

# Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

January 28, 1997

Mr. Mark E. Lucas Dry Clean USA 11240 South Orange Blossom Trail Orlando, Florida 32837

Re: Facility I.D. No. 0950352

Dear Mr. Lucas:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 17, 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, Fl 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"

### RECEIVED

## PERCHLOROETHYLENE DRY CLEANERS DEC 5 1997

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION			Bureau of Air Monitoring
AIRS ID#: 095 6352	•		IN: <u>930</u> TI	ме оит: <u>1000</u>
FACILITY NAME:	H240 5	J. Ovan		~ Tvail
RESPONSIBLE OFFICIAL:	Mark L	ucas	_ phone: _ 407	826-8733
CONTACT NAME:			_ PHONE:	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	30 days prior to star	tup		
2. Facility failed to notify DAR	M to use general per	mit		
PART II: CLASSIFICATION				
Facility indicated on notificati (check appropriate box)  A.  1. Existing small area some 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)	rce Ll /yr	transfer only, both types, x < (constructed o	arca source y, x < 140 gal/yr x < 200 gal/yr 140 gal/yr n or after 12/9/91)	form of business/petroleum .
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 $12/9/91$ )  5. This is a correct facility of	,100 gal/yr 00 gal/yr gal/yr	transfer only, both types, 14	area source y, $140 \le x \le 2,100$ gal $200 \le x \le 1,800$ gal/yr $0 \le x \le 1,800$ gal/yr n or after $12/9/91$ )	r
II	ity qualified for a ger	neral permit as	number ab ligible for a general po	ove ermit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 301 gallons.

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DN/A 1. Storing perchloroethylene in tightly scaled and impervious containers? DY DN DN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? DY DN 4. Draining cartridge filters in their housing or in sealed containers for at DY DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification I has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources; (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the MY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 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:			The second Company
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?	אט	, ПИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?			CHVIV
	Is the temperature differential equal to or greater than 20° F?	$\Box$ Y	ŪΝ	
3.	Measured and recorded the pere 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?			CH//A
	Is the perc concentration equal to or less than 100 ppm?	ŪΥ	ПИ	
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	QNIV
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	ONIA
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	DINIA
, <u></u>				
P	ART V: RECORDKEEPING REQUIREMENTS			
	as the responsible official: theck appropriate boxes)		,	
1	Maintained receipts for pere purchased?		אם אם	
2	Maintained rolling monthly averages of perc consumption?	ďΥ	ΠN	
3	Maintained leak detection inspection and repair reports for the following:		_	
1	a. documentation of leaks repaired w/in 24 hrs? or;	ZY.	ΠN	□N/A

P	ART VI: LEAK DETECTION AND I	REPAIRS		
l.	Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection ar	d repair
	inspection?			DY ON
2.	Has the facility maintained a leak log?			QA ON
3.	Does the responsible official check the	following areas for leaks	5?	
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	OY ON ON/A
	Door gaskets and scating	DY ON ON/A	Stills	DY ON ON/A
	Filter gaskets and seating	QY ON ON/A	Exhaust dampers	DY ON ON/A
	Pumps	DY ON ON/A	Diverter valves	DY ON ON/A
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A
	Water separators	OY ON ON/A		
4.	. Which method of detection is used by t	he responsible official?		
	Visual examination (condensed s	solvent on exterior surfac	ees)	<u> </u>
	Physical detection (airflow felt the	rough gaskets)		
	Odor (noticeable perc odor)			
	Use of direct-reading instrument	ation (FID/PID/calorime	tric tubes)	
	Halogen leak detector		,	
	If using direct-reading inst	rumentation, is the equ	ipment:	DN/A
	a. Capable of detecting	perc vapor concentratio	ns in a range of 0-500 ppm?	OY ON
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	d after each use	ПА ПИ
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	OY ON
	·	secure area when not in	· ·	ПА ПИ
	·		ples (calorimetric only)?	□У □И
	PROCESS AND THE SECRET AND ASSESSED TO SECRET ASSESSED AS A SECRET ASSESSED AS A SECRET ASSESSED AS A SECRET AS A SECRETAR A SECRET AS A S	ness sensi i ii. 15 Nexissore i york (1 PD) Y. 6 R.7227; Procedi ki, muhi is	a inflyor-safesick to o F ( in limited by vesteral administration dissipations (All sections)	

JODS Fletcher	10/30/97
Inspector's Name (Please Print)	Date of Inspection
dod Thetet	10/30/98
Inspector's Signature	Approximate Date of Next Inspection

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMPLAI	NT/DISCOVERY	RE-INSPECTION
TIME IN: 930	TIME OUT:	1000	AIRS ID#:	0950352
TYPE OF FACILITY:	Dry Clean	<u>ve</u> v		·
FACILITY NAME:	vy Clean	usA	· .	DATE:10/30/97
FACILITY LOCATION:	1240 S. C	Drange	Blossom Trai	. \
	Ovlando F	-1	32837	
RESPONSIBLE OFFICIAL:	Wark Lucas		PHONE NUMBE	R: 407 826-8933
Based on the results of the compliance with DEP Rule			•	acility is found to be in
Based on the results of the discrepancies were noted:	compliance requiremen	ts evaluated du	ring this inspection, the fo	ollowing compliance
COMPLIANCE REQUII	REMENT/PROBL	EM	FOLLOW-UP ACT	TION REQUIRED
				_
				RE-
				Bureau 1992
			,	UFO V
,				Bure 100-
				Bureau of Air Monitoring
			<del> </del>	Sources
		•		·•-
				•
00) (1 (12) (20)				· · · · · · · · · · · · · · · · · · ·
COMMENTS:				
	Facility in	n Con	npliance	
The Annual Compliance Certification	on form has been prope	rly certified an	d submitted to the inspect	or. YES NO
DATE OF NEXT INSPECTION:		0   30   9 (Approxi	78	
INSPECTION CONDUCTED BY	/:	SOU 7	-letchev	
INSPECTOR'S SIGNATURE:	Add Th	(Please I	,	r: 836-9524

Page of .

Revised 10/96

# Dryclean USA

# BEST AVAILABLE COPY

	P.14 1.(a) add a	date control des	rice	
1. Fi 2. S	1./C) mark	out "X" and inci be new large a w/refrig.con.	tal rea	Jor
3. H	a Source			•
4. F	.1			: 2337 -
5. F		NS 16 17 18 19 20 273		
6. 1		25 DEC 1996		
\7. F		STATE STATE OF BY		»: 32837
8. 1				·
9.	Name and Title of Facility Contact (Fo	r example, plant manager):		-
10.	Facility Contact Address:			
-	Street Address: City:	County:	Zip Code:	
	Facility Contact Telephone Number: Telephone: ( ) -	Fax: ( )	-	

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Page 13 of 16

OCT 1 7 1996

Bureau of Air Monitoring & Mobile Sources

DEP Form No. 62-213.900(2)

Effective: 6-25-96

### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
$\int_{\mathbb{R}^{N}}  D  dA = \int_{\mathbb{R}^{N}}  D  dA $
ERIQUE ENTERPRISES INC D/B/A DRY CHAN USA  2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number).
Day Ch. Was
3. Hazardous Waste Generator Identification Number:
5. Hazardous waste Generator Identification Number.
1. 5 997, 41779
1-cn 932/4237.7  4. Facility Location:
Street Address: // 243 S. O. B. T.
City: Orland. County: Fc. Zip Code: 32337
Const. One page 5 of 5 o
5. Facility Identification Number (DEP Use):
Responsible Official
6. Name and Title of Responsible Official:
MANK E. Lucas - Uwren  7. Responsible Official Mailing Address:
7. Responsible Official Mailing Address:
Organization/Firm: DAJCHAN USA
Street Address: 11245 S. B. T.
Street Address: 11245 S. B. T. City: ONANOS County: ONANOS Zip Code: 32837
8. Responsible Official Telephone Number:
Telephone: $(4 \cdot 7) 3 2 \cdot 4 \cdot 3 \cdot 7 \cdot 3 \cdot 3 \cdot 3 \cdot 4 \cdot 7 \cdot 7$
To the Control of the Art of the Committee of the Committ
Facility Contact (If different from Responsible Official)
Name and Title of Facility Contact (For example, plant manager);
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address:
10. Facility Contact Madress.
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: ( ) - Fax: ( ) -
· ·

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OCT 1 7 1996

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

Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

		Machine	Control		Machine	Control		Machine Machine	Control
C ( ) ( ) (		Initially	Device		Initially	Device	In.	Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit				(m v	$\overline{}$				
(1) w/ ref. condenser	1	DCT. 94	OC+ -94.	17	<del>-</del>				
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are  (c) No control devices  2.(a) What was the total q	a <del>re re</del> Juanti	equired to be ty of perchlo	installed	*	purchased in	the latest 12	mon	ths?	
(b) If less than 12 mont Check why it is less					] New store:	[] Did 1	not ke	eep records:	
3. What is the facility's sou (Indicate with an "X".				defi	nitions found	in section (3	) of I	Part II?	•
Existing small are	a sou	irce []	Ne	w sm	all area sourc	ce			
Existing large are	a sou	rce []	Nev	w lar	ge area sourc	e 🕡	•		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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 large area source  Carbon adsorber  []	Refrigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser	m -
to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:  All steam and hot water generating units on-site (1) h	inits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment than one percent sulfur is fired.
Fauir ar and Monitoning on	nd Decoudly on in a Information
· · · · · ·	nd Recordkeeping Information  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	<u> </u>
(d) Carbon adsorber exhaust perc concentration monit	
(e) Instrument calibration	
(A. Canada and all and a second a second and	r v 1

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)							
L <b>X</b> I	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
	· · · · · · · · · · · · · · · · · · ·						
this notific statements maintain t comply wit	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in eation. I hereby certify, based on information and belief formed after reasonable inquiry, that the 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 the all terms and conditions of this general permit as set forth in Part II of this notification form.  Inptly notify the Department of any changes to the information contained in this notification.						
Signature	Monds Shilor (no) 3-30-96  Date  Hot-97 (no)						
. ——	Mak E. Asico						

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

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLA	INT/DISCOVERY	, E	RE-INSPECTION
TIME IN: 11.15 TIME OUT	: 12:0	O AIRS	ID#: 095	0352
FACILITY NAME: DVI Clear FACILITY LOCATION: 11240	5. O. B.	Τ	DA^*	TE: 4/21/973
RESPONSIBLE OFFICIAL: Mayk Luc	•		837 NUMBER: 83	ZL. 8933
Based on the results of the compliance requicompliance with DEP Rule 62-213.300, Flor Based on the results of the compliance requidiscrepancies were noted:	rements evaluated d ida Administrative	uring this inspection (F.A.C.).	on, the facility is	found to be in
COMPLIANCE REQUIREMENT/PR		FOLLOW-U	P ACTION I	REQUIRED
No Perc Receipts on S	He	514	mouth	We inspection
No Rolling Reve Consi	imption	11	I.	<b>u</b> .
No Leak Detation Log	2	н	11	(1)
No corrective Action	Form	<b>K</b>	u	
No condens temp L	-09-		11	£1.
Haz containers No-	t Seaked	NC.	ų	n ·
COMMENTS:				
The Annual Compliance Certification form has been DATE OF NEXT INSPECTION:	10/21	197	e inspector.	YES NO
INSPECTION CONDUCTED BY: INSPECTOR'S SIGNATURE:	(Approx ODD F-C-) (Please	fcher Print)	NIIMBED. Q	36-9524

# Orange County Environmental Protection Department

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL. RE-INSPECTION	ı u	COMPLATETORSCO	VERY 1	C)
AIRS 10#: 095035ZE FACILITY NAME: 0 FACILITY LOCATION: 0	11240 S	er US S. Ovan	Α	Trail	
PART I: NOTHICATION  (check appropriate box)  1. Existing facility notified DAI  2. New facility notified DARM  3. Facility failed to notify DARI	30 days prior to star	•			
PART II: CLASSIFICATION  Facility indicated on notificati (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x<140 gal/y transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	on form that it is: ree - U r	dry-to-dry or transfer only both types, x	II area source dy, x<140 gal/yr , x<200 gal/yr <140 gal/yr on or after 12/9/91)		
3. Existing large area sour dry-to-dry only, 140 < x < 2, 1 transfer only, 200 < x < 1,800 both types, 140 < x < 1,800 ga (constructed before 12/9/91	00 gal/yr gal/yr l/yr )	dry-to-dry of transfer only both types, (constructed	ge area source aly, 140 <x<2, 100="" gal="" yr<br="">y, 200<x<1,800 gal="" yr<br="">40<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,>	Q/	
	riate classification: fied for a general peeds above limits and	rmit as numbe is not cligible	rabove for a general permit	hs by this dry	eleaning

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining eartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY UN DAVA 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? 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? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after NCI YEI verifying that the coolant had been completely charged?

B	. Has the responsible official of an existing large or new large area source also:		
1	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	טאַ טאַ	
2	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	אט צט אט אט אט אט	1,2
	Is the temperature differential equal to or greater than 20° F?	DY DN M	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?	אם אם גם אים אים גם	/Λ
	Is the perc concentration equal to or less than 100 ppm?	DY UN N	1.
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?	מא טא אן	A
5	. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON	ŅΛ
$\epsilon$	Routed airflow to the carbon adsorber (if used) at all times?	מא מא קו	1/A

PART V: RECORDKEEPING REQUIREMENTS							
Has the responsible official: (check appropriate boxes)							
1. Maintained receipts for perc purchased?	DY WAY						
2. Maintained rolling monthly averages of perc consumption?	טא האט						
3. Maintained leak detection inspection and repair reports for the following:							
a. documentation of leaks repaired w/in 24 lus? or;	RA UN						
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	BY ON						
4. Maintained calibration data? Gor direct reading instruments only)	אואפט אנט צנט						
5. Maintained exhaust duct monitoring data on perc concentrations?	ע/א אום א						
6. Maintained startup/shutdown/malfunction plan?	מט אט						
7. Maintained deviation reports?	בוא האע						
Problem corrected?	בא פא						
8. Maintained compliance plan, if applicable?	оу ом <b>ө</b> б/л						

PART VI: LEAK DETECTION AND REPAIRS	<u>/</u>
1. Does the responsible official conduct a weekly leak detection and repair inspection?	UN

າ າ	Which method of detection is used by the	- <del></del>	1.1 (17 - 1			
۷.		-			/	1
	Visual examination (condensed sol	<b>(</b>				
	Physical detection (airflow felt thro	CI/				
	Odor (noticeable pere odor)	Ü				
	Use of direct-reading instrumentat					
	If using direct-reading instrumen	ntation, is	the equ	ipment:		
	<ul> <li>a. Capable of detecting p</li> </ul>	ere vapor	concentr	ations in a range of 0-500 ppm?	CIY CI	И
	b. Calibrated against a st (PID/FID only)?	and after each use	OY O	14		
	c. Inspected for leaks and	wear on a weekly basis?	DY DN			
	d. Kept in a clean and se	OY ON				
	c. Verified for accuracy to	by use of d	Inplicate	samples (calorimetric only)?	OY O	N
3.	Has the facility maintained a leak log?				( 1 ) E	N
4.	Does the responsible official check the	following	arcas for	leaks?		
	Hose connections, fittings, couplings, and valves	ŒΥ	ПИ	Muck cookers	OF	ПN
	Door gaskets and scating	CY	ПN	Stills	ŒΥ	ΩИ
	Filter gaskets and scating	ØÝ	ПИ	Exhaust dampers	ΔÃ	ПN
	Pumps	ŒΥ	ШN	Diverter valves	ſΣΥ	UN
	Solvent tanks and containers	ĽY	ПN	Cartridge filter housin	gs ØY	ПN
	Water separators	QY	ИП			

May K Lucas

Name of Responsible Official

Todd Fletcher

Inspector's Name (Please Print)

Date of Ins

Inspector's Signature

Approximate Date of Next Inspection

# #-0950352

i	#0950352	
	Dryclean USA	
P.14	1.(a) add date control device installed	
p./5	1.(c) mark out "X" and initial 4 should be new large area Source W/ refrig. con.	
		- <b></b>
	-	<del></del> ;
	-	
		} .
. !		

### Perchloroethylene Dry Cleaning Facility Notification

#### **Facility Name and Location**

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
ERIQUE ENTERPRISES INC D/B/A DRYCKEN USA	
2. Site Name (For example, plant name or number):	
DATC/12 1/12	
3. Hazardous Waste Generator Identification Number:	
3. Hazardous waste Generator Identification Number.	
K	
FCD 982/42879 4. Facility Location:	
4. Facility Location:	
Street Address: //240 S. U. B. T.	
City: Orland. County: Fc. Zip Code: 3237	
S. Facility Identification Number (DEP Use):	
5. Facility Identification Number (DEP Use): 6960350	
	MANUTE.
December Official	
Responsible Official	
6. Name and Title of Responsible Official:	
7. Responsible Official Mailing Address:	
7. Responsible Official Mailing Address:	$\neg \neg$
Organization/Firm: DATCKAN USA	
Street Address: 1. 2.4.	•
Street Address: 112 yo 5 o B. T. City: ONANCE Zip Code: 32837	. [
City. ONATO County. ORAFICE Zip code. > 107	
8. Responsible Official Telephone Number:	
Telephone: $(40)826-8933$ Fax: $(40)888-9211$	
Facility Contact (If different from Responsible Official)	
· · · · · · · · · · · · · · · · · · ·	
9. Name and Title of Facility Contact (For example, plant manager):	
7. Name and Thie of Lacinty Contact (For example, plant manager).	
10.75.20.00.00.00.00.00.00.00.00.00.00.00.00.	
10. Facility Contact Address:	
Street Address:	
City: County: Zip Code:	•
•	
11. Facility Contact Telephone Number:	$\neg$
Telephone: ( ) - Fax: ( ) -	

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OCT 1 7 1996

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

Carrie S

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Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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	ľ	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-
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	OCT. 94					1		
(2) w/ carbon adsorber									
(3) w/ no controls			_						
Washer Unit			-						
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		•				•		1	•
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit			1						
(10) w/ ref. condenser									
(11) w/carbon adsorber						<u> </u>			
(12) w/ no controls									
(b) Control devices are  (c) No control devices  2.(a) What was the total q  [ 3 0 7 ]	are re	equired to be	installed [	X		the latest 12	? mon	ths?	
(b) If less than 12 month Check why it is less				-	] New store:	[] Did	not k	eep records:	[]
3. What is the facility's sou (Indicate with an "X". S				defir	nitions found	in section (3	3) of I	Part II?	
Existing small are	ea sou	rce []	Ne	w sm	all area sourc	:e []			
Existing large are	a sou	rce []	Nev	w lar	ge area sourc	e 🖊	•	•	

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What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing large area source  Carbon adsorber	Refrigerated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser  []	
	•
•	nits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural 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	[X] []
Equipment Monitoring a	nd Recordkeeping Information
Check all logs which are required to be kept on-site i	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	[_ <b>X</b> _]
(b) Leak detection inspection and repair	· [_}x]
(c) Refrigerated condenser temperature monitoring	[ <u>Y</u> ]
(d) Carbon adsorber exhaust perc concentration moni	toring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[_ <i>X</i> _]

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

#### Surrender of Existing Air Permit(s)

Please indica	te with an "X" the appropriate selection:						
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
Ľ	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.  I will promptly notify the Department of any changes to the information contained in this notification.							
Signature	af E for 8-30-96 Date						

# DRY CLEANER AIR QUALITY GENERAL PERMIT

ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0950352

ERIQUE ENTERPRISES INC MARK E LUCAS 11240 S.O.B.T. ORLANDO FL 32837

Do NOT Remove Label

Annual Reporting Period:	<u> </u>	19 <u>9</u> 7 то	12-31	/19 <u><b>9</b>7</u>
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A.)	•	•	<u> </u>	DEP Rule
If NO, complete the following:		•	·	
#1. Term or condition of the general permit th	nat has not been in con	ntinuous compliance	during the reporting pe	eriod 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 th	nat has not been in con	ntinuous compliance	during the reporting pe	eriod stated 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, based notification are true, accurate and complete. Fur does not exceed 2,100 gallons per year for dry-to	rther, my annual consu	nption of perchloroeth	ylene solvent, based upo	n purchase receipts,
RESPONSIBLE OFFICIAL: MANIC	E. LUCAS (Please Print)	MA	Signature Signature	1/25/98 Date

<sup>\*</sup>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.

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# PERCHLOROETHYLENE DRY CLEANERS DEC 5

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	SSPECTION CHECKLIST  Bureau of Air Monitoring  COMPLAINT/DISCOVERY  A  20/97  A  20/97  A  Bureau of Air Monitoring  COMPLAINT/DISCOVERY					
AIRS ID#: <u>CGS 6352</u> DATE: <u>10/30/</u> FACILITY NAME: <u>Dvy Clean</u> (	97 TIME IN: <u>930</u> TIME OUT: <u>1060</u> 15 A					
Ovlando	5. Ovange Blossom Tvail					
	<u>ucas</u> phone: 407 82.6-893 <u>3</u> 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	,					
PART II: CLASSIFICATION	Canalia C					
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)	□ No Notification form □ Drop store/out of business/petroleum  2. New small area source □ dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)					
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )					
5. This is a correct facility classification  If no, please check the appropriate classific  facility qualified for a ge facility exceeds above lin						
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 301 gallons.						

### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	v 0	COMPLAIN	NT/DISCOVERY	So FA
AIRS 10#: <u>0950352</u> FACILITY NAME: <u>Dry</u>	Clean US	<u>A</u>			1040 Onna
	Orlando,	FL 3	32837		
RESPONSIBLE OFFICIAL : CONTACT NAME:	Mark L				933
PART I: NOTIFICATION					
(check appropriate box)  1. New facility notified DARM  2. Facility failed to notify DAR	-	_		. ".	
PART II: CLASSIFICATION	1 .				. :
Facility indicated on notificate (check appropriate box) A.			☐ Drop stor	cation form re/out of business/p	petroleum
1. Existing small area soundry-to-dry only, x < 140 gal/stransfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	yr	transfer only, both types, x	ly, $x < 140$ gal/y x < 200 gal/yr		·
3. Existing large area sour dry-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 $12/9/91$ )	,100 gal/yr 00 gal/yr gal/yr	transfer only, both types, 14	e area source ly, $140 \le x \le 2,1$ $200 \le x \le 1,800$ $10 \le x \le 1,800$ g on or after $12/9/9$	0 gal/yr al/yr	
		eral permit as		above	
B. The total quantity of perchlofacility was gallons		rchased within	the preceding 1	12 months by this	dry cleaning

### Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/A 2. Examining the containers for leakage? ¹¹Y □N □N/A 3. Closing and securing machine doors except during loading/unloading? 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 DN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? IDY 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 □N □N/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the □N □N/A condenser exceeded 45°F? Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ďΥ	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□N	⊠N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ПΝ	ØN/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	□и	DAN/A
	Is the perc concentration equal to or less than 100 ppm?	QY	ПN	D/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?	ПY	ПN	DN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПY	□N	™N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПΝ	ØN/A

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

PA	PART VI: LEAK DETECTION AND REPAIRS							
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?			MY ON				
2.	Has the facility maintained a leak log?			MD NO				
3.	Does the responsible official check the f	following areas for leaks	?					
	Hose connections, fittings,							
	couplings, and valves	MY ON ON/A	Muck cookers	MY ON ON/A				
	Door gaskets and seating	MY ON ON/A	Stills	DY ON ON/A				
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	MY ON ON/A				
	Pumps	DY ON ON/A	Diverter valves	DY ON ON/A				
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A				
	Water separators	DY ON ON/A						
4.	Which method of detection is used by the	ne responsible official?						
	Visual examination (condensed so	olvent on exterior surface	es)	Ø				
Physical detection (airflow felt through gaskets)								
	Odor (noticeable perc odor)							
	Use of direct-reading instrumenta	tion (FID/PID/calorimet	ric tubes)					
	Halogen leak detector							
	If using direct-reading instr	umentation, is the equi	pment:	™N/A				
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			DY DN				
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			□У □И				
	c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	OY ON				
	d. Kept in a clean and so	-	•	DY DN				
	e. Verified for accuracy			OY ON				
	Ilka Bundy		2/9/9	9				
-	Inspector's Name (Please Prin	nt)	$\frac{2/9/9}{\text{Date of Inspec}}$	ection				
				·				
	Allea Bunda.		2/9/2	000				
_	Inspector's Signature		Approximate Date of	Next Inspection				

ADDITIONAL SITE INFORMATION:	
en e	
11 × 19.50	<del> </del>

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 📝 COMP	LAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1010	TIME OUT: 10 40	AIRS ID#: 0	950352
TYPE OF FACILITY: Dry	Cleaner		9
	an USA		_DATE: 2/4/99
FACILITY LOCATION: 1124		Blossom Trail	
	ando, FL 32837	•	407 621 6622
RESPONSIBLE OFFICIAL: ///c	ark Lucas	PHONE NUMBER:	407-826-8933
compliance with DEP Rule	compliance requirements evaluate e 62-213.300, Florida Administrat	ive Code (F.A.C.).	•
Based on the results of the discrepancies were noted:	compliance requirements evaluate	ed during this inspection, the foll	owing compliance
COMPLIANCE REQUI	REMENT/PROBLEM	FOLLOW-UP ACTI	ON REQUIRED
*			
<del></del>			
		<i>,</i>	
	1		
······································			
	2 th 1 th 1	·	
· · · · · · · · · · · · · · · · · · ·			٠.
•		•.	· .
COMMENTS:		•	
Facility	in compliance	•	i
The Annual Compliance Certificati	ion form has been properly certifie	d and submitted to the inspector	YES NO
DATE OF NEXT INSPECTION:	2/0/	2000	
	(App	roximate)	
INSPECTION CONDUCTED BY		sse Print)	
INSPECTOR'S SIGNATURE:_	Ilka Bunoy	,	836-9524
	Page	of <u> </u> .	Revised 10/96

FACILITY NAME: Dry CI	ean USA		D 1 mp	ION DEPARTMENT
FACILITY LOCATION: 1124	10 South Oran	ige Blossom Ti	rail	
0.4	ando FL	32837		·····
Annual Reporting Period:	10/30	19_97 то	2/9	19 99
Based on each term or condition of the 62-213.300, Florida Administrative (	_ · · · · · · · · · · · · · · · · · · ·			EP Rule NO
#1. Term or condition of the general	permit that has not been	in continuous compliance	during the reporting peri	od stated above:
			RECEI	VED
Exact period of non-compliance: fro	m	to	SEP 2 8	1999
Action(s) taken to achieve compliance	:e:		Bureau of Air	
Method used to demonstrate complia	nce:	·	& Mobile S	Sources
42. Term or condition of the general	permit that has not been	in continuous compliance	during the reporting peri	od stated above:
Exact period of non-compliance: fro	m	to	· · · · · · · · · · · · · · · · · · ·	
Action(s) taken to achieve compliance	ze:			<del></del>
Method used to demonstrate complia	nce:			<u> </u>
	certify hased on informa	ntion and belief formed afte urther, my annual consump	tion of perchloroethyl <mark>e</mark> ne	

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	Ø	COMPLAINT	DISCOVERY	
	RE-INSPECTION	4 🖸		п	70
RESPONSIBLE OFFICIAL:	DATE: 10/29, Clean US, 11240 S. O Orlando, Fi	199 TIM A Prange E L 328 Lucas	Blossom Tra 37 PHONE: 40	Air Monnes 17-826-	1999
PART I: NOTIFICATION					
(check appropriate box)					
	4.30 days prior to start	turs			
A. A. T.					
2. Audition to notify 273	• Carr to also general point			· · · · · · · · · · · · · · · · · · ·	
PARTII: CLASSIFICATIO	N				
Facility indicated on notifica (check appropriate box)  A.  1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area soudry-to-dry only, 140 ≤ x ≤ 1,8 transfer only, 200 ≤ x ≤ 1,8	nrce □  1/yr  r  )  nrce □  2,100 gal/yr	dry-to-dry of transfer only both types, (constructed 4. New land dry-to-dry of	No notificate Drop store/or D	out of business/	petroleum See Addl' Site Info
both types, $140 \le x \le 1,800$ (constructed before 12/9/9)	) gal/yr	both types,	$140 \le x \le 1,800 \text{ gal/}$ d on or after 12/9/91	'yr	
5. This is a correct facility		: ::::::::::::::::::::::::::::::::::::	N □Can not det	ermine	
	e appropriate classific ility qualified for a ger ility exceeds above lin	neral permit			
B. The total quantity of percl facility was gallor		urchased wit	hin 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?	OY ON ON/A			
2. Examining the containers for leakage?	OY ON ON/A			
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?	ע/אם אם צם			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A			
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 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?	ם א מא			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	באמם אם צם			
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?	□ү □и			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	בא בא בא באר			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	□У □И			

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?	ΠY	ÜΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠŸ	DΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠN	□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?	ĽΙΥ	DИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ΩN ∵	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duet diameters downstream of any bend, contraction, or expansion; is at least 2 duet diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟÝ	ΠN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПN	□n/a

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	מס אם
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;	אורם אם אם אם
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	מ/אם אם צם
4. Maintained calibration data? Gor applicable direct reading instruments)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	OY ON
7. Maintained deviation reports?	DY DN DN/A
Problem corrected?	אואם אם עם
8. Maintained compliance plan, if applicable?	OY ON ON/A

Door gaskets and scating	
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 scating  Y N N/A  Stills  Y Filter gaskets and scating  Y N N/A  Exhaust dampers  Y N N/A  Pumps  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  Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces)	
3. Does the responsible official check the following areas for leaks?  Hose connections, fittings, couplings, and valves	ПN
Hose connections, fittings, couplings, and valves  Door gaskets and seating  LY DN DN/A  Stills  Pumps  LY DN DN/A  Stills  LY DN DN/A  Exhaust dampers  LY DN DN/A  Pumps  Diverter valves  LY DN DN/A  Solvent tanks and containers  LY DN DN/A  Cartridge filter housings  Water separators  LY DN DN/A  Which method of detection is used by the responsible official?  Visual examination (condensed solvent on exterior surfaces)	ПN
Couplings, and valves  Door gaskets and scating  Y N N N N Stills  Filter gaskets and scating  Y N N N N Exhaust dampers  Pumps  Pumps  Y N N N N Diverter valves  Y N N N N Cartridge filter housings  Water separators  Y N N N N N Cartridge filter housings  Water separators  Y N N N N N N N N N N N N N N N N N N	
Filter gaskets and seating	N □N/A
Pumps	N □N/A
Solvent tanks and containers	JN □N/ <b>V</b>
Water separators  OY ON ON/A  4. Which method of detection is used by the responsible official?  Visual examination (condensed solvent on exterior surfaces)	N/N□ N(V
4. Which method of detection is used by the responsible official?  Visual examination (condensed solvent on exterior surfaces)	JN □N/A
Visual examination (condensed solvent on exterior surfaces)	
,	
Physical detection (circles felt through garkets)	
Enystein detection (annow ten unough 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?	ИС
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	ДΝ
c. Inspected for leaks and obvious signs of wear on a weekly basis?	ПN
d. Kept in a clean and secure area when not in use?	DN
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	ΠN
Inspector's Name (Please Print)  10/29/99  Date of Inspection	
Inspector's Signature Approximate Date of Next In	ا مامام

New owner: Dipak Patel.

He signed for changes on

notification form (10/29/99).

AJRS ID # 0950352-002

He has already submitted

a Perc Dry Cleaner Air General

Permit Notification Form.

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400

	U.S. Postal Servi CERTIFIED M (Domestic Mail	AIL RECEIPT	e Coverage Provided	Section 19 to 19 t
7547			9	
9372	Postage Certifled Fee	\$	Cer	
0050	Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)		Postmark Here	5
100 0520	MARK E LUCAS DRYCLEAN USA 11240 S.O.B.T. ORLANDO FL 32		1AG	

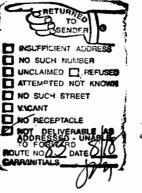
## CERTIFIED MAIL



7000 0520 0020 9372 7541







mactive

10 AIRS ID # 0950352001AG MARK E LUCAS DRYCLEAN USA 11240 S.O.B.T. ORLANDO FL 32837

AUG 27 2001
AUG 27 2001

SENDEL PLACE STICKER AT TOP OF ENVELOPE  ABOUT TO THE RIGHT OF RETURN ADDRESS.  TO THE RIGHT OF RETURN ADDRESS.	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>IO AIRS ID # 0950352001AG MARK E LUCAS</li> <li>DRYCLEAN USA</li> <li>11240 S.O.B.T.</li> <li>ORLANDO FL 32837</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X
	3. Service Type  Certified Mail
2. Article Number (Copy from service label)  7000 0520 0020 9372 754/  PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789	

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FOR GOVERNMENT USE ONLY
Org.: 37550101000 PG

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273



/0354754

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DEC 2 3 1998

**TOTAL AMOUNT DUE: \$50.00** 

Bureau of Air Monitoring & Mobile Sources

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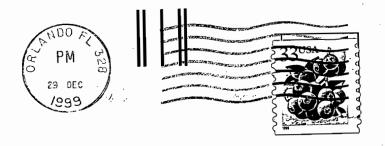
AIRS ID # 0950352

DRYCLEAN USA MARK E LUCAS 11240 S.O.B.T. ORLANDO FL 32837

FOR GOVERNMENT USE OLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

Dipakkumar & Chaula Patel 13348 Twinwood Ln Apt 2102 Orlando FL 32837-5567



TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

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JAN 30 97

**TOTAL AMOUNT DUE: \$50.00** 

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Оы.: 002273



301423

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RECEIVED

MAIL ROOM

**TOTAL AMOUNT DUE: \$50.00** 

JAN 30 98

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AIRS ID#0950352

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**TOTAL AMOUNT DUE: \$50.00** 

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