

Department of **Environmental Protection**

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

Virginia B. Wetherell Secretary

August 26, 1997

Mr. Juan Arriola Michelle M' Cleaners 2398 West Oak Ridge Road Orlando, Florida 32809

Re: Facility No. 0951154

Dear Mr. Arriola:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 15, 1997.

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

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

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

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

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Ms. Marie Driscole, Orange County

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

PERCIILOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	ಠ. ∴	COMPLAINT/DISCOVERY	
	RE-INSPECTION	а	CONTRACTOR OF THE STREET	
AIRS 10#: 09 51154	DATE: 1/14/99	_ TIME IN	1: 1440 TIME OUT: 15	145
FACILITY NAME:	helle M'Cleane	rs	`. 	
FACILITY LOCATION:	2398 Oakridge	Rd.		
	Orlando, FL 3	32809		
RESPONSIBLE OFFICIAL	: Juan Arriol	<u>a</u>	PHONE: 407-851-317	5
CONTACT NAME:	• .		PHONE:	
			<u> </u>	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARN	M 30 days prior to startup		•	
2. Facility failed to notify DA	2. Facility failed to notify DARM to use general permit			
				
PART II: CLASSIFICATIO	N			
Facility indicated on notifica	ition form that it is:		☐ No notification form	
(check appropriate box) A.	,		Drop storc/out of business/petro	olenni
1. Existing small area sordiy-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/9)	al/yr dry-t yr trans both	sfer only, x stypes, x < 1	x < 140 gal/yr < 200 gal/yr	
3. Existing large area soudry-to-dry only, $140 \le x \le 1$ transfer only, $200 \le x \le 1$, both types, $140 \le x \le 1,800$ (constructed before $12/9/9$	2,100 gal/yr dry-t 800 gal/yr trans 0 gal/yr both	sfer only, 20 types, 140	rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after 12/9/91)	
5. This is a correct facility	classification	M	□Can not determine	
☐ . fac	ne appropriate classification: ility qualified for a general p	permit as m		
☐ fac	ility exceeds above limits an	id is not clig	ible for a general permit	

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

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?	מא מא
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	איאם אם אם
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppin?	OY ON ON/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring pere 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?	עאם אם אים
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	אישט אם אם אם אם
6.	Routed airflow to the carbon adsorber (if used) at all times?	ח/אם אם צם

PART V: RECORDKEEPING REQUIREMENTS	r
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	OY ON .
2. Maintained rolling monthly total of perc consumption?	אם צם
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? 	OY ON ON/A
4. Maintained calibration data? Gor applicable direct reading Instruments)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A
6. Maintained startup/shutdown/malfunction plan?	OY ON
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	עאם אם צם
8. Maintained compliance plan, if applicable?	OY ON ON/A

PART VI: LEAK DETECTION AND I	REPAIRS	_		
. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?	V ₁	••	OY ON	
2. Has the facility maintained a leak log?	· · · · · · · · · · · · · · · · · · ·	• •	OY ON	
3. Does the responsible official check the	following areas for leaks?			
Hose connections, fittings, couplings, and valves		Muck cookers	OY ON ON/A	
Door gaskets and scating	OY ON ON/A	Stills	′ □У □И □И/А	
Filter gaskets and seating	OY ON ON/A	Exhaust dampers	OY ON ON/A	
Pumps ·	OY ON ON/A	Diverter valves	OY ON ON/A	
Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	OY 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	olvent on exterior surfaces)	. :		
Physical detection (airflow felt th	rough gaskets)			
Odor (noticeable perc odor)	· • • • • • • • • • • • • • • • • • • •			
Use of direct-reading instruments	ation (FID/PID/calorimetric	tubes)		
Halogen leak detector	·	•		
If using direct-reading inst	rumentation, is the equipm	ent:	□N/A	
a. Capable of detecting	perc vapor concentrations in	n a range of 0-500 ppm?	OY ON	
b. Calibrated against a (PID/FID only)?	standard gas prior to and af	er each use	OY ON	
c. Inspected for leaks a	nd obvious signs of wear on	a weekly basis?	□Y □N	
d. Kept in a clean and s	secure area when not in use?	,	DY DN	
e. Verified for accuracy	by use of duplicate samples	s (calorimetric only)?	OY ON	
		•		
		•		
	,			
Inspector's Name (Please Pr	int)	Date of Insp	ection	
<u> </u>				
Inspector's Signature	•	Approximate Date of	Next Inspection	

Sept 1998 got rid of dry cleaning machine.

Currently a drop store.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION RE-INSPECTION
TIME IN: 0900 TIME OUT: 0930	OAIRS ID#: 0951154
TYPE OF FACILITY: Dry Cleaner	<u> </u>
FACILITY NAME: Michelles Clean	DATE: 1/21/98
FACILITY LOCATION: 2398 Ock vidge	
Ovlando I-	32809
RESPONSIBLE OFFICIAL: Dan Avvials	PHONE NUMBER (407) 851-3175
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ited during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	BEIT MAN
	Oplication of the Sound of the
	is of the control of
	.,
COMMENTS:	
Facility in	Compliance
The Annual Compliance Certification form has been properly certif	
DATE OF NEXT INSPECTION: (An	1/21/99 proximate)
INSPECTION CONDUCTED BY: TODD	Fletcher ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 836-9524

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	V (1)	/ COMPLAINT/DIS	COVERY COVER	May 2 1999
AIRS 10#: <u>095/154</u>				ME OUT: <u></u>	Sound Thomas
FACILITY NAME:	ichelles (leaner:	5		
FACILITY LOCATION:	2398 Oa	Kridge	Rd		
	Ovland	o Fl.	32809		
RESPONSIBLE OFFICIAL :	John Avi	ciola	_ phone: <u>40</u>	1851-3	1715
CONTACT NAME:			PHONE:		
BATTER AND THE PROCESSOR OF THE		***			
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM	30 days prior to star	tup			u
2. Facility failed to notify DAR	2. Facility failed to notify DARM to use general permit				
PART II: CLASSIFICATION	.7				
Facility indicated on notificate (check appropriate box) A.			☐ No notification☐ Drop store/out		roleum
1. Existing small area sound dry-to-dry only, x < 140 gall transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	/yr	dry-to-dry on transfer only both types, x	ll area source ly, x < 140 gal/yr , x < 200 gal/yr < 140 gal/yr on or after 12/9/91)		
3. Existing large area sound dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1.8$ both types, $140 \le x \le 1.800$ (constructed before 12/9/91)	, 100 gal/yr 00 gal/yr gal/yr	dry-to-dry or transfer only both types, 1	e area source aly, $140 \le x \le 2,100$ ga , $200 \le x \le 1,800$ gal/y $40 \le x \le 1,800$ gal/yr on or after $12/9/91$)		
5. This is a correct facility of	classification	OY ON	□Can not detern	nine	Ì
					,
	e appropriate classific lity qualified for a ge	neral permit a	s number al eligible for a general p	oove oermit	

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?	מעאָעם אנם אַנאַ			
2. Examining the containers for leakage?	ח/אט אט צט			
3. Closing and securing machine doors except during loading/unloading?	CYY ON			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A			
5. Maintaining solvent-to-carbon ratios and steam pressure for earbon adsorber beds according to the manufacturer's specifications?	בוא בוא באוע			
PART IV: PROCESS VENT CONTROLS				
In Part II-A:				
H 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 refrig (complete A and B below).	erated 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?	טא מט אמ			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	אאם 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?	אט צט			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	עאט אט אט אט			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON			

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

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

PA	ART VI: LEAK DETECTION AND R	EPAIRS	and the second of the control of the grant and the second of the second			
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?				<u>r</u> y	ΩN
2.	Has the facility maintained a leak log?				ÚΥ	UN
3.	Does the responsible official check the f	following ar	cas for leaks?			
	Hose connections, fittings, couplings, and valves	DY ON	□N/Å	Muck cookers	ΔY	□N □N/A
	Door gaskets and seating	OY ON	□N/A	Stills	ĽΥ	ON ON/A
	Filter gaskets and scating	DY ON	UN/A	Exhaust dampers	,	UN UN/A
	Pumps	QY ON	N/V	Diverter valves	ĽΥ	אואם אם
	Solvent tanks and containers	AA ON	□N/A	Cartridge filter housings	ΠY	UN UN/A
	Water separators	EYY ÜN				
4.	Which method of detection is used by t	he responsit	ole official?			
	Visual examination (condensed se				© ∕	
	Physical detection (airflow felt th	rough gasko	cts)		Ü.	
	Odor (noticeable perc odor)					
	Use of direct-reading instruments	ntion (FID/P	21D/calorimetric	c (ubes)		
	Halogen leak detector					
	If using direct-reading instr	rumentation	i, is the equipu	nent:	UN	//
	a. Capable of detecting	pere vapor o	concentrations	in a range of 0-500 ppm?	ÜΥ	ПИ
	b. Calibrated against a (PID/FID only)?	standard ga	s prior to and a	fter each usc	ΩY	, DN
	c. Inspected for leaks a	nd obvious s	signs of wear or	a weekly basis?	$\Box Y$	' ÜN
	d. Kept in a clean and s	secure area	when not in use	:7	Ol	' UN
	e. Verified for accuracy	y by use of d	luplicate sample	es (calorimetric only)?	\Box 7	' ON
		(, 71	1 c.	c/
-	Inspector's Name (Please Pr	heV		Date of Ins	<u> </u>	<u>8</u>
	Anapoetor straine (voide v	(
	Chold Stait	a to	\supset	1 21	G	9
-	Inspector's Signature			Approximate Date	of Nex	t Inspection

Inspector's Signature

ADDITIONAL SITE INFORMATION:	
	•
	••
	1
<i>y</i> :	

2 3. 1 1 1 "

! i	# 0951154
	Michelle M'Cleaners
	spoke with Juan Arriola - 7/28/1997
P.15	5. boiler is running on natural gas
·	
7 	
1	
i	-

RECEIVED

JUL 1 5 1997

Perchloroethylene Dry Cleaning Facility Notification Bureau of Air Monitoring & Mobile Sources

(keep a copy of the completed form on-site)
Facility Name and Location

1.	Facility Owner/Company Name (Name	e of corporation, agency, or inc	dividual owner):			
	2. Site Name (For example, plant name or number):					
2.						
	Michelle M' Cl	leaners				
3.	Hazardous Waste Generator Identificat	ion Number:				
4.	Facility Location: 2398 W. Street Address: City: Drlando	Ock Ridge Rd				
	City: Drlando	County: orange	Zip Code: 32609			
5.	Facility Identification Number (DEP U					
			7951154 III			
L	and the second s		The state of the s			
	·	Responsible Official				
	Name and Title of Responsible Official					
Nai	ne:Joon Arriola	Title:	Owner			
7.	Responsible Official Mailing Address: Organization/Firm: Hichelle	1 0 0000				
	Street Address: 220% (A). OGV	Ridge Pd				
	Street Address: 2398 W. Oak City: Drlando	County: Orange	Zip Code: 32809			
8.	Responsible Official Telephone Number	er:				
	Telephone: (407) 851 - 317	Fax: () -			
	Facility Contact	t (If different from Responsib	ole Official)			
9.	Name and Title of Facility Contact (Fo	r example, plant manager):				
10.	Facility Contact Address:					
	Street Address:					
	City:	County:	Zip Code:			
11.	Facility Contact Telephone Number:					
	Telephone: () -	Fax: () -			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit							1000		
(1) w/ ref. condenser	1	9-15-91	9-15-91						
(2) w/ carbon adsorber									
(3) w/ no controls				ļ					
Washer Unit			MARKET HERE	44.0355	(403), 75, 47, (5)	48 A 44 A	総簿	SAME REPORT	加州 斯勒
(4) w/ ref. condenser									
(5) w/ carbon adsorber		4							
(6) w/ no controls			-						
Dryer Unit	- (2	高度的特别。	公司裁正金職家	. The	general execu-	e i sa kalajark	1	-(Physikletinisk) y	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									,
Reclaimer Unit		Gillio n (1477)	, in the windship	無外心	Apheni Hash	and contests	e est	identi vilani.	adh e gailtí
(10) w/ ref. condenser									
(11) w/carbon adsorbe	r								
(12) w/ no controls		1							
2.(a) What was the total	s are to grant [] gall nths, h	required to be seemall!!!pc. tity of perchl ons (You mi . tow many? [e installed (en oroethylene ust fill this in	xistin (perc)) purchased o	or consumed	in the		
3. What is the facility's s (Indicate with an "X". Existing small.	. Sele area se	ource [īcation only. N) ew si	nall area sou	d in section (Part II?	er verg.
Existing large a	irea sc	ource []	N	ew la	rge area soui	rce			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 14 of 16

4. What control technology is require (Indicate with an "X".)	red on machines	pursuant	to section (5) of I	Part II of t	his notificati	on form?
Existing large area source Carbon adsorber		OR	Refrigerated cor	 idenser		·
New small area source Refrigerated condenser		×				•
New large area source Refrigerated condenser	[]					
All steam and hot water generating boiler HP or less) and are fired by	that all steam an nits exist on-site g units on-site h	d hot wate: ave a tota	er generating unit	s on-site r	neet the foll BTU/hr or le	owing ess (298
sulfur. All steam and hot water generating No such units on-site	:				•	
:		13.1	· ·	e e e e e e e e e e e e e e e e e e e		
						٠.
Equipme	ent Monitoring	and Reco	rdkeeping Infor	mation		
Check all logs which are required to	o be kept on-site	in accord	ance with the req	uirements	of this gene	ral permit:
(a) Purchase receipts and solvent pu	urchases					
(b) Leak detection inspection and re	epair					
(c) Refrigerated condenser temperate	ture monitoring					
(d) Carbon adsorber exhaust perc co	oncentration mor	nitoring		[]		
(e) Instrument calibration		_ * * * * * * * * * * * * * * * * * * *	en de la companya de La companya de la co			
(f) Start-up, shutdown, malfunction	n plan		e de la companie	[<u>*</u>	. :	

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)
À	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement main t ain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
Sin natura	Juan Arrio la 7-10-97
Signature	Date

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

. \$ - 1

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

300381

AIRS ID#0951154

MICHELLE M' CLEANERS JUAN ARRIOLA 2398 WEST OAK RIDGE ROAD ORLANDO FL 32809

Do NOT Remove Label

Annual Reporting Period:	- 14	19 <i>9&</i> TO	1-14	19 <u>_</u> 99	
Based on each term or condition of the 62-213.300, Florida Administrative Co				th DEP Rule	
If NO, complete the following:					
#1. Term or condition of the general p	ermit that has not been in	continuous complianc	e during the reporting	period stated above:	
		ECEIVE	D		
Exact period of non-compliance: from	-	t	0		
Action(s) taken to achieve compliance:		FJAN 2 2 1998			
Method used to demonstrate compliance	e:	Bureau of Air Monito 8 Mobile Sources		120 R	
#2. Term or condition of the general pe	ermit that has not been in	continuous complianc	e during the reporting	جنہ دی period stated above:	
Exact period of non-compliance: from		to			
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance	e				
doubte to demonstrate comprant	·				
As the responsible official, 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, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.					
RESPONSIBLE OFFICIAL:	Name (D) and D in D		G: .	·	
	Name (Please Print)		Signature	Date	

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

Orange County Environmental Protection Dep Roll VED

	PERCHLOR	ОЕТНҮ	LENE DRY CLEANERS	AUG 2	2 7 1997
	. T	TULE V G	ENERAL PERMIT SPECTION CHECKLIST		Air Monitoring le Sources
1,7	PE OF INSPECTION: AHIO. RE-INS	AL. SPECTION	LI COMPLABITADISCÓ	WERY	(.)
IΛ	RS 10#: 0951154 DATE: CLLTY NAME: MICK!	7/10/0	97 TIME IN: [030] TIME	cour: H	40
FA	CILITY LOCATION: 239				
	<u> </u>	ando	Fl 32809		
12/	RTI: NOTHICATION			4,000	
	beck appropriate box)	***************************************			
1.	Existing facility notified DARM by 9/1	1796			ט
2.	New facility notified DARM 30 days p	nior to start	.up		
3.	Facility failed to notify DARM to use p	general pen	mit		LL)
ال	W Contraction Cont				
P	ART II: CLASSIFICATION				
11	acility indicated on notification form block appropriate box)	that it is:	THE STATE OF THE S		
	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)	W	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)	: :	
	3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td><u>.</u>.</td><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td><td></td></x<2,></td></x<2,>	<u>.</u> .	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td><td></td></x<2,>		
	This is a correct facility classification		ETY UN		
	If no, please check the appropriate clas	sification:			
	☐ facility qualified for a ☐ facility exceeds above	r general per e limits and	rmit as munberaboveis not eligible for a general permit		

facility was 60 gallons.

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry eleaning

PART III: GENERAL CONTROL REQUIREMENTS					
Is the responsible official of the dry cleaning facility: (check appropriate boxes)					
Storing perchloroethylene in tightly scaled and impervious containers? .	UY UN WIA				
2. Examining the containers for leakage?	UY UN NIA				
3. Closing and securing machine doors except during loading/unloading?	WY UN .				
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	GA UN				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	MA CHA CHAIA				
PART IV: PROCESS VENT CONTROLS					
In Part H-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 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?	LIY LIN				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	LIY ON DHA				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	טי טא טאיג				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	OY ON				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	אָט צָט				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	מט עט				

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?	LIŸ	UHA	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	UY	UN	
	Is the temperature differential equal to or greater than 20° F7	ÜΥ	UИ	
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	ום אם	۷/V
	Is the perc concentration equal to or less than 100 ppm?	ÜΥ	ИП	
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring pere concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ĽΙΥ	מט	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩŸ	ום אם	N/N
6.	Routed airflow to the carbon adsorber (if used) at all times?	ÜY	ם אם	N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)	/			
1. Maintained receipts for perc purchased?	RA ON			
2. Maintained rolling monthly averages of perc consumption?	LIV WA			
3. Maintained leak detection inspection and repair reports for the following:	A			
a. documentation of leaks repaired w/in 24 hrs? or;	UV WH			
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 UN			
4. Maintained calibration data? for direct reading instruments only)	מוא מו שלווא			
5. Maintained exhaust duct monitoring data on perc concentrations?	אוא אנו צנו Ala			
6. Maintained startup/shutdown/malfunction plan?	LA LIN			
7. Maintained deviation reports?	CIA COM			
Problem corrected?	עט עט			
8. Maintained compliance plan, if applicable?	אואפן אנו אנו			

PART VI: LEAK DETECTION AND REPAIRS

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

LY UN

2.	Which method of detection is used by the	: ICSDONSi	ble offic	1a17		21777112
	Visual examination (condensed sol	•			LN/	
	Physical detection (airflow felt that			,	<u></u>	
	Odor (noticeable pere odor)		/	•	U	
	Use of direct-reading instrumentat	ion (EID/	PHD/colo	rimetric tubes)	ü	
	Ť	,		•	J	
	If using direct-reading instrumer	-	-		ENC E	М
	, ,			rations in a range of 0-500 ppm?	CIY CI	14
	b. Calibrated against a st (PID/FID only)?	andard ga	is prior t	o and after each use	OY C	114
	c. Inspected for leaks and	l obvious	signs of	wear on a weekly basis?	DYC	114
	d. Kept in a clean and so	cme area	when n	ot in use?	DY C	114
	e. Verified for accuracy	by use of	duplicate	samples (calorimetric only)?	בוז ב	114
3.	Has the facility maintained a leak log?				DY G	x(i
	Does the responsible official check the	following	areas fo	r leaks?		
	Hose connections, fittings, couplings, and valves	GY,	אט	Muck cookers	OX.	ПN
	Door gaskets and scating	ĽX	ШN	Stills	IZY	ПN
	Filter gaskets and scating	CY.	ПΝ	Exhaust dampers	CIY	UN
	Pumps	ΔY	ΩИ	Diverter valves	ĽΥ	CIM
	Solvent tanks and containers	N	ПN	Cartridge filter housing	gs 🗆🗙	ПN
	Water separators	UZY.	טא			

Name of Responsible Official Todd Fletcher

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1030 TIME OUT: 1	40 AIRS ID#: 0951154
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Michelles Clean	DATE: 7/10/97
FACILITY LOCATION: 2398 Ockridge	126
Oylando FI	32809
RESPONSIBLE OFFICIAL: John Avviola	PHONE NUMBER: 851- 3175
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluated discrepancies were noted:	rative Code (F.A.C.). uated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No Rolling Perc Consumption log	./
No leak detection Log (Bi-week)))
No Correction Action Form	<u>(</u>
	RECEIVED
	AUG 2 7 1997
	Bureau of Air Monitoring & Mobile Sources
	& Mobile Sources
COMMENTS:	
The Annual Compliance Certification form has been properly cert	ified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: O (A	pproximate)
INSPECTION CONDUCTED BY: TODD F	Please Print)
INCORPORAÇIONATIONS IV VV A V I V III A I	TODONE NUMBER, MAGYA/U

Page of .

Revised 10/96

PECK LED TO SERVICE TO THE SERVICE T TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST TYPE OF INSPECTION: ANNUAL. COMPLAINT/DISCOVERY AIRS ID#: 095/154 DATE: 1/2/ 98 TIME IN: 0900 TIME OUT: 0 FACILITY NAME: Michelles FACILITY LOCATION: 2398 32.809 RESPONSIBLE OFFICIAL: John Arriols PHONE: 407851-3115 CONTACT NAME: PHONE: PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup \Box []2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION Re nexification form Facility indicated on notification form that it is: (check appropriate box) ☐ Drop store/out of business/petroleum 2. New small area source 1. Existing small area source dry-to-dry only, $x \le 140$ gal/yr dry-to-dry only, x < 140 gal/yr transfer only, $x \le 200 \text{ gal/yr}$ transfer only, x < 200 gal/yrboth types, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 4. New large area source 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr. dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, 200 < x < 1.800 gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, 140 < x < 1,800 gal/yr (constructed on or after 12/9/91) (constructed before 12/9/94) DCan not determine 5. This is a correct facility classification If no, please check the appropriate classification: facility qualified for a general permit as number facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 60 gallons.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT ANNUAL COMPLAINT/DISCOVERY

11/23/98	R
RE-INSPEC	TION TO

TYPE OF INSPECTION: ANNUAL . COM	PLAINT/DISCOVERY REINSPECTION			
TIME IN: 0900 TIME OUT: 0930) AIRS ID#: 0951154			
TYPE OF FACILITY: DIV Cleaner				
FACILITY NAME: Michelles Clean	DATE: 1/21/98			
FACILITY LOCATION: 2398 OFK FIRST				
RESPONSIBLE OFFICIAL: John Ayriola	32809 PHONE NUMBER(407) 851-3175			
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	itive Code (F.A.C.).			
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the following compliance			
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED			
	P			
	Bureau CE			
	A AI Montaine Sources			
	is alling			
COMMENTS:				
Facility in	Compliance			
The Annual Compliance Certification form has been properly certification				
DATE OF NEXT INSPECTION: (An	1/21/99 proximate)			
INSPECTION CONDUCTED BY: TODD Fletcher (Please Print)				
INSPECTOR'S SIGNATURE: 1000 PHONE NUMBER: 836-9524				

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

30038/

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#0951154

MICHELLE M' CLEANERS JUAN ARRIOLA 2398 WEST OAK RIDGE ROAD ORLANDO FL 32809 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obi.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0353288

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

RECEIVED MAIL ROOM MAR-5 99

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0951154

MICHELLE M' CLEANERS JUAN ARRIOLA 2398 WEST OAK RIDGE ROAD ORLANDO FL 32809

FOR GOVERNMENT USE ONLY

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

Obi.: 002273

	. Р	174	058	2 (3 & L	ر ۾ (5
	US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. AIRS ID # 0951154						
J 2	MICHELLE M' CLEANERS JUAN ARRIOLA 2398 WEST OAK RIDGE ROAD ORLANDO FL 32809						
	rusiage			>			4
	Certified Fe	е					_
	Special Del	ivery Fee					
	Restricted [Delivery Fe	В				
1995	Return Rec Whom & Da	eipt Showir ate Delivere	ng to]
, April	Return Receip Date, & Addre						
800	TOTAL Pos	•	s S	\$			
PS Form 3800 , April 1995	Postmark o	r Date					

	the right of the return address		
on the reverse side?	Ot adolanua to dot land autility prospective items 1 artifor z for ac. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	
ADDRESS completed	AIRS ID # 0951154 MICHELLE M' CLEANERS JUAN ARRIOLA 2398 WEST OAK RIDGE ROAD ORLANDO FL 32809	7. Date of De	Type ad Certified Mail Insured ceipt for Merchandise COD
s your RETURN	Received By: (Print Name) Signature (Addressee or Asent) Wow Whole	8. Addressee and fee is	e's Address (Only if requested paid)

3811, December 1994

Thank you for using Return Receipt Service.

Certified Insured

Domestic Return Receipt 102595-97-B-0179

UNITED STATES POSTAL SERVICE



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

Print your name, address, and ZIP Code in this box ●

DARM/MOBILE SOURCE CONTROL PROGRAM DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

lathaddallataldardalladladladladd

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
9029	OFFICIAL USE
7975	Postage \$ Certified Fee Postmark
1000	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)
7001 0350	Total Postage 10 AIRS ID # 0951154 Sent To JUAN ARRIOLA MICHELLE M' CLEANERS or PO Box No. 2398 WEST OAK RIDGE ROAD City, State, ZIP ORLANDO FL 32809
7000	

N HEMMEH I OFEIGNE AND EGO TO LIVE SHOULD BE THE CONTROL OF THE CO				
OCHOCH. COMPECTE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X Agent Addressee			
Article Addressed to:	D. As delivery address different from item 1?			
10 AND CHE WOOD IN				
10 AIRS ID # 0951154 UAN ARRIOLA				
MICHELLE M' CLEANERS	3. Service Type			
2398 WEST OAK RIDGE ROAD ORLANDO FL 32809	Certified Mail			
. · · · ·	4. Restricted Delivery? (Extra Fee)			
7001 0320 0001 7975 9029				
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789			

United States Postal Service



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

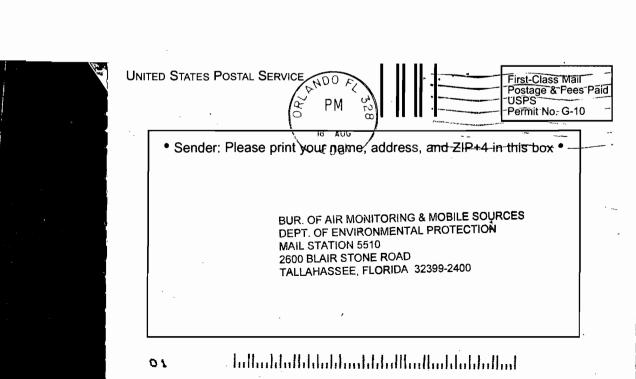
• Sender: Please print your name, address, and ZIP+4 in this box •

Inflational design of the Inflational Control of

DARM/MOBILE SOURCE CONTROL PROGRAM DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2500 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 22399-2400

		AIL RECEIPT	e Coverage Provid	ا <u>ج</u> دِ')
7909				Colonial
. 2266 0200	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Restricted Delivery Fee	\$	Postmark Here	telem
7000 0550	RAMESH JOSI LANCASTER S 5i 7313 WETHER ORLANDO FL 6i.	Q CLEANERS SFIELD DR 32019-5043	001AG	Rep

SENDEL: COW SENDEL: COW SENDEL: COW SENDEL: COW SENDER: COW SENDE	TO THE RIGHT O			
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Received by (Please Print Clearly) B. Date of Delivery X Agent Addresses D. Is delivery address different from item 1? If YES, enter delivery address below: No			
10 AIRS ID # 0950354001AG RAMESH JOSHI LANCASTER SQ CLEANERS 7313 WETHERSFIELD DR ORLANDO FL 32019-5043	3. Service Type Certified Mail Registered Return Gedeipt for Merchandise Insured Mail Restricted Delivery? Extra Fee			
2. Article Number (Copy from service label) 7000 0520 0020 9312 1909				
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789			



Z 333 660 358

US Postal Service Receipt for Certified Mail

AIRS ID # 0951154
MICHELLE M' CLEANERS
JUAN ARRIOL A JUAN ARRIOLA 2398 WEST OAK RIDGE ROAD ORLANDO FL 32809

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
١٥.	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800,	TOTAL Postage & Fees	\$.
PS Form 3800 , April 1995	Postmark or Date	
	•••	
a.		