

## Department of Environmental Protection

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

David B. Struhs Secretary

October 21, 1999

Mr. Dipak Patel Dry Clean USA 11240 South Orange Blossom Trail Orlando, Florida 32837

Re: Facility No.: 0950352-002

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 15, 1999.

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, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, of 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: Ms. Marie Driscoll, Orange County

#### Bowman, Sandy

From:

Sent:

Ilka.Bundy@co.orange.fl.us Wednesday, October 31, 2001 3:00 PM

To: Cc: Butler, Rick

Subject:

Bowman, Sandy Dry Cleaner Update

Hello Rick!

First Class Cleaners, AIRS ID # 0950344, has a new R.O.: Tom Hudeons.

Dry Clean USA, AIRS ID # 0950352, is out of business.

These were discovered during their Annual Inspections. Also, I must have accidentily entered an Inspection twice for First Class Cleaners, 0950344, in ASGP. Can you or Sandy please delete one of the inspections for Oct. 30, 2001?

Thanks!!!

Ilka Bundy Environmental Specialist Phone (407) 836-1400 Fax (407) 836-1498 Ilka.Bundy@ocfl.net <mailto:Ilka.Bundy@ocfl.net>

#### 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 # 0950352

DRYCLEAN USA DIPAK PATEL 11240 S ORANGE BLOSSOM TRAIL ORLANDO FL 32837

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

Verich, Inc. 11240 S. Orange Blossom Trail Orlando, FL 32837 Phone: (407)826-8933

NATIONSBANK, N.A. 02992 FL

1816

PAY TO THE ORDEDept. of Env. Protaction - Dc/Reg. 

1/30/2001

\$\*\*50.00

DOLLARS

Dept. of Environmental Protaction 2600 Blair Stone Road MS 4525 Tallahassee, FL 32399-2405

AIR ID 0950352



095035-2-002
New should be encled under status. Bosed on purchose dute.
Bosed on Ruscherse date.
New machine at large area source Ref.
cond, should be worked. Warbout
Existing Ref. lord. and existeal.
Existing. Ref. cord. and existent.  all steam : a curity exempt should  be marked?
ye manged
Choope one.
Responsible official seguand date for changes.
clionges.
Solo A Distale Day It
Spole to Dipub Patel and he stated there were no fermits from DEP on this facility.
on this facility.
J. J

# PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

#### Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

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

	VERICH, IMC.					, C*
2.	Site Name (For example, plant of DRYCLEAN				But	SEP SEP V
3.	Hazardous Waste Generator Ide		er:		<b>(</b>	SEP S 1999  MOSING SOURCESTING  TRAIL,  32837
4.	Street Address: 11240 City: ORLAMDO	S. ORE County:	ORAM		Zip Code:	TRAIL, 32837
5.	Facility Identification Number (	DEP Use ONLY		50	ÓSZ	002
	ponsible Official					
ı	Name and Title of Responsible one: DIPAK PATE		Title:	Per	3810 FM	7
7.	Responsible Official Mailing Adorganization/Firm: VER Street Address: 1240 City: ORLANDO	S. ORA	MUFE	BLO:	SSOM Zip Code: 3	TR 32837
8.	Responsible Official Telephone Telephone: (401)	Number: <b>8933</b>	Fax:	407	854-9	1971
Fac	ility Contact (If different from	Responsible Offi	cial)			
	Name and Title of Facility Cont			:		
10.	Facility Contact Address:					
	Street Address: City:	County:			Zip Code:	
11.	Facility Contact Telephone Num Telephone: ( ) -	nber:	Fax:	(	) -	

DEP Form No. 62-213.900(2)

Facility Name and Location

#### Facility Information

1.(a) DRY-10-DRY M	ACHINES ONL	γY	
How many dry-to-dry ma	achines do you ha	ive on-site?	
For each dry-to-dry mach	nine on-site, pleas	se provide the following information	on:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
10/94	Existing/No Existing/No	ew RC/CA/None required	GAME
*CONTROL DEVICE K	EY: RC = r	efrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?	[]	
How many dryers/reclain	ners do you have	on-site? []	
unit. If the transfer machi 1993, it is a <b>NEW</b> unit (n	ne was purchased o units purchased	•	
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
*CONTROL DEVICE K	EY: RC = r	efrigerated condenser CA =	carbon adsorber
	roethylene (perc) ns (You must fil	have you used within the last 12 n l this in)	nonths?
(b) If less than 12 mor	nths, how many?	[] months	
Check why it is les	ss than 12 month	s: New owner: [] Did not kee	p records: []
		New store: [] New machin	e []
		Unopened store [] (date of	expected opening)

DEP Form No. 62-213.900(2) Effective: 2/24/99

3. What is the facility's source classification based on Indicate with an "X". Select one classification of	
Small Area Source	
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site  Large Area Source	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines particle (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing machines at small area source (NONE REQUIRED)	New machines at small area source Refrigerated condenser []
Existing machines at large area source Carbon adsorber Refrigerated condenser	New machines at large area source Refrigerated condenser []
5. A facility which contains non-exempt emissions under Rule 62-213.300, F.A.C. Verify that all steam and he exemption criteria or that no such units exist on-site	- · ·
All steam and hot water generating units exempt No such units on-site	OR
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP) rating:	4511
What type of fuel do you use?   [] propane  [] No. 2 fuel  [] No. 6 fuel	
6. Equipment Monitoring and Recordkeeping Inform	aation
Check all logs which are required to be kept on-site it	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent a	ddition log [X]
(b) Leak detection inspection and repair	[ <b>*</b> 2]
(c) Refrigerated condenser temperature monitoring	[ <u>*</u> ]
(d) Carbon adsorber exhaust perc concentration mon	itoring []
(e) Startup, shutdown, malfunction plan	$[\lambda]$

DEP Form No. 62-213.900(2)

7. Surrender	of Existing DEP Air Permit(s)
Please indica	te with an "X" the appropriate selection:
	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are
	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible	Official Certification
this notij statemen maintain comply v	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.
DIF Print nan	ne of responsible official
Signatur	Date Date

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Facility Name an	condy shows	the dioryed. M	ausous og	- 171
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2. Site Name (F	be marked			71
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4. Facility Loca	Resonation	Min O ladre	Of the Land	_ OFING
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City. OF	Monges.			25-20-00-00-00-00-00-00-00-00-00-00-00-00-
5) Facility Iden				
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Responsible Off	mell form	2 no ferming	rom UKI	_ <u> </u>
6. Name and T	on this for	acelety.		<del>-</del> .
Name: DIF		. ,	· ·	
7. Responsible				
Organizatio				
Street Addre				
	·			
8. Responsible	1)826-8933	Fax: 407 )88	31.4971	
Telephone: (40	1)000-0702	1 un. 4 0 / 100		
Facility Contact (If diff	ferent from Responsible Official Facility Contact (For example, pl	il) lant manager):		
9. Name and Title of t	active Contact (1 of example, p.	ant managery.		
10. Facility Contact Ad	dress:			
Street Address:				
City:	County:	Zip	Code:	
II. Parille Control To	lanhana Number		<del></del>	
11. Facility Contact Te		Fax: ( )		

DEP Form No. 62-213.900(2) Effective: 2/24/99

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# PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

#### Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility N	ame and Location				<b>A</b>
1. Facili	ty Owner/Company Name (	Name of corporation, ag	ency, or individ	ual owner):	PA
VE	RICH, IMC.				SEP 15 1999  TO SIE SONOTIO
	Jame (For example, plant nar	m a ar mumbar).			
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0"	ryclean i	)54		Ures	15
3. Hazai	dous Waste Generator Identi	fication Number:		<del>Ç</del> 1	10 A 1990
	FLD982142	879			Olle Mon
4. Facili	ty Location: DRYC	LEAM LOSA			Our Co
		3. OREMUTE		SSOM	TRAIL,
1	ORLAMOO	County: ORA	MGE	Zip Code:	32837
	,				SEP S 1999  ABILLA TEALL  32837
ro, Pacili	ty.Identification Number (DI	E Use UNLY do not t	III in)!		
Water State			(2)		465/25 TEVE
Contract Contract of the Contract of Contr	A The Administration of the Control		The state of the s	Action of the Parket of the Pa	Resident Community (1) (2) (2) (2) (2) (2) (2) (2)
	ole Official				
	and Title of Responsible Off	ñcial:	mu -		
Name:	DIPAK PATE		Title: PQ	3910 BA	<b>-(</b> 1
7. Respo	nsible Official Mailing Addr	ess:			
Organ	nization/Firm: VERI	CH, IML.			<b>~</b>
Street	Address: 11240	5. ORAHU	E BLO	SSOM	12
City:	ORLANIDO	County: ORAN	IGE	Zip Code: 🔁	2837
8. Respo	nsible Official Telephone Nu	ımher:			
Telep	hone: (401)826-8	933	Fax: 407	854.90	771
			(10)		
	ontact (If different from Re				
9. Name	and Title of Facility Contac	t (For example, plant ma	anager):		
•					
10. Facili	ty Contact Address:				-
I	Address:			<i>a</i> : 0 1	
City:		County:		Zip Code:	
11. Facili	ty Contact Telephone Number	 er:			<del> </del>
	hone: ( ) -		Fax: (	) -	
	, ,		•		

DEP Form No. 62-213.900(2)

#### **Facility Information**

#### 1.(a) DRY-TO-DRY MACHINES ONLY How many dry-to-dry machines do you have on-site? For each dry-to-dry machine on-site, please provide the following information: Date Initially Purchased Control Device Required\* Status Date Control Device Installed From Manufacturer (cirçle one) (circle one) (if already included at time of purchase, write "SAME") RC/CA/None required GAME Existing/New RC/CA/None required Existing/New RC/CA/None required \*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber 1.(b) TRANSFER MACHINES ONLY How many washers do you have on-site? How many dryers/reclaimers do you have on-site? If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a NEW unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information: Date Initially Purchased Control Device Required\* Status Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") Existing/New RC/CA/None required Existing/New RC/CA/None required Existing/New RC/CA/None required CA = carbon adsorber \*CONTROL DEVICE KEY: RC = refrigerated condenser 2.(a) How much perchloroethylene (perc) have you used within the last 12 months? [300] gallons (You must fill this in) (b) If less than 12 months, how many? [ ] months Check why it is less than 12 months: New owner: [\_\_\_\_] Did not keep records: [\_\_\_\_] New store: [ ] New machine [ ] Unopened store [ ] (date of expected opening \_\_\_\_\_)

DEP Form No. 62-213.900(2)

	ty's source classification in "X". Select one classifi		efinitions found in section	(3) of Part II?
Small Area	Source [	]		
Tr	ry-to-dry machines only ransfer only on-site oth machine types on-site	(used	less than 140 gallons of poless than 200 gallons of poless than 140 gallons	erc per year)
Large Area	Source	[ <b>X</b> _]		
Tr	y-to-dry machines only cansfer only on-site oth machine types on-site	(used	140 - 2,100 gallons of per 200 - 1,800 gallons of per 140 - 1,800 gallons of per	c per year)
4. What control tech (Indicate with an		achines pursua	nt to section (5) of Part II	of this notification form?
Existing ma (NONE RE	achines at small area sou QUIRED) []	rce	New machines at small Refrigerated condenser	
Carbon ads	achines at large area sour orber	rce	New machines at large Refrigerated condenser	
Rule 62-213.300, F.	A.C. Verify that all steam	m and hot wat	nall not be eligible to use t er generating units on-site tached memo for the crite	
All steam and hot w No such units on-site	ater generating units exe	empt X	] OR ]	
How many boilers de	o you have on-site?			•
For each boiler, indi-	cate its horsepower (HP)	rating: [15]		
What type of fuel do	N	opane o. 2 fuel oil o. 6 fuel oil	natural gas No. 4 fuel oil Other (please lis	st)
6. Equipment Monit	oring and Recordkeeping	g Information		
Check all logs which	h are required to be kept	on-site in acco	ordance with the requirement	ents of this general permit:
(a) Purchase receipts	s and solvent purchases/s	olvent addition		-
(b) Leak detection in	nspection and repair		$\overset{\Gamma}{\sim}$	J
(c) Refrigerated con-	denser temperature moni	itoring	[ <b>*</b> [ <b>*</b>	.]
(d) Carbon adsorber	exhaust perc concentration	ion monitoring		J
(e) Startup, shutdow	vn, malfunction plan		$(\chi)$	]

DEP Form No. 62-213.900(2) Effective: 2/24/99

7. Surrender	of Existing DEP Air Permit(s)						
Please indica	Please indicate with an "X" the appropriate selection:						
	I hereby surrender all existing DEP air pethis notification form; the permit number	ermits authorizing operation of the facility indicated in (s) are					
[ <b>X</b> ]	No DEP air permits currently exist for the form.	e operation of the facility indicated in this notification					
Responsible	Official Certification	·					
this notif statemen maintain comply w I will pro	ication. I hereby certify, based on informate the made in this notification are true, accurate the air pollutant emissions units and air powith all terms and conditions of this general emptly notify the Department of any change.  AL PATEL  The of responsible official	fined in Part II of this form, of the facility addressed in tion and belief formed after reasonable inquiry, that the te and complete. Further, I agree to operate and allution control equipment described above so as to permit as set forth in Part II of this notification form.  In the information contained in this notification.  OP-10-99  Date					
$\propto$	Job for cumulos	roloalag					

#### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	囡	COMPLAINT/DISCOV	ERY 🗆	
	RE-INSPECTION			P	
AIRS 10#: <u>0950352-00</u> 2		TIME II	v: <u>0957</u> TIME	our: 1035	
FACILITY NAME: Dry	Clean USA	<u>.</u>		C M	_
FACILITY LOCATION:	1240 South C	range 1	Blossom Irait	12 L	-
·	Inlanda Fl	5 / X S	/	0	<u> </u>
RESPONSIBLE OFFICIAL:	Dipak Patel	·	PHONE: 407-826	£8933	-
CONTACT NAME:					
PART I: NOTIFICATION		,			
(check appropriate box)					
New facility notified DARM	I 30 days prior to startup				
2. Facility failed to notify DAF	CM to use general permi	t		. 0	
PART II: CLASSIFICATION					
PART II: CLASSIFICATION	N				
Facility indicated on notificat			☐ No notification form		
<u>-</u>			☐ No notification form ☐ Drop store/out of bus		
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sou	ion form that it is:	New small a	Drop storc/out of bus	siness/petroleum	
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area soudry-to-dry only, x < 140 gal.	ion form that it is:  ree	ry-to-dry only,	Drop storc/out of bus rea source $x \le 140 \text{ gal/yr}$	siness/petroleum	
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gall transfer only, x < 200 gal/yr	ion form that it is:  ree	ry-to-dry only, ansfer only, x	Drop store/out of bus rea source C x < 140 gal/yr < 200 gal/yr	siness/petroleum	
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area soudry-to-dry only, x < 140 gal.	ion form that it is:  ree	ry-to-dry only, ansfer only, $x$ oth types, $x \le 1$	Drop store/out of bus rea source C x < 140 gal/yr < 200 gal/yr	siness/petroleum	
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gall transfer only, x < 200 gal/yr both types, x < 140 gal/yr	ion form that it is:  rec	ry-to-dry only, ansfer only, x oth types, x < li>constructed on.  New large a ry-to-dry only, ransfer only, 20 oth types, 140	Drop store/out of bus  rea source  x < 140 gal/yr < 200 gal/yr .40 gal/yr or after 12/9/91)	siness/petroleum	
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gally transfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	ion form that it is:  rec	ry-to-dry only, ansfer only, x oth types, x < li>constructed on.  New large a ry-to-dry only, ransfer only, 20 oth types, 140	Drop store/out of business ource $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ or after 12/9/91)  Trea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$	siness/petroleum	
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gall transfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility of facili	ion form that it is:  rec	ry-to-dry only, ansfer only, x oth types, x < 1 constructed on.  New large a ry-to-dry only, 2 coth types, 140 constructed on.  AY    New large a ry-to-dry only, 2 coth types, 140 constructed on.  AY    Non:	Drop store/out of business ource $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ or after $12/9/91$ )  The source $140 \le x \le 2,100 \text{ gal/yr}$ of $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )  The control of the store of the source $12/9/91$ or after $12/9/91$ )  The control of the source of the source $12/9/91$ or after $12/9/91$ .	siness/petroleum	

1217/99

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?	BY ON ON/A
2. Examining the containers for leakage?	DY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	DA ON
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	פא טא טאא
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DÝ DN DÁVA
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	7.
If classification 2 has been checked, the machine should be equipped with a refr (complete A 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?	DY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	MY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	DY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	DY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אם אם

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?	ØY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?			□N/A
	Is the temperature differential equal to or greater than 20° F7	ØΥ	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?	ΠY	ПΝ	Danija
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПΝ	DN/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?	ΩY	ПN	12N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟΥ	ΩΝ	ΦΝ/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПΥ	מם	ØN/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	/
1. Maintained receipts for perc purchased?	DAY ON
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;	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 ON PANA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	ØY ON
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	DY ON CONIA
8. Maintained compliance plan, if applicable?	OY ON BANA

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and regain				
inspection?				MY ON
2. Has the facility	y maintained a leak log?			DY ON
3. Does the respo	nsible official check the f	following areas for leaks?		
	nections, fittings, gs, and valves	MY ON ON/A	Muck cookers	Y ON ON/A
Door gas	kets and seating	DY ON ON/A	Stills	CY ON ON/A
Filter gas	skets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A
Pumps		DY ON ON/A	Diverter valves	MY ON ON/A
Solvent t	anks and containers	MY ON ON/A	Cartridge filter housings	DY ON ON/A
Water se	parators	DY ON ONA		
4. Which method	of detection is used by the	e responsible official?		
Visual ex	camination (condensed so	lvent on exterior surfaces)	•	र्ष
Physical	detection (airflow felt thr	ough gaskets)		a _
Odor (no	ticeable perc odor)			<b>1</b>
Use of di				
Halogen	a			
If using direct-reading instrumentation, is the equipment:				₽N/A ·
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				□У □Й
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			CIY CIN	
	c. Inspected for leaks and	d obvious signs of wear on	a weekly basis?	□Y □N
	d. Kept in a clean and se	cure area when not in use?	•	OY ON
	e. Verified for accuracy l	by use of duplicate samples	s (calorimetric only)?	OY ON
	Ilka Bundy		11-29-99	7
Inspe	ector's Name (Please Prin	11)	Date of Inspe	
	Ma Bunoh		11-29-	
I	nspector's Signature		Approximate Date of	Next Inspection

#### ADDITIONAL SITE INFORMATION:

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🇹	COMPLAIN	NT/DISCOVERY	RE-INSPECTION
TIME IN: 0957	TIME OUT:	1025	AIRS ID#: <u>09</u> 5	50352-002
TYPE OF FACILITY: Dry	Cleaner			
FACILITY NAME: Dry C	lean USA			_DATE: <u>11-29-99</u>
	240 South Oran	7	m Irail .	
	clando, FL Dipak Patel	32837	PHONE NUMBER:	407-826-8933
L	he compliance requiremenule 62-213.300, Florida A		ring this inspection, the faci ode (F.A.C.).	lity is found to be in
-	he compliance requiremen		ing this inspection, the follo	owing compliance
COMPLIANCE REQU	JIREMENT/PROBL	EM	FOLLOW-UP ACTI	ON REQUIRED
· .				
	- · ·			
· · · · ·				<u> </u>
COMMENTS:				
Facility	in complian	ice,		
The Annual Compliance Certific	ation form has been prope	rly certified and	submitted to the inspector.	YES NOU
DATE OF NEXT INSPECTIO	N:	- 29 - 2000		
INCRECTION CONDUCTOR	nv. T1	(Approxim	nate)	
INSPECTION CONDUCTED		(Please P	,	
INSPECTOR'S SIGNATURE:	Jlh	a Bundy	PHONE NUMBER:	836 -1400
		Page / of /	•	Revised 10/96

TITLE V	IYLENE DRY CLEANERS GENERAL PERMIT INSPECTION CHECKLIST	ms 11/8/00 M
TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY	
RE-INSPECTIO	ON D OUT TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	
AIRS ID#: 0950352-002 DATE: 11-8-C	O TIME IN: 10:00 TIME OUT TO THE	
FACILITY NAME: Dry Clean US		
FACILITY LOCATION: 11240 S. (	Drange Blossom Trail	-
Orlando	FL 3.2837	
RESPONSIBLE OFFICIAL: Dipak P	Patel PHONE: 407-826-8933	
	PHONE:	). 
PART I: NOTIFICATION		
(check appropriate box)		
New facility notified DARM 30 days prior to star	rtup	
2. Facility failed to notify DARM to use general per	omit O	
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 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)	
<ul> <li>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)</li> <li>5. This is a correct facility classification</li> </ul>	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 $12/9/91$ )	
If no, please check the appropriate classification facility qualified for a geter facility exceeds above limits.		

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 31 gallons.

#### 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? DY ON ONA 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 DN DN/A least 24 hours prior to disposal? Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON DINA 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? 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 condenser upon opening the door? ØY ON ON/A 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? DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

		_		<del></del>
∦B	. Has the responsible official of an existing large or new large area source also:			
ł				
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located	/		
1	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	QY	ΩИ	
2.	Measured and recorded the washer exhaust temperature at the condenser	,		
I	inlet and outlet weekly?	Øχ	ΠN	<b>DN/A</b>
			_	□N/A □N/A
1	Is the temperature differential equal to or greater than 20° F?	MA	ПN	UN/A
<b>3</b> .	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?	ΩY	ПΝ	ØN/A
	Is the perc concentration equal to or less than 100 ppm?	ΓIV	ΩNI	⊠N/A
	is the pere concentration equal to or less than 100 ppin:	<u>u</u> ,	CII.	ejw/A
4	Assured that the sampling port on the carbon adsorber exhaust for measuring			
1.	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,			,
		Chy	ПN	EXILA
	or expansion; and downstream from no other inlet?	uy	UN.	MN/A
-	Equipmed transfer machines (druggs realaimers and maches) with in this total			,
٦.	Equipped transfer machines (dryers, reclaimers, and washers) with individual	Ove	Ωи	don
	condenser coils?			1
		-	ПN	-6
6.	Routed airflow to the carbon adsorber (if used) at all times?	ЦY	UИ	MN/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?	DY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or,	MY 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?	MY ON ONA
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON DINA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON DINA
6. Maintained startup/shutdown/malfunction plan?	MY ON
7. Maintained deviation reports?	DY ON DINA
Problem corrected?	DY ON ONA
8. Maintained compliance plan, if applicable?	OY ON WAN/A

PART VI: LEAK DETECTION AND REPAIRS			
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair			
inspection?			DIY ON
2. Has the facility maintained a leak log?			MY OW
3. Does the responsible official check the	following areas for leaks	?	
Hose connections, fittings,	DY ON ON/A	Mariaha a di	AN DIVIDIVA
couplings, and valves	/	Muck cookers	MY ON ON/A
Door gaskets and seating	ENY CIN CINA	Stills	DY ON ON/A
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A
Pumps	DY ON ON/A	Diverter valves	MY ON ON/A
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	MY ON ON/A
Water separators	ENY ON ON/A		·.
4. Which method of detection is used by the	ne responsible official?		,
Visual examination (condensed so	lvent on exterior surface	es)	Σ <b>Δ</b>
Physical detection (airflow felt thr	ough gaskets)		
Odor (noticeable perc odor)			$\mathbf{z}$
Use of direct-reading instrumental	o ·		
Halogen leak detector	<b>u</b> /		
If using direct-reading instru	ØN/A		
a. Capable of detecting p	DY DN		
b. Calibrated against a st (PID/FID only)?	OY ON		
c. Inspected for leaks and	d obvious signs of wear	on a weekly basis?	מנט צם
d. Kept in a clean and se	cure area when not in us	e?	DY DN
e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	DY DN
		,	
Ilka Bundy		11/8/00	
Inspector's Name (Please Print	)	Date of Inspection	
Allea Bundy	Next Inspection		
Inspector's Signature		Approximate Date of I	Next Inspection

#### ADDITIONAL SITE INFORMATION:

312

### BEST AVAILABLE COPY

MRS 10#: 0950352-002

AND

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Revised 01/18/00

ARMS 11/8/00

FACILITY NAME: Dr	y Clean USA		DATE:	11/8/2000
FACILITY LOCATION:	11240 South Ora	inge Blossom T	rail	
	Orlando, FL'	32837		· · · · · · · · · · · · · · · · · · ·
Annual Reporting Period: _	November	201999 TO	November	2000
Based on each term or cond	ition of the Title V general air postrative Code (F.A.C.), during the	ermit, my facility has remain	ed in compliance with DEP R	ulc <b>]</b> NO
If NO, complete the following	ng:			
#1. Term or condition of the	e general permit that has not bee	en in continuous compliance	during the reporting period st	ated above:
Exact period of non-complia	ance: from	to		
Action(s) taken to achieve c	ompliance:		· · · · · · · · · · · · · · · · · · ·	
Method used to demonstrate	compliance:			
#2. Term or condition of the	e general permit that has not bee	en in continuous compliance	during the reporting period st	ated above:
Exact period of non-complia	nnce: from	to		
Action(s) taken to achieve c	ompliance:			
Method used to demonstrate	compliance:		· · · · · · · · · · · · · · · · · · ·	
in this notification are true,	hereby certify, based on inform accurate and complete. Further exceed 2,100 gallons per year for the last particle.  Name (Please Print)	r, my annual consumption of or dry-to dry facilities or 1,8	perchloroethylene solvent, bo	ised 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.

Page \_\_\_\_ of \_\_\_\_.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 📝 CO	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 10:00	TIME OUT: 10: L	40 AIRS 10#: 095	0352-002
TYPE OF FACILITY: Dr.	Cleaner		
FACILITY NAME: Dry	Clean USA		DATE: 11/8 /00
FACILITY LOCATION:	1240 South Orange	Blossom Trail	
	Irlando FL 32837		4
RESPONSIBLE OFFICIAL:_	Dipak Patel	PHONE NUMBER:	107-826-8933
LZ.J ·	of the compliance requirements evalu P Rule 62-213 300, Florida Administ	•	ty is found to be in
Based on the results discrepancies were n	of the compliance requirements evaluoted:	nated during this inspection, the follo	wing compliance
COMPLIANCE RE	QUIREMENT/PROBLEM	FOLLOW-UP ACTIO	N/REQUIRED
		F 1 1 1 7	17.5
· ·	·	7 9	112.00
	e'		F
1.56 19	A free way		0.2
	37		
	1	12.00	
	1 5	, c	,
	117	K - CT	tel T
·		12 - 1 1.7	
,		• 1	
			317.
	•		
COMMENTS:			
Facilit	y in complianc	е,	
The Annual Compliance Cert	ification form has been properly cert	4	YES NO
DATE OF NEXT INSPECT		- O/ .pproximate)	
INSPECTION CONDUCTE		Bundy Please Print)	
INSPECTOR'S SIGNATUI		mdphone number:_	407-836-1400
•	Page	Tof 1.	Revised 10/96