

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

August 18, 1997

Mr. William C. Palmer Park Avenue Cleaners 4809 South Orange Avenue Orlando, Florida 32806

Re: Facility No. 0951155

Dear Mr. Palmer:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 2, 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.

Sincerely,

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"

Bowman, Sandy

From: Sent:

Ilka.Bundy@co.orange.fl.us Tuesday, June 12, 2001 7:21 AM Bowman, Sandy

To:

Subject:

RE: Dry Cleaner Update

Hi Sandy,

Facility #0951155 does have a new owner, James Kurt. He should be sending in the perc notification form in the near future.

Thanks!

Ilka

----Original Message----

From: Bowman, Sandy [mailto:Sandy.Bowman@dep.state.fl.us]

Sent: Monday, June 11, 2001 2:52 PM

To: Bundy, Ilka

Subject: RE: Dry Cleaner Update

Hi Ilka!

Rick is on vacation this week. So, I thought I would let you know that I received your e-mail. I have a question on #0951155. Does the facility have a new owner as well or is the owner the same?

Unless you indicate otherwise, I will inactivate AIRS ID #'s 0951190 and 0951182.

take care.

Sandy

----Original Message----

From: Ilka.Bundy@co.orange.fl.us [mailto:Ilka.Bundy@co.orange.fl.us]

Sent: Thursday, June 07, 2001 4:19 PM

To: Butler, Rick

Cc: Bowman, Sandy; Marie.Driscoll@co.orange.fl.us

Subject: Dry Cleaner Update

Hi Rick!

I have looked into the four facilities that have not paid their annual fee for the year. This is what I found:

- 0951155 Park Ave. Cleaners: William Palmer is gone. There is a new R.O. as of 3 and a half months ago.
- 0951169 Community Cleaners: John Joiner said he would mail in his payment right away.
- 0951190 Spotless Cleaners: The store is empty and I am unable to get a hold of Michael Warfield.
- 0951207 Best Cleaners: Gary Shif said he would also mail in his payment right away.

During inspections, I have found two facilities that no longer exist. Both stores are empty.

- 0951182 Flamingo Cleaners
- 0951190 Spotless Cleaners (also above)

Bowman, Sandy

From: Sent: Ilka.Bundy@co.orange.fl.us

Thursday, June 07, 2001 4:19 PM

To:

Butler, Rick

Cc:

Bowman, Sandy; Marie.Driscoll@co.orange.fl.us

Subject:

Dry Cleaner Update

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During inspections, I have found two facilities that no longer exist. Both stores are empty.

- * 0951182 Flamingo Cleaners
- * 0951190 Spotless Cleaners (also above)

Thank you!

If you have any questions, please contact me!

Ilka Bundy Environmental Specialist Phone (407) 836-1400 Fax (407) 836-1498

Ilka.Bundy@ocfl.net <mailto:Ilka.Bundy@ocfl.net>

Bowman, Sandy

From: Sent:

Ilka.Bundy@ocfl.net Wednesday, January 30, 2002 4:50 PM Butler, Rick

To: Cc:

Subject:

Bowman, Sandy Another New Ownership!

The facility located at 4809 S. Orange Ave. Orlando, FL 32806, is also under new ownership. The old AIRS ID# is 0951155. The new R.O. is Steven C. Burns. You should also be receiving his notification form real soon!

Ilka Bundy Environmental Specialist Orange County EPD Phone 407-836-1476 Fax 407-836-1498 mailto:Ilka.Bundy@ocfl.net

Perchloroethylene Dry Cleaning Facility Notification

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

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
MILLIAM C. PALMER
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address:
City: 4809 GORANGE County: ONANGE Zip Code: 32806
5. Veacility Identification Number (DEP Use ONLY - do not fill in): 0.95 1/255
Responsible Official
6. Name and Title of Responsible Official: Name: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
I WILLIAM C. PALIIER WNER
7. Responsible Official Mailing Address: Organization/Firm:
Street Address:
8. Responsible Official Telephone Number: Zip Code: 32866
Telephone: (407) 740 - 9800 Fax: (407) 240 - 5277
lando Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -

RECEIVED

JUL 2 5 1997

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 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-
Dry-to-Dry Unit (1) w/ ref. condenser (2) w/ carbon adsorber	1	04.96	Oct96	る	04.96	Oct.96	19:04		
(3) w/ no controls Washer Unit (4) w/ ref. condenser	- 10 1			\$664gg			ří.		
(5) w/ carbon adsorber (6) w/ no controls Dryer Unit	**************************************		-c. (4.00 c. 10 c.	*\$.21					
(7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls									- 780
Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber	- (5-4)32	Erford Co.	1471 (245)	्रंट्ट्रहरू	Edit Hilmsgrass	and the second second			
(b) Control devices are							_		
(c) No control devices 2.(a) What was the total of the control of the control devices (b) If Jess than 12 montrol of the control devices	quant gallo	ity of perchlons (You mu	oroethylene (ist fill this in months	(perc))	purchased o	or consumed		e latest 12 mc	
3. What is the facility's so	ource	classification	n based on th	e def	_•			•	L
(Indicate with an "X". Existing small an		•			nall area sou	rce [/	<u>'</u>]		
Existing large ar	ea so	urce []	N	ew la	rge area soui	rce	_]		

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

4. What control technology is requi (Indicate with an "X".)	red on machines p	pursuant	to section (5) of Par	rt II of t	his notification form?
Existing large area source Carbon adsorber	[]	OR	Refrigerated cond	enser	·
New small area source Refrigerated condenser	راب	,			
New large area source Refrigerated condenser					
5. A facility which contains non-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such u	that all steam and	d hot wat			
All steam and hot water generating boiler HP or less) and are fired by sulfur.					
All steam and hot water generating No such units on-site	units exempt				
Equipme	ent Monitoring a	ınd Reco	rdkeeping Inform	ation	
Check all logs which are required t	o be kept on-site i	in accord	ance with the requi	rements	of this general permit:
(a) Purchase receipts and solvent pe	urchases		•		•
(b) Leak detection inspection and r	epair				
(c) Refrigerated condenser tempera	ture monitoring				
(d) Carbon adsorber exhaust perc c	oncentration mon	iitoring		[]	
(e) Instrument calibration	-				
(f) Start-up, shutdown, malfunctio	n plan				

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

Surrender of Existing Air Permit(s)

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

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

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

WILLIAM C PALMER WILLIAM C PALMER 4809 S ORANGE AVE ORLANDO FL 32806

AIRS ID#0951155

Do NOT Remove Label

Annual Reporting Period:	19 TO	19
	general air permit, my facility has remained in compliance with I a.C.), during the period covered by this statement. YES	DEP Rule
NO, complete the following: I. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from		
#1. Term or condition of the general permit th	nat has not been in continuous compliance during the reporting per	iod 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	RECEIVED	iod stated above:
Exact period of non-compliance: from		
Action(s) taken to achieve compliance:	FJAN 2 2 1998	ROCE ROCE
Method used to demonstrate compliance:	Bureau of Air Monitoring & Mobile Sources	∞ <u>3</u> 0
notification are true, accurate and complete. Fur	on information and belief formed after reasonable inquiry, that the sta ther, my annual consumption of perchloroethylene solvent, based upon dry facilities or 1,800 gallons per year for transfer or combination facil	purchase receipts,
RESPONSIBLE OFFICIAL: Name	(Please Print) Signature	Date Pate

^{*}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.

,					ń	
·					Acc	300332
	DRY CLEAD			ENERAL P		acci
	W) 486	ILLIAM C PALMER ILLIAM C PALMER 09 S ORANGE AVE RLANDO FL 32806	AIRS ID#0	951155	MAR OHANGE COUN	- 6 1998
Annual Reporting Period:	7/18/9-	1 / h Do NO	T Remove Label	7/18	1/98	19
Based on each term or condit 62-213.300, Florida Adminis	_		•		ance with DE YES	EP Rule
If NO, complete the followin	g:					
#1. Term or condition of the	general permit that	has not been in co	ontinuous compl	iance during the re	porting perio	od stated above:
Exact period of non-complian	nce: from			to		P
Action(s) taken to achieve co	mpliance:				DE Y	<u>C</u>
Method used to demonstrate	compliance:			· ·	& SILO	2
#2. Term or condition of the	general permit that	has not been in co	ontinuous compli	ance during the re	porting person	od stated above
Exact period of non-complian		R	ECEL	V E D	· · · · · · · · · · · · · · · · · · ·	
Action(s) taken to achieve co			FJAN 22	1998		ROE
Method used to demonstrate	-		Bureau of Air I		C	
As the responsible official, I he notification are true, accurate of loes not exceed 2,100 gallons p	and complete. Furthe	er, my annual consu	imption of perchl	oroethylene solvent,	, based upon p	urchase receipts,
RESPONSIBLE OFFICIAL	: DILL PAL	MEL lease Print)		Le Repaire!		1 1567
	1/	MIL M.	1	1 17 Pm 71 1	/	- /DC:/W/>

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	a u	COMPLAINT/DISCOVERY	o
AIRS ID#: <u>095/155</u> FACILITY NAME: <i>P</i> /	DATE: <u>7/9/9</u> 9RK AVE	T8 TIME	IN: 1030 PAME QUT:	CYOU
FACILITY LOCATION:	4809 1.0 ORLANDO	RANGE FL.	AUS 8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	4 CO
RESPONSIBLE OFFICIAL	: WILLIAI	N PAAM	EAPHONE: 407 -236	9 - 4800
CONTACT NAME:			PHONE:	
PART I: NOTIFICATION			THE THE TENTE OF T	
(check appropriate box)				
1. New facility notified DARI	·	•		
2. Facility failed to notify DA	RM to use general perm	nit 		GZ
PART II: CLASSIFICATIO				
Facility indicated on notification (check appropriate box)	ition form that it is:		☐ No notification form ☐ Drop store/out of business	/petroleum
A. 1. Existing small area so	urce 🗓	2. New smal	·	•
dry-to-dry only, x < 140 ga transfer only, x < 200 gal/ both types, x < 140 gal/yr (constructed before 12/9/9	al/yr yr	dry-to-dry only, transfer only, both types, x	ly, x < 140 gal/yr x < 200 gal/yr	
3. Existing large area so dry-to-dry only, $140 \le x \le$ transfer only, $200 \le x \le 1$, both types, $140 \le x \le 1,80$ (constructed before $12/9/9$	2,100 gal/yr 800 gal/yr 0 gal/yr	dry-to-dry on transfer only, both types, 16	e area source ly, $140 \le x \le 2,100$ gal/yr $200 \le x \le 1,800$ gal/yr $10 \le x \le 1,800$ gal/yr on or after $12/9/91$)	
5. This is a correct facility	classification	OY ON	Can not determine	
□ fac	he appropriate classifica cility qualified for a gen cility exceeds above lim	eral permit as	number above eligible for a general permit	
B. The total quantity of perc facility was 200 gallo		irchased withi	n the preceding 12 months by thi	s dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) ON ON/A 1. Storing perchloroethylene in tightly scaled and impervious containers? אומם מם ע 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at UN UN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber אואלש אם צם beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the Y ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing targe or new large area source also:	
	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 אט
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	CIY CIN MINIA
	Is the temperature differential equal to or greater than 20° F?	DY UN DAVIA
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 ONIA
	Is the perc concentration equal to or less than 100 ppm?	DY ON ENIA
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ØN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	MY DN DN/A

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

PART VI: LEAK DETECTION AND REPAIRS

1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair-						
	inspection?						
2.	Has the facility maintained a leak log?			ETY ON			
3.	Does the responsible official check the fe	ollowing areas for leaks?					
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	אום אם אם			
	Door gaskets and scating	מא כוא כואיע	Stills	אומם מם צום			
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	DY ON ON/A			
	Pumps	DA ON ONVY	Diverter valves	אוום אם אם			
	Solvent tanks and containers	DY ON ONA	Cartridge filter housings	אוום אם צם.			
	Water separators	DY CIN CIN/A		·			
4.	Which method of detection is used by the	ne responsible official?					
	Visual examination (condensed so	a					
ì	Physical detection (airflow felt thr						
	Odor (noticeable perc odor)						
	Use of direct-reading instrumenta	Ü					
	Halogen leak detector						
	If using direct-reading instr	umentation, is the equipa	nent:	WN/A			
	a. Capable of detecting p	pere vapor concentrations i	in a range of 0-500 ppm?	CIY CIN			
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?						
I	c. Inspected for leaks an	d obvious signs of wear or	a weekly basis?	CIY ON			
	d. Kept in a clean and s	ecure area when not in use	?	OY ON			
	e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	UY UN			

ASSEFA HAILEMARIAM	7/9/98
Inspector's Name (Please Print)	Date of Inspection
Inspector's Signature	2/9/99
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE	INFORMATION:		
	•		
	•		
	• .		
		,	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMPLAIN	T/DISCOVERY	RE-INSPECTION
TIME IN: 1030	TIME OUT:	100	AIRS ID#: 09	15115
TYPE OF FACILITY:	DRY CLEAN	ERS		
FACILITY NAME:	DARK AUE.	CLE	ANERS	DATE: 7/98/98
FACILITY LOCATION:		AIXGE A		
 	ORIANDO FL	3280	76.	
RESPONSIBLE OFFICIAL:	WIZLIAM F	DALMER	PHONE NUMBER:	407-240-9800
	the compliance requirements			ility is found to be in
Based on the results of discrepancies were not	the compliance requirements ed:	s evaluated duri	ng this inspection, the foll	lowing compliance
COMPLIANCE REQ	UIREMENT/PROBLE	EM]	FOLLOW-UP ACTI	ION REQUIRED
. ·				PK
				Burgar of CK/
				S HAR Sources
				aring
COMMENTS:	1cs1sty 11	1 COM	Pleance	
The Annual Compliance Certifi	cation form has been proper	ly certified and	submitted to the inspector	YESTY NOTY
DATE OF NEXT INSPECTIO		7/9/ (Approxim	99	
INSPECTION CONDUCTED	• /	(Please Pri		
INSPECTOR'S SIGNATURE	: onek /	leiclone.	PHONE NUMBER	: 407 - 836 - 932
		Page / of	1.	Revised 10/96

Orange County Environmental Protection Department

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	AMMUAL RE-IMSPECTION	LI	COMPLAIFIZDISCOVE	RY Ü
AURS ID#: 0951155 FACILITY NAME:	Park Ave	Cleane	vs	
FACILITY LOCATION:	Ovlando	EL 3	32806	
PARTE NOTIFICATION				
(check appropriate box)	en el manas			
 Existing facility notified DARA New facility notified DARA 	•			
3. Facility failed to notify DAI	• •	•		Fi)
PART II: CLASSIFICATIO Facility indicated on notifica (check appropriate box)				
A. 1. Existing small area sordry-to-dry only, x<140 gal transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/9	/yr :	transfer only, both types, x<	y, x<140 gal/yr x<200 gal/yr	
3. Existing large area so dry-to-dry only, 140 <x<2, (constructed="" 12="" 140<x<1,800="" 200<x<1,80="" 9="" 9<="" before="" both="" only,="" td="" transfer="" types,=""><td>100 gal/yr 10 gal/yr gal/yr</td><td>transfer only, both types, 14</td><td>area source y, 140<x<2, 0<x<1,800="" 100="" 12="" 200<x<1,800="" 9="" 91)<="" after="" gal="" on="" or="" td="" yr=""><td></td></x<2,></td></x<2,>	100 gal/yr 10 gal/yr gal/yr	transfer only, both types, 14	area source y, 140 <x<2, 0<x<1,800="" 100="" 12="" 200<x<1,800="" 9="" 91)<="" after="" gal="" on="" or="" td="" yr=""><td></td></x<2,>	
This is a correct facility clas	sification	GH CIN		
If no, please check the appro	opriate classification:			
	ulified for a general per ceeds above limits and			
B. The total quantity of per		nuchased withi	n 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?	LTY JUN		
2. Examining the containers for leakage?	וט אט אט		
3. Closing and securing machine doors except during loading/unloading?	LAY LIN		
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	LAY LIN		
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אואגט אוט צוט		
PART IV: PROCESS VENT CONTROLS			
In Part II-A:			
If classification 1 has been cleecked, no controls are required. Proceed to Part V	<i>'</i> .		
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete Λ below).			
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber moinstalled prior to September 22, 1993			
If classification 4 has been checked, the machine should be equipped with a refu (complete A and B below).	rigerated condenser		
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)			
1. Equipped all machines with the appropriate vent controls?	MA CIM		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	עא מא מאיע		
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	עא טא טאיע		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	פאל בוא		
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	מט צעט עט צעט		
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	LAY LIN		

B	. Has the responsible official of an existing large or new large area source also:	· · · · · · · · · · · · · · · · · · ·
	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?	IN LIN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	אע אם צם A אוני אוני אוני אוני
	Is the temperature differential equal to or greater than 20° 177	LIY UN NA
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?	אואט אט צט אוע אט אט אט אוע
	Is the perc concentration equal to or less than 100 ppm?	MY NO YE
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?	LIY LIN N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	אואש אנט צנט איט
6.	Routed airflow to the carbon adsorber (if used) at all times?	מאט אט פאס

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	/
1. Maintained receipts for perc purchased?	OF CIN
2. Maintained rolling monthly averages of perc consumption?	UY WN
3. Maintained leak detection inspection and repair reports for the following:	/
a. documentation of leaks repaired w/in 24 lus? or;	CK. CIN
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	UN UN
4. Maintained calibration data? (for direct reading instruments only)	CIY ON CANA
5. Maintained exhaust duct monitoring data on perc concentrations?	UY UN WA
6. Maintained startup/shutdown/malfunction plan?	ray ravi
7. Maintained deviation reports?	CIY WN
Problem corrected?	CIY UN
8. Maintained compliance plan, if applicable?	מא אוט אנט אנט

The state of the s	
PART VI: LEAK DETECTION AND REPAIRS	
PAGE THAT DESCRIPTION OF THAT AND ADDRESS OF THE PAGE OF THAT ADDRESS OF THAT	NAME OF THE PARTY
1. Does the responsible official conduct a weekly leak detection and repair inspection?	MU VY

			71***** ******			
2.	Which method of detection is used by the	e responsi	ble offic	ial?		
	Visual examination (condensed sol	vent on e	xterior s	urfaces)	U	
	Physical detection (airflow felt three	ngh gask	cts)		C)	
Odor (noticeable pere odor)					C	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					Ü	
	If using direct-reading instrumer	itation, is	the equ	ripment:		
	a. Capable of detecting pe	ere vapor	concent	tations in a range of 0-500 ppm?	CIY CI	1
	b. Calibrated against a stage (PID/FID only)?	andard ga	is prior (o and after each use	OY U	4
	c. Inspected for leaks and	Lobvious	signs of	wear on a weekly basis?	OY ON	
	d. Kept in a clean and secure area when not in use?				UY UN	
c. Verified for accuracy by use of duplicate samples (calorimetric only)?			CIY CIN			
3.	Has the facility maintained a leak log?					14
4.	Does the responsible official check the f	ollowing	areas fo	r leaks?		
	Hose connections, fittings, couplings, and valves	IJΥ	NO	Muck cookers	UY	MD
	Door gaskets and seating	ŊΥ	ИП	Stills	CYY	ПИ
	Filter gaskets and seating	CYY.	ПИ	Exhaust dampers	UZY	UN
	Pumps	TAY	ИП	Diverter valves	ĽΩΥ	ÜИ
	Solvent tanks and containers	ĽΥ	ПИ	Cartridge filter housing	SUX	ПИ
	Water separators	CIY	אט			

	•
William Palmer	
Name of Responsible Official	1 1
Todd Fletcher	7/18/97
Vinspector's Name (Please P (Ipit)	Date of Inspection 7 18 98
Inspector's Signature	Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1030	15 AIRS ID#: 0951155
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Purk Aug Cleaners	DATE: 7/18/97
FACILITY LOCATION: 4809 SOVange	Ave
Ovlando FI	37806
RESPONSIBLE OFFICIAL: William Palmer	PHONE NUMBER: 240 9800
Based on the results of the compliance requirements evalual compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluated and the results of the results of the compliance requirements evaluated and the results of the resul	tive Code (F.A.C.).
discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No Rolling Perc Consomption Log	•
No Cornective Action Form	
	- CEIVIED
	RECEIVED
	AUG 2 7 1997
	Bureau of Air Monitoring
	& Mobile Sources
·	
COMMENTS:	-
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	proximate)
INSPECTION CONDUCTED BY: TODD FILE	tchric
INSPECTOR'S SIGNATURE And The Company	PHONE NUMBER: 836-9524

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	.	COMPLAINT/DISCOVERY &	10 2 5 1995 1995 1995 1995 1995 1995 1995
RESPONSIBLE OFFICIAL : _ CONTACT NAME:	Ave. Cle 09 S. Oro Clando FL	aners unge A	N: <u> 1015 </u> TIME OUT: _ 	10 3 6 16 16 16 16 16 16 16 16 16 16 16 16 1
(check appropriate box)				
1. New facility notified DARM 3	0 days prior to startup			
2. Facility failed to notify DARM	to use general permit			
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box) A. 1. Existing small area source			☐ No notification form ☐ Drop store/out of business/p	etroleum
	dry tra bot (co 2	nsfer only, x th types, x < onstructed on New large a y-to-dry only, onsfer only, 20 th types, 140 onstructed on Y N I I I I I I I I I I I I	x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ONA 1. Storing perchloroethylene in tightly scaled and impervious containers? MY ON ON/A 2. Examining the containers for leakage? QY DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at MY DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DN DN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) MY DN 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ØΥ	DN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?		ПN	
	Is the temperature differential equal to or greater than 20° F?	ΩY	ΩΝ	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?			ØN/A
	Is the perc concentration equal to or less than 100 ppin?	ШΥ	ΠИ	ØN/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?	D Y	ПΝ	ØN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?			ØN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПΝ	ØN/A
P	ART V: RECORDKEEPING REQUIREMENTS			

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

P	PART VI: LEAK DETECTION AND REPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?	•		ery on		
2.	Has the facility maintained a leak log?			מט אם		
3.	Does the responsible official check the	following areas for le	eaks?			
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	DY ON ON/A		
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A		
	Filter gaskets and scating	DY ON ON/A	Exhaust dampers	MY ON ON/A		
	Pumps	DY ON ON/A	Diverter valves	MY ON ON/A		
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	ØY ON ON/A		
	Water separators	QA ON ON/V				
4.	Which method of detection is used by	the responsible officia	11?			
	Visual examination (condensed	solvent on exterior su	rfaces)	r r r r r r r r r r r r r r r r r r r		
	Physical detection (airflow felt the	rough gaskets)	•			
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector					
	If using direct-reading instrumentation, is the equipment:					
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					
	b. Calibrated against a (PID/FID only)?	standard gas prior to	and after each use	OY ON		
	c. Inspected for leaks a	nd obvious signs of w	car on a weekly basis?	□Y □N		
	d. Kept in a clean and	secure area when not	in use?	□Y □N		
	e. Verified for accurac	by use of duplicate s	amples (calorimetric only)?	□Y □N		
·				<u> </u>		
_						
	Ilka Bundy		7-6-19	199		
	Inspector's Name (Please Pr	int)	Date of Inspe			
	1	•	,			
	Alka Burrah		7-6-20	200		
	Inspector's Signature Approximate Date of N			Next Inspection		

ADDITIONAL SITE INFORMATION:	
·	
·	
·	
•	

Orange County Environmental Protection Department

7-19-99

AIRS ID#: 0951155

Are

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

<u> </u>	<u> </u>		
FACILITY NAME: Park Ave.	Cleaners		DATE: 7-6-99
FACILITY LOCATION: 4809	S. Orange Av	e ,	
Orland	o FL 3280	6	·
Annual Reporting Period:	1998	TO July 6	19 99
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A		<u> </u>	_
If NO, complete the following:			
#1. Term or condition of the general permit the	at has not been in continuous co	mpliance during the report	ing period stated above:
Exact period of non-compliance: from	·	to	·
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
#2. Term or condition of the general permit the	nat has not been in continuous co	ompliance during the report	ing period stated above:
<u> </u>			
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, bo	sed on information and belief fo	rmed after reasonable inqu	iry, that the statements
made in this notification are true, accurate an upon rolling averages of purchase receipts, do	d complete. Further, my annual	consumption of perchloro	ethylene solvent, based
year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	(Please Print)	Signature	7/6/44
Name	(2.0000 2.11111)	DIBIMOTO	Date 1

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

Page 1 of 1.



TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

THE OF INSPECTION:	ANNUAL [V	COMPLA	NI/DISCOVERT	KE-INSPE	CTION [
TIME IN: 1015	TIME OUT:	1030	AIRS ID#:	095115	5
TYPE OF FACILITY: Dr.	A 1				
FACILITY NAME: Park	A /\	aners	angenerannen i versperender die Affrica des Anneses republishes in e Militaria de de sperienza	DATE: 7-	6-99
		1		D/\(E/_	
FACILITY LOCATION: 48	1 1 -				
<u> </u>	rlando, FL	32804		1107 21	11. GROD
RESPONSIBLE OFFICIAL:	William Pa	almer	PHONE NUMB	ER: 40 1-69	<u>10-9800</u>
الكلا	the compliance requireme Rule 62-213.300, Florida A		•	facility is found to	be in
Based on the results of discrepancies were note	the compliance requiremend:	ents evaluated d	uring this inspection, the	following complian	ce
COMPLIANCE REQU	UIREMENT/PROBI	LEM	FOLLOW-UP AC	TION REQUI	RED
·					
		. ,			
•					
					·
				 	
COMMENTS:					
	in complic	ance			
The Annual Compliance Certific	cation form has been prop	erly certified ar	d submitted to the inspe	ctor. YES	NO[]
DATE OF NEXT INSPECTIO	DN: 7-	6-2000			•
		(Approx	mate)		
INSPECTION CONDUCTED	BY: 1/	ka Buna	/·/		
	,	(Please	Print)		
INSPECTOR'S SIGNATURE	. 11/hr	Bunds	- PHONE NUMB	er: 836 - "	9524
mor LCTOR S SIGNATURE		\mathcal{O}			- I
		Page of_	<u>/</u> .		Revised 10/90

RECEIVE

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS 7/20/00 1

TYPE OF INSPECTION:

ANNUAL

02

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 0951155 DATE: 7-19-00 TIME IN: 1020 TIME OF	ut: 1045
FACILITY NAME: Park Avenue Cleaners	JUI & N
FACILITY LOCATION: 4809 S. Orange Ave.	of All
Orlando, FL 32806	Sour Sour
RESPONSIBLE OFFICIAL: William Palmer PHONE: 407-240	1-9800g
CONTACT NAME:PHONE:	
W6g ~ 1030	
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup	a
2. Facility failed to notify DARM to use general permit	
PART II: CLASSIFICATION	

PART II: CLASSIFICATION				
Facility indicated on notification form that it is:	☐ No notification form			
(check appropriate box)	☐ Drop store/out of business/petroleum			
A.				
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	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	both types, x < 140 gal/yr			
(constructed before 12/9/91)	(constructed on or after 12/9/91)			
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)			
5. This is a correct facility classification	✓Y □N □Can not determine			
If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit				
B. The total quantity of perchloroethylene (perc) pure facility was (70) gallons.	rchased within the preceding 12 months by this dry cleaning			

Is the responsible official of the dry cleaning facility: (check appropriate boxes) Y ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? EY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON EN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY ON ON/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 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?

PART III: GENERAL CONTROL REQUIREMENTS

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?	ØΥ	ПN	-
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΔY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	⊉ Y	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?	ΟY	□N	™NJA
	Is the perc concentration equal to or less than 100 ppm?	ΠY	□N	M/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	□N	ØN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□N	ŒN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ΠИ	ØN/A

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

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection	and repair
inspection?	DY ON
2. Has the facility maintained a leak log?	CY ON
3. Does the responsible official check the following areas for leaks?	
Hose connections, fittings, couplings, and valves	MY ON ON/A
Door gaskets and seating Y N N/A Stills	MY ON ON/A
Filter gaskets and seating	DY ON ON/A
Pumps Diverter valves	DY ON ON/A
Solvent tanks and containers	S MY ON ON/A
Water separators	
4. Which method of detection is used by the responsible official?	
Visual examination (condensed solvent on exterior surfaces)	1
Physical detection (airflow felt through gaskets)	0
Odor (noticeable perc odor)	0
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	ο .
Halogen leak detector	o ,
If using direct-reading instrumentation, is the equipment:	EN/A
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	מט עם
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	OY ON
c. Inspected for leaks and obvious signs of wear on a weekly basis?	OY ON
d. Kept in a clean and secure area when not in use?	□Y □N
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	OY ON
7-19-00	
Inspector's Name (Please Print) 7-19-00 Date of Inspection	· <u> </u>
Inspector's Signature 7-19-01 Approximate Date of	of Next Inspection

ADDITIONAL SITE INFORMATION:

1-8-99 60.0 2-9-99 40.0 4-2-99 50.0 5-7-99 40.0 6-11-99 50.0 7-23-99 50.0

290,0

6-23-00 26.0 7-14-00 60.0 5-25-00 40.0

IRS ID#: 095115/5

BEST AVAILABLE COPY

Revised 01/18/00

Die

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ARMS 7/20/00 /18

V
ACILITY NAME: Park Avenue Cleaners DATE: 1/9/00
ACILITY LOCATION: 4809 S. Orange Ave.
Orlando, FL 32806
anual Reporting Period: July 6, 1999 2000 To July 19 2000
sed on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule
-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. ZYES
NO, complete the following:
. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
act period of non-compliance: from to
tion(s) taken to achieve compliance:
ethod used to demonstrate compliance:
The same division of the control of social based because he will be a second or social at stand above.
Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
act period of non-compliance: fromto
tion(s) taken to achieve compliance:
ethod used to demonstrate compliance:
the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements me This notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon
rchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or nbination facilities.
Will down the file
SPONSIBLE OFFICIAL: 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 liscretion of the responsible official to use this form.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMP	LAINT/DISCOVERY RE-INSPECTION
TIME IN: 1020 TIME OUT: 1045	AIRS ID#: 0951155
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Park Avenue Cleaners	DATE: 7-19-00
FACILITY LOCATION: 4809 S. Orange AVE	
Orlando, FL 32806	
RESPONSIBLE OFFICIAL: William Palmer	PHONE NUMBER: 407-240-9800
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administrati	ve Code (F.A.C.).
Based on the results of the compliance requirements evaluate discrepancies were noted:	d during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	
	and the second s
	·
in the second se	
COMMENTS:	· · · · · · · · · · · · · · · · · · ·
Facility in complianc	<i>e</i> ,
The Annual Compliance Certification form has been properly certified	
DATE OF NEXT INSPECTION: $7-19-0$	roximate)
INSPECTION CONDUCTED BY: I / Ka	Bundy se Print
INSPECTOR'S SIGNATURE: Alka Bund	— PHONE NUMBER: 407-836-1400
Page	of Revised 10/96

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0353984

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 OF THE MONTERS OF THE MONT

Do NOT Remove Label

PARK AVE CLEANERS WILLIAM C PALMER 4809 S ORANGE AVE ORLANDO FL 32806

AIRS ID # 0951155

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300 732

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#0951155

WILLIAM C PALMER WILLIAM C PALMER 4809 S ORANGE AVE ORLANDO FL 32806

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0951155

PARK AVE CLEANERS WILLIAM C PALMER 4809 S ORANGE AVE ORLANDO FL 32806

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

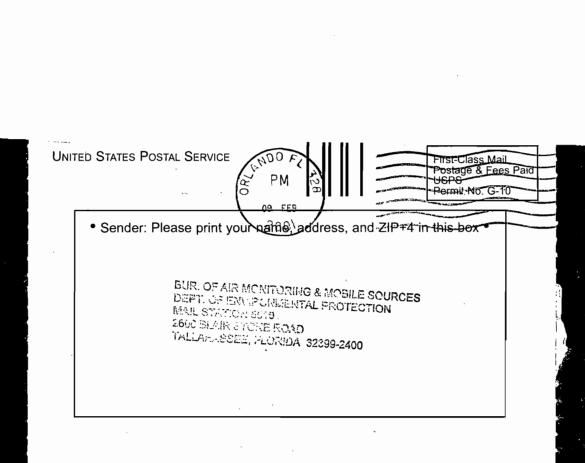
Fund: 20-2-035001

Obj.: 002273

	U.S. Postal CERTIFIEI (Domestic Mail C	D MAIL	REC	EIPT Coverage Provid	ded)
3792		Wall at the			
4127	Postage Certified Fee	\$		D	
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)			Postmark Here	
7000 0600	Recir. PARK AVE C WILLIAM C I 4809 S ORAN City, \$ ORLANDO F	PALMER GE AVE L 32806	AIRS	ID# 0951155	
	PS Form 5000, 1. coruaryaz	J 0 0-2771-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	1988 1981 4	See Reverse for	nstructions

١.

1	
SENDER: COMPLETE 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 Agent Addressee D. Is delivery address different from item 1? Yes
Article Addressed to:	If YES, enter delivery address below:
AIRS ID # 0951155 PARK AVE CLEANERS	
WILLIAM C PALMER 4809 S ORANGE AVE	
ORLANDO FL 32806	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2 Article Number (Copy from service label) 261	442141134021
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789



US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided. Do not use for International Mail (See reverse)

AIRS ID # 0951155

PARK AVE CLEANERS WILLIAM C PALMER 4809 S ORANGE AVE ORLANDO FL 32806

	-	
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whorn & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
3800,	TOTAL Postage & Fees	\$
∄	Postmark or Date	
Form		

N ADDRESS completed on the reverse side	■ Complete items ¹1 and/or 2.for additional services. ■ Complete items ³3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.				
	3. Article Addressed to: AIRS ID # 0951155 PARK AVE CLEANERS WILLIAM C.PALMER 4809 S ORANGE AVE ORLANDO FL 32806	4a. Article N Z Ab. Service Register Express Return Re 7. Date of D			
s your <u>RETURN</u>	5. Received By: (Print Name) West Culture 6. Signature: (Addressee or Agent) X	8. Addresse and fee is			

SENDER:

I also wish to receive the following services (for an
extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

	Addresse	

4a. Article Number

4b. Service Type

☐ Registered

☐ Express Mail

Certified ☐ Insured

☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

PS Ferm 3811, December 1994

Domestic Return Receipt

Service Receipt \$

J STATES POSTAL SERVICE



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

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

to March 15 Hall and and and administrated administration

DARM/MOBILE SOURCE CONTROL PROGRAM OF ENVIRONMENTAL PROTECTION MAIL STATION 5510

PLAIR STONE ROAD

FLORIDA 32399-2400

01

STATE OF FLORIDA - -DEPARTMENT OF ENVIRONMENTAL PROTECTION TWIN TOWERS OFFICE BUILDING. 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

550304



MS5510



328062069 1301 18 03/05/01 RETURN TO SENDER

PARK AVENUE CLEANERS

MOVED LEFT NO ADDRESS UNABLE TO FORWARD RETURN TO SENDER



			1300	

- □ Complete items 1, 2, and 3. Also complete item 4 if Flestricted 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 frontiff space permits.

- 1. Article Addressed to:

PARK AVE CLEANERS WILLIAM C-PALMER 4809 S ORANGE AVE ORLANDO FL 32806

Α.	Received by (Please Print Clear	rly) B	Date of Delivery
C	Signature		
			☐ Agent
Х			☐ Addressee
Ď.	is delivery address different from	n item :	1? 🖸 Yes
	If YES, enter delivery address b		□ No
			4
Ġ.	Service Type		
ĺ	Touristand Mail Tourses		

☐ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt

102595-99-M-1789

4		U.S. Postal) MAILR	ECEIPT	\	
1206 H. 41 L. L.	. 무소	(Domestic-Mail-C	only: No Insuran	ice Coverage Provided)		
SPEC 2.		<u> </u>		-	- S	
하다 아마	U.T.	Postage	\$		(C)	
9.4	그	· Certified Fee		Postmark		
-	_0	Return Receipt Fee (Endorsement Required)		Here	الإفراق والمؤا	
-	0026	 Restricted Delivery Fee (Endorsement Required) 			*	
1		Total Postane & Food	¢	170 G 170 H 000 1 1 5 7		
ļ	0090	Recipier PARK AVI	E CLEANERS	AIRS ID # 0951155	\neg	
-			C PALMER			
Ì		4809 S ORANGE AVE				
i	2	City Stat ORLANDO) FL 32806			
:		PS:Form.		AG	llons	