

# Department of **Environmental Protection**

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

Virginia B. Wetherell Secretary

ij

September 19, 1997

Ms. Yvonne H. Roberts Goldenrod Cleaners 4046 North Goldenrod Road Winter Park, Florida 32792

Re: Facility No. 0951158

Dear Ms. Roberts:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 13, 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"

# Orange County Environmental Protection Departs GEIVED

| PERC  |                                     | YLENE DRY CLEANERS  | OCT, 2 4 1997                             |
|---|-------------------------------------|---|---|
| TYPE OF INSPECTION:   |                                     | SENERAL PERMIT  RSPECTION CHECKLIST  LP COMPLAINTADISCOA  4 L3  | Bureau of Air Monitoring & Mobile Sources |
| FACILITY NAME:  | Goldenvod                           | 97 TIME IN: 10:00 TIME<br>Cleaners<br>N. boldenrod Rd<br>rk F-1 328792  | our: \\:\\\$                              |
| PARTI: NOTHICATION  |                                     |   |   |
| (check appropriate box)   |                                     |   |   |
| 1. Existing facility notified D.  | ARM by 9/1/96                       |   | ט   |
| 2. New facility notified DARN   | •                                   | tup   | o l                                       |
| 3. Facility failed to notify DA   | RM to use general per               | mit .   | Ca/                                       |
| FART II: CLASSIFICATION Tracility indicated on notifical (check appropriate box)  | <del></del>                         |   | 201171111111111111111111111111111111111   |
| A.  1. Existing small area so dry-to-dry only, x<140 gar transfer only, x<200 gal/y both types, x<140 gal/yr (constructed before 12/9/9   | l/yr<br>r                           | 2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)   | TIA .                                     |
| 3. Existing large area so dry-to-dry only, 140 <x<2 (constructed="" 12="" 140<x<1,800="" 200<x<1,80="" 9="" <="" before="" both="" only,="" td="" transfer="" types,=""><td>, 100 gal/yr<br/>00 gal/yr<br/>gal/yr</td><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2> | , 100 gal/yr<br>00 gal/yr<br>gal/yr | 4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,> |   |
| This is a correct facility class  |                                     | CAY CIN   |   |
| If no, please check the appr  | opriate classification;             |   |   |
|   |                                     | ermit as numberabove<br>Lis not eligible for a general permit   |   |
| B. The total quantity of per facility was 60 gall   | chloroethylene (perc)               | purchased within the preceding 12 month   | s by this dry eleaning                    |

Revised 10/28/96

| 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?  | MY UN                  |
| 2. Examining the containers for leakage?   | UN', UN                |
| 3. Closing and securing machine doors except during loading/unloading?   | DAY DN                 |
| 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?  | UY LIN                 |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  | UY UN WINA             |
|  |                        |
| PART IV: PROCESS VENT CONTROLS   |                        |
| Ju 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 refrience $\Lambda$ below).  | gerated condenser      |
| If classification 3 has been checked, the machine should be equipped with either condenses or a carbon adsorber (complete A and B below). Carbon adsorber mu installed ——————————————————————————————————— |                        |
| If classification 4 has been checked, the machine should be equipped with a refr (complete $\hat{\mathbf{A}}$ and $\hat{\mathbf{B}}$ below).   | igerated condenser     |
| A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)  | ,                      |
| 1. Equipped all machines with the appropriate vent controls?   | מט אַט<br>טאיט אט טאעג |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?   | אאם אם אט              |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?   | איום אט אט             |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?   | מא אט אט אט אט A       |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  | שאר כוא                |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?   | MY UN                  |

| В. | 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?   | ŒŃ  | LIN  |       |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | ÜΥ  | UИ   | ~/k   |
|    | Is the temperature differential equal to or greater than 20° F7   | ÜУ  | UN   | N/A   |
| 3. | Measured and recorded the pere concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?   | ΟY  | מו"ו | INN/A |
|    | Is the pere concentration equal to or less than 100 ppm?  | ÜΥ  | CIN  | WN/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? | ÜΥ  | NU   | NA    |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | ÜΥ  | ÜN   | CHIA  |
| 6. | Routed airflow to the carbon adsorber (if used) at all times?   | ur/ | UN   | ŪN/Λ  |

| PART V: RECORDKEEPING REQUIREMENTS   |                 |  |  |  |
|--|-----------------|--|--|--|
| Has the responsible official: (check appropriate boxes)  |                 |  |  |  |
| 1. Maintained receipts for pere purchased?   | אט יאט          |  |  |  |
| 2. Maintained rolling monthly averages of perc consumption?  | LAY LIN         |  |  |  |
| 3. Maintained leak detection inspection and repair reports for the following:  |                 |  |  |  |
| a. documentation of leaks repaired w/in 24 hrs? 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? | י עע טא         |  |  |  |
| 4. Maintained calibration data? (for direct reading instruments only)  | אואס אט אט      |  |  |  |
| 5. Maintained exhaust duct monitoring data on perc concentrations?   | אלע אט צט אט אט |  |  |  |
| 6. Maintained startup/shutdown/malfanction plan?   | uk un           |  |  |  |
| 7. Maintained deviation reports?   | רא. הא          |  |  |  |
| Problem corrected?   | אט אט           |  |  |  |
| 8. Maintained compliance plan, if applicable?  | אוא אט אט אט    |  |  |  |

| PART VI: LEAK DETECTION AND REPAIRS   | ,     | * |
|---|-------|---|
| 1. Does the responsible official conduct a weekly leak detection and repair inspection? | אט אט |   |

| 2.  | Which method of detection is used by the                    | responsi   | ble official?       |                           | ·- ·- · · · · · · · · · · · · · · · · · |     |
|---|---|------------|---------------------|---------------------------|---|-----|
|   | Visual examination (condensed solvent on exterior surfaces) |            |                     |                           | lid                                     |     |
|   | Physical detection (airflow felt throa                      | ugh gaske  | c(s)                | •                         | CI                                      |     |
|   | Odor (noticeable perc odor)                                 |            |                     |                           | ( <u>H</u>                              | Ì   |
|   | Use of direct-reading instrumentation                       | n (FID/I   | 2112/calorimetric t | ubes)                     | Ü                                       |     |
|   | If using direct-reading instrumen                           | tation, is | the equipment:      |                           |   | ļ   |
|   | a. Capable of detecting pe                                  | re vapor   | concentrations in   | a range of 0-500 ppm?     | CIY CIN                                 | 1   |
|   | b. Calibrated against a sta<br>(PID/FID only)?              | ndard ga   | s prior to and afte | er each use               | OY ON                                   | 1   |
|   | c. Inspected for leaks and                                  | obvious:   | signs of wear on a  | weekly basis?             | UY UN                                   |     |
|   | d. Kept in a clean and sec                                  | ente area  | when not in use?    |                           | UY UN                                   |     |
| e. Verified for accuracy by use of duplicate samples (calorimetric only)? |   |            |                     |                           | CIY CIN                                 |     |
| 3   | . Has the facility maintained a leak log?                   |            |                     |                           | ØX □                                    | 4   |
| 4   | . Does the responsible official check the fe                | allowing   | areas for leaks?    |                           |   |     |
|   | Hose connections, fittings, couplings, and valves           | ŒΥ         | ПN                  | Muck cookers              | ZY                                      | UN  |
|   | Door gaskets and scating                                    | ſΣΙΥ       | ПN                  | Stills                    | ĽΥ                                      | ПИ  |
|   | Filter gaskets and scating                                  | Cary.      | ПN                  | Exhaust dampers           | Cry                                     | CIM |
|   | Pumps   | CAX        | ПN                  | Diverter valves           | Δy                                      | ПH  |
|   | Solvent tanks and containers                                | ſΖY        | CIN                 | Cartridge filter housings | : UX                                    | ИШ  |
|   | Water separators  | CY         | ПИ                  |                           |   |     |

| Yvonne Roberts Name of Responsible Official            | ;  |
|--|--|
| Todd Fletcher  | 7/23/97  |
| Inspector's Name (Please Print)  Inspector's Signature | Date of Inspection  7/23/98  Approximate Date of Next Inspection |

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION:   | ANNUAL 🔾  | COMP        | LAINT/DISCOVERY           | RE-INSPECTION                  |
|---|---|-------------|---------------------------|--------------------------------|
| TIME IN: 10:00  | TIME OUT:   | 11:15       | AIRS ID                   | #: 0951158                     |
| TYPE OF FACILITY:   | Dry Clean   | ner         |                           | ·                              |
| FACILITY NAME:  | Goldenvod   | Dry         | Cleaner                   | DATE: 7/23/97                  |
| FACILITY LOCATION:  | 4046 N  | bola        | derived Rd                |                                |
|   | - Orlando   | Win         | ter Park                  | 32792                          |
| RESPONSIBLE OFFICIAL:                                       | Vonne Rober   | v+5         | PHONE NU                  | MBER: 657-5113                 |
|   | he compliance requirement<br>ule 62-213.300, Florida Ad |             |                           | the facility is found to be in |
| Based on the results of t discrepancies were noted          | he compliance requirements<br>d:                        | s evaluate  | d during this inspection  | , the following compliance     |
| COMPLIANCE REQU   | IREMENT/PROBLE  | EM          | FOLLOW-UP                 | ACTION REQUIRED                |
|   |   |             |                           |                                |
| •   |   |             |                           |                                |
|   |   |             | <del> </del>              |                                |
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| ·   |   |             |                           |                                |
|   |   |             |                           | • .                            |
| COMMENTS:   |   |             |                           | ,                              |
| Fa  | acility in o  | rder        | -                         |                                |
| /   | 7   |             |                           |                                |
| The Annual Compliance Certific                              | ation form has been proper                              | ly certifie | d and submitted to the in | nspector. YES NO               |
| DATE OF NEXT INSPECTIO                                      | N:  | 7/2         | 3/98                      |                                |
|   |   | (App        | roximate)                 |                                |
| INSPECTION CONDUCTED BY: TODD Fletcher                      |   |             |                           |                                |
| INSPECTOR'S SIGNATURE: Della Frint)  PHONE NUMBER: 836-9524 |   |             |                           |                                |

Page\_\_\_of\_\_\_.

Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: ANNUAL RE-INSPECTION  | COMPLAINT/DISCOVERY  |
|---|--|
| AIRS ID#: <u>095/158</u> DATE: <u>7/9/</u> FACILITY NAME: <u>GOLDENROD</u>  | 98 TIME IN: 0930 TIME OUT: 1000  |
|   | ark FL 32792   |
| RESPONSIBLE OFFICIAL: YVONN.  | 8 ROBERTS PHONE: 407-657-5113  |
| CONTACT NAME:   | PHONE:   |
|   | OF C   |
| PART I: NOTIFICATION  |  |
| (check appropriate box)   | Ser V. L   |
| 1. New facility notified DARM 30 days prior to star   | tup 6 2 E  |
| 2. Facility failed to notify DARM to use general per  | mit Q  |
|   |  |
|   | <i>1</i> 0€  |
| PART II: CLASSIFICATION   | <u></u>  |
| PART II: CLASSIFICATION  Facility indicated on notification form that it is: (check appropriate box)  A.  | ☐ No notification form ☐ Drop store/out of business/petroleum  |
| Facility indicated on notification form that it is: (check appropriate box)   |  |
| Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr   | Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr  |
| Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  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  | Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr   |
| Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  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)  5. This is a correct facility classification  If no, please check the appropriate classific facility qualified for a ge | Drop store/out of business/petroleum  2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$ )  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 $12/9/91$ )  TY $\square N$ $\square$ Can not determine |

### Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ONA 1. Storing perchloroethylene in tightly scaled and impervious containers? ON ONA 2. Examining the containers for leakage? ſY □N 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-earbon ratios and steam pressure for carbon adsorber CIY CIN EMIA 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? באים אם צפו. 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 טא בואיא 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?

PART III: GENERAL CONTROL REQUIREMENTS

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

verifying that the coolant had been completely charged?

| В. | Has the responsible official of an existing large or new large area source also:  |    |            |      |
|----|---|----|------------|------|
| 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?   | ďγ | אנט<br>אנט |      |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | ΔY | ШN         | □N/A |
|    | Is the temperature differential equal to or greater than 20° F?   | ΠY | ПИ         | □N/A |
| 3. | Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?   | ΟY | □и         | □n/a |
|    | Is the perc concentration equal to or less than 100 ppm?  | ΠY | ПN         | ÜN/∧ |
| 4. | Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? | ΟY | ПΝ         | □N/A |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | ΩY | ΩΝ         | □n/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times?   | ΩY | ΠИ         | □N/A |

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

| 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?   |                           |                            | UY UN       |  |  |
| 2.  | Has the facility maintained a leak log?   |                           |                            | CAY ON      |  |  |
| 3.  | Does the responsible official check the f   | ollowing areas for leaks? |                            |             |  |  |
|   | Hose connections, fittings, couplings, and valves   | MY CIN CIN/A              | Muck cookers               | DY ON ON/A  |  |  |
|   | Door gaskets and scating  | DY ON ON/A                | Stills                     | אואם אם אַש |  |  |
|   | Filter gaskets and seating  | אואם אם אף                | Exhaust dampers            | אואם אם אם  |  |  |
|   | Pumps   | DN DN/A                   | Diverter valves            | DY ON ON/A  |  |  |
|   | Solvent tanks and containers  | DY ON ON/A                | Cartridge filter housings  | DY ON ON/A  |  |  |
|   | Water separators  | DY UN UN/A                |                            |             |  |  |
| 4. Which method of detection is used by the responsible official? |   |                           |                            |             |  |  |
|   | Visual examination (condensed so  | d d                       |                            |             |  |  |
|   | Physical detection (airflow felt the  |                           |                            |             |  |  |
|   | Odor (noticeable pere odor)   |                           |                            |             |  |  |
|   | Use of direct-reading instrumenta   | tion (FID/PID/calorimet   | ric tubes)                 |             |  |  |
|   | Halogen leak detector   |                           |                            |             |  |  |
|   | If using direct-reading instr   | umentation, is the equip  | oment:                     | IZIN/A      |  |  |
|   | a. Capable of detecting   | perc vapor concentration  | s in a range of 0-500 ppm? | DY DN       |  |  |
|   | b. Calibrated against a standard gas prior to and after each use (PID/FID only)?                          |                           |                            | OY ON       |  |  |
|   | <ul> <li>c. Inspected for leaks ar</li> </ul>   | CY ON                     |                            |             |  |  |
|   | d. Kept in a clean and s  | ecure area when not in u  | sc?                        | OY ON       |  |  |
|   | e. Verified for accuracy  | by use of duplicate samp  | oles (calorimetric only)?  | OY ON       |  |  |
| ł   |   |                           |                            |             |  |  |

| ASSEFA HAILEMARIAM              | 219/98                              |
|---------------------------------|-------------------------------------|
| Inspector's Name (Please Print) | Date of Inspection                  |
| one for the languages           | 2/9/99                              |
| Inspector's Signature           | Approximate Date of Next Inspection |

| ADDITIONAL SITE INFOR | MATION: |  |
|-----------------------|---------|--|
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# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: ANNUAL 🗸 COM  | APLAINT/DISCOVERY RE-INSPECTION |
|---|---------------------------------|
| TIME IN: 0930 TIME OUT: 1010  | AIRS ID#: 095/158               |
| TYPE OF FACILITY: DRY CLE AN ERS  | <u> </u>                        |
| FACILITY NAME: GOLDENAD C   | LEANERS DATE: 2/9/98            |
| FACILITY LOCATION: 4046 N. GOL  | denned Ad                       |
| WINITER PARK  | EL: 32792                       |
| RESPONSIBLE OFFICIAL: YVONNE LOB  | ELPS PHONE NUMBER: 407-657-5113 |
| Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration | ative Code (F.A.C.).            |
| Based on the results of the compliance requirements evaluation discrepancies were noted:                                  |                                 |
| COMPLIANCE REQUIREMENT/PROBLEM  | FOLLOW-UP ACTION REQUIRED       |
|   | P                               |
|   | BUILED WILL CO.                 |
| 1   | Modilie Colling That To         |
|   | Te, toring                      |
|   |                                 |
|   |                                 |
|   | ·                               |
| <u> </u>  |                                 |
| COMMENTS:  FACILITY IN CO   | mpliance                        |
| The Annual Compliance Certification form has been properly certification  |                                 |
| ` ·   | pproximate)                     |
| INSPECTION CONDUCTED BY: ASSEC HA   | PHONE NUMBER: 407-836-932       |
| INSPECTOR'S SIGNATURE: wash Spilanau  | PHONE NUMBER: 407-836-932       |
| Page  | of Revised 10/96                |

| # 699        | 51158         |
|--------------|---------------|
| P13          |               |
| 7. Odd Organ | ization/Firm. |
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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):   |                         |
|--|-------------------------|
| GOLDEN ROD CLEANER   |                         |
| 2. Site Name (For example, plant name or number):  |                         |
| GOLDENRUS CLEANER  |                         |
| 3. Hazardous Waste Generator Identification Number:  | -                       |
|  |                         |
| 4. Facility Location: 4046N. GOLDENROD ROAD  |                         |
| Street Address: City: WIN TER PARK County: ORANGE Zip Code: 32792  | ,<br>                   |
|  | ou animant progress for |
| 75 Facility Identification Number (DEP Use ONLY = do not fill in);   |                         |
|  |                         |
| Responsible Official   |                         |
| 6. Name and Title of Responsible Official:   |                         |
| Name: 4ton NE 11. P. BE-070 Title: OWNER   |                         |
| Name: JVONNE H. ROBERTS Title: OWNER  7. Responsible Official Mailing Address: Organization/Firm: 4046 N Collen Rold Rold Street Address: City: WINTER PARIC County: ORANGE Zip Code: 32 |                         |
| Organization/Firm: 4046 N Collen Roll ROAD   |                         |
| Street Address: City: 129 NTER PAUC County: MRANGE Zip Code: 32  | 792                     |
|  |                         |
| 8. Responsible Official Telephone Number: Telephone: (407) 657 - (13) Fax: ( ) -   |                         |
|  |                         |
| Facility Contact (If different from Responsible Official)  |                         |
| 9. Name and Title of Facility Contact (For example, plant manager):  |                         |
| 7. Name and Thie of Lacinty Contact (For example, plant manager).  |                         |
| 10. Facility Contact Address:  |                         |
|  |                         |
| Street Address: City: County: Zip Code:  |                         |
|  |                         |
| 11. Facility Contact Telephone Number:  Telephone: ( ) - Fax: ( ) -  |                         |
|  | \ / F P                 |
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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<br>Machine<br>Initially<br>Purchased | Date<br>Control<br>Device<br>Installed | CIL    | Dáte Machine Initially Purchased  | Date<br>Control<br>Device<br>Installed  | ID       | Date<br>Machine<br>Initially<br>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  | 1383  | Arisi (Area)                              |  | Bekets | in a de la companya |   | 12818    |   | 284XV   |
| (1) w/ ref. condenser  | ,     | 4/5/96                                    | 4596                                   | , -    |   |   |          |   | T   |
| (2) w/ carbon adsorber   |       |   | 112112                                 |        |   | , ,                                     |          |   |   |
| (3) w/ no controls   |       |   |  |        |   |   |          |   |   |
| Washer Unit  | 100   | 94.548.6700.20                            |  | 362    |   |   | 機能       | 14254172                                  | ÚSTALÝ AN                                       |
| (4) w/ ref. condenser  |       |   |  |        |   |   |          |   |   |
| (5) w/ carbon adsorber   |       |   |  |        |   |   |          |   |   |
| (6) w/ no controls   |       |   |  |        |   | 1                                       |          |   |   |
| Dryer Unit   |       | <b>Li</b> de la composi                   | V444 1200                              | 業務     |   | 250000000000000000000000000000000000000 | 9235     |   |   |
| (7) w/ ref. condenser  |       |   |  |        |   |   |          |   |   |
| (8) w/ carbon adsorber   |       |   |  |        |   |   |          |   |   |
| (9) w/ no controls   |       |   |  |        |   |   |          |   | <u>  .                                     </u> |
| Reclaimer Unit   |       | Albanes and co                            | 34,41,534                              | ggyit, | ndo and e tob   | enerit energy                           |          | sipalitics                                |   |
| (10) w/ ref. condenser   | ļ     |   |  |        |   |   | ļ        |   |   |
| (11) w/carbon adsorber (12) w/ no controls   |       |   |  | _      |   | _                                       | <u> </u> |   | <u> </u>  |
| <ul><li>(b) Control devices are</li><li>(c) No control devices</li><li>2.(a) What was the total of</li></ul> | are r | equired to be                             | installed (e                           | xistin |   |   | L        | e latest 12 me                            | onths?  |
| (b) If less than 12 mon  |       | ons (You mu                               |  |        |   |   |          |   |   |
| Check why it is les  |       |   |  |        | _] New store  | e: [] Did                               | l not }  | keep records                              | : []  |
| 3. What is the facility's so (Indicate with an "X".  |       |   |  |        | īnitions foun   | d in section (                          | (3) of   | Part II?                                  |   |
| Existing small a   |       |   | N                                      | ew si  | nall area sou   | rce [X                                  | .]       |   |   |
| Existing large ar  | ea so | urce []                                   | N                                      | ew la  | rge area sou  | rce [                                   | _]       |   |   |
| CHEST THE LATE AND AND A   |       |   |  |        |   |   |          |   |   |

| 4. What control technology is requi (Indicate with an "X".)   | ired on machines   | pursuan  | to section | ı (5) of Paı | t II of th   | nis notif | ication f | orm?        |
|---|--------------------|----------|------------|--------------|--------------|-----------|-----------|-------------|
| Existing large area source Carbon adsorber  |                    | OR       | Refriger   | ated cond    | enser        | ;         |           | · · · · .   |
| New small area source<br>Refrigerated condenser   | (X)                |          | ,          |              |              |           |           |             |
| New large area source<br>Refrigerated condenser   | <u>[]</u>          |          |            | •            |              |           |           | ٠           |
|   | · .                |          |            | × .          | <b>-</b> , . |           |           | <b></b> ··· |
| 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 wa |            |              |              |           |           |             |
| 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       |          | .*·<br>·   | • •          | 1 1 1        |           |           |             |
|   |                    | *        | • • •      | •            |              |           |           |             |
| •   |                    |          |            |              |              |           |           | ٠.          |
|   |                    |          |            |              |              |           |           |             |
| Equipm  | ent Monitoring 2   | and Rec  | ordkeepin  | ig Informa   | ation        |           |           |             |
| Check all logs which are required t   | o be kept on-site  | in accor | dance with | ı the requi  | rements      | of this   | general p | ermit:      |
| (a) Purchase receipts and solvent p   | urchases           |          |            |              | 1            | ٠.        | ٠ 4       | • •         |
| (b) Leak detection inspection and r   | epair              |          |            |              |              |           |           |             |
| (c) Refrigerated condenser tempera  | nture monitoring   |          |            |              |              |           | •         |             |
| (d) Carbon adsorber exhaust perc c  | oncentration mor   | nitoring |            |              |              |           |           |             |
| (e) Instrument calibration  |                    | •        |            |              |              |           |           |             |
| (f) Start-up, shutdown, malfunctio  | n plan             | ٠.       |            |              | $\geq$       |           |           | .*          |

### Surrender of Existing Air Permit(s)

| lease indicate                       | e with an "X" the appropriate selection:   |
|--------------------------------------|--|
|                                      | I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)  |
|                                      | No air permits currently exist for the operation of the facility indicated in this notification form.  |
|                                      | Responsible Official Certification   |
| this notifi<br>statement<br>maintain | lersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form. |
| I will pro                           | mptly notify the Department of any changes to the information contained in this notification.  |
| <br>Signature                        | Younne 14 Restricts Date Date Date   |

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|            |                 | P13          |   |                          | •   |            |
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|            |                 | ĺ            |   |                          | on rum.   |            |
|            |                 |              | This !<br>The "                         |                          |   |            |
| 1.         | Facilit         | -            | This '                                  | N of 1                   |   |            |
|            | Go              |              | V V                                     | and am                   | EGEIVED   | 1          |
| 2.         | Site N          |              | fue                                     | Comp                     |   |            |
|            | Go              |              | the                                     |                          | SEP 1 7 1997                                      |            |
| 3.         | Hazar           |              |   |                          |   |            |
|            | , in the second |              |   | ORĀ                      | NGE COUNTY ENVIRONMENTAL<br>PROTECTION DEPARTMENT |            |
| 4.         | Facili          |              | ·                                       |                          |   |            |
|            | Street<br>City: |              | •                                       |                          |   | 792        |
|            |                 |              |   |                          |   |            |
| <b>δ</b> . | Facilit         |              | • •                                     |                          |   | <i>e</i> . |
|            |                 |              |   |                          |   |            |
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|            | NI1             |              | • •                                     |                          |   |            |
| 6.<br>Na   | Name<br>ne:     |              |   |                          |   |            |
| 7          |                 |              |   |                          |   |            |
| 7.         | Respo<br>Organ  |              | • |                          |   |            |
|            | Strect          |              |   |                          |   | 32792      |
|            | City:           |              |   |                          |   | 30//0      |
| 8.         | Respo           |              |   |                          |   |            |
|            | Telep           | <u>.</u>     |   |                          |   |            |
|            | 1               |              | n and an analysis of the second         |                          |   |            |
|            |                 |              | Pacinty Co                              | ontact (11 anterent 11 c | mercesponsime & treaty                            |            |
| 79.        | Name            | and Title o  | f Facility Conta                        | ct (For example, plant   | manager):   |            |
|            |                 |              |   |                          | •   | · ·        |
| 10.        | Facilit         | ly Contact A | Address:                                |                          |   | ,          |
|            | Street          | Address:     |   |                          |   |            |
|            | City:           |              |   | County:                  | Zip Coo   | de:        |

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Bureau of Air Monitoring & Mobile Sources

Telephone:

11. Facility Contact Telephone Number:

Fax: (

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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):                               |
|--|
| GOLDEN ROD CLEANER.  |
| 2. Site Name (For example, plant name or number):  |
| GOLDENRUS CLEANER  |
| ×3. Hazardous Waste Generator Identification Number:   |
|  |
| 4. Facility Location: 4046N GOLDENROD ROAD   |
| Street Address: City: Wind TER PARK County: ORANGE Zip Code: 32792   |
| 7: Facility Identification Number (DEP Use ONLY - do not fill in):   |
| U95/158  |
| Responsible Official   |
| 6. Name and Title of Responsible Official:   |
| Name: YVONNE H. ROBERTS Title: OWNER   |
| 7. Responsible Official Mailing Address:   |
| Street Address:  |
| Organization/Firm: 4046 N CroLDENROD (2014-D) Street Address: City: WINTER PARIC County: ORAN GE Zip Code: 32792 |
| 8. Responsible Official Telephone Number:  |
| Telephone: (407) 657 - 5113 - Fax: ( ) · -   |
| Facility Contact (If different from Responsible Official)  |
| 79. 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: ( ) -  |
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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   | 1D          | Date<br>Machine<br>Initially<br>Purchased | Date<br>Control<br>Device<br>Installed | ID         | Date<br>Machine<br>Initially<br>Purchased | Date<br>Control<br>Device<br>Installed  | ID           | Date<br>Machine<br>Initially<br>Purchased | Date<br>Control<br>Device<br>Installed |
|---|-------------|---|--|------------|---|---|--------------|---|--|
| Example   | #1          | 03-OCT-93                                 | 12-NOV-93                              | #2         | 08-DEC-91                                 |   | 113          | 02-MAR-92                                 | 02-MAR-9                               |
| Dry-to-Dry Unit   |             |   |  |            | Serse Control                             | 1 - 1 - 2 - 25 - 25 - 25 - 25 - 25 - 25 | peés         | engelse integ                             | re dewa                                |
| (1) w/ ref. condenser   |             | 415196                                    | 45196                                  | <u> </u>   |   |   |              |   |  |
| (2) w/ carbon adsorber  |             |   |  |            |   |   |              |   |  |
| (3) w/ no controls  | 15 073 6    |   |  |            |   | and a section of the                    | \$1,600.00   | 1.55                                      | The state of the state of the state of |
| Washer Unit   | 1396        | Mesigeskon v 7 - 5 .<br>T                 | i kanan persendidi.<br>T               | 19 3 a 190 | kepika viku nikutha<br>T                  |   | 1,850,00     |   |  |
| (4) w/ ref. condenser   |             |   |  | l          |   |   | <b>!</b>     |   | ļ                                      |
| (5) w/ carbon adsorber  | [`          |   |  | <b> </b>   |   |   |              |   |  |
| (6) w/ no controls  |             | <u> </u>                                  |  |            |   | 111111111111111111111111111111111111111 | N. 25 . 1800 |   |  |
| Dryer Unit  | 1000        |   |  | 12008      |   |   | 19,000       |   | See See                                |
| (7) w/ ref. condenser   | <b>[</b>    |   |  |            |   |   | <b>!</b>     |   |  |
| (8) w/ carbon adsorber  |             |   |  | 1          |   | -                                       | <u> </u>     |   |  |
| (9) w/ no controls  | N. 10. TO 5 | See that the second second                | 1                                      | ļ.,,,      | 1   | COSTAL INCLUDE ON COMPANY               |              | ili este i sur e morto l'originale        | North 11, ten alternation              |
| Reclaimer Unit  | :100        | <b>HANDE NOO</b>                          | vir vir alkalıktır.                    | 28/4/      | 的特色的情态是自然。                                | Heaville Vacation                       | 2.3520       |   | AND THE STATE OF                       |
| (10) w/ ref. condenser  | ļ           |   |  | <b> </b>   |   |   | ļ            |   |  |
| (11) w/carbon adsorber  |             | _   |  | <u> </u>   |   | 1                                       | <b>_</b>     |   |  |
| (12) w/ no controls   | <u> </u>    |   |  |            |   | <u> </u>                                | <u> </u>     |   |  |
| <ul> <li>(b) Control devices are required, but not yet installed []</li> <li>(c) No control devices are required to be installed (existing small area source) []</li> <li>2.(a) What was the total quantity of perchloroethylene (perc) purchased or consumed in the latest 12 months? [] gallons (You must fill this in)</li> <li>(b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []</li> </ul> |             |   |  |            |   |   |              |   |  |
| 3. What is the facility's so (Indicate with an "X".   |             |   |  |            | initions foun                             | d in section (                          | (3) of       | Part II?                                  |  |
| Existing small a  | rea so      | ource []                                  | N                                      | ėw sn      | nall area sou                             | гсе [Х                                  | _]           |   |  |
| Existing large ar   | ca so       | urce [                                    | N                                      | ew la      | rge area som                              | ·ce [                                   | 1            |   |  |

| 4. What control technology is required on machines (Indicate with an "X".)   | s pursuant t | o section (5) of Part II of this notification form? |
|--|--------------|---|
| Existing large area source   |              |   |
| Carbon adsorber []   | ΟŘ           | Refrigerated condenser []                           |
| New small area source Refrigerated condenser  [X]  | מי           |   |
| New large area source Refrigerated condenser []  |              |   |
|  |              | en e            |
| 5. A facility which contains non-exempt emissions to Rule 62-213.300, F.A.C. Verify that all steam at exemption criteria or that no such units exist on-site | nd hot wate  |   |
| All steam and hot water generating units on-site l<br>boiler HP or less) and are fired by natural gas, pr<br>sulfur.   |              |   |
| All steam and hot water generating units exempt No such units on-site  |              |   |
|  |              |   |
| •  |              |   |
| Equipment Monitoring   | and Recor    | dkeeping Information                                |
| Check all logs which are required to be kept on-site   | e in accorda | ance with the requirements of this general permit:  |
| (a) Purchase receipts and solvent purchases  |              | ( <del>2)</del> .                                   |
| (b) Leak detection inspection and repair   |              | 12  |
|  | _            |   |
| (c) Refrigerated condenser temperature monitoring  |              |   |
| (d) Carbon adsorber exhaust perc concentration me  | onitoring    |   |
| (e) Instrument calibration   | •            |   |
| (f) Start-up, shutdown, malfunction plan   |              |   |

### Surrender of Existing Air Permit(s)

| Please indicat                     | 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   |
| this notij<br>statemen<br>maintain | 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 notify the Department of any changes to the information contained in this notification.   |
|                                    |  |
| Signatur                           | Vonne H Robert Date Date   |

CLEANER AIR QUALITY GEN

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

YVONNE ROBERTS YVONNE ROBERTS 4046 N GOLDENROD ROAD WINTER PARK FL 32792

AIRS ID 0951158

Bureau of Air Monitoring

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|   |                    | Do NO            | T Remove    | Label       |                      | •         |                |              |
|---|--------------------|------------------|-------------|-------------|----------------------|-----------|----------------|--------------|
| Annual Reporting Period:  | 23 97              | YR.              | 19          | то          | 7/23/9               | 8 6       | <u> </u>       | .9           |
| Based on each term or condition of 62-213.300, Florida Administrative   | _                  | -                | -           |             | /                    |           | EP Rule        |              |
| If NO, complete the following:  |                    |                  |             |             |                      |           |                |              |
| #1. Term or condition of the genera   | al permit that ha  | s not been in co | ontinuous o | compliance  | during the report    | ing peri  | iod stated abo | ove:         |
| Exact period of non-compliance: fr  | om                 |                  |             | to          |                      | 1         | <del>ر</del>   | •            |
| Action(s) taken to achieve compliar   | ıce:               | •                |             | . ,         | Our &                | Y.        | ·K_            |              |
| Method used to demonstrate compli   | ance:              |                  |             |             | 30                   | حہ<br>س   | <u> </u>       |              |
| #2. Term or condition of the genera   | d permit that ha   | s not been in co | ontinuous c | compliance  | during the report    | Mong Beri | od stated abo  | )<br>ove:    |
| Exact period of non-compliance: fr  | om                 |                  |             | to_         |                      |           |                |              |
| Action(s) taken to achieve complian   | .ce:               |                  | •           |             | _                    |           | ,              |              |
| Method used to demonstrate compli   | ance:              | · .              |             |             |                      |           |                | <u> </u>     |
| As the responsible official, I hereby ce<br>notification are true, accurate and con<br>does not exceed 2,100 gallons per year | iplete. Further, i | ny annual consi  | umption of  | perchloroet | hylene solvent, base | ed upon   | purchase reco  |              |
| RESPONSIBLE OFFICIAL:   | Yron Z             | H. Robe          | ERS ;       | Lune        | H. Rubii             | <u>H</u>  | Feb. 2         | 0,98<br>7/9/ |
|   | Name (Plea         | ise Print)       | Pah         | L D         | Signature            | -1 J.     | 14 Date        | 2,4/2//      |

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

LCC

## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM Bureau of Air Monitorin, AIRS ID 0951158 YVONNE ROBERTS YVONNE ROBERTS 4046 N GOLDENROD ROAD WINTER PARK FL 32792 Do NOT Remove Label 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. ∐N0 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: 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 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 purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. Name (Please Print) Signature

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

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION:  | ANNUAL   |                               | COMPLAINT/DISCO  | VERY JO  |
|--|--|-------------------------------|--|--|
|  | RE-INSPECTION                                    |                               |  | TO THE STATE OF  |
| AIRS ID#: 0951158 DA   | TE: 6/30/99                                      | _ TIME II                     | N: 1230 TIME   | OUT: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\  |
|  |  |                               |  |  |
| FACILITY LOCATION: 40'   |  |                               |  |  |
| · · · · · · · · · · · · · · · · · · ·  | nter Park,                                       |                               |  |  |
| RESPONSIBLE OFFICIAL :   | Yvonne Rol                                       | berts                         | PHONE: 407-6   | 57-5113  |
| CONTACT NAME:  |  |                               | PHONE:   |  |
|  |  |                               |  |  |
| PART I: NOTIFICATION   |  |                               |  |  |
| (check appropriate box)  |  |                               |  |  |
| 1. New facility notified DARM 30   | days prior to startup                            |                               |  |  |
| 2. Facility failed to notify DARM  | to use general permit                            |                               |  | ם  |
| PART II: CLASSIFICATION  |  |                               |  |  |
| Facility indicated on notification (check appropriate box)   | form that it is:                                 |                               | ☐ No notification form ☐ Drop store/out of but   | II   |
| 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)                        | dry-t<br>trans<br>both                           | sfer only, x<br>types, x <    | x < 140 gal/yr<br>< 200 gal/yr   | THE STATE OF THE S |
| 3. Existing large area source dry-to-dry only, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ gal (constructed before $12/9/91$ ) | 00 gal/yr dry-t<br>gal/yr trans<br>l/yr both     | sfer only, 20<br>types, 140   | rea source<br>$140 \le x \le 2,100 \text{ gal/yr}$<br>$00 \le x \le 1,800 \text{ gal/yr}$<br>$0 \le x \le 1,800 \text{ gal/yr}$<br>or after 12/9/91) |  |
| 5. This is a correct facility clas   | sification (LY                                   | ПN                            | □Can not determine   |  |
| B. The total quantity of perchlore   | qualified for a general perceeds above limits an | permit as m<br>nd is not elig | gible for a general permi  |  |
| facility was <u>40</u> gallons.  |  |                               |  |  |

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

| ₿. | Has the responsible official of an existing large or new large area source also:  |          |    | ĺ    |
|----|---|----------|----|------|
| 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       | ΠN |      |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | ΠY       | DΝ | □N/A |
|    | Is the temperature differential equal to or greater than 20° F?   | $\Box$ 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?   | ΩY       | _  | □N/A |
|    | Is the perc concentration equal to or less than 100 ppm?  | ЦY       | ΠИ | □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? | ·        | ПN | □N/A |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | ΠY       | ПN | □N/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times?   | ΟY       | ПΝ | □N/A |
|    |   |          |    |      |
| P/ | ART V: RECORDKEEPING REQUIREMENTS   |          |    |      |
| 1  |   |          |    |      |

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

| PART   | VI: LEAK DETECTION AND R  | REPAIRS                     |                              |                 |
|--------|---|-----------------------------|------------------------------|-----------------|
| 1. Doe | es the responsible official conduct a                           | weekly (for small sources,  | bi-weekly) leak detection as | nd repair       |
| insp   | pection?  |                             |                              | ON DN           |
| 2. Has | the facility maintained a leak log?                             |                             |                              | ON ON           |
| 3. Doe | es the responsible official check the l                         | following areas for leaks?  |                              |                 |
|        | Hose connections, fittings, couplings, and valves               | MY ON ON/A                  | Muck cookers                 | er on on/a      |
|        | Door gaskets and scating  | DY ON ON/A                  | Stills                       | DY ON ON/A      |
| 1      | Filter gaskets and scating                                      | A ON ONIV                   | Exhaust dampers              | OY ON ONA       |
| ı      | Pumps   | BY ON ONIA                  | Diverter valves              | OY ON ON/A      |
|        | Solvent tanks and containers                                    | DY ON ON/A                  | Cartridge filter housings    | ØY ON ON/A      |
|        | Water separators  | CAY ON ON/A                 |                              |                 |
| 4. Whi | ich method of detection is used by the                          | ne responsible official?    |                              | 1               |
|        | Visual examination (condensed so                                | olvent on exterior surfaces |                              | D               |
|        | Physical detection (airflow felt thi                            | rough gaskets)              |                              |                 |
|        | Odor (noticeable perc odor)                                     |                             |                              | <b>9</b>        |
|        | Use of direct-reading instrumenta                               | tion (FID/PID/calorimetri   | c tubes)                     | a               |
|        | Halogen leak detector   | ·                           |                              |                 |
|        | If using direct-reading instr                                   | umentation, is the equip    | ment:                        | ON/A            |
|        | a. Capable of detecting p                                       | perc vapor concentrations   | in a range of 0-500 ppm?     | DY DN           |
|        | <ul><li>b. Calibrated against a s<br/>(PID/FID only)?</li></ul> | tandard gas prior to and a  | uter each use                | OY ON           |
|        | c. Inspected for leaks an                                       | d obvious signs of wear o   | n a weekly basis?            | OY ON           |
|        | d. Kept in a clean and so                                       | ecure area when not in us   | e?                           | OY ON           |
| 1      | e. Verified for accuracy  | by use of duplicate sample  | es (calorimetric only)?      | OY ON           |
| ,      |   |                             | · .                          |                 |
|        |   |                             |                              |                 |
|        |   |                             |                              |                 |
|        | Ilka Bundy  |                             | 6-30-                        | 1999            |
|        | Inspector's Name (Please Prin                                   | nt)                         | Date of Insp                 | <del></del>     |
|        | Ilka Runn   |                             | 6-30-2                       | 2000            |
|        | Inspector's Signature   |                             | Approximate Date of          | Next Inspection |

| ADDITIONAL SITE INFORMATION: |  |
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## **Orange County Environmental Protection Department**

| 7-19-99 | Į |
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|         | ð |

| •         | 0951158       |  |
|-----------|---------------|--|
| AIRS ID#: | $O(1) \cap O$ |  |

Age

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

|   |   |                  | ·                      |                              |
|---|---|------------------|------------------------|------------------------------|
| FACILITY NAME: Gold   | enrod Cleaners  | >                |                        | DATE: 6/30/99                |
| FACILITY LOCATION: 40   | 46 N. Golden  | irod Rd          | 4                      |                              |
| W;  | nter Park FL  | 32792            |                        |                              |
|   |   |                  |                        |                              |
| Annual Reporting Period:  | Tuly 9  | 19 <u>98</u> TO  | June                   | 30 <sub>19</sub> 99          |
| Based on each term or condition o 62-213.300, Florida Administrativ   |   |                  |                        |                              |
| If NO, complete the following:  |   |                  |                        |                              |
| #1. Term or condition of the gene   | ral permit that has not been in                             | continuous comp  | oliance during the rep | porting period stated above: |
| Exact period of non-compliance:   | from  |                  | to                     |                              |
| Action(s) taken to achieve complia  |   |                  |                        |                              |
| •   |   | <del>-</del>     |                        |                              |
| Method used to demonstrate comp   | liance:   |                  |                        |                              |
| #2. Term or condition of the gene   | ral permit that has not been in                             | continuous com   | pliance during the rep | porting period stated above: |
|   |   |                  |                        |                              |
| Exact period of non-compliance:   | from  |                  | to                     |                              |
| Action(s) taken to achieve complia  |   |                  |                        |                              |
| _   | · · · · · · · · · · · · · · · · · · ·                       |                  |                        |                              |
| Method used to demonstrate comp   | liance:   |                  |                        |                              |
| As the responsible official, I hereb  | v certify, hased on information                             | and belief form  | ed after reasonable i  | naviry, that the statements  |
| made in this notification are true,<br>upon rolling averages of purchase<br>year for transfer or combination fo | accurate and complete. Furth receipts, does not exceed 2,10 | er, my annual co | onsumption of perchlo  | proethylene solvent, based   |
| RESPONSIBLE OFFICIAL:   | FRANCE H. R.  | BERIS            | Jeme H.                | Robert 6/30/99               |
|   | Name (Please Print)   |                  | Signature              | Date                         |

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

### TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: ANNUAL   | COMPL  | AINT/DISCOVERY  | RE-INSPEC               | TION [        |
|--|--|---|-------------------------|---------------|
| TIME IN: 1230 TIME OUT: 13   | 300  | AIRS ID#:   | 095-1158                |               |
| TYPE OF FACILITY: Dry Cleaner  | and the second seco | n, gardary directionment, consequence of the sets, a quantization on the set on the consequence of spacegories. | u r                     |               |
| FACILITY NAME: Goldenrod Clean   |  |   | DATE:_ <b>6/</b> 3      | 10/99         |
|  | Ideny  | od Rd.  | ·                       |               |
| Winter Park, F   |  |   | R: 407-65               | 7-5113        |
| RESPONSIBLE OFFICIAL: Yvonne Rober   |  |   |                         |               |
| Based on the results of the compliance requirements compliance with DEP Rule 62-213.300, Florida Adi |  |   | facility is found to be | : in          |
| Based on the results of the compliance requirements  |  |   | following complianc     | e .           |
| discrepancies were noted:  |  | , , , , ,   | ,                       |               |
| COMPLIANCE REQUIREMENT/PROBLE  | EM   | FOLLOW-UP AC  | TION REQUIR             | ED            |
|  |  |   |                         |               |
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|  |  |   |                         |               |
| COMMENTS:  |  |   |                         |               |
| Facility in compliant  | ce   | ·   |                         |               |
| , ,  |  |   |                         |               |
| The Annual Compliance Certification form has been properl  | y certified  | and submitted to the inspec   | tor. YES                | NO            |
| DATE OF NEXT INSPECTION: 6/  | 130/2  | 000   |                         |               |
|  | , , ,  | oximate)  |                         |               |
| INSPECTION CONDUCTED BY:   |  | e Print)  | •                       |               |
| INSPECTOR'S SIGNATURE: Wea Bu  | m  | PHONE NUMBI   | ER: 836-9               | 524           |
|  | 0  | 1   |                         |               |
|  | Page 1 c   | of <u> </u>   |                         | Revised 10/96 |

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

O

| ARMS - 00 JD. |    |
|---------------|----|
| 111115        | W  |
| Thora 5 -00   | di |

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

|  |                 |          | ·                     |                  |
|--|-----------------|----------|-----------------------|------------------|
| airs id#: <u>0951158</u> date:_            |                 |          | TIME OUT:             | 1345             |
| FACILITY NAME: Golden                      |                 |          |                       | ·                |
| FACILITY LOCATION: 4046                    | N. Golde        | nrod Rd  | ı                     |                  |
| Winter                                     | Park F          | L 32792  | <u> </u>              |                  |
| Winter<br>RESPONSIBLE OFFICIAL: Yvon       | ne Robert       | S PHONE: | 407-657-              | -5113            |
| CONTACT NAME:                              |                 | PHONE:   | B                     |                  |
|  | -               |          | 8 e 8                 |                  |
| PART I: NOTIFICATION                       |                 |          | of Aile               | 2                |
| (check appropriate box)                    |                 |          | Sou                   | 23 <             |
| 1. New facility notified DARM 30 days pr   | rior to startup |          | Monitoring<br>Sources | s <sub>a</sub> m |
| 2. Facility failed to notify DARM to use g | general permit  |          | s .                   | . O              |
|  |                 |          | •                     | -                |

| 2. Facility failed to notify DARM to use general permit   |   |
|---|---|
| PART II: CLASSIFICATION   | • |
|   |   |
| Facility indicated on notification form that it is:   |   |
| (check appropriate box)   | ì |
| <b>A.</b>   |   |
| 1. Existing small area source 2. New small area source  |   |
| dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yr   |   |
| transfer only, x < 200 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 🔲 4. New large area source 🔘  |   |
| dry-to-dry only, $140 \le x \le 2,100$ gal/yr dry-to-dry only, $140 \le x \le 2,100$ gal/yr                     |   |
| transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr                         |   |
| both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr                               |   |
| (constructed before 12/9/91) (constructed on or after 12/9/91)  |   |
| ` <i>\</i>  |   |
| 5. This is a correct facility classification  |   |
|   |   |
| 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) purchased within the preceding 12 months by this dry cleaning | g |
| facility was 5 gallons.   | ~ |

1 of 5

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) □N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/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 least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN WN/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? 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 DN DN/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?

| R    | . Has the responsible official of an existing large or new large area source also:        |          |    |        |
|------|---|----------|----|--------|
|      | . Thus the responsible official of an existing large of 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?                           | ПY       | ΠN |        |
| ĺ    |   |          |    |        |
| 2.   | Measured and recorded the washer exhaust temperature at the condenser                     |          |    |        |
|      | inlet and outlet weekly?  | ΠY       | ΠИ | □N/A   |
| <br> | Is the temperature differential equal to or greater than 20° F?                           | ПY       | ΠN | □N/A   |
| 3    | Measured and recorded the perc concentration in the exhaust stream weekly                 |          |    |        |
| ļ    | at the end of the final drying cycle while the machine is venting to the adsorber,        |          |    |        |
|      | if machines are equipped with a carbon adsorber?  | ПΥ       | ΠN | □N/A   |
|      | • • •   |          |    | -1071  |
|      | Is the perc concentration equal to or less than 100 ppm?                                  | ПY       | ΠИ | □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,     |          | •  |        |
| l    | or expansion; is at least 2 duct diameters upstream from any bend, contraction,           |          |    |        |
|      | or expansion; and downstream from no other inlet?   | ΠY       | ΠN | □N/A   |
|      |   |          |    |        |
| 5.   | Equipped transfer machines (dryers, reclaimers, and washers) with individual              | _        |    |        |
|      | condenser coils?  | ΠY       | ΠN | □N/A   |
| 6    | Poyted airflow to the carbon advarbar (if used) at all times?                             | ΠV       | ΠN | □N/A   |
| 0.   | Routed airflow to the carbon adsorber (if used) at all times?                             | <u> </u> |    | □IV/A. |

### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 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: UN UN/A 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 ON ON/A and parts installed w/in 5 days of receipt? OY ON ON/A 4. Maintained calibration data? (for applicable direct reading instruments) DY/ DN DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? ØY ON 6. Maintained startup/shutdown/malfunction plan? DY DN ON/A 7. Maintained deviation reports? Problem corrected? OY ON ON/A 8. Maintained compliance plan, if applicable? DY ON ON/A

| PART VI: LEAK DETECTION AND REPAIRS  |                             |                           |                 |  |
|--|-----------------------------|---------------------------|-----------------|--|
| 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair |                             |                           |                 |  |
| inspection?  |                             |                           | DY DN           |  |
| 2. Has the facility maintained a leak log?   |                             |                           | MY DN           |  |
| 3. Does the responsible official check the   | following areas for leaks?  |                           |                 |  |
| Hose connections, fittings, couplings, and valves  | □Y □N □N/A                  | Muck cookers              | OY ON ON/A      |  |
| Door gaskets and seating   | OY ON ON/A                  | Stills                    | OY ON ON/A      |  |
| Filter gaskets and seating   | □Y □N □N/A                  | Exhaust dampers .         | OY ON ON/A      |  |
| Pumps  | □Y □N □N/A                  | Diverter valves           | OY ON ON/A      |  |
| Solvent tanks and containers   | □Y □N □N/A                  | Cartridge filter housings | OY ON ON/A      |  |
| Water separators   | OY ON ON/A                  |                           | ·               |  |
| 4. Which method of detection is used by the  | he responsible official?    |                           |                 |  |
| Visual examination (condensed so   | olvent on exterior surfaces | )                         |                 |  |
| 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? □Y □N                           |                             |                           |                 |  |
| <ul><li>b. Calibrated against a s<br/>(PID/FID only)?</li></ul>  | tandard gas prior to and af | ter each use              | DY ON           |  |
| c. Inspected for leaks an  | d obvious signs of wear or  | n a weekly basis?         | מם עם           |  |
| d. Kept in a clean and so  | cure area when not in use   | ?                         | OY ON:          |  |
| c. Verified for accuracy by use of duplicate samples (calorimetric only)?                                  |                             |                           | DY ON           |  |
|  |                             |                           |                 |  |
|  |                             |                           |                 |  |
|  |                             |                           |                 |  |
| Ilka Bundy   |                             | (2-14-00                  |                 |  |
| Inspector's Name (Please Prin  | t)                          | Date of Inspection        |                 |  |
| Alka Bunda   |                             | 6-14-01                   |                 |  |
| Inspector's Signature  |                             | Approximate Date of I     | Next Inspection |  |

| DDITIONAL SI | TE INFORMATION: |   |   |
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## BEST AVAILABLE COPY

Revised 01/18/00

## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ARMS (45-00 )

| ACILITY NAME: Goldenrod Cleaners  | DATE: 6 14 00                                    |
|---|--|
| ACILITY LOCATION: 4046 N. Goldenrod Rd.   | , .  |
| ACILITY LOCATION: 4046 N. Goldenrod Rd. Winter Park, FL 32792   | /  |
|   | ·  |
| nnual Reporting Period: June 30, 1999 20 TO   | June 14 2000                                     |
| ased on each term or condition of the Title V general air permit, my facility has r<br>2-213.300, Florida Administrative Code (F.A.C.), during the period covered by the  |  |
| NO, complete the following:   |  |
| 1. Term or condition of the general permit that has not been in continuous complete.  | liance during the reporting period stated above: |
| xact period of non-compliance: from   | to   |
| ction(s) taken to achieve compliance:   |  |
| 1ethod used to demonstrate compliance:  |  |
| 2. Term or condition of the general permit that has not been in continuous comp   | liance during the reporting period stated above: |
|   | A  |
| xact period of non-compliance: from   | to   |
| ction(s) taken to achieve compliance:   |  |
| Tethod used to demonstrate compliance:  |  |
|   |  |
| s the responsible official, I hereby certify, based on information and belief forme<br>in this notification are true, accurate and complete. Further, my annual consump<br>turchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities<br>combination facilities. | tion of perchloroethylene solvent, based upon    |
| ESPONSIBLE OFFICIAL: SVONNE ROBERTS Name (Please Print)   | Signature Date                                   |
|   |  |

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

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION:                                | ANNUAL 🗹  | COMPLAI               | NT/DISCOVERY              | RE-INSPECTION        |
|--|---|-----------------------|---------------------------|----------------------|
| TIME IN: 1320                                      | TIME OUT:   | 1345                  | AIRS ID#:                 | 0951158              |
| TYPE OF FACILITY: DCJ                              | Cleaner   |                       |                           |                      |
| FACILITY NAME: Golder                              | nrod Cleaners   | <u> </u>              | ****                      | DATE: 6-14-00        |
| FACILITY LOCATION: 40                              |   |                       |                           |                      |
| 1  | inter Park, FL  | 327                   |                           |                      |
| RESPONSIBLE OFFICIAL:                              | Yvonne Rober  | rts                   | PHONE NUMBI               | ER: 407-657-5113     |
| compliance with DEP R                              | he compliance requirement<br>ule 62-213.300, Florida Ad | lministrative C       | ode (F.A.C.).             | ·                    |
| Based on the results of t discrepancies were noted | he compliance requirement<br>d:                         | ts evaluated du       | ring this inspection, the | following compliance |
| COMPLIANCE REQU                                    | JIREMENT/PROBLI   | EM                    | FOLLOW-UP AC              | TION REQUIRED        |
|  |   |                       |                           |                      |
|  |   |                       |                           |                      |
|  |   |                       |                           |                      |
|  |   |                       |                           |                      |
|  |   |                       |                           | L. Park              |
|  |   |                       |                           |                      |
|  | ·   |                       |                           |                      |
|  |   |                       |                           |                      |
| •  |   |                       |                           |                      |
|  |   |                       |                           | K.                   |
|  |   |                       |                           |                      |
|  |   |                       |                           |                      |
|  |   |                       |                           | 7                    |
| COMMENTS:  |   |                       |                           | · .                  |
| COMMENTS.  |   |                       |                           | a ·                  |
| Facility in  | · compliance  | • :                   |                           |                      |
| The Annual Compliance Certific                     | ation form has been proper                              | ly certified an       | d submitted to the inspec | etor. YES NO NO      |
| DATE OF NEXT INSPECTIO                             | N:  | 6-14-                 | 01                        |                      |
|  |   | (Approxi              | mate)                     | ,                    |
| INSPECTION CONDUCTED                               | BY:   | Ika Bung<br>(Please F |                           |                      |
| INSPECTOR'S SIGNATURE:                             | : Ala Bun   |                       |                           | er: 407-836-1400     |
|  | <b>J</b>  | Page of               |                           | Revised 10/96        |



#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 413195 JAN162002

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 # 0951158 GOLDENROD CLEANER YVONNE ROBERTS 4046 N GOLDENROD ROAD WINTER PARK FL 32792

1

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

N



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

404001

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label. -26-01P

TOTAL AMOUNT DUE: \$50.00

FRemove Label

AIRS ID # 0951158
CLEANER
ERTS
NROD ROAD

Do NOT Remove Label

**GOLDENROD CLEANER** YVONNE ROBERTS 4046 N GOLDENROD ROAD WINTER PARK FL 32792

FOR GOVERNMENT USE ON Org::-37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

0

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0362965

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 # 0951158 66

GOLDENROD CLEANER

YVONNE ROBERTS
4046 N GOLDENROD ROAD
WINTER PARK FL 32792

RECEIVED MAIL ROOM FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0393417

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

TOTAL AMOUNT DELESSO.00

Do NOT Remove Label

AIRS ID # 0951158

GOLDENROD CLEANER
YVONNE ROBERTS
4046 N GOLDENROD ROAD
WINTER PARK FL 32792

TOTAL AMOUNT DELESSO.00

AIRS 10 # 0951158

FOR GOVERNMENT SE ONLY
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#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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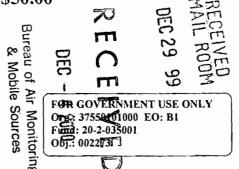
Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID # 0951158

GOLDENROD CLEANER YVONNE ROBERTS 4046 N GOLDENROD ROAD WINTER PARK FL 32792





## 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** 

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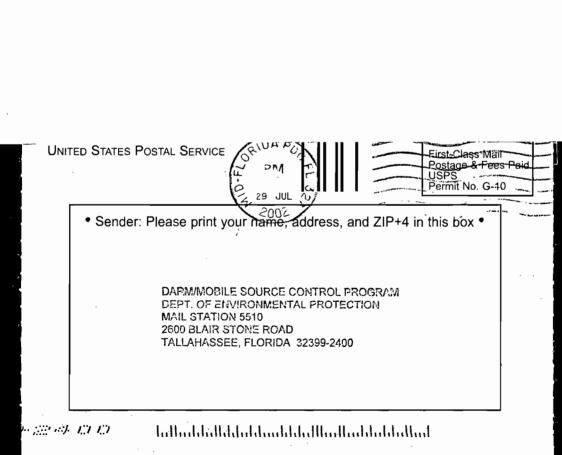
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AIRS ID 0951158

YVONNE ROBERTS YVONNE ROBERTS 4046 N GOLDENROD ROAD WINTER PARK FL 32792 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO:R1 Fund: 20-2-035001 Obj.: 002273

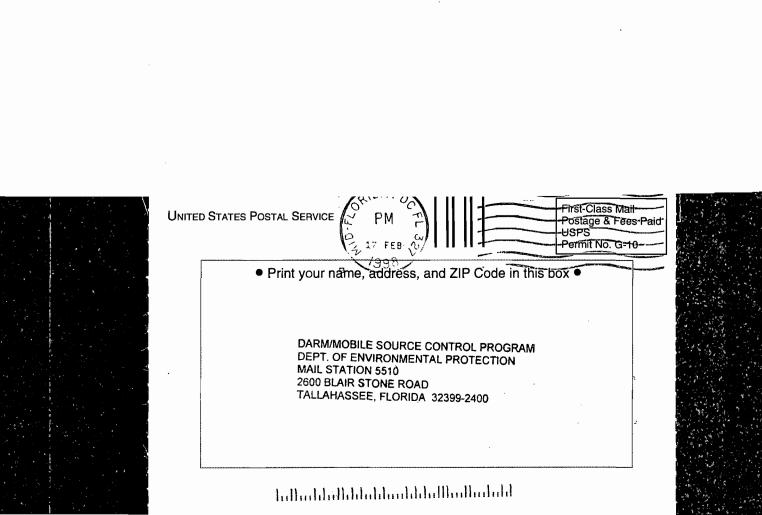
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| ش    | Return Receipt Fee<br>(Endorsement Required)   |  | Here             | 5/  |
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|      | Total  |  | 1 #0001 A C      |   |
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| 12   | City, Si WINTER PA                             | RK FL                                    |                  |   |
|      | 32792<br>PS Forit                              |  | See Reverse to   | or Instructions   |

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| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Received by (Please Print Clearly)  B. Date of Delivery  7-29-02  C. Signature  X |
| Article Addressed to:  | If YES, enter delivery address below:  |
| 10 AIRS ID # 0951158001AG YVONNE ROBERTS GOLDENROD CLEANER   | Dung cung  |
| 4046 N GOLDENROD ROAD<br>WINTER PARK FL<br>32792   | 3. Service Type  Certified Mail  |
| 2. Article Number (Transfer from service label) 7.000 1670 00  | 113131081918141  |
| PS Form 3811, March 2001 Domestic Ret  |  |



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| S         | ent to                | ROBERTS                             |               |       | 0951158 |
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| completed on the reverse side | Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if spapermit.  Write 'Return Receipt Requested' on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.  3. Article Addressed to:  AIRS ID 0951158  YVONNE ROBERTS  YVONNE ROBERTS  4046 N GOLDENROD ROAD | ce does not<br>de number. | -6/3-654<br>Type<br>ed               |
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| N ADDRESS                     | WINTER PARK FL 32792  | Return Red                | ceipt for Merchandise COD COD        |
| RETURN                        | 5. Received By: (Print Name)  | 8. Addressed and fee is   | e's Address (Only if requested paid) |
| s your E                      | 6. Signature: (Addressee or Agent)  X   | :                         |                                      |
| <u> </u>                      | PS Form <b>3811</b> , December 1994   |                           | Domestic Return Receipt              |



| GOLDENROD CLE  | AIRS ID # 0951158 |
|--|-------------------|
| YVONNE ROBER   | TS                |
| 1046 N <sub>.</sub> GOLDENR<br>VINTER PARK FL  | OD ROAD           |
|  | 32772             |
| Post Office, State, & 2  | ZiP Code          |
|  |                   |
| Postage  | \$                |
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| Restricted Delivery Fee  | 9                 |
| Return Receipt Showin<br>Whom & Date Delivere<br>Return Receipt Showing to \<br>Date, & Addressee's Addres<br>TOTAL Postage & Fees<br>Postmark or Date | d [               |
| Return Receipt Showing to V<br>Date, & Addressee's Addres  | Whom,             |
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| erse side?   | SENDER  Complete items 1 and/or 2 for additional ser  Complete items 3, 4a, and 4b.  Print your name and address on the reverse card to you.   | I also wish to receive the following services (for an extra fee): |  |   |
| the rever  | <ul> <li>Attach this form to the front of the mailpiece<br/>permit.</li> <li>Write "Return Receipt Requested" on the ma</li> <li>The Return Receipt will show to whom the a</li> </ul> | ailpiece below the article  | number.                                    | Addressee's Address     Restricted Delivery                                   |
| 6  | delivered.   |   | 4a. Article N                              | Consult postmaster for fee.   |
| AIRS ID # 0951158  GOLDENROD CLEANER YVONNE ROBERTS 4046 N GOLDENROD ROAD WINTER PARK FL 32792 |  |   | P 17 4b. Service 3 ☐ Registere ☐ Express 8 | 74 052 265  Type  ad   Certified  Mail   Insured  ceipt for Merchandise   COD |
| ~  |  |   |  | 1,11,77   |

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

Fold at line over top of envelope to

102595-97-B-0179 Domestic Return Receipt

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

Thank you for using Return Receipt Service.

Certified
Insured

First-Class Mail UNITED STATES POSTAL SERVICE Postage & Fees Paid USPS Permit No. G-10 Print your name, address, and ZIP Code in this box ● DARM/MOBILE SOURCE CONTROL PROGRAM DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

| <br> <br> <br> <br> <br> <br> <br> <br> <br> | Z 333 L  JS Postal Service  Receipt for Cert  No Insurance Coverage F  Do not use for Internation  Sent to  OLDENROD CLEAN  VONNE ROBERTS  046 N GOLDENROD  //INTER PARK FL 322  | ifiec<br>Provident Man<br>Man<br>ER<br>ER | <b>d Mail</b><br>ed.<br>il <i>(See re</i><br>AIRS ID | verse)<br># 0951158 |
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| PS Form <b>3800</b> , April 1995             | Return Receipt Showing to Whom,<br>Date, & Addressee's Address   |   |  |                     |
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| permit.  Write "Return Receipt Requested" on the mailpiece below the article   | e number.   |   | Delivery  |  |
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| GOLDENROD CLEANER<br>YVONNE ROBERTS<br>4046 N GOLDENROD ROAD<br>WINTER PARK FL 32792   | 4b. Service 1 Registere Express I Return Rec  | Type ad Mail Depit for Merchandise  | Certified Insured   |  |
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102595-97-B-0179

Domestic Return Receipt

6. Signature: (Addressee or Agent)

PS Form **3811**, December 1994

UNITED STATES POSTAL SERVICE



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

thalalandurahlandhallanlandadl

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

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

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