, based on information and belief formed after reasonable inquiry, that th its made in this notification are true, accurate and complete. Further, I agree to operate and in 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.

PERCHLOROETHYLENE DRY CLEANERS

スススル ひと けいりじかくけいじ	TYPE	\mathbf{OF}	INSPECTION
-------------------	------	---------------	------------

V -	
	YLENE DRY CLEANERS GENERAL PERMIT
COMPLIANCE II	NSPECTION CHECKLIST
TYPE OF INSPECTION: ANNUAL RE-INSPECTION	YLENE DRY CLEANERS GENERAL PERMIT NSPECTION CHECKLIST COMPLAINT/DISCOVERY MAR MAR Mobile Mobile
AIRS ID#: 0956347 DATE: 2 11	98 TIME IN: 10:15 TIME OUT: 10 45
FACILITY NAME: Custom C	leaners
facility location: 5518 E	desenutor DV
l	5 FI 32810
RESPONSIBLE OFFICIAL: Jeff Fra	OMMINS PHONE: 407-292-2417
,	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	
2. Facility failed to notify DARM to use general per	rmit
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 transfer only, $x < 200$ gal/yr	dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
both types, x < 140 gal/yr	both types, x < 140 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 transfer only, $200 \le x \le 1,800$ gal/yr	dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800 \text{ gal/yr}$	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	☐Y ☐N ☐Can not determine
If no, please check the appropriate classifi	
	eneral permit as numberabove mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) perchloroethylene (pe	ourchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) אומט אוט צים 1. Storing perchloroethylene in tightly sealed and impervious containers? מארח אנח לב 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 MY UN UN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber אואנט אנט צנט 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) DY UN 1. Equipped all machines with the appropriate vent controls? UY UN UN/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 LY LN LN/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? UY UN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the CIY ON ON/A 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?

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	ЦΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ÜΥ	ПN	ÜΝ/Λ
	Is the temperature differential equal to or greater than 20° F?	ПΥ	ÜИ	□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?	\Box Y	ΠИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ШY	ÜИ	□N/A
4.	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?	ΩY	ПΝ	□N/∧
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПΝ	□N/ Λ
6.	Routed airflow to the carbon adsorber (if used) at all times?	ĽΙΥ	ПN	□N/Λ

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	GA CIN				
2. Maintained rolling monthly total of perc consumption?	אנט יאנט				
3. Maintained leak detection inspection and repair reports for the following:	,				
a. documentation of leaks repaired w/in 24 hrs? or;	מארם אם אור א				
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	מאַ טא ט פאט				
4. Maintained calibration data? (for applicable direct reading instruments)	DA DN BUNY				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DN/A				
6. Maintained startup/shutdown/malfunction plan?	שאַ טא				
7. Maintained deviation reports?	רוא בא אין אין				
Problem corrected?	טא טא פאיע				
8. Maintained compliance plan, if applicable?	בוא בוא מאיע				

PART VI: LEAK DETECTION AND REPAIRS							
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
in	spection?			GAY, CIN			
2. Ha	as the facility maintained a leak log?			מט אַט			
3. Do	oes the responsible official check the	following areas for leaks	s?				
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	מא כוא כואיע			
	Door gaskets and seating	איאם אם אם	Stills	DY ON ON/A			
	Filter gaskets and scating	אאם אם אא	Exhaust dampers	מ/אנט אנט אנט			
	Pumps	CAY ON ON/A	Diverter valves	מ/אנט אנט ציצט			
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	CY ON ON/A			
	Water separators	QA ON ONIV					
4. W	hich method of detection is used by	the responsible official?					
	Visual examination (condensed)	solvent on exterior surface	ces)	ਹ			
	Physical detection (airflow felt the	irough gaskets)					
Odor (noticeable perc odor)							
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)							
	Halogen leak detector			ט /			
	If using direct-reading instrumentation, is the equipment:			M/V			
	a. Capable of detecting	perc vapor concentratio	ns in a range of 0-500 ppm?	ÜY ÜN			
	b. Calibrated against a (PID/FID only)?	standard gas prior to an	d after each use	OY ON			
1	c. Inspected for leaks a	nd obvious signs of wear	r on a weekly basis?	UY UN			
	d. Kept in a clean and	secure area when not in	usc?	CIY CIN			
	e. Verified for accuracy	y by use of duplicate san	ples (calorimetric only)?	ÜY UN			
-							
	Ton Florial Olylou						
	Inspector's Name (Please Print) Date of Inspection						
	2/11/99						
Inspector's Signature Approximate Date of				Next Inspection			

ΛD	ITIONAL SITE INFORMATION:
	•••
	•

	TITLE V AIR QU INSPECTION	ALITY GENE N SUMMARY		11/2	0/91 Ah.
TYPE OF INSPECTION:	ANNUAL 21/20/4	7 COMPLAINT/I	DISCOVERY [, R Б-Н	NSPECTION D
TIME IN: 10:15 TYPE OF FACILITY:	TIME OUT:	1045	AIRS ID#:	0950	2347
FACILITY NAME: (105) FACILITY LOCATION: 56	tom () terme	V 5		DATE:	2/11/98
	Vlando Fl	32810			
RESPONSIBLE OFFICIAL:	Jeth Frozv	mm in 5	PHONE NUMBER	407	292-2417
<u></u>	ne compliance requirement ule 62-213.300, Florida Ac	_	•	cility is foun	d to be in
Based on the results of the discrepancies were noted	ne compliance requirement l:	ts evaluated during	this inspection, the fo	llowing com	pliance
COMPLIANCE REQU	IREMENT/PROBL	EM FO	DLLOW-UP ACT	ION REC	UIRED
			PKC		•
			Sur My TO 4		
			Nonitoring Sources	.0	
			•		

COMMENTS:

Facility in Compliance

The Annual Compliance Certification	YES[_]	NO		
DATE OF NEXT INSPECTION:	2/11/99			
	(Approximate)			
INSPECTION CONDUCTED BY:_	TODO Fletcher			
	(Please Print)		•	

INSPECTOR'S SIGNATURE: WILL STATE OF THE STA

____PHONE NUMBER: <u>834 - 952</u> C

Orange County	Environment	al Protection	n Departm	ent, 8-13-99
AIRS ID#: 0950347			ACC	Révised 10/10/96
	NER AIR QUALI L COMPLIANCE CE			The state of the s
FACILITY NAME: Custom FACILITY LOCATION: 5518	Cleaners		DAT	636 899
FACILITY LOCATION: 5518	Edgewater	Drive		(S)
Annual Reporting Period: Feb 11, 19	98 19	98 TO J	an 15	19_99
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F				DEP Rule
If NO, complete the following:	·			
#1. Term or condition of the general permit	t that has not been in conti	nuous compliance du	ring the reporting pe	riod 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	t that has not been in conti	nuous compliance dui	ring the reporting pe	riod stated above:
Exact period of non-compliance: from		10		
Action(s) taken to achieve compliance:		·		
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Further, my	y annual consumption	of perchloroethyles	ne solvent, based
RESPONSIBLE OFFICIAL: Na	troemming une (Please Print)	John Sig	nature	6/18/99 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	ø	COMPLAINT/DISCOVE	RY 🔲
·	RE-INSPECTION		Bure	
AIRS ID#: 095 0347	DATE: 1-20-0	O TIME I	N: 1510 STIME OF	т: 1535
		ners	Air Mor	
FACILITY LOCATION:	A	water	Dr. regim	
	Orlando, F	L 328		
RESPONSIBLE OFFICIAL	, , ,	mming		3-8010
CONTACT NAME: Jef	f Froemmi	ng _	PHONE: 407-293	8 -8010
		÷		
PART I: NOTIFICATION	· · · · · · · · · · · · · · · · · · ·	·		
(check appropriate box)				
1. New facility notified DARN	1 30 days prior to startu	ıp .		۵
2. Facility failed to notify DAI	RM to use general perm	uit	·	<u> </u>
PART II: CLASSIFICATIO	N			
Facility indicated on notificat (check appropriate box) A.	ion form that it is:		☐ No notification form☐ Drop store/out of busin	ess/petroleum
1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91	/yr 6	2. New small a dry-to-dry only, transfer only, x both types, x < (constructed on	x < 140 gal/yr < 200 gal/yr	
3. Existing large area soundry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before 12/9/91	2,100 gal/yr	transfer only, 20 both types, 140	rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	•
5. This is a correct facility of	lassification	Y ON	□Can not determine	
If no, please check the	appropriate classificati	ion:		
☐ facil	ity qualified for a gene	ral permit as nu		
☐ facil		a and is not alia	ible for a general nermit	
	ity exceeds above limit	s and is not eng	tote for a general permit	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? Day Din 4. Draining cartridge filters in their housing or in sealed 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? DY DN 121N/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) DY DN 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 DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A 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?

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?	ΩY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	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 much income any against a with a certain a death of the stream of	ΩV	OM	□N/A
	if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm?			□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?	ЦY	UN	□N/A.
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	QΥ	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ŪΫ	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	tay □n
2. Maintained rolling monthly total of perc consumption?	ØY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DAY 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 124N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON CHN/A
6. Maintained startup/shutdown/malfunction plan?	ETY ON
7. Maintained deviation reports?	DY DN MIN/A
Problem corrected?	OY ON MIN/A
8. Maintained compliance plan, if applicable?	DY ON OM/A

PART	PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
insı	pection?			DN DN		
2. Has	the facility maintained a leak log?			ØY □N		
3. Do	es the responsible official check the f	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	MY ON ON/A		
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	MY ON ON/A		
	Pumps	DY ON ON/A	Diverter valves	OY ON ON/A		
	Solvent tanks and containers	ØY ON ON/A	Cartridge filter housings	ETY ON ON/A		
	Water separators	MY ON ON/A				
4. Wh	ich method of detection is used by th	ne responsible official?				
	Visual examination (condensed so	lvent on exterior surfaces	5)	ප		
	Physical detection (airflow felt thr	ough gaskets)				
	E					
	ØN/A					
	a. Capable of detecting p	erc vapor concentrations	in a range of 0-500 ppm?	OY ON		
	b. Calibrated against a st (PID/FID only)?	andard gas prior to and a	fter each use	מם עם		
	c. Inspected for leaks and	d obvious signs of wear o	n a weekly basis?	□Y □N		
	d. Kept in a clean and se	cure area when not in use	? .	מם עם		
	e. Verified for accuracy	by use of duplicate sampl	es (calorimetric only)?	' אם צם		
			<u> </u>			
	Ilka Bundy		1-20-00			
	Inspector's Name (Please Print	t)	Date of Inspection	_		
	Mka Bund		1-20-01			
_	Inspector's Signature		Approximate Date of	Next Inspection		

Orange County Environmental Protection Department

AIRS 1D#: 0950347

ACC

Revised 10/10/96

ARMS 00

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

(
FACILITY NAME: <u>CUSTOM</u>	Cleaners		DATE	:_ 1-20-00
FACILITY LOCATION: 5518	Edgewater	Dr.		
•	10 FL 328			
	10 10 300	•		·
Annual Reporting Period:	15	_19 <u>.99</u> то _	DAV, 20	\$ 200
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (I		•	4~/	DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permi	t that has not been in co	ontinuous complianc	e during the reporting per	iod stated above:
Exact period of non-compliance: from		to	0	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
#2. Term or condition of the general permi	t that has not been in co	ontinuous complianc	c during the reporting per	iod stated above:
Exact period of non-compliance: from		to		
•		to_	·	
Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance:		to_	· · · · · · · · · · · · · · · · · · ·	

*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.

Page _____ of _____.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL V COMPLA	AIN I/DISCOVERY RE-INSPECTION			
TIME IN: 1510 TIME OUT: 1535	AIRS ID#: 0950347			
TYPE OF FACILITY: Dry Cleaner				
FACILITY NAME: Custom Cleaners	DATE: 1-20-00			
FACILITY LOCATION: 5518 Edgewater Dr.				
Orlando, FL 32810				
RESPONSIBLE OFFICIAL: Greg Froemming	PHONE NUMBER: 407-293-8010			
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administrative	•			
Based on the results of the compliance requirements evaluated discrepancies were noted:	during this inspection, the following compliance			
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED			
COMMENTS:				
Facility in compliance.				
The Annual Compliance Certification form has been properly certified and submitted to the inspector. VES NO DATE OF NEXT INSPECTION: 1-20-01				
INSPECTION CONDUCTED BY: IMA Bundy				
INSPECTOR'S SIGNATURE: Alka Bund PHONE NUMBER: 836 / 400,				

Revised 10/96

HLOROETHYLENE DRY CLEANERS

THE PRINTS	A	TRICINA.	CTION:
V 1/14			

TITLE	THYLENE DRY CLEANERS V GENERAL PERMIT E INSPECTION CHECKLIST
TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY O
RE-INSPECT	TON D NOT
AIRS 1011: 0950347 DATE: 1-26	
FACILITY NAME: CUSTOWN CL	eaners
FACILITY LOCATION: 5518 Ed	lgewater Dr.
Orlando	FL 32810
RESPONSIBLE OFFICIAL: Greg Fro	semming PHONE: 407-293-8010
CONTACT NAME: Jeff Froen	nming PHONE: 407-293-8010
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to s	startup
2. Facility failed to notify DARM to use general p	permit C
PART II: CLASSIFICATION	
Facility indicated on notification form that it is (check appropriate box)	: No notification form Drop store/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, $140 \le x \le 2,100$ gallyr transfer only, $200 \le x \le 1,800$ gallyr both types, $140 \le x \le 1,800$ gallyr (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	MY ON OCan not determine
If up, places shoots the engrapsists of said	fication:
· · · · · · · · · · · · · · · · · · ·	general permit as number above limits and is not eligible for a general permit

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?	מט צם
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?	DY DN DN/A
	Is the perc concentration equal to or less than 100 ppm?	- CIY CIN CIN/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?	MY ON
2. Maintained rolling monthly total of perc consumption?	OY ON
3. Maintained leak detection inspection and repair reports for the following:	. /
a. documentation of leaks repaired w/in 24 hrs? or,	אותם מם צים
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 ON DINA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	ON ON
7. Maintained deviation reports?	מאאם אם אם
Problem corrected?	חא שה שה אם
8. Maintained compliance plan, if applicable?	איאים אם אם

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?			ENY DN	
2. Has the facility maintained a leak log?			DAY ON	
3. Does the responsible official check the	following areas for leaks	?	·	
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	EY ON ON/A	
Door gaskets and seating	MA DN DNVY	Stills	CAY ON ON/A	
Filter gaskets and seating	DY ON ON/A	Exhaust dampers .	DY ON ON/A	
Pumps	DY ON ONA	Diverter valves	OY ON ONA	
Solvent tanks and containers	MY DIN DNA	Cartridge filter housings	DY ON ONA	
Water separators	DAY ON ON/A			
4. Which method of detection is used by	the responsible official?			
Visual examination (condensed solvent on exterior surfaces)			12	
Physical detection (airflow felt through gaskets)				
Odor (noticeable perc odor)			œ (
Use of direct-reading instrument	ation (FID/PID/calorimetr	ic tubes)	a ·	
Halogen leak detector			Q . /	
If using direct-reading instrumentation, is the equipment:			ØN/A	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			O'A O'W	
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			DY DN	
c. Inspected for leaks and obvious signs of wear on a weekly basis?			.□Y CIM	
d. Kept in a clean and secure area when not in use?			OY ON	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			DY ON	
			<u> </u>	

Ilka Bundy	1-26-01
Inspector's Name (Please Print)	Date of Inspection
Mha Bund	1-26-02
Inspector's Signature /	Approximate Date of Next Inspection

$$1-31-00$$
 19.5
 $12-8-00$ 19.5
 $8-7-00$ 39.0
 $3-31-00$ 19.5
 $6-9-00$ 19.5
 97.5
 19.5

irs id#: 0950347

Revised 01/18/00

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ARMS, 26-01 M

	L COMPLIA					/
ACILITY NAME: Custom	Cleaner	rS	-		DATE:	26/01
ACILITY LOCATION: 55/8 E	dge wat	er Dr.	· .			
ACILITY NAME: Custom ACILITY LOCATION: 5518 E Orlando	, FL	32810				
Annual Reporting Period:	ry	20 <u></u> 0C) то	Janua	<u>ry</u>	20 01
3ased on each term or condition of the Title i2-213.300, Florida Administrative Code (F	_	_		-,/		•
f NO, complete the following:	•				•	
11. Term or condition of the general permit	that has not bee	n in continuous	compliance d	uring the reporti	ng period stated	d 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 bee	n in continuous	compliance d	uring the reporti	ng period state	d above:
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, be in this notification are true, accurate and consurchase receipts, does not exceed 2,100 gas combination facilities. RESPONSIBLE OFFICIAL: Nar	mplete. Further	, my annual cor	asumption of pilities or 1,800	perchloroethyle n	e solvent, based	d upon

^{*}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

TYPE OF INSPECTION: ANNUAL [V] COMPI	LAINT/DISCOVERY RE-INSPECTION
TIME IN: 0900 TIME OUT: 0915	AIRS ID#: 0950347
TYPE OF FACILITY: Dry Cleaner	·
FACILITY NAME: Custom Cleaners	DATE: 1-26-0/
FACILITY LOCATION: 5518 Edgewater Dr.	
Orlando FL 32816	
RESPONSIBLE OFFICIAL: Greg Froemming	PHONE NUMBER: 407-293-8010
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
	
, .	
COMMENTS:	
Facility in complian	√ C.€.
The Annual Compliance Certification form has been properly certified	and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 1-26-	
(Аррі	oximate)
INSPECTION CONDUCTED BY: LKG BL	
inspector's signature: Uha Bund	sc Print) PHONE NUMBER: 407-836-/400
Page /	

434155 DEC112003

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

950347 JEFPREY FROEMMING CUSTOM CLEANERS 5518 EDGEWATER DRIVE ORLANDO FL 32810

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



420913 DEC202002

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

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AIRS ID#0950347

CUSTOM CLEANERS JEFFREY FROEMMING 5518 EDGEWATER DRIVE ORLANDO FL 32810

FOR GOVERNMENT USE Org.: 37550101000 ÉQ: 4 Fund: 20-2-035001\$ 25 Obj.: 002273

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	CUSTOM CL		
	Stre 5518 EDGEW		
7000	ORLANDO F	L 32010	1
7	City,		
-	PS Form 3800, Febru	ary 2000	See Reverse for Instructions

.

SENDER: COMPLE SENDER: SENDER:	ALLACITE SIES OF THE BIGHT OF T			
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 # 0950347001AG GREG FROEMMING	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee			
CUSTOM CLEANERS 5518 EDGEWATER DRIVE ORLANDO FL 32810	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.			
	4. Restricted Delivery? (Extra Fee)			
2. Article Number (Copy from service label) 2000 0520 0030 9372 7800				
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789			

389421

Piease 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 # 0950347

CUSTOM CLEANERS GREG FROEMMING 5518 EDGEWATER DRIVE ORLANDO FL 32810

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

Please include your AIRS ID# on your check or money order. This number can be for the pelow on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

AIRS ID # 0950347.

CUSTOM CLEANERS GREG FROEMMING 5518 EDGEWATER DRIVE ORLANDO FL 32810

FOR GOVERNMENT USE ONLY

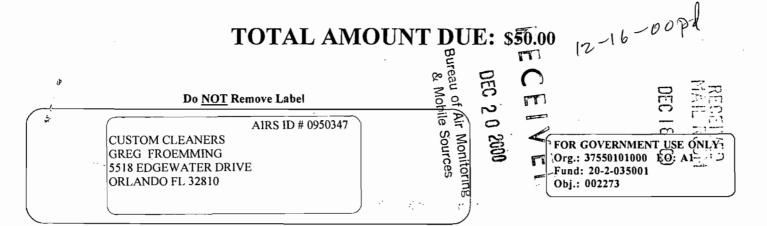
Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оыј.: 002273



400082

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



 $\overline{301555}$

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

RECEIVED MAIL ROOM

FEB -2 98

Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

AIRS ID#0950347

FROEMMING ENTERPRISES INC GREG FROEMMING 5518 EDGEWATER DRIVE ORLANDO FL 32810

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

258537

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

RECEIVED MAIL ROOM

JAN 21 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0950347 FROEMMING ENTERPRISES INC GREG FROEMMING 5518 EDGEWATER DRIVE ORLANDO FL 32810

FOR GOVERNMENT USE ONLY

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

Obj.: 002273