# Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

October 14, 1997

Mr. Lin Ha
Dry Clean World
1451 Lee Road
Winter Park, Florida 32789

Re: Facility No.: 0951160

Dear Mr. Ha:

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

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

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

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

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

Sincerely,

for Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Ms. Marie Driscole, Orange County

# PERCHLOROETHYLENE DRY CLEANERS
## TITLE V GENERAL PERMIT
## COMPLIANCE INSPECTION CHECKLIST

**TYPE OF INSPECTION:** ANNUAL ☐ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☑

RECEIVED
AUG 27 1998
Bureau of Air Monitoring & Mobile Sources

AIRS ID#: 0951160 DATE: 8/21/98 TIME IN: 1030 TIME OUT: 1200

FACILITY NAME: DRYCLEAN WORLD

FACILITY LOCATION: 1451 LEE RD.
ORLANDO FL 32787

RESPONSIBLE OFFICIAL: LIN HA PHONE: 407-644-3471

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 ☐

### PART II: CLASSIFICATION

**Facility indicated on notification form that it is:** ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

A.

1. **Existing small area source** ☑
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed before 12/9/91)

2. **New small area source** ☐
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed on or after 12/9/91)

3. **Existing large area source** ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 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
(constructed on or after 12/9/91)

5. This is a correct facility classification ☑Y ☐N ☐Can not determine

If no, please check the appropriate classification:
☐ facility qualified for a general permit as number _____ above
☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 65 gallons.

## PART III: GENERAL CONTROL REQUIREMENTS

**Is the responsible official of the dry cleaning facility:**
(check appropriate boxes)

| | |
|---|---|
| 1. Storing perchloroethylene in tightly sealed and impervious containers? | ☐Y ☐N ☒N/A |
| 2. Examining the containers for leakage? | ☐Y ☐N ☒N/A |
| 3. Closing and securing machine doors except during loading/unloading? | ☒Y ☐N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | ☒Y ☐N ☐N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | ☐Y ☐N ☒N/A |

## PART IV: PROCESS VENT CONTROLS

**In Part II-A:**

**If classification 1 has been checked, no controls are required. Proceed to Part V.**

**If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).**

**If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below).** ***Carbon adsorber must have been installed prior to September 22, 1993***

**If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).**

**A. Has the responsible official of all new sources and existing large area sources:**
(check appropriate boxes)

| | |
|---|---|
| 1. Equipped all machines with the appropriate vent controls? | ☐Y ☐N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | ☐Y ☐N ☐N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | ☐Y ☐N ☐N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | ☐Y ☐N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | ☐Y ☐N ☐N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | ☐Y ☐N |

**B. Has the responsible official of an existing large or new large area source also:**

| | |
|---|---|
| 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | ☐Y ☐N |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | ☐Y ☐N ☐N/A |
| Is the temperature differential equal to or greater than 20° F? | ☐Y ☐N ☐N/A |
| 3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? | ☐Y ☐N ☐N/A |
| Is the perc concentration equal to or less than 100 ppm? | ☐Y ☐N ☐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? | ☐Y ☐N ☐N/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | ☐Y ☐N ☐N/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | ☐Y ☐N ☐N/A |

## PART V: RECORDKEEPING REQUIREMENTS

**Has the responsible official:**
(check appropriate boxes)

| | |
|---|---|
| 1. Maintained receipts for perc purchased? | ☑Y ☐N |
| 2. Maintained rolling monthly total of perc consumption? | ☑Y ☐N |
| 3. Maintained leak detection inspection and repair reports for the following: | |
| a. documentation of leaks repaired w/in 24 hrs? or; | ☑Y ☐N ☐N/A |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | ☑Y ☐N ☐N/A |
| 4. Maintained calibration data? *(for applicable direct reading instruments)* | ☐Y ☐N ☑N/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | ☐Y ☐N ☑N/A |
| 6. Maintained startup/shutdown/malfunction plan? | ☑Y ☐N |
| 7. Maintained deviation reports? | ☐Y ☐N ☑N/A |
| Problem corrected? | ☐Y ☐N ☑N/A |
| 8. Maintained compliance plan, if applicable? | ☐Y ☐N ☑N/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? ☑Y ☐N
2. Has the facility maintained a leak log? ☑Y ☐N
3. Does the responsible official check the following areas for leaks?

| | | | |
|---|---|---|---|
| Hose connections, fittings, couplings, and valves | ☑Y ☐N ☐N/A | Muck cookers | ☑Y ☐N ☐N/A |
| Door gaskets and seating | ☑Y ☐N ☐N/A | Stills | ☑Y ☐N ☐N/A |
| Filter gaskets and seating | ☑Y ☐N ☐N/A | Exhaust dampers | ☑Y ☐N ☐N/A |
| Pumps | ☑Y ☐N ☐N/A | Diverter valves | ☑Y ☐N ☐N/A |
| Solvent tanks and containers | ☑Y ☐N ☐N/A | Cartridge filter housings | ☑Y ☐N ☐N/A |
| Water separators | ☑Y ☐N ☐N/A | | |

4. Which method of detection is used by the responsible official?
   - Visual examination (condensed solvent on exterior surfaces) ☑
   - Physical detection (airflow felt through 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:** ☐N/A
   a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N
   b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N
   c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N
   d. Kept in a clean and secure area when not in use? ☐Y ☐N
   e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

ASSEFA HAILEMARIAM
Inspector's Name (Please Print)

8/21/98
Date of Inspection

Assefa Hailemariam
Inspector's Signature

8/21/99
Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**

# TITLE V AIR QUALITY GENERAL PERMIT
# INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☑

TIME IN: 1030 TIME OUT: 1100 AIRS ID#: 0951160

TYPE OF FACILITY: DRY CLEANER

FACILITY NAME: DRY CLEAN WORLD DATE: 8/21/98

FACILITY LOCATION: 1451 LEE RD
ORLANDO FL 32787

RESPONSIBLE OFFICIAL: LIN HA PHONE NUMBER: 407-644-3475

☑ Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

☐ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

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COMMENTS:

FACILITY IN ORDER

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ☐ NO ☑

DATE OF NEXT INSPECTION: ~~8/21/98~~ AH 8/21/99
(Approximate)

INSPECTION CONDUCTED BY: ASSEFA HAILEMARIAM
(Please Print)

INSPECTOR'S SIGNATURE: [signature] PHONE NUMBER: 407-836-9323

#0951160

Dry Clean World

-spoke with Lin Ha - 9/4/97

p. 15 5. add 10HP/natural gas

# 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):
   LIN HA CORP
2. Site Name (For example, plant name or number):
   DRY CLEAN WORLD
3. Hazardous Waste Generator Identification Number:
4. Facility Location:
   Street Address: 1451 LEE Rd
   City: WINTER PARK County: FL Zip Code: 32789
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0951160

**Responsible Official**

6. Name and Title of Responsible Official:
   Name: LIN HA Title: PRESIDENT
7. Responsible Official Mailing Address:
   Organization/Firm:
   Street Address: 1451 LEE Rd
   City: WINTER PARK County: FL Zip Code: 32789
8. Responsible Official Telephone Number:
   Telephone: (407) 644-3475 Fax: ( ) -

**Facility Contact (If different from Responsible Official)**

9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address:
    Street Address:
    City: County: Zip Code:
11. Facility Contact Telephone Number:
    Telephone: ( ) - Fax: ( ) -

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Bureau of Air Monitoring & Mobile Sources

## Facility Information

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

| Type of Machine | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed |
|---|---|---|---|---|---|---|---|---|---|
| *Example* | *#1* | *03-OCT-93* | *12-NOV-93* | *#2* | *08-DEC-91* | | *#3* | *02-MAR-92* | *02-MAR-92* |
| Dry-to-Dry Unit | | | | | | | | | |
| (1) w/ ref. condenser | 1 | 10/1990 | 10/1990 | | | | | | |
| (2) w/ carbon adsorber | | | | | | | | | |
| (3) w/ no controls | | | | | | | | | |
| Washer Unit | | | | | | | | | |
| (4) w/ ref. condenser | | | | | | | | | |
| (5) w/ carbon adsorber | | | | | | | | | |
| (6) w/ no controls | | | | | | | | | |
| Dryer Unit | | | | | | | | | |
| (7) w/ ref. condenser | | | | | | | | | |
| (8) w/ carbon adsorber | | | | | | | | | |
| (9) w/ no controls | | | | | | | | | |
| Reclaimer Unit | | | | | | | | | |
| (10) w/ ref. condenser | | | | | | | | | |
| (11) w/carbon adsorber | | | | | | | | | |
| (12) w/ no controls | | | | | | | | | |

(b) Control devices are required, but not yet installed [____]

(c) No control devices are required to be installed (existing small area source) [ V ]

2.(a) What was the total quantity of perchloroethylene (perc) purchased or consumed in the latest 12 months?
[ 60 ] gallons (You must fill this in)

(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: [____]

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
(Indicate with an "X". Select one classification only.)

existing small none

Existing small area source [ X ] New small area source [____]

Existing large area source [____] New large area source [____]

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

Existing large area source
Carbon adsorber [ ] **OR** Refrigerated condenser [ ]

New small area source
Refrigerated condenser [ ]

New large area source
Refrigerated condenser [ ]

(5) A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

***All steam and hot water generating units on-site have a total heat input of 10 million BTU/hr or less (298 boiler HP or less) and are fired by natural gas, propane or fuel oil containing no more than one percent sulfur.***

All steam and hot water generating units exempt [X]
No such units on-site [ ]

**Equipment Monitoring and Recordkeeping Information**

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases [X]

(b) Leak detection inspection and repair [X]

(c) Refrigerated condenser temperature monitoring [ ]

(d) Carbon adsorber exhaust perc concentration monitoring [ ]

(e) Instrument calibration [ ]

(f) Start-up, shutdown, malfunction plan [X]

## Surrender of Existing Air Permit(s)

Please indicate 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) _____.

[X] No air permits currently exist for the operation of the facility indicated in this notification form.

## Responsible Official Certification

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

*I will promptly notify the Department of any changes to the information contained in this notification.*

Signature

8/13/97
Date

#0951160 BEST AVAILABLE COPY

Dry Clean World
-spoke with Lin Ha - 9/4/97
p. 15 5. add 10HP/natural gas

1. Facility
LIN
2. Site Nan
DRY
3. Hazardo
4. Facility L
Street Ad
City: W
5. Facility Id

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ORANGE COUNTY ENVIRONMENTAL PROTECTION DEPARTMENT

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6. Name and
Name: LI
7. Responsible
Organizatio
Street Addre
City: N
8. Responsible
Telephone:

89

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):

10. Facility Contact Address:

Street Address:
City: County: Zip Code:

11. Facility Contact Telephone Number:
Telephone: ( ) - Fax: ( ) -

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Bureau of Air Monitoring & Mobile Sources

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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):
   LIN HA CORP
2. Site Name (For example, plant name or number):
   DRY CLEAN WORLD
3. Hazardous Waste Generator Identification Number:
4. Facility Location:
   Street Address: 1451 LEE Rd
   City: WINTER PARK County: FL Zip Code: 32789
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0951160

Responsible Official

6. Name and Title of Responsible Official:
   Name: LIN HA Title: PRESIDENT
7. Responsible Official Mailing Address:
   Organization/Firm:
   Street Address: 1451 LEE Rd
   City: WINTER PARK County: FL Zip Code: 32789
8. Responsible Official Telephone Number:
   Telephone: (407) 644-5475 Fax: ( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address:
    Street Address:
    City: County: Zip Code:
11. Facility Contact Telephone Number:
    Telephone: ( ) - Fax: ( ) -

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SEP 26 1997
ORANGE COUNTY ENVIRONMENTAL PROTECTION DEPARTMENT

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AUG 15 1997
Bureau of Air Monitoring & Mobile Sources

## Facility Information

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

| Type of Machine | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed |
|---|---|---|---|---|---|---|---|---|---|
| *Example* | *#1* | *03-OCT-93* | *12-NOV-93* | *#2* | *08-DEC-91* | | *#3* | *02-MAR-92* | *02-MAR-92* |
| Dry-to-Dry Unit | | | | | | | | | |
| (1) w/ ref. condenser | 1 | 10/1990 | 10/1990 | | | | | | |
| (2) w/ carbon adsorber | | | | | | | | | |
| (3) w/ no controls | | | | | | | | | |
| Washer Unit | | | | | | | | | |
| (4) w/ ref. condenser | | | | | | | | | |
| (5) w/ carbon adsorber | | | | | | | | | |
| (6) w/ no controls | | | | | | | | | |
| Dryer Unit | | | | | | | | | |
| (7) w/ ref. condenser | | | | | | | | | |
| (8) w/ carbon adsorber | | | | | | | | | |
| (9) w/ no controls | | | | | | | | | |
| Reclaimer Unit | | | | | | | | | |
| (10) w/ ref. condenser | | | | | | | | | |
| (11) w/carbon adsorber | | | | | | | | | |
| (12) w/ no controls | | | | | | | | | |

(b) Control devices are required, but not yet installed [_____]

(c) No control devices are required to be installed (existing small area source) [__✓__]

2.(a) What was the total quantity of perchloroethylene (perc) purchased or consumed in the latest 12 months?
[__60_____] gallons (You must fill this in)

(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: [_____]

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
(Indicate with an "X". Select one classification only.)

Existing small area source [ X ] New small area source [_____]

Existing large area source [_____] New large area source [_____]

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

Existing large area source
Carbon adsorber [ ] OR Refrigerated condenser [ ]

New small area source
Refrigerated condenser [ ]

New large area source
Refrigerated condenser [ ]

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

*All steam and hot water generating units on-site have a total heat input of 10 million BTU/hr or less (298 boiler HP or less) and are fired by natural gas, propane or fuel oil containing no more than one percent sulfur.*

All steam and hot water generating units exempt [X]
No such units on-site [ ]

10HP Natural GAS

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases [X]

(b) Leak detection inspection and repair [X]

(c) Refrigerated condenser temperature monitoring [ ]

(d) Carbon adsorber exhaust perc concentration monitoring [ ]

(e) Instrument calibration [ ]

(f) Start-up, shutdown, malfunction plan [X]

## Surrender of Existing Air Permit(s)

Please indicate 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) _____.

[ X ] No air permits currently exist for the operation of the facility indicated in this notification form.

## Responsible Official Certification

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

*I will promptly notify the Department of any changes to the information contained in this notification.*

Signature

8/13/97
Date

10.1.97

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all

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FEB 24 1998
Bureau of Air Monitoring & Mobile Sources

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

AIRS ID#0951160
LIN HA
LIN HA
1451 LEE ROAD
WINTER PARK FL 32789

**Do NOT Remove Label**

Annual Reporting Period: JANUARY 1998 TO DECEMBER 1998

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. ☐ YES ☑ NO

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 8(17)-97 to 2-16-98

Action(s) taken to achieve compliance: PROPER record keeping

Method used to demonstrate compliance: record keeping

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

***As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.***

**RESPONSIBLE OFFICIAL:** LIN HA (Name (Please Print)) _____ (Signature) 2.16.98 (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.

# PERCHLOROETHYLENE DRY CLEANERS
## TITLE V GENERAL PERMIT
## COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☑

AIRS ID#: 0951160 DATE: 2/16/98 TIME IN: 10:00 TIME OUT: 10:30

FACILITY NAME: Dry Clean World

FACILITY LOCATION: 1451 Lee Rd.
Orlando Fl 32787

RESPONSIBLE OFFICIAL: Lin Ha PHONE: 407-644-3475

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 ☐

### PART II: CLASSIFICATION

**Facility indicated on notification form that it is:** ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

A.

1. **Existing small area source** ☑
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed before 12/9/91)

2. **New small area source** ☐
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed on or after 12/9/91)

3. **Existing large area source** ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 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
(constructed on or after 12/9/91)

5. This is a correct facility classification ☑Y ☐N ☐Can not determine

If no, please check the appropriate classification:
☐ facility qualified for a general permit as number _____ above
☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 60 gallons.

## PART III: GENERAL CONTROL REQUIREMENTS

**Is the responsible official of the dry cleaning facility:**
(check appropriate boxes)

| | |
|---|---|
| 1. Storing perchloroethylene in tightly sealed and impervious containers? | ☐Y ☐N ☑N/A |
| 2. Examining the containers for leakage? | ☐Y ☐N ☑N/A |
| 3. Closing and securing machine doors except during loading/unloading? | ☑Y ☐N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | ☑Y ☐N ☐N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | ☐Y ☐N ☑N/A |

## PART IV: PROCESS VENT CONTROLS

**In Part II-A:**

**If classification 1 has been checked, no controls are required. Proceed to Part V.**

**If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).**

**If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below).** ***Carbon adsorber must have been installed prior to September 22, 1993***

**If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).**

**A. Has the responsible official of all new sources and existing large area sources:**
(check appropriate boxes)

| | |
|---|---|
| 1. Equipped all machines with the appropriate vent controls? | ☐Y ☐N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | ☐Y ☐N ☐N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | ☐Y ☐N ☐N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | ☐Y ☐N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | ☐Y ☐N ☐N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | ☐Y ☐N |

**B. Has the responsible official of an existing large or new large area source also:**

| | | | |
|---|---|---|---|
| 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | ☐Y ☐N | | |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | ☐Y ☐N | ☐N/A | |
| Is the temperature differential equal to or greater than 20° F? | ☐Y ☐N | ☐N/A | |
| 3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? | ☐Y ☐N | ☐N/A | |
| Is the perc concentration equal to or less than 100 ppm? | ☐Y ☐N | ☐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? | ☐Y ☐N | ☐N/A | |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | ☐Y ☐N | ☐N/A | |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | ☐Y ☐N | ☐N/A | |

## PART V: RECORDKEEPING REQUIREMENTS

**Has the responsible official:**
(check appropriate boxes)

| | | | |
|---|---|---|---|
| 1. Maintained receipts for perc purchased? | ☑Y ☐N | | |
| 2. Maintained rolling monthly total of perc consumption? | ☑Y ☐N | | |
| 3. Maintained leak detection inspection and repair reports for the following: | | | |
| a. documentation of leaks repaired w/in 24 hrs? or; | ☐Y | ☑N | ☐N/A |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | ☐Y | ☑N | ☐N/A |
| 4. Maintained calibration data? *(for applicable direct reading instruments)* | ☐Y ☐N | | ☑N/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | ☐Y ☐N | | ☑N/A |
| 6. Maintained startup/shutdown/malfunction plan? | ☑Y ☐N | | |
| 7. Maintained deviation reports? | ☐Y ☐N | | ☑N/A |
| Problem corrected? | ☐Y ☐N | | ☑N/A |
| 8. Maintained compliance plan, if applicable? | ☐Y ☐N | | ☑N/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? ☑Y ☐N
2. Has the facility maintained a leak log? ☐Y ☑N
3. Does the responsible official check the following areas for leaks?

| | | | |
|---|---|---|---|
| Hose connections, fittings, couplings, and valves | ☑Y ☐N ☐N/A | Muck cookers | ☑Y ☐N ☐N/A |
| Door gaskets and seating | ☑Y ☐N ☐N/A | Stills | ☑Y ☐N ☐N/A |
| Filter gaskets and seating | ☑Y ☐N ☐N/A | Exhaust dampers | ☑Y ☐N ☐N/A |
| Pumps | ☑Y ☐N ☐N/A | Diverter valves | ☑Y ☐N ☐N/A |
| Solvent tanks and containers | ☑Y ☐N ☐N/A | Cartridge filter housings | ☑Y ☐N ☐N/A |
| Water separators | ☑Y ☐N ☐N/A | | |

4. Which method of detection is used by the responsible official?
   - Visual examination (condensed solvent on exterior surfaces) ☑
   - Physical detection (airflow felt through 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:** ☑N/A
     a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N
     b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N
     c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N
     d. Kept in a clean and secure area when not in use? ☐Y ☐N
     e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

Todd Fletcher
Inspector's Name (Please Print)

2/16/98
Date of Inspection

Todd Fletcher
Inspector's Signature

3/16/98
Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**

# TITLE V AIR QUALITY GENERAL PERMIT
# INSPECTION SUMMARY REPORT

**TYPE OF INSPECTION:** ANNUAL ☐ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☑

TIME IN: 10:00 TIME OUT: 10:30 AIRS ID#: 095 1160

TYPE OF FACILITY: Dry Cleaner

FACILITY NAME: Dry Clean World DATE: 2/16/98

FACILITY LOCATION: 1451 Lee Rd
Orlando Fl 32787

RESPONSIBLE OFFICIAL: Lin Ha PHONE NUMBER: 407 644-3475

☐ Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

☑ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|---|---|
| No leak Detection log | Six month reinspection |
| | |
| | |
| | |
| | |
| | |

COMMENTS:

second inspection of this facility

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ☐ NO ☑

DATE OF NEXT INSPECTION: 8/16/98
(Approximate)

INSPECTION CONDUCTED BY: TODD Fletcher
(Please Print)

INSPECTOR'S SIGNATURE: [signature] PHONE NUMBER: 836-9524



Revised 10/96

# PERCHLOROETHYLENE DRY CLEANERS
## TITLE V GENERAL PERMIT
## COMPLIANCE INSPECTION CHECKLIST

**TYPE OF INSPECTION:** ANNUAL 11/23/98 AR. ☑ COMPLAINT/DISCOVERY ☐

~~RE-INSPECTION~~ ☑ 11/23/98 AR.

RECEIVED
AUG 27 1998
Bureau of Air Monitoring & Mobile Sources

AIRS ID#: 0951160 DATE: 8/21/98 TIME IN: 1030 TIME OUT: 1200

FACILITY NAME: DRYCLEAN WORLD

FACILITY LOCATION: 1451 LEE RD.
ORLANDO FL 32787

RESPONSIBLE OFFICIAL: LIN HA PHONE: 407-644-3471

CONTACT NAME: _____ PHONE: _____

RECEIVED
NOV 30 1998
Bureau of Air Monitoring & Mobile Sources

### 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 ☐

### PART II: CLASSIFICATION

**Facility indicated on notification form that it is:** ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

A.

1. **Existing small area source** ☑
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed before 12/9/91)

2. **New small area source** ☐
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed on or after 12/9/91)

3. **Existing large area source** ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 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
(constructed on or after 12/9/91)

5. This is a correct facility classification ☑Y ☐N ☐Can not determine

If no, please check the appropriate classification:
- ☐ facility qualified for a general permit as number _____ above
- ☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 65 gallons.

# TITLE V AIR QUALITY GENERAL PERMIT
# INSPECTION SUMMARY REPORT

11/23/98 AK.

INSPECTION: ANNUAL ☑ 11/23/98 AK. COMPLAINT/DISCOVERY ☐ ~~RE-INSPECTION~~ ☑

IN: 1030 TIME OUT: 1100 AIRS ID#: 0951160

PE OF FACILITY: DRY CLEANER

FACILITY NAME: DRY CLEAN WORLD DATE: 8/21/98

FACILITY LOCATION: 1451 LEE RD
ORLANDO FL 32787

RESPONSIBLE OFFICIAL: LIN HA PHONE NUMBER: 407-644-3475

☑ Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

☐ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |



OMMENTS:

FACILITY IN ORDER

e Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ☐ NO ☑

ATE OF NEXT INSPECTION: ~~8/21/98~~ AK 8/21/99
(Approximate)

SPECTION CONDUCTED BY: ASSEFA HAILEMARIAM
(Please Print)

SPECTOR'S SIGNATURE: Assefa Hailemariam PHONE NUMBER: 407-836-9323

8-13-99 JD

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT
## COMPLIANCE INSPECTION CHECKLIST

RECEIVED
AUG 26 1999
Bureau of Air Monitoring & Mobile Sources

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 0951160 DATE: 8-9-99 TIME IN: 1040 TIME OUT: 1100

FACILITY NAME: Dryclean World

FACILITY LOCATION: 1451 Lee Rd.
Orlando, FL 32787

RESPONSIBLE OFFICIAL: Lin Ha PHONE: 407-644-3475

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 ☐

### PART II: CLASSIFICATION

**Facility indicated on notification form that it is:** ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

A.

1. **Existing small area source** ☑
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed before 12/9/91)

2. **New small area source** ☐
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed on or after 12/9/91)

3. **Existing large area source** ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 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
(constructed on or after 12/9/91)

5. This is a correct facility classification ☐Y ☐N ☐Can not determine

If no, please check the appropriate classification:
- ☑ facility qualified for a general permit as number _____ above
- ☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 120 gallons.

## PART III: GENERAL CONTROL REQUIREMENTS

**Is the responsible official of the dry cleaning facility:**
(check appropriate boxes)

| | |
|---|---|
| 1. Storing perchloroethylene in tightly sealed and impervious containers? | ☑Y ☐N ☐N/A |
| 2. Examining the containers for leakage? | ☑Y ☐N ☐N/A |
| 3. Closing and securing machine doors except during loading/unloading? | ☑Y ☐N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | ☑Y ☐N ☐N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | ☐Y ☐N ☑N/A |

## PART IV: PROCESS VENT CONTROLS

**In Part II-A:**

**If classification 1 has been checked, no controls are required. Proceed to Part V.**

**If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).**

**If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below).** ***Carbon adsorber must have been installed prior to September 22, 1993***

**If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).**

**A. Has the responsible official of all new sources and existing large area sources:**
(check appropriate boxes)

| | |
|---|---|
| 1. Equipped all machines with the appropriate vent controls? | ☐Y ☐N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | ☐Y ☐N ☐N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | ☐Y ☐N ☐N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | ☐Y ☐N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | ☐Y ☐N ☐N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | ☐Y ☐N |

**B. Has the responsible official of an existing large or new large area source also:**

| | |
|---|---|
| 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | ☐Y ☐N |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | ☐Y ☐N ☐N/A |
| Is the temperature differential equal to or greater than 20° F? | ☐Y ☐N ☐N/A |
| 3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? | ☐Y ☐N ☐N/A |
| Is the perc concentration equal to or less than 100 ppm? | ☐Y ☐N ☐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? | ☐Y ☐N ☐N/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | ☐Y ☐N ☐N/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | ☐Y ☐N ☐N/A |

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**
(check appropriate boxes)

| | |
|---|---|
| 1. Maintained receipts for perc purchased? | ☑Y ☐N |
| 2. Maintained rolling monthly total of perc consumption? | ☑Y ☐N |
| 3. Maintained leak detection inspection and repair reports for the following: | |
| a. documentation of leaks repaired w/in 24 hrs? or; | ☑Y ☐N ☐N/A |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | ☑Y ☐N ☐N/A |
| 4. Maintained calibration data? *(for applicable direct reading instruments)* | ☐Y ☐N ☑N/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | ☐Y ☐N ☑N/A |
| 6. Maintained startup/shutdown/malfunction plan? | ☑Y ☐N |
| 7. Maintained deviation reports? | ☐Y ☐N ☑N/A |
| Problem corrected? | ☐Y ☐N ☑N/A |
| 8. Maintained compliance plan, if applicable? | ☐Y ☐N ☑N/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? ☑Y ☐N
2. Has the facility maintained a leak log? ☑Y ☐N
3. Does the responsible official check the following areas for leaks?

| | | | |
|---|---|---|---|
| Hose connections, fittings, couplings, and valves | ☑Y ☐N ☐N/A | Muck cookers | ☑Y ☐N ☐N/A |
| Door gaskets and seating | ☑Y ☐N ☐N/A | Stills | ☑Y ☐N ☐N/A |
| Filter gaskets and seating | ☑Y ☐N ☐N/A | Exhaust dampers | ☑Y ☐N ☐N/A |
| Pumps | ☑Y ☐N ☐N/A | Diverter valves | ☑Y ☐N ☐N/A |
| Solvent tanks and containers | ☑Y ☐N ☐N/A | Cartridge filter housings | ☑Y ☐N ☐N/A |
| Water separators | ☑Y ☐N ☐N/A | | |

4. Which method of detection is used by the responsible official?

| | |
|---|---|
| Visual examination (condensed solvent on exterior surfaces) | ☐ |
| Physical detection (airflow felt through 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:** | ☑N/A |
| a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? | ☐Y ☐N |
| b. Calibrated against a standard gas prior to and after each use (PID/FID only)? | ☐Y ☐N |
| c. Inspected for leaks and obvious signs of wear on a weekly basis? | ☐Y ☐N |
| d. Kept in a clean and secure area when not in use? | ☐Y ☐N |
| e. Verified for accuracy by use of duplicate samples (calorimetric only)? | ☐Y ☐N |

Ilka Bundy
Inspector's Name (Please Print)

8-9-99
Date of Inspection

Ilka Bundy
Inspector's Signature

8-9-2000
Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**

8-13-99

# Orange County Environmental Protection Department

AIRS ID#: 0951160 AC

Revised 10/10/96

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

**FACILITY NAME:** Dryclean World **DATE:** 8-9-99

**FACILITY LOCATION:** 1451 Lee Rd.
Orlando, FL 32787

Annual Reporting Period: Aug. 21 19 98 TO Aug 9 19 99

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. ☑ YES ☐ NO

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 _____ to _____

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 _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: LIN HA (Name (Please Print)) _____ (Signature) 8.9.99 (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.

8-13-99
HP

# TITLE V AIR QUALITY GENERAL PERMIT
# INSPECTION SUMMARY REPORT

**TYPE OF INSPECTION:** ANNUAL ☑ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

TIME IN: 1040 TIME OUT: 1100 AIRS ID#: 0951160

TYPE OF FACILITY: Dry Cleaner

FACILITY NAME: Dryclean World DATE: 8-9-99

FACILITY LOCATION: 1451 Lee Rd.
Orlando, FL 32787

RESPONSIBLE OFFICIAL: Lin Ha PHONE NUMBER: 407-644-3475

☑ Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

☐ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

COMMENTS:

Facility in compliance

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ☑ NO ☐

DATE OF NEXT INSPECTION: 8-9-2000
(Approximate)

INSPECTION CONDUCTED BY: Ilka Bundy
(Please Print)

INSPECTOR'S SIGNATURE: Ilka Bundy PHONE NUMBER: 836-9524

# PERCHLOROETHYLENE DRY CLEANERS
## TITLE V GENERAL PERMIT
## COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☑ OK

AIRS ID#: 0951160 DATE: 2/16/98 TIME IN: 10:00 TIME OUT: 1030

FACILITY NAME: Dry Clean World

FACILITY LOCATION: 1451 Lee Rd
Orlando Fl 32787

RESPONSIBLE OFFICIAL: Lin Ha PHONE: 407-644-3475

CONTACT NAME: _____ PHONE: _____

### PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup — Renspect 2/16/98 ☐
2. Facility failed to notify DARM to use general permit ☐

### PART II: CLASSIFICATION

**Facility indicated on notification form that it is:** ☐ No notification form ☐ Drop store/out of business/petroleum
(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)

2. **New small area source** ☐
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed on or after 12/9/91)

3. **Existing large area source** ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 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
(constructed on or after 12/9/91)

5. This is a correct facility classification ☑Y ☐N ☐Can not determine

If no, please check the appropriate classification:
☐ facility qualified for a general permit as number _____ above
☐ facility exceeds above limits and is not eligible for a general permit

RECEIVED
JAN 14 2000
Bureau of Air Monitoring & Mobile Sources

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 60 gallons.

## PART III: GENERAL CONTROL REQUIREMENTS

**Is the responsible official of the dry cleaning facility:**
(check appropriate boxes)

| | |
|---|---|
| 1. Storing perchloroethylene in tightly sealed and impervious containers? | ☐Y ☐N ☒N/A |
| 2. Examining the containers for leakage? | ☐Y ☐N ☐N/A |
| 3. Closing and securing machine doors except during loading/unloading? | ☒Y ☐N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | ☒Y ☐N ☐N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | ☐Y ☐N ☒N/A |

## PART IV: PROCESS VENT CONTROLS

**In Part II-A:**

**If classification 1 has been checked, no controls are required. Proceed to Part V.**

**If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).**

**If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below).** ***Carbon adsorber must have been installed prior to September 22, 1993***

**If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).**

**A. Has the responsible official of all new sources and existing large area sources:**
(check appropriate boxes)

| | |
|---|---|
| 1. Equipped all machines with the appropriate vent controls? | ☐Y ☐N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | ☐Y ☐N ☐N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | ☐Y ☐N ☐N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | ☐Y ☐N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? | ☐Y ☐N ☐N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | ☐Y ☐N |



Revised 9/15/97

## PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☑Y ☐N
2. Has the facility maintained a leak log? ☐Y ☑N
3. Does the responsible official check the following areas for leaks?

| | | | |
|---|---|---|---|
| Hose connections, fittings, couplings, and valves | ☑Y ☐N ☐N/A | Muck cookers | ☑Y ☐N ☐N/A |
| Door gaskets and seating | ☑Y ☐N ☐N/A | Stills | ☑Y ☐N ☐N/A |
| Filter gaskets and seating | ☑Y ☐N ☐N/A | Exhaust dampers | ☑Y ☐N ☐N/A |
| Pumps | ☑Y ☐N ☐N/A | Diverter valves | ☑Y ☐N ☐N/A |
| Solvent tanks and containers | ☑Y ☐N ☐N/A | Cartridge filter housings | ☑Y ☐N ☐N/A |
| Water separators | ☑Y ☐N ☐N/A | | |

4. Which method of detection is used by the responsible official?
   - Visual examination (condensed solvent on exterior surfaces) ☑
   - Physical detection (airflow felt through 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:** ☑N/A
   a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N
   b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N
   c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N
   d. Kept in a clean and secure area when not in use? ☐Y ☐N
   e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

Todd Fletcher
Inspector's Name (Please Print)

2/16/98
Date of Inspection

Todd Fletcher
Inspector's Signature

3/16/98
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

# TITLE V AIR QUALITY GENERAL PERMIT
# INSPECTION SUMMARY REPORT

**TYPE OF INSPECTION:** ANNUAL ☐ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☑

TIME IN: 10.00 TIME OUT: 10:30 AIRS ID#: 095 1160

TYPE OF FACILITY: Dry Cleaner

FACILITY NAME: Dry Clean World DATE: 2/16/98

FACILITY LOCATION: 1451 Lee Rd
Orlando FL 32787

RESPONSIBLE OFFICIAL: Lin Ha PHONE NUMBER: 407 644-3475

☐ Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

☑ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|---|---|
| No leak Detection log | Six month reinspection |
| | |
| | |
| | |
| | |
| | |

COMMENTS:

second inspection of this facility

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ☐ NO ☑

DATE OF NEXT INSPECTION: 8/16/98
(Approximate)

INSPECTION CONDUCTED BY: Todd Fletcher
(Please Print)

INSPECTOR'S SIGNATURE: Todd Fletcher PHONE NUMBER: 836-9624

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT
## COMPLIANCE INSPECTION CHECKLIST

ARMS 7/24/00 JH
1 Vio.

**TYPE OF INSPECTION:** ANNUAL ☑ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

RECEIVED
JUL 25 2000
Bureau of Air Monitoring & Mobile Sources

**AIRS ID#:** 0951160 **DATE:** 7-24-00 **TIME IN:** 0910 **TIME OUT:** 0950

**FACILITY NAME:** Dry Clean World

**FACILITY LOCATION:** 1451 Lee Road
Winter Park, FL 32789

**RESPONSIBLE OFFICIAL:** Lin Ha **PHONE:** 407-644-3475

**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 ☐

### PART II: CLASSIFICATION

**Facility indicated on notification form that it is:** ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

A.

**1. Existing small area source** ☑
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed before 12/9/91)

**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)

Jan/Feb 2000
Got new machine
Columbia

**3. Existing 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
(constructed before 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
(constructed on or after 12/9/91)

5. This is a correct facility classification ☐Y ☑N ☐Can not determine

If no, please check the appropriate classification:
- ☑ facility qualified for a general permit as number 2 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 facility was 117 gallons.

## PART III: GENERAL CONTROL REQUIREMENTS

**Is the responsible official of the dry cleaning facility:**
(check appropriate boxes)

| | | | |
|---|---|---|---|
| 1. Storing perchloroethylene in tightly sealed and impervious containers? | ☑Y | ☐N | ☐N/A |
| 2. Examining the containers for leakage? | ☑Y | ☐N | ☐N/A |
| 3. Closing and securing machine doors except during loading/unloading? | ☑Y | ☐N | |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | ☑Y | ☐N | ☐N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | ☐Y | ☐N | ☑N/A |

## PART IV: PROCESS VENT CONTROLS

**In Part II-A:**

**If classification 1 has been checked, no controls are required. Proceed to Part V.**

**If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).**

**If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below).** ***Carbon adsorber must have been installed prior to September 22, 1993***

**If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).**

**A. Has the responsible official of all new sources and existing large area sources:**
(check appropriate boxes)

| | | | |
|---|---|---|---|
| 1. Equipped all machines with the appropriate vent controls? | ☑Y | ☐N | |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | ☑Y | ☐N | ☐N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | ☑Y | ☐N | ☐N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | ☐Y | ☑N | |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | ☑Y | ☐N | ☐N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | ☑Y | ☐N | |

**B. Has the responsible official of an existing large or new large area source also:**

| | | | |
|---|---|---|---|
| 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | ☐Y | ☐N | |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | ☐Y | ☐N | ☐N/A |
| Is the temperature differential equal to or greater than 20° F? | ☐Y | ☐N | ☐N/A |
| 3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? | ☐Y | ☐N | ☐N/A |
| Is the perc concentration equal to or less than 100 ppm? | ☐Y | ☐N | ☐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? | ☐Y | ☐N | ☐N/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | ☐Y | ☐N | ☐N/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | ☐Y | ☐N | ☐N/A |

## PART V: RECORDKEEPING REQUIREMENTS

**Has the responsible official:**
(check appropriate boxes)

| | | | |
|---|---|---|---|
| 1. Maintained receipts for perc purchased? | ☑Y | ☐N | |
| 2. Maintained rolling monthly total of perc consumption? | ☑Y | ☐N | |
| 3. Maintained leak detection inspection and repair reports for the following: | | | |
| a. documentation of leaks repaired w/in 24 hrs? or; | ☑Y | ☐N | ☐N/A |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | ☑Y | ☐N | ☐N/A |
| 4. Maintained calibration data? *(for applicable direct reading instruments)* | ☐Y | ☐N | ☑N/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | ☐Y | ☐N | ☑N/A |
| 6. Maintained startup/shutdown/malfunction plan? | ☑Y | ☐N | |
| 7. Maintained deviation reports? | ☐Y | ☐N | ☑N/A |
| Problem corrected? | ☐Y | ☐N | ☑N/A |
| 8. Maintained compliance plan, if applicable? | ☐Y | ☐N | ☑N/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? ☑Y ☐N
2. Has the facility maintained a leak log? ☑Y ☐N
3. Does the responsible official check the following areas for leaks?

| | | | |
|---|---|---|---|
| Hose connections, fittings, couplings, and valves | ☑Y ☐N ☐N/A | Muck cookers | ☑Y ☐N ☐N/A |
| Door gaskets and seating | ☑Y ☐N ☐N/A | Stills | ☑Y ☐N ☐N/A |
| Filter gaskets and seating | ☑Y ☐N ☐N/A | Exhaust dampers | ☑Y ☐N ☐N/A |
| Pumps | ☑Y ☐N ☐N/A | Diverter valves | ☑Y ☐N ☐N/A |
| Solvent tanks and containers | ☑Y ☐N ☐N/A | Cartridge filter housings | ☑Y ☐N ☐N/A |
| Water separators | ☑Y ☐N ☐N/A | | |

4. Which method of detection is used by the responsible official?

| | |
|---|---|
| Visual examination (condensed solvent on exterior surfaces) | ☐ |
| Physical detection (airflow felt through 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:** | ☑N/A |
| a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? | ☐Y ☐N |
| b. Calibrated against a standard gas prior to and after each use (PID/FID only)? | ☐Y ☐N |
| c. Inspected for leaks and obvious signs of wear on a weekly basis? | ☐Y ☐N |
| d. Kept in a clean and secure area when not in use? | ☐Y ☐N |
| e. Verified for accuracy by use of duplicate samples (calorimetric only)? | ☐Y ☐N |

Ilka Bundy
Inspector's Name (Please Print)

7-24-00
Date of Inspection

Ilka Bundy
Inspector's Signature

8-24-01
Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**

≤ 3

6-14-99 19.5 ✓
12-9-99 19.5 ✓
5-10-99 19.5 ✓
7-30-99 19.5 ✓ Aug.
9-20-99 19.5
11-19-99 19.5

117.0 → JAN 2001

1-13-00 58.5
2-2-00 19.5

78.0
+ 39.0
117.0

Left perchloroethylene notification form to help w/ requirements for temperature monitoring.

Check 5 yr. date.

BEST AVAILABLE COPY

# TITLE V AIR QUALITY GENERAL PERMIT
# INSPECTION SUMMARY REPORT

**TYPE OF INSPECTION:** ANNUAL ☑ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

TIME IN: 0910 TIME OUT: 0950 AIRS ID#: 0951160

TYPE OF FACILITY: Dry Cleaner

FACILITY NAME: Dry Clean World DATE: 7-24-00

FACILITY LOCATION: 1451 Lee Road
Winter Park, FL 32789

RESPONSIBLE OFFICIAL: Lin Ha PHONE NUMBER: 407-644-3475

☐ Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

☑ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|---|---|
| No condenser temperature log. | Re-inspection in one month. |
| | |
| | |
| | |
| | |
| | |

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ☐ NO ☑

DATE OF NEXT INSPECTION: 8-24-00 (Approximate)

INSPECTION CONDUCTED BY: Ilka Bundy (Please Print)

INSPECTOR'S SIGNATURE: Ilka Bundy PHONE NUMBER: 407-836-1400



Revised 10/96

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT
## COMPLIANCE INSPECTION CHECKLIST

ARMS 8-23-00 HB
FUT
CWOE
CCDL

RECEIVED
AUG 28 2000
Bureau of Air Monitoring & Mobile Sources

**TYPE OF INSPECTION:** ANNUAL ☐ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☑

**AIRS ID#:** 0951160 **DATE:** 8-10-00 **TIME IN:** 0856 **TIME OUT:** 0915

**FACILITY NAME:** Dry Clean World

**FACILITY LOCATION:** 1451 Lee Rd.
Winter Park
~~Orlando~~, FL 32789

**RESPONSIBLE OFFICIAL:** Lin Ha **PHONE:** 407-644-3475

**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 ☐

### PART II: CLASSIFICATION

**Facility indicated on notification form that it is:** ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

A.

**1. Existing small area source** ☐
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed before 12/9/91)

**2. New small area source** ☑
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed on or after 12/9/91)

**3. Existing large area source** ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 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
(constructed on or after 12/9/91)

5. This is a correct facility classification ☑Y ☐N ☐Can not determine

If no, please check the appropriate classification:
- ☐ facility qualified for a general permit as number _____ above
- ☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 117 gallons.

## PART III: GENERAL CONTROL REQUIREMENTS

**Is the responsible official of the dry cleaning facility:**
(check appropriate boxes)

| | | | |
|---|---|---|---|
| 1. Storing perchloroethylene in tightly sealed and impervious containers? | ☑Y | ☐N | ☐N/A |
| 2. Examining the containers for leakage? | ☑Y | ☐N | ☐N/A |
| 3. Closing and securing machine doors except during loading/unloading? | ☑Y | ☐N | |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | ☑Y | ☐N | ☐N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | ☐Y | ☐N | ☑N/A |

## PART IV: PROCESS VENT CONTROLS

**In Part II-A:**

**If classification 1 has been checked, no controls are required. Proceed to Part V.**

**If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).**

**If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below).** ***Carbon adsorber must have been installed prior to September 22, 1993***

**If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).**

**A. Has the responsible official of all new sources and existing large area sources:**
(check appropriate boxes)

| | | | |
|---|---|---|---|
| 1. Equipped all machines with the appropriate vent controls? | ☑Y | ☐N | |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | ☑Y | ☐N | ☐N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | ☑Y | ☐N | ☐N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | ☑Y | ☐N | |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | ☑Y | ☐N | ☐N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | ☑Y | ☐N | |

**B. Has the responsible official of an existing large or new large area source also:**

| | | | |
|---|---|---|---|
| 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | ☐Y | ☐N | |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | ☐Y | ☐N | ☐N/A |
| Is the temperature differential equal to or greater than 20° F? | ☐Y | ☐N | ☐N/A |
| 3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? | ☐Y | ☐N | ☐N/A |
| Is the perc concentration equal to or less than 100 ppm? | ☐Y | ☐N | ☐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? | ☐Y | ☐N | ☐N/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | ☐Y | ☐N | ☐N/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | ☐Y | ☐N | ☐N/A |

## PART V: RECORDKEEPING REQUIREMENTS

**Has the responsible official:**
(check appropriate boxes)

| | | | |
|---|---|---|---|
| 1. Maintained receipts for perc purchased? | ☑Y | ☐N | |
| 2. Maintained rolling monthly total of perc consumption? | ☑Y | ☐N | |
| 3. Maintained leak detection inspection and repair reports for the following: | | | |
| a. documentation of leaks repaired w/in 24 hrs? or; | ☑Y | ☐N | ☐N/A |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | ☑Y | ☐N | ☐N/A |
| 4. Maintained calibration data? *(for applicable direct reading instruments)* | ☐Y | ☐N | ☑N/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | ☐Y | ☐N | ☑N/A |
| 6. Maintained startup/shutdown/malfunction plan? | ☑Y | ☐N | |
| 7. Maintained deviation reports? | ☐Y | ☐N | ☑N/A |
| Problem corrected? | ☐Y | ☐N | ☑N/A |
| 8. Maintained compliance plan, if applicable? | ☐Y | ☐N | ☑N/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? ☑Y ☐N
2. Has the facility maintained a leak log? ☑Y ☐N
3. Does the responsible official check the following areas for leaks?

| | | | |
|---|---|---|---|
| Hose connections, fittings, couplings, and valves | ☑Y ☐N ☐N/A | Muck cookers | ☑Y ☐N ☐N/A |
| Door gaskets and seating | ☑Y ☐N ☐N/A | Stills | ☑Y ☐N ☐N/A |
| Filter gaskets and seating | ☑Y ☐N ☐N/A | Exhaust dampers | ☑Y ☐N ☐N/A |
| Pumps | ☑Y ☐N ☐N/A | Diverter valves | ☑Y ☐N ☐N/A |
| Solvent tanks and containers | ☑Y ☐N ☐N/A | Cartridge filter housings | ☑Y ☐N ☐N/A |
| Water separators | ☑Y ☐N ☐N/A | | |

4. Which method of detection is used by the responsible official?

| | |
|---|---|
| Visual examination (condensed solvent on exterior surfaces) | ☐ |
| Physical detection (airflow felt through 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:** | ☑N/A |
| a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? | ☐Y ☐N |
| b. Calibrated against a standard gas prior to and after each use (PID/FID only)? | ☐Y ☐N |
| c. Inspected for leaks and obvious signs of wear on a weekly basis? | ☐Y ☐N |
| d. Kept in a clean and secure area when not in use? | ☐Y ☐N |
| e. Verified for accuracy by use of duplicate samples (calorimetric only)? | ☐Y ☐N |

Ilka Bundy
Inspector's Name (Please Print)

8-11-00
Date of Inspection

Ilka Bundy
Inspector's Signature

8-11-01
Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**

AIRS ID#: 0951160

Revised 01/18/00

ARMS 8-23-00 JB

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

**FACILITY NAME:** Dry Clean World **DATE:** 8-11-2000

**FACILITY LOCATION:** 1451 Lee Rd.

Winter Park ~~Orlando~~ JB FL 32789

Annual Reporting Period: Aug. 9, 1999 ~~20~~ TO Aug. 11 2000

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. ☑ YES ☐ NO

**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 _____ to _____

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 _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

**RESPONSIBLE OFFICIAL:** LIN HA (Name (Please Print)) _____ (Signature) 8-11-2000 (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 ☐ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☑

TIME IN: 0856 TIME OUT: 0915 AIRS ID#: 0951160

TYPE OF FACILITY: Dry cleaner

FACILITY NAME: Dry Clean World DATE: 8-11-00

FACILITY LOCATION: 1451 Lee Rd.

Winter Park ~~Orlando~~, FL 32789

RESPONSIBLE OFFICIAL: Lin Ha PHONE NUMBER: 407-644-3475

☑ Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

☐ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

COMMENTS:

Facility in compliance.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ☑ NO ☐

DATE OF NEXT INSPECTION: 8-11-01 (Approximate)

INSPECTION CONDUCTED BY: Ilka Bundy (Please Print)

INSPECTOR'S SIGNATURE: Ilka Bundy PHONE NUMBER: 407-836-1400

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 399731

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

12/13/00

Do NOT Remove Label

AIRS ID # 0951160
DRY CLEAN WORLD
LIN HA
1451 LEE ROAD
WINTER PARK FL 32789

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

RECEIVED MAIL ROOM DEC 13 00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 303114

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

RECEIVED MAIL ROOM FEB 20 98

# TOTAL AMOUNT DUE: $50.00

Do NOT Remove Label

AIRS ID#0951160
LIN HA
LIN HA
1451 LEE ROAD
WINTER PARK FL 32789

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389149

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

RECEIVED
MAIL ROOM
DEC 8 8 00 99

RECEIVED
DEC 10 1998
Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

AIRS ID # 0951160
DRY CLEAN WORLD
LIN HA
1451 LEE ROAD
WINTER PARK FL 32789

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0355565

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

RECEIVED
MAIL ROOM
DEC 29 98

# TOTAL AMOUNT DUE: $50.00

Do NOT Remove Label

AIRS ID # 0951160
DRY CLEAN WORLD
LIN HA
1451 LEE ROAD
WINTER PARK FL 32789

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412050 DEC21 2001

**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 # 0951160
DRY CLEAN WORLD
LIN HA
1451 LEE ROAD
WINTER PARK FL
32789

**FOR GOVERNMENT USE ONLY**
**Org.: 37550101000 EO: A1**
**Fund: 20-2-035001**
**Obj.: 002273**

DRY CLEAN WORLD
1451 Lee Rd.
Winter Park, FL 32789
Tel: (407) 644-3574


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

32313+3070 99

BEST AVAILABLE COPY

7000 1670 0013 3108 7073

**U.S. Postal Service**
**CERTIFIED MAIL RECEIPT**
*(Domestic Mail Only; No Insurance Coverage Provided)*

OFFICIAL USE

| | |
|---|---|
| Postage | $ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |

Postmark Here

report 02

10 AIRS ID # 0951160001AG
LIN HA
DRY CLEAN WORLD
1451 LEE ROAD
WINTER PARK FL
32789

PS Form 3800, May 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the re... so that we can return the card to you.
- Attach this card to the back of the ... or on the front if space permits. ...ailpiece,

1. Article Addressed to:

10 AIRS ID # 09... 51160001AG
LIN HA
DRY CLEAN WORLD
1451 LEE ROAD
WINTER PARK FL
32789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by *(Please Print Clearly)* B. Date of Delivery

C. Signature
X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
*(Transfer from service label)* 7000 1670 0013 3108 7073

PS Form 3811, March 20...

Domestic Return Receipt 102595-01-M-1424

BEST AVAILABLE COPY

UNITED STATES POSTAL SERVICE

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

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

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

Z 333 613 664

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail *(See reverse)*

Sent to

AIRS ID 0951160

LIN HA
LIN HA
1451 LEE ROAD
WINTER PARK FL 32789

| | |
|---|---|
| Special Delivery Fee | |
| *Restricted Delivery Fee* | |
| Return Receipt Showing to Whom & Date Delivered | |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| **TOTAL** Postage & Fees | $ |
| Postmark or Date | |

PS Form **3800**, April 1995

Fold at line over top of envelope

**SENDER:**

- 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 can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write *"Return Receipt Requested"* on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

*Consult postmaster for fee.*

3. Article Addressed to:

AIRS ID 0951160

LIN HA
LIN HA
1451 LEE ROAD
WINTER PARK FL 32789

4a. Article Number: Z 333 613 664

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery: 2-17-98

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*

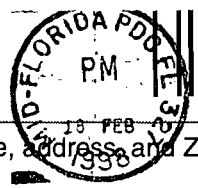
X

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 Domestic Return Receipt

UNITED STATES POSTAL SERVICE




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

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

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