

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

October 14, 1997

Mr. Zhe Liu Neighborhood Cleaners 449 South Orlando Avenue Maitland, Florida 32751

Facility No.: 0951157 Re:

Dear Mr. Liu:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 12, 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, Fl 32399-2400

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Ms. Marie Driscole, Orange County

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

Grant, Patricia

From: Bowman, Sandy

Sent: Thursday, May 27, 2004 1:12 PM

To: Grant, Patricia

Pat,

Please inactivate #0951157. Thank you.

Sandy Bowman
Environmental Administrator
Division of Air Resource Management
850/921-9583 or sandy.bowman@dep.state.fl.us

/NACTIVE

May 25, 2004

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400



Zhe Liu 2209 Chippewa Trail Maitland FL 32751 Tel: 407 740 0008

Since I sold my business and remove dry cleaning machine from Neighborhood Cleaners, 449 S Orlando Ave., Maitland FL 32751 on April, 2004, please surrendering your permit for AIRS ID #0951157 to the address circled on page 17.

Any questions please ring me after July 10, because of vacation.

Zhe Liu

Previous owner of Neighborhood Cleaners

2209 Chippewa Trail

Maitland FL 32751

407 740 0008

407 628 0399

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 130 TIME OUT:	200 AIRS ID#: 0951157
TYPE OF FACILITY: Dry Cleane	V
FACILITY NAME: Neighborhood	Cleaners DATE: 2/11/98
FACILITY LOCATION: 449 5 . Orland	6 F 3275L
Ovlando FI	32751
RESPONSIBLE OFFICIAL: Zhe Lin	PHONE NUMBER: (407) 644-8886
Based on the results of the compliance requirements of compliance with DEP Rule 62-213.300, Florida Adm	evaluated during this inspection, the facility is found to be in instrative Code (F.A.C.).
Based on the results of the compliance requirements of discrepancies were noted:	evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	M FOLLOW-UP ACTION REQUIRED
-	
:	
COMMENTS:	· ·
Facility in C	ompliance
The Annual Compliance Certification form has been properly	certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	2 11 99 (Approximate)
INSPECTION CONDUCTED BY:	Fletchel (Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: \$36-9524

Revised 10/96

	Neighborhood Cleaners
	11 ' '
	spoke with The Liu-9/4/97
P.15	5. add electric
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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):
	Neighborhood Cleaners
2.	Site Name (For example, plant name of number):
	Nolphooplasel Cleaners
8 .	Hazardous Waste Generator Identification Number:
4.	Facility Location:
٠٠٠.	Street Address: A49 S Ox and AVE
	City: Owner Zip Code: 2 3 7 (1)
	17/01/ [WW] 52/31/
5.	Facility Identification Number (DEP Use ONL Y - do not 44 in):
	095757
DHESS	開発性の対象を表現の対象の対象は、対象を表現の対象を表現の表現を表現します。 「「「「「「「「「「「」」」 「「」」 「「」」 「「」」 「「」」 「「
	Responsible Official
6. Nai	Name and Title of Responsible Official: ne:
IVAI	The Ith This Ovine
7.	Responsible Official Mailing Address:
	Organization/Firm: 1100 C D 1/2100 AVV
	Street Address:
	Organization/Firm: Street Address: City: Aer Grender County: Orenge Zip Code: 32)
8.	Responsible Official Telephone Number:
	Telephone: (40) 8 x (40) 8 x (40) 8 x (40) 8 x (40)
	1/47/0080
	Facility Contact (If different from Responsible Official)
	A nemy contact (if afficient from reciponsione of mem)
9.	Name and Title of Facility Contact (For example, plant manager):
10	Facility Contact Address:
10.	Tuestry Control Plants.
	Street Address:
	City: County: Zip Code:
1 1	Facility Contact Talaphona Number
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -
	7 mm. ()

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

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Bureau of Air Monitoring & Mobile Sources

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase 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				N.			1819		
(1) w/ ref. condenser	7	11/93	11/97						
(2) w/ carbon adsorber		7 / /							
(3) w/ no controls									
Washer Unit	(1886) (1886)	的激励的企业点	AAIXK + 2567	\$398	eloka Kake	(15)。李利斯安徽	STATE OF	SALKKI, BEL	de Walki
(4) w/ ref, condenser									
(5) w/ carbon adsorber									
(6) w/ no controls	,								
Dryer Unit	1g	Maria de la c	2011年(新日本	3.83.		4. 自由自由主义	346		dinakeli.
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	ा ५ ईस	şiviştir. De ik	Parthering to	255.6	<u>ผู้สาร์สาร์สาร์ (ค.ศ.</u>	2.160730.66%	機制	184 386 44 27 5	域。水水域
(10) w/ ref. condenser									
(11) w/carbon adsorber				<u></u>	ļ				
(12) w/ no controls	,								
(b) Control devices are (c) No control devices 2.(a) What was the total of	are r	equired to be	installed (ex	(isting		ŕ	[_ in the	latest 12 mc	onths?
(b) If less than 12 month Check why it is less3. What is the facility's so (Indicate with an "X".	s thar	12 months:	New owner: n based on th	[e defi	-	-			
Existing small ar		•	-		nall area sour	rce [<u>X</u>]		
Existing large ar	ea so	urce []	N	ew lai	ge area sour	ce [.]		

4. What control technology is require (Indicate with an "X".)	ed on machines	pursuant	to section (5) of Par	t II of this n	otification fo	orm?
Existing large area source		٠		1.4		
Carbon adsorber [OR	Refrigerated conde	enser [_]	
New small area source Refrigerated condenser [<i>X</i>					
New large area source Refrigerated condenser [
A facility which contains non-exe to Rule 62-213.300, F.A.C. Verify t exemption criteria or that no such un	hat all steam and nits exist on-site: units on-site lid	d hot wa : ave a tota	er generating units of units of 10 m	on-site meet	the followin	ng 298
boiler HP or less) and are fired by sulfur.	naturat gas, pro	pane or	juei ou containing i	io more illa	n one percei	mi ·
All steam and hot water generating to No such units on-site	nnits exempt				** * .	**.
· · · · · · · · · · · · · · · · · · ·						
Equipme	nt Monitoring a	and Reco	ordkeeping Informa	ntion		
Check all logs which are required to	be kept on-site	in accord	lance with the requir	ements of the	iis general p	ermit:
(a) Purchase receipts and solvent pur	rchases			<u>(X</u>)		
(b) Leak detection inspection and re	pair			<u>(</u>		
(c) Refrigerated condenser temperate	ure monitoring					
(d) Carbon adsorber exhaust perc co	oncentration mor	nitoring) []		
(e) Instrument calibration				[]		
(f) Start-up, shutdown, malfunction	plan			(X)	•	

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

Surrender of Existing Air Permit(s)

	Surrenter of Existing the Fernings
Please indica	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
K	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notij statemer maintair	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the 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.
I will pro	omptly potify the Department of any changes to the information contained in this notification. Date

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

Neighborhood Cleaners - spoke with The Liu-9/4/97

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	-		Fa	cility Conta	et (If different fr	om Responsto	e Officiary	
		·			<u>_</u>			
9.	Nam	e and Title	of Facili	ty Contact (I	or example, plant	manager):		
10	<u> </u>	i C/	A 1.1				<u> </u>	
10.	racil	ity Contac	t Address	:				
	Ctres	t Address:						
					County:		Zip Code:	
	City:				County.		Zip Code.	
11	Facil	iny Contac	t Talanha	ne Number:				
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DEP Form No. 62-213.900(2) Effective: 6-25-96

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Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

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

1. Facility Owner/Fognpany Name (Name of corporation, agency, or individual owner):	
Neighborhood Cleaners	
2. Site Name (Por example, plant name or number):	
No hoor love Clames	
2. Hazardous Waste Generator Identification Number:	
4. Facility Location:	
Street Address: A44 9. Street Address:	
Street Address: City: Aan and County: Orange Zip Code: 3275	
5 Facility Identification Number (DEP Use ONLY - do not All in):	
095/15/	
MAIHand Responsible Official	
responsible Official	
6. Name and Title of Responsible Official:	
Name: Title: OWNEX	
the LLU	
7. Responsible Official Mailing Address:	
Street Address: AA S ON MOO NO	
Organization/Firm: Street Address: City: Aer County: Orenge Zip Code: 32)	
8. Responsible Official Telephone Number:	
Telephone: (40)) & & C+ +00 / Fax: (407) 760 000 f	
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
Maltlancheility Contact (If different from Responsible Official)	
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E E I W E	l N)
9. Name and Title of Facility Contact (For example, plant manager):	
SEP 2 6 1997	U
10. Facility Contact Address:	<i>-</i>
<u></u>	
Street Address: ORANGE COUNTY ENVIRONMENT PROTECTION DEPARTMENT	AL
City: County: Zip Code:	
11. Facility Contact Telephone Number:	
Telephone: () - Fax: () -	

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AUG 1 2 1997

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	1D	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	48	Mark Tray or	J. J. A. 788	94.A		on on the second	#ia		n Cale Me
(1) w/ ref. condenser	7	11/93	11/97						
(2) w/ carbon adsorber		/ / /-		1					
(3) w/ no controls				l					
Washer Unit	100		<u>. 1900</u>		Association .	n bertanlager.	- (1) (1)	Stelen vivi	
(4) w/ ref, condenser	<u> </u>	<u> </u>					<u> </u>		
(5) w/ carbon adsorber	 						!		
(6) w/ no controls .							<u> </u>	<u>l</u> _	
Dryer Unit		14	·		1. 1.	- 1 gr	100,00	state factor	To be open die
(7) w/ ref. condenser	[<u> </u>		
(8) w/ carbon adsorber	<u> </u>			 		_			
(9) w/ no controls	!		<u> </u>	!			ļ		
Reclaimer Unit		197,377	· · · · · · · · · · · · · · · · · · ·	· · · ·	·	<u> </u>	วรรั้งก		18 14 14 14 14 14 14 14 14 14 14 14 14 14
(10) w/ ref. condenser	<u> </u>			ļ	•	<u> </u>	<u> </u>		
(11) w/carbon adsorber	ļ		<u> </u>					_	
(12) w/ no controls									1
(b) Control devices are (c) No control devices 2 (a) What was the total of the control of the	are r quant gallo	equired to be ity of perchl ons (You mu	e installed (ex oroethylene (ust fill this in] months	cisting (perc)	g small area	or consumed			
3. What is the facility's so (Indicate with an "X". Existing small an	Scle	ct one classif	ication only.) .	initions foun			Part II?	
Existing large ar	ea so	urce []	И	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	pursuant	to section (5) of Pa	rt II of t	his notification form?
Existing large area source Carbon adsorber		OR.	Refrigerated cond	enser	
New small area source Refrigerated condenser	[X]				
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.	g units on-site lu	ave a tota			
All steam and hot water generating No such units on-site	•			1	
	,				•
Equipme	ent Monitoring a	and Reco	ordkeeping Inform	ation	
Check all logs which are required t	o be kept on-site	in a cc ore	lance with the requi	rements	s of this general permit
(a) Purchase receipts and solvent pr	urchases				
(b) Leak detection inspection and r	epair				
(c) Refrigerated condenser tempera	iture monitoring			1	
(d) Carbon adsorber exhaust perc c	oncentration mor	nitoring		[]	
(e) Instrument calibration				[]	
(f) Start-up shutdown malfunction	u nlau			(N_1)	

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

Surrender of Existing Air Permit(s)
te with an "X" the appropriate selection:
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
No air permits currently exist for the operation of the facility indicated in this notification form.
Responsible Official Certification
dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ints made in this notification are true, accurate and complete. Further, I agree to operate and in the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form. The omptly potify the Department of any changes to the information contained in this notification. Date Date

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Rechborhand	ZHE LIU ZHE LIU 449 S ORLANDO AVE MAITLAND FL 32751	AIRS ID#0951157	
			_

	Do <u>NOT</u> I	Remove Label		
Annual Reporting Period:	·1	9 то	12/31	19/19
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	·	-	_1_1	DEP Rule
If NO, complete the following:			'	·
#1. Term or condition of the general permit	that has not been in conti	nuous compliance o	during the reporting p	eriod stated above:
Exact period of non-compliance: from	· 	to_		Among the second
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				EIVED ROON
#2. Term or condition of the general permit	that has not been in conti	nuous compliance o	during the reporting po	eriod stated above:
Exact period of non-compliance: from	-	to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, bas notification are true, accurate and complete. F does not exceed 2,100 gallons per year for dry-t	urther, my annual consump	tion of perchloroeth	ylene solvent, based upo	on purchase receipts,
RESPONSIBLE OFFICIAL:				
Nar	ne (Please Print)	S	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.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TITLE V AIR QUALITY INSPECTION SUM	I = I = III
TYPE OF INSPECTION: ANNUAL 23/93 COM	PLAINT/DISCOVERY RE-INSPECTION
	EGNOVS DATE: 2/11/98 F) 32751
RESPONSIBLE OFFICIAL: Zhe Lin	PHONE NUMBER: (407) 644-8886
Based on the results of the compliance requirements evalual compliance with DEP Rule 62-213.300, Florida Administra Based on the results of the compliance requirements evaluated discrepancies were noted:	tive Code (F.A.C.).
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	Super Now L
	The Sources Office
	_
COMMENTS:	
Facility in Com	plance
The Annual Compliance Certification form has been properly certification	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 2 1	y 199 proximate)
INSPECTION CONDUCTED BY: TODO F	letchel ease Print)
INSPECTOR'S SIGNATURE: Odd Thick	PHONE NUMBER: \$36-9524

Page of .

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<u> </u>	COMPLAINT/DISCO	89.00	OFEB 2
0951157 2-5 AIRS 1D#: -0951197-86 FACILITY NAME: Ne	DATE: 1-2(0-90		v: <u>1045</u> TIM	E OUT:	\$ 10 5
N.	Maitland,	FL 32	751		<u></u>
RESPONSIBLE OFFICIAL : CONTACT NAME:	Zhe Liu			44-888	6
PART I: NOTIFICATION					
(check appropriate box) 1. New facility notified DARM 2. Facility failed to notify DAF	• •	•			0
PART II: CLASSIFICATIO Facility indicated on notificat (check appropriate box)			☐ No notification fo		roleum
A. I. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91	/yr r	2. New small a dry-to-dry only, transfer only, x both types, x < (constructed on	x < 140 gal/yr < 200 gal/yr	\(\sur_{\cdot} \)	. <i>*</i>
3. Existing large area sour 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)	2,100 gal/yr 00 gal/yr gal/yr	transfer only, 2 both types, 140	area source $140 \le x \le 2,100 \text{ gal/y}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after 12/9/91)		
	e appropriate classific lity qualified for a ger	neral permit as n	Can not determin	ı'C	
B. The total quantity of perch facility was 30 gallor		archased within	the preceding 12 mont	hs by this dy	y 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? N/ND ND 2. Examining the containers for leakage? UN UNIA Closing and securing machine doors except during loading/unloading? ΠN 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? DN DN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for earbon adsorber beds according to the manufacturer's specifications? CIY CIN CIYVA PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the □N/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? DY DN

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?		
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y □N	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПΑ-ПИ	
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?		ON/A
	Is the pere concentration equal to or less than 100 ppm?	DY DN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON	_N/∧
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	אם אם	, DN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	· / · ·
1. Maintained receipts for perc purchased?	MY CIN
2. Maintained rolling monthly total of perc consumption?	MY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN DN/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)	OY ON MY/A
5. Maintained exhaust duct monitoring data on pere concentrations?	ON ON OTHIN
6. Maintained startup/shutdown/malfunction plan?	er on , .
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	OY ON DINA
8. Maintained compliance plan, if applicable?	DY DN BN/A

PA	PART VI: LEAK DETECTION AND REPAIRS								
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair								
	inspection?	* ₆₄		DY DN					
2.	Has the facility maintained a leak log?	·	V	DA DN					
3.	Does the responsible official check the f	following areas for leak	s?						
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	MY ON ON/A					
	Door gaskets and scating	DY ON ON/A	Stills	Y ON ON/A					
	Filter gaskets and scating	MY ON ON/A	Exhaust dampers	MY ON ON/A					
	Pumps	MY ON ON/A	Diverter valves	מאם אם/אם					
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	CY ON ON/A					
	Water separators	DY ON ON/A							
4.	Which method of detection is used by t	he responsible official?							
	Visual examination (condensed se	olvent on exterior surfa	iccs)	ත්					
	Physical detection (airflow felt th	rough gaskets)							
	Odor (noticeable pere odor)			र्ख					
	Use of direct-reading instruments	ntion (FID/PID/calorim	etric tubes)						
	Halogen leak detector								
	If using direct-rending instr	rumentation, is the eq	ulpment:	MN/A					
	a. Capable of detecting	perc vapor concentrati	ons in a range of 0-500 ppm?	OY ON					
	b. Calibrated against a (PID/FID only)?	standard gas prior to a	nd after each use	ОУ ОИ					
	c. Inspected for leaks a	nd obvióus signs of we	ar on a weekly basis?	OY ON					
	d. Kept in a clean and			DY DN ···					
	e. Verified for accuracy	y by use of duplicate sa	mples (calorimetric only)?	DY DN					
		· .	·						
_	-		•						
	Ilka Bung	14	1/26/	99					
	Inspector's Name (Please Pr	rint)	Date of Insp	pection					
	Ilha Bund		1/26/	2000					
	Inspector's Signature	+	Approximate Date'c	of Next Inspection					

Review 1999 Dry Cleaner Compliance Calendar with Mr. Liu.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL 🗹	COMPLAINT/DI	SCOVERY	RE-INSPECTION [
TIME IN: 1045 TIME OUT:	1110	AIRS ID#:	151197 0951157
TYPE OF FACILITY: Dry Cleaner	·		
FACILITY NAME: Neighborhood Cled	iners		DATE: 1-26-99
	Ave.		
Maitland FL 3	2751		
RESPONSIBLE OFFICIAL: Zhe Liu		_PHONE NUMBER:_	407-644-8886
Based on the results of the compliance requirements compliance with DEP Rule 62-213.300, Florida Add	-	•	ty is found to be in
Based on the results of the compliance requirements discrepancies were noted:	s evaluated during t	nis inspection, the follo	wing compliance
COMPLIANCE REQUIREMENT/PROBLE	EM FOI	LLOW-UP ACTIO	ON REQUIRED
			
			
<u> </u>			
			•
COMMENTS:			
Facility in compliance.	Reviewed	1999 Dry (leaner Compliance
The Annual Compliance Certification form has been properl	ly certified and subr	nitted to the inspector.	YES NO
DATE OF NEXT INSPECTION: 1/2	6/2000		
	(Approximate)		
INSPECTION CONDUCTED BY: IKA BU	(Please Print)		
INSPECTOR'S SIGNATURE: M. R.		_PHONE NUMBER:_	836-9514
INSPECTOR'S SIGNATURE: Muc DI	NIUS	_I HONE NUMBER:_	0 /10 1221

Revised 10/96

Orange County Environmental Protection Department DRY CLEANER AIR QUALITY GENERAL PERMIT ORANGE COUNTY ENVIRONMENTAL ANNUAL COMPLIANCE CERTIFICATION FORM PROTECTION DEPARTMENT FACILITY LOCATION: Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. If NO, complete the following: #1. 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 Action(s) taken to achieve compliance: Bureau of Air Monitoring & Mobile Sources Method used to demonstrate compliance: #2. 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 to____ Action(s) taken to achieve compliance: Method used to demonstrate compliance: 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 rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-tojdry (acilities or 1,800 gallons per

*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.

Name (Please Print)

year for transfer or combination facilities.

RESPONSIBLE OFFICIAL:

Page _____ of ____.

PERCHLOROETHYLENE DRY CLEANERS

TYPE	OF	INSPECTION:

.v ,		, /	P ~ (1) 514
PERC TYPE OF INSPECTION:	TITLE V GE	LENE DRY CLEANERS NERAL PERMIT PECTION CHECKLIST COMPLAINT/DISCOVERY	RECEIVED MAR 19 1998 Nobile Source Property of the Source Property
FACILITY NAME:	Vershbord 449. S. OVland Zhe Li	nood Cleaners	200
PART I: NOTIFICATION			
(check appropriate box)			
1. New facility notified DARM	30 days prior to startu	p	ט
2. Facility failed to notify DAR	M to use general perm	il	
PART II: CLASSIFICATION	·		
Facility indicated on notificati	on form that it is:	☐ No notification form	The same of the sa
(check appropriate box)		☐ Drop store/out of business/pe	troleum
1. Existing small area sound dry-to-dry only, x < 140 gally transfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before 12/9/91)	'yr d t t	2. New small area source lry-to-dry only, x < 140 gal/yr ransfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)	
3. Existing large area sound dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$)	,100 gal/yr	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 of	classification	□N □Can not determine	
☐ facil	ity qualified for a gene lity exceeds above limi	tion: eral permit as number above ts and is not eligible for a general permit echased within the preceding 12 months by this di	ry cleaning
B. The total quantity of perch		chased within the preceding 12 months by this to) 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? UN UN/A Examining the containers for leakage? UN UN/A 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? MAND NO UNIA Maintaining solvent-to-earbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? UY UN WN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? מאתה אם אם 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 DN DN/A condenser upon opening the door? 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 DAY DIN DINIA condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after EN LIN 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?	ΠY	ШN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ĽΙΥ	ПN	□n/a
	Is the temperature differential equal to or greater than 20° F?	ÜΥ	ÜN	□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?	ÜΥ	ÜN	□N/A
	Is the pere concentration equal to or less than 100 ppm?	\Box Y	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring pere concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ШN	ÜN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ÜN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	אט	□N/A

PART V: RECORDKEEPING REQUIREMENTS							
Has the responsible official: (check appropriate boxes)							
1. Maintained receipts for pere purchased?	מא מא						
2. Maintained rolling monthly total of perc consumption?	מט צם						
3. Maintained leak detection inspection and repair reports for the following:	·						
a. documentation of leaks repaired w/in 24 hrs? or;	אווים אם צוֹם בּ						
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	מאַ טא טאיא						
4. Maintained calibration data? Gor applicable direct reading instruments)	איא אם אם אי						
5. Maintained exhaust duct monitoring data on perc concentrations?	CIY CIN BUNY						
6. Maintained startup/shutdown/malfunction plan?	DAY CIN						
7. Maintained deviation reports?	חא חו פאיע						
Problem corrected?	סא סא מאיע						
8. Maintained compliance plan, if applicable?	איאם אם אח						

P/	PART VI: LEAK DETECTION AND REPAIRS						
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?					Ľγ	ÜN
2.	Has the facility maintained a leak log?					ďΥ	ΠN
3.	Does the responsible official check the	ollow	ing ar	cas for leaks?			
	Hose connections, fittings,	1	(T)			/	
	couplings, and valves	M Y	ПИ	□N/A	Muck cookers	ΔY	□N □N/A
	Door gaskets and scating	ďΥ	ПИ	□N/A	Stills	ØΥ	חאום אום
	Filter gaskets and scating	ΔX	ПN	□N/A	Exhaust dampers	ØΥ	עאם אם
	Pumps	QY	ПN	□N/Λ	Diverter valves	ŒΥ	DN DN/V
	Solvent tanks and containers	αyy	ПΝ	□N/A	Cartridge filter housings	ďγ	ע/אם אם
	Water separators	ŊΥ	ΠN	□N/A			
4.	Which method of detection is used by the	ic rest	onsib	de official?		,	
	Visual examination (condensed so	olvent	on ex	terior surfaces)		Œ	
	Physical detection (airflow felt the	rough	gaskc	ls)			
	Odor (noticeable pere odor)						
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	Halogen leak detector						
	If using direct-reading instrumentation, is the equipment:						' ^
	a. Capable of detecting	pere v	apor c	oncentrations in	i a range of 0-500 ppin?	ΠY	UN
	b. Calibrated against a s (PID/FID only)?	standa	rd gas	prior to and aft	er each use	Пλ	□N
	c. Inspected for leaks at	id obv	ious s	igns of wear on	a weekly basis?	ΩY	ΠN
	d. Kept in a clean and s						ÜN
	e. Verified for accuracy					ΩУ	ΠN
PA-44							
_	Inspector's Name (Please Pri	<u>-1, C</u> nt)	nel	/	Date of Insp	cction	
	doll To	elc	1	<u></u>	2/11	90	1
	Inspector's Signature				Approximate Date of	Next	Inspection

ADDITIONAL SITE INFORMATION	I:	
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	+ 5.	
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·		
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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

-		SPECTION C	ALDOIDE I		
TYPE OF INSPECTION:	ANNUAL	W	COMPLAINT/DISC	COVERY	a
	RE-INSPECTION	<u> </u>	JAN C. M		
AIRS ID#: 0951157	,			ME OUT	1425
FACILITY NAME: Nei	u		ers ource		· · · · · · · · · · · · · · · · · · ·
FACILITY LOCATION: 4)
	Maitland,			C	0007
RESPONSIBLE OFFICIAL:	Zhe Liu		PHONE: 407-	-644 -	3886
CONTACT NAME:			PHONE:	· · - ·	
PART I: NOTIFICATION					
(check appropriate box)		· ————			
(cneck appropriate box) 1. New facility notified DARM 3	30 davs prior to startup				
2. Facility failed to notify DARN	•				<u> </u>
PART II: CLASSIFICATION			·		
Facility indicated on notificatio			□ No notification fo		1
			☐ No notification fo☐ Drop store/out of		troleum
Facility indicated on notificatio (check appropriate box) A. 1. Existing small area source	on form that it is:	New small a	Drop store/out of		troleum
Facility indicated on notificatio (check appropriate box) A. 1. Existing small area sourc dry-to-dry only, x < 140 gal/y	on form that it is:	y-to-dry only,	Drop store/out of rea source x < 140 gal/yr		troleum
Facility indicated on notificatio (check appropriate box) A. 1. Existing small area source	e	y-to-dry only, ansfer only, x	Drop store/out of rea source x < 140 gal/yr < 200 gal/yr		troleum
Facility indicated on notificatio (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr	e 2. T dr	ry-to-dry only, ansfer only, x oth types, x <	Drop store/out of rea source x < 140 gal/yr < 200 gal/yr		troleum
Facility indicated on notificatio (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr	on form that it is: The December 2. The dry tra bo (co	ry-to-dry only, ansfer only, x oth types, x <	Drop store/out of rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)		troleum
Facility indicated on notificatio (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1	on form that it is: Te	y-to-dry only, ansfer only, x oth types, x < onstructed on New large a y-to-dry only,	Drop store/out of rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/y	business/pe	troleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800	e	y-to-dry only, ansfer only, x oth types, x < onstructed on New large and y-to-dry only, ansfer only, 20	Drop store/out of rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $10 \le x \le 1,800 \text{ gal/yr}$	business/pe	troleum
Facility indicated on notificatio (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1	on form that it is: The State of the State	y-to-dry only, ansfer only, x oth types, x < onstructed on New large any-to-dry only, ansfer only, 20 oth types, 140	Drop store/out of rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/y	business/pe	troleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal/yr (source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr (source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr (source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr (source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr (source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr (source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr (source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr (source dry-to-dry-	e 2. tr dr tra bo (co	y-to-dry only, ansfer only, x oth types, x < tonstructed on New large any-to-dry only, ansfer only, 20 oth types, 140 onstructed on	Drop store/out of rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	business/pe	troleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility class If no, please check the appropriate box.	e	y-to-dry only, ansfer only, x oth types, x < onstructed on New large any-to-dry only, ansfer only, 20 onstructed on Y \bigcup N	Drop store/out of rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) \square Can not determine	business/pe	troleum
Facility indicated on notificatio (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility class If no, please check the approximate the source of the source o	e 2. T dr tra bo (co e 4. 00 gal/yr dr gal/yr tra al/yr bo (ssification ppropriate classification y qualified for a general	y-to-dry only, ansfer only, x oth types, x < onstructed on New large any-to-dry only, ansfer only, 20 oth types, 140 onstructed on Y	Drop store/out of rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) Can not determine	business/pel	troleum
Facility indicated on notificatio (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility class If no, please check the approximate the source of the source o	on form that it is: The State Control of the State	y-to-dry only, ansfer only, x oth types, x < onstructed on New large any-to-dry only, ansfer only, 20 onstructed on Y	□ Drop store/out of rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91) □ Can not determine mber above ible for a general perm	business/pel	

ARM500

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? ON ON/A DY ON ON/A 2. Examining the containers for leakage? MY DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? 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? ØY 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

DY ON ON/A

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

6. Conducted all temperature monitoring after an appropriate cooldown period and after

condenser on a weekly/bi-weekly basis?

verifying that the coolant had been completely charged?

condenser exceeded 45° F?

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

1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments)

PART V: RECORDKEEPING REQUIREMENTS

5. Maintained exhaust duct monitoring data on perc concentrations?

6. Maintained startup/shutdown/malfunction plan?

Has the responsible official: (check appropriate boxes)

DY DN ON/A

DY ON

PART	VI: LEAK DETECTION AND R	EPAIRS `				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
insp	ection?				day □n	
2. Has	the facility maintained a leak log?	: .			DAY ON	
3. Does	s the responsible official check the f	ollowing are	as for leaks?			
	Hose connections, fittings, couplings, and valves	DY ON I	□N/A	Muck cookers	DY ON ON/A	
	Door gaskets and seating	אם עים נ	□N/A	Stills	MY ON ON/A	
	Filter gaskets and seating	MA CIN (□N/A	Exhaust dampers	MY ON ON/A	
	Pumps	ו אם עצם	□N/A	Diverter valves	DY ON ON/A	
	Solvent tanks and containers	MY ON (□N/A	Cartridge filter housings	DY ON ON/A	
	Water separators	DY ON (□N/A	•		
4. Whic	ch method of detection is used by th	e responsible	e official?			
	Visual examination (condensed so	lvent on exte	erior surfaces)		a	
	Physical detection (airflow felt thro	ough gaskets	()			
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentation	ion (FID/PID)/calorimetric t	ubes)		
	Halogen leak detector		•			
	If using direct-reading instrumentation, is the equipment:					
	a. Capable of detecting pe	erc vapor coi	ncentrations in	a range of 0-500 ppm?	OY ON	
	b. Calibrated against a state (PID/FID only)?	andard gas pi	rior to and after	each use	OY ON	
	c. Inspected for leaks and	obvious sig	ns of wear on a	weekly basis?	OY ON	
	d. Kept in a clean and sec	cure area whe	en not in use?		OY ON	
	e. Verified for accuracy b	y use of dup	licate samples	(calorimetric only)?	OY ON	
	Ilka Bund		-	()1-20-Q)	
	Inspector's Name (Please Print)			Date of Inspection	 .	
	Anspector 5 Manie (1 lease Fluit)	,		Date of Hispotion		
	Alka Bund			01-20-01		
	Inspector's Signature			Approximate Date of N	Vext Inspection	

ADDITION	L SITE INFO	RMATION:

Orange County Environmental Protection Department

0951157 AIRS ID#:

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Neighbo	rhood Clea	riners		DATE:	1/20/200
FACILITY NAME: Neighbor FACILITY LOCATION: 449	S. Orlanda	Ave			. / - / -
Mait	land, FL	32751			
Annual Reporting Period:	1. 26	19 <u>99</u> to	JAN.	20	<u> </u>
Based on each term or condition of the T 62-213.300, Florida Administrative Code			—		PRule NO
If NO, complete the following:			•		
#1. Term or condition of the general per	mit that has not been in	n continuous comp	liance during the rep	orting period	I stated above;
Exact period of non-compliance: from		·	to		· .
Action(s) taken to achieve compliance:				_	
Method used to demonstrate compliance:	•				<u> </u>
#2. Term or condition of the general per	mit that has not been in	n continuous compl	iance during the rep	orting period	I stated above:
Exact period of non-compliance: from			_ to		
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:					

Page _ [of _ [.

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 📝 CO	OMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1400	TIME OUT: 14	25 AIRS 10#:	0951157
TYPE OF FACILITY: Dry	Cleaners		
FACILITY NAME: Neigh	borhood Cleaner	5	DATE: <u>01-20-00</u>
FACILITY LOCATION: 4	49 S. Orlando	Ave.	
	Maitland, FL	32751	1
RESPONSIBLE OFFICIAL:	Zhe Liu	PHONE NUMBE	er: 407-644-8886
	the compliance requirements eva Rule 62-213.300, Florida Admini	aluated during this inspection, the istrative Code (F.A.C.).	facility is found to be in
Based on the results of discrepancies were note		aluated during this inspection, the	following compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP AC	TION REQUIRED
•			
			*
i	,		
	and the second s		
	·		
COMMENTS:			
Facility	in compliance		
The Annual Compliance Certifi	cation form has been properly ce	rtified and submitted to the inspec	tor. YES NO
DATE OF NEXT INSPECTIO		- 20 - 01	
	11 ~	(Approximate)	
INSPECTION CONDUCTED	DBY: 1/4a	DUN OU (Please Print)	
INSPECTOR'S SIGNATURE	1/1/2 /	PHONE NUMB	er: 836-1400
	Page	T of l	Revised 10/96

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

\	COMPLIANCE IN	SPECTION	CHECKEIST		
TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	a	COMPLAINT/DIS	COVERY	
AIRS ID#: 095/157					Jojo 3
FACILITY NAME: <u>Ne</u>	ighborhood C	leaner	^S		THE COLOR
FACILITY LOCATION: _	449 S. Orl	ando	Ave.		60
_	Maitland,	FL	32751		
RESPONSIBLE OFFICIAL	.: Zhe Liu		PHONE: 407	-644-	8886
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION					
(check appropriate box)					4
1. New facility notified DAR	M 30 days prior to startu	p			
2. Facility failed to notify DA	ARM to use general permi	iť			
PART II: CLASSIFICATIO	ONI				
And the state of t	7.11				
Facility indicated on notificated on notificated	ation form that it is:		☐ No notification ☐ Drop store/out o		
(check appropriate box) A.			a Diob store, our c	n ousiness/p	euoicum
1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/9	al/yr d yr tr b	lry-to-dry on ransfer only, ooth types, x	l area source ly, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr on or after 12/9/91)	囡	
3. Existing large area soft dry-to-dry only, $140 \le x \le 1$ transfer only, $200 \le x \le 1$, both types, $140 \le x \le 1,80$ (constructed before 12/9/9)	2,100 gal/yr d 800 gal/yr to 0 gal/yr b	lry-to-dry on ransfer only, ooth types, 14	e area source ly, $140 \le x \le 2,100$ gal/ $200 \le x \le 1,800$ gal/yr $40 \le x \le 1,800$ gal/yr on or after $12/9/91$)		

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

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

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?	ПΥ	□и
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ON ON/A
	Is the temperature differential equal to or greater than 20° F?	ŪΥ	□N □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?	ΩY	אום חם
	Is the perc concentration equal to or less than 100 ppm?	ŪΥ	ON ON/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ĽΙΥ	□n □n/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ŪN ŪN/A

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

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PART VI: LEAK DETECTION AND R	EPAIRS		
1. Does the responsible official conduct a	weekly (for small source	cs, bi-weekly) leak detection ar	id repair
inspection?			MY ON
2. Has the facility maintained a leak log?			DY DN
3. Does the responsible official check the	following areas for leak	s?	
Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	OY ON ONA
Door gaskets and seating	OY ON ON/A	Stills	OY ON ON/A
. Filter gaskets and seating	CY ON ON/A	Exhaust dampers	QY ON ON/A
Pumps	DY DN DN/A	Diverter valves	DY ON ON/A
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	ØY ON ON/A
Water separators	OY ON ON/A		
4. Which method of detection is used by the	ne responsible official?		
Visual examination (condensed so	olvent on exterior surfac	es)	න්
Physical detection (airflow felt the	rough gaskets)		cı ,
Odor (noticeable pere odor)			Œ
Use of direct-reading instrumenta	tion (FID/PID/calorimet	tric tubes)	
Halogen leak detector			Or By mechani
If using direct-reading instru	umentation, is the equi	pment:	□N/A
a. Capable of detecting p	pere vapor concentration	is in a range of 0-500 ppm?	OY ON
b. Calibrated against a st (PID/FID only)?	tandard gas prior to and	after each use	חט עם
c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	CIY CIN
d. Kept in a clean and so	cure area when not in u	se?	OY ON
e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	OY ON
-p			- A
			•
Ilka Bundy.		1-26-01	
Inspector's Name (Please Prin	t)	Date of Inspection	

4 of 5

1-26-02

Approximate Date of Next Inspection

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ADDITIONAL SITE INFORMATION:	
·	
* •	
·	
	
4-25-60 10.0	
8-30-00 10.01	
6-01-00 10.0	
10-25-00 15.0	
10-25.00 15.0	
55,0	

AIRS ID#:	0951	1157	

Revised	01/18	/ÛÛ

ARMS 1-760-01 MD

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Neighborhood Clea	iners	DATE:	1/26/200
FACILITY LOCATION: 449 S. Orlando	a Ave.		
FACILITY LOCATION: 449 S. Orlando Mai+land, FL	32751		
,			
Annual Reporting Period: <u>January</u>	20 <i>00</i> to	January	2001
Daned on each team or condition of the Title V general six new	nit nor Caility has remained in	annuliana with DER Dul	
Based on each term or condition of the Title V general air pern 52-213.300, Florida Administrative Code (F.A.C.), during the	•	<u>.</u>	e NO
f NO, complete the following:	,		
•		and a second second second	
11. Term or condition of the general permit that has not been	m commuous compnance during	g the reporting period state	ed above:
			· ·
Exact period of non-compliance: from	to		
Action(s) taken to achieve compliance:			
Viethod used to demonstrate compliance:			
2. Term or condition of the general permit that has not been	in continuous compliance during	g the reporting period state	ed above:
Exact period of non-compliance: from	·to		
Action(s) taken to achieve compliance:			·
Method used to demonstrate compliance:			
			•
As the responsible official, I hereby certify, based on information this notification are true, accurate and complete. Further, in purchase receipts, does not exceed 2,100 gallons per year for exambination facilities.	my annual consumption of perch	aloroethylene solvent, base	ed upon
RESPONSIBLE OFFICIAL: Name (Please Print)	Signa	nture Date	120/200
rante (1 lease 1 tint)	Signa	nuic Daic,	

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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL V COMPL	LAINI/DISCOVERY RE-INSPECTION
TIME IN: 095/ TIME OUT: 1010	AIRS ID#: 0951157
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Neighborhood Cleaners	DATE: 1-26-01
$\mathcal{L}_{m} \wedge \mathcal{L}_{m} $	10,
Maitland, FL 327	51.
RESPONSIBLE OFFICIAL: Zhe Liu	PHONE NUMBER: 407-644-8886
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administrative	•
Based on the results of the compliance requirements evaluated discrepancies were noted:	d during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•	
·	<u></u>
COMMENTS:	
facility in compliance.	
The Annual Compliance Certification form has been properly certified	and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: $1 - 26 - 0$	oximate)
INSPECTION CONDUCTED BY: IKa Buno) _{U1}
(Pleas	se Print)
Page /	of Revised 10/96

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0357913

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00
JAN 20 99

Do NOT Remove Label

AIRS ID # 0951157

NEIGHBORHOOD CLEANERS ZHE LIU 449 S ORLANDO AVE MAITLAND FL 32751

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#0951157

ZHE LIU ZHE LIU 449 S ORLANDO AVE MAITLAND FL 32751

FOR GOVERNMENT USE ONLY

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

Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

412387 DEC31 2001



Do NOT Remove Label

AIRS ID # 0951157
NEIGHBORHOOD CLEANERS
ZHE LIU
449 S ORLANDO AVE
MAITLAND FL
32751

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

399706

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 # 0951157

NEIGHBORHOOD CLEANERS ZHE LIU 449 S ORLANDO AVE MAITLAND FL 32751 12/13/00

MAIL DEC I

FOR GOVERNMENT USE ONLY Org.: 37550101000 EQ. A1

Fund: 20-2-035001

Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0389846

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

MAIL ROOM DEC 20 99

Do NOT Remove Label

AIRS ID # 0951157

NEIGHBORHOOD CLEANERS ZHE LIU 449 S ORLANDO AVE MAITLAND FL 32751 FOR GOVERNMENT USE ONLY

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

Obj.: 002273