

### 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

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  $\mbox{\tt V}$ general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Ms. Marie Driscole, Orange County

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

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL		COMPLAINT/DISCOVERY	
	RE-INSPECTION	,es	·	
·				P
AIRS ID#: 0951160  FACILITY NAME: DRY  FACILITY LOCATION:	DATE: 8/2/	98 TIME II	i: <u>1030</u> Timpe out	1720
FACILITY NAME: DR	YCLEAN	WORL.	D EM	5 1
FACILITY LOCATION:	1451 L	EE R	D.	21/
RESPONSIBLE OFFICIAL :	ORLAND	OFL	32787	
RESPONSIBLE OFFICIAL :	LIN H	A	PHONE: 407 - 6 %	4-341
CONTACT NAME:	· · · · · · · · · · · · · · · · · · ·		PHONE:	
PART I: NOTIFICATION	·			
(check appropriate box)				
1. New facility notified DARM	I 30 days prior to starti	пр		a
2. Facility failed to notify DAR				a
PART II: CLASSIFICATION	N			
			``````````````````````````````````````	
Facility indicated on notificat	ion form that it is:	erajainin il 100 riinnumerusera quint 100° Tumil Black Pajant <del>aran</del>	☐ No notification form	
Facility indicated on notificat (check appropriate box)  A.	ion form that it is:		☐ No notification form ☐ Drop store/out of business	s/petroleum
(check appropriate box)  A.  1. Existing small area sou	rce 🗹	2. New small a	☐ Drop store/out of business	s/petroleum
(check appropriate box)  A.	rce //	2. New small a dry-to-dry only, transfer only, x	☐ Drop storc/out of business    Trea source	s/petroleum
(check appropriate box)  A.  1. Existing small area souding-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr	rce //yr	dry-to-dry only, transfer only, x both types, x <	☐ Drop storc/out of business  rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr	s/petroleum
(check appropriate box)  A.  1. Existing small area soudiy-to-dry only, x < 140 gal transfer only, x < 200 gal/y	rce //yr	dry-to-dry only, transfer only, x both types, x <	☐ Drop storc/out of business  area source x < 140 gal/yr < 200 gal/yr	s/petroleum
(check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sou	rce /yr r	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a	Drop storc/out of business  rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	s/petroleum
(check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 < x < 2	rce /yr r ) rce 2,100 gal/yr	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only,	☐ Drop store/out of business  Trea source  x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	s/petroleum
<ul> <li>(check appropriate box)</li> <li>A.</li> <li>1. Existing small area soundry-to-dry only, x &lt; 140 gallyr transfer only, x &lt; 200 gallyr both types, x &lt; 140 gallyr (constructed before 12/9/91)</li> <li>3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,8 both types, 140 ≤ x ≤ 1,800</li> </ul>	rce /yr r / rce 2,100 gal/yr 00 gal/yr	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140	Drop storc/out of business  area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	s/petroleum
<ul> <li>(check appropriate box)</li> <li>A.</li> <li>1. Existing small area soundry-to-dry only, x &lt; 140 gal transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,8 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)</li> </ul>	rce //yr r ) rce [] 2,100 gal/yr 600 gal/yr 1 gal/yr 1	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 2 both types, 140 (constructed on	Drop storc/out of business  area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )	s/petroleum
<ul> <li>(check appropriate box)</li> <li>A.</li> <li>1. Existing small area soundry-to-dry only, x &lt; 140 gallyr transfer only, x &lt; 200 gallyr both types, x &lt; 140 gallyr (constructed before 12/9/91)</li> <li>3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,8 both types, 140 ≤ x ≤ 1,800</li> </ul>	rce //yr r ) rce [] 2,100 gal/yr 600 gal/yr 1 gal/yr 1	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140	Drop storc/out of business  area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	s/petroleum
(check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,8 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility of facil	rce /yr r ) rce 2,100 gal/yr 00 gal/yr gal/yr ) classification e appropriate classification agen	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 2 both types, 140 (constructed on   New large and transfer only, 2 both types, 140 (constructed on the large and transfer only, 2 both types, 140 (constructed on the large and transfer only, 2 both types, 140 (constructed on the large and transfer only, 2 both types, 140 (constructed on the large and transfer only, 2 both types, 140 (constructed on the large and transfer only, 2 both types, 140 (constructed on the large and transfer only, x = 100 (constructed on the large and transfer only, x = 100 (constructed on the large and transfer only, x = 100 (constructed on the large and transfer only, x = 100 (constructed on the large and transfer only, x = 100 (constructed on the large and transfer only, x = 100 (constructed on the large and transfer only, x = 100 (constructed on the large and transfer only, x = 100 (constructed on the large and transfer only, x = 100 (constructed on the large and transfer only, x = 100 (constructed on the large and transfer only, x = 100 (constructed on the large and transfer only, x = 100 (constructed on the large and transfer only, x = 100 (constructed on the large and transfer only, x = 100 (constructed on the large and transfer only, x = 100 (constructed on the large and transfer only, x = 100 (constructed on the large and transfer only, x = 100 (constructed on the large and transfer only, x = 100 (constructed on the large and transfer only, x = 100 (constructed on the large and transfer only, x = 100 (constructed on the large and transfer only, x = 100 (constructed on the large and transfer only, x = 100 (constructed on the large and transfer only, x = 100 (constructed on the large and transfer only, x = 100 (constructed on the large and transfer only, x = 100 (constructed on the large and transfer only, x = 100 (constructed on the large and transfer only, x = 100 (constructed on the large and transfer only, x = 100 (constructed on the large and transfer only, x = 10	☐ Drop storc/out of business  Frea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  Frea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )  ☐ Can not determine	s/petroleum

#### 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? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) UY UN 1. Equipped all machines with the appropriate vent controls? CY CN CN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? OY ON ON/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? CY CN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F7 DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

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?	ĽΊΥ	ĽIN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	CJY	ΩN	
	Is the temperature differential equal to or greater than 20° F?	ΠY	ÜN	□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?	ΩY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ШN	□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?	ΟY	□N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	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 perc consumption?	ZY ON				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	DAY CIN CIN/A				
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	ZY ON ON/A				
4. Maintained calibration data? (for applicable direct reading instruments)	עיאוס אם אם				
5. Maintained exhaust duct monitoring data on perc concentrations?	אוא בא אם אם				
6. Maintained startup/shutdown/malfunction plan?	PETY ON				
7. Maintained deviation reports?	איאוב אם אם אם				
Problem corrected?	OY ON MIN/A				
8. Maintained compliance plan, if applicable?	DY DN ØN/A				

ťΛ	PART VI: LEAR DETECTION AND REPAIRS						
ĺ.	Does the responsible official conduct a	weekly	(for small sources, bi	i-weekly) leak detection an	d rep	air	
	inspection?				ZY		N
2.	Has the facility maintained a leak log?				рΥ		N
3.	3. Does the responsible official check the following areas for leaks?						
	Hose connections, fittings, couplings, and valves	ZY	□N □N/A	Muck cookers	ĮΖY	□N (	Δ\Ν[
	Door gaskets and seating	pαγ	□и □и/∧	Stills	<b>7</b> 4	□и∣	□N/Λ
	Filter gaskets and scating	ZY	ON ON/A	Exhaust dampers	рY	□и∣	DN/A
	Pumps	ZΥ	□N □N/A	Diverter valves	54Y,	□N I	□N/A
	Solvent tanks and containers	ØΥ	□И □И/У	Cartridge filter housings	ØΥ	□и	□N/ <b>∧</b>
	Water separators	ÞΥ	□N □N/A				
4.	Which method of detection is used by t	he resp	onsible official?			/	
	Visual examination (condensed solvent on exterior surfaces)						
	Physical detection (airflow felt th	rough g	gaskets)				
	Odor (noticeable perc odor)						
	Use of direct-reading instruments	ation (F	ID/PID/calorimetric	tubes)			
	Halogen leak detector						
	If using direct-reading insti	rument	ation, is the equipm	ent:	□N.	/Λ	
	a. Capable of detecting	pere va	por concentrations in	va range of 0-500 ppm?	ΠY	ŪΝ	
	<ul> <li>b. Calibrated against a standard gas prior to and after each use (PID/FID only)?</li> </ul>						
	c. Inspected for leaks and obvious signs of wear on a weekly basis?					ПN	
	d. Kept in a clean and secure area when not in use?					ПN	
	e. Verified for accuracy	y by usc	of duplicate samples	(calorimetric only)?	ΩY	ΠN	
				<u> </u>			

ASSEFA HAILEMARIAM
Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

uditional site information:	
	•
·	
	•
•	

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

THE OF INSPECTION: ANNOAL COM	RE-INSPECTION Z
rime in: 1030 time out: //00	AIRS ID#: 0951160
MPE OF FACILITY: DRY CLEANER	
ACILITY NAME: DRY CLEAN WC	DALD DATE: 8/21/98
ACILITY LOCATION: 1451 1E	F PD
ORLANDO EL	32787
ESPONSIBLE OFFICIAL: LIN HA	PHONE NUMBER: 407 -644-3475
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra	- ·
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•	
	P
	The state of the s
<u> </u>	P. P. K
	E Moor E
	88
	Sources North
	W TIME
OMMENTS:	
FACILITY IN ORDE	R
he Annual Compliance Certification form has been properly certif	fied and submitted to the inspector.  YES NO
ATE OF NEXT INSPECTION: 8 (A)	pproximate)
NSPECTION CONDUCTED BY: ASSEFA (P.	HAZ LE MARI AM  lease Print)
NSPECTOR'S SIGNATURE:   Les les	404 Cy PHONE NUMBER: 407 - 836 -932
Page /	of $\int$ . Revised 10/96

2	#0951160
	Dry Clean World
	spoke with Lin Ha-9/4/97
	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 IFO 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 Kd
207 70
City: WINTER PARK County FC Zip Code: 32/89
5. Facility Identification Number (DEP Use ONLY - do not fill in):
0951/60
。   大學學的學術學學學學學學學學學學學學學學學學學學學學學學學學學學學學學學學學學
Responsible Official
6. Name and Title of Responsible Official:
Name: LIN IF A Title: PRESI DENT
7. Responsible Official Mailing Address:
Organization/Firm: Street Address: 1451 LEE kd
City: NINTER PARIC County FL Zip Code: 32 7 89
,
8. Responsible Official Telephone Number: Telephone: (407) 6 444 - 3475 Fax: ( ) -
1 cicpitone: (481) 644 9413
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10 Facility Contact Address:
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: ( ) - Fax: ( ) -
RECEIVED

AUG 1 5 1997

Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ĬD	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR
Dry-to-Dry Unit		(Agriculture)		被推					
(1) w/ ref. condenser	4	16/1991	10/1990						
(2) w/ carbon adsorber			<i></i>						
(3) w/ no controls									
Washer Unit	经济的		645687638 <b>66</b>						
(4) w/ ref. condenser	<u> </u>								
(5) w/ carbon adsorber	<u> </u>			_			<b>!</b>		
(6) w/ no controls							31/0-141		
Dryer Unit	* 1	<b>Heropisas</b> iot		300			1000		
(7) w/ ref. condenser		· ·					<b> </b>		
(8) w/ carbon adsorber	L		-	<b> </b>		ļ	<b>!</b>		
(9) w/ no controls	25. 425.003	Tarabetica		3.22	100 mm 3 mm m		3026-48	1 (100 and 10 an	F. V. J. Luke (554
Reclaimer Unit	1983	(Military) (1962) T	649/2309/34 <b>9</b> 05 T	NAME OF THE PERSON OF THE PERS	uliothie data T	BRANCONSIS T	200000		\$300 ST-033
(10) w/ ref. condenser (11) w/carbon adsorber				<b> </b>		ļ	<b> </b>		
(12) w/ no controls	⊢		ļ	<b> </b>			<b> </b>	-	<del> </del>
<ul><li>(b) Control devices are</li><li>(c) No control devices</li><li>2.(a) What was the total</li></ul>	are r	equired to be	e installed (ex	xistin	g small area	·	[_ in the	latest 12 mg	onths?
60	galle	ons (You mu	ist fill this in	)	, ,				
(b) If less than 12 mon Check why it is les					_] New store	e: [] Did	not l	ceep records:	[]
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 [X]	N	ew si	nall area sou	rce [			.· .
Existing large ar	ea so	urce []	N	ew la	rge area som	ce [	]		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines (Indicate with an "X".)	oursuant to section (5) of	of Part II of this not	ification form?
Existing large area source  Carbon adsorber  []	OR Refrigerated	condenser [	ing to the second of the secon
New small area source  Refrigerated condenser []			
New large area source Refrigerated condenser []			
٠٠٠ . محمد المحمد المحم	, <del>.</del>		
A facility which contains non-exempt emissions to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:			
All steam and hot water generating units on-site hoboiler HP or less) and are fired by natural gas, prosulfur.			
All steam and hot water generating units exempt No such units on-site			in the stage of th
	*		Sentence of the end
Equipment Monitoring a	nd Recordkeeping Inf	ormatio <b>n</b>	
Check all logs which are required to be kept on-site		equirements of this	general permit:
(a) Purchase receipts and solvent purchases		[_X_]	
(b) Leak detection inspection and repair			
(c) Refrigerated condenser temperature monitoring			
(d) Carbon adsorber exhaust perc concentration mon	itoring		
(e) Instrument calibration		<u> </u>	. 1
(f) Start-up, shutdown, malfunction plan	r · · · ·	. [X] .	e e e e e e e e e e e e e e e e e e e
•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,	

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

Signature

#095/160 BEST AVAILAE

Dry Clean World

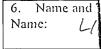
-spoke with Lin Ha-9/4/97

-spoke with Lin Ha-9/4/97

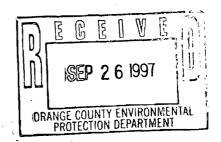
P. 15 5. add 10HP/natural gas

l.	Facility
	LIM

- Site Nan DRY
- Hazardo
- 4. Facility L Street Ad City:
- Facility Ic



- 7. Responsible Organization Street Addre City:
- Responsible Telephone:





Facility Contact (If different from Responsible Official)

9. Name and Title	of Facility Cont	act (For example, plar	nt manager):	
10. Facility Contact	Address:	•		
Street Address: City:		County:		Zip Code:
11. Facility Contact Telephone:	•		Fax: ( )	RECEIVED

AUG 1 5 1997

Bureau of Air Monitoring & Mobile Sources

DEP Form No. 62-213.900(2)

Page 13 of 16

Effective: 6-25-96

#### 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):
IN IFA COX-P	
	-
DRY CLEAN WORLD	
3. Hazardous Waste Generator Identification Number:	
4. Facility Location:	
Street Address: 1451 LEE ROL	
City: WINTER PARK County: FC	Zip Code: 32789
,	Control of the charge and the defendation of the control of the charge of the charge the definition of the charge
5. Facility Identification Number (DEP Use ONLY - do not fill in)	
	095//60
	•
Responsible Official	
6. Name and Title of Responsible Official:	
Name: LIN IIA	itle: PLSIDENT
	. / .
7. Responsible Official Mailing Address:	
Organization/Firm: Street Address: 1451 LEE LaC	
City: NINTER PARK County: FL	Zip Code: 32 7 8 9
8. Responsible Official Telephone Number:	
Telephone: (407) 6 94 - 547.5 Fax:	( ) -
Facility Contact (If different from Resp	onsible Official) BBBV
	1 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
9. Name and Title of Facility Contact (For example, plant manager	SEP 2 6 1997
10. Facility Contact Address:	ORANGE COUNTY ENVIRONMENT PROTECTION DEPARTMENT
	PROTECTION DECIMAL
Street Address: City: County:	Zip Code:
County.	Zip Code.
11. Facility Contact Telephone Number:	
Telephone: ( ) - Fax:	
·	RECEIVED

AUG 1 5 1997

Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	115	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR
Dry-to-Dry Unit (1) w/ ref. condenser (2) w/ carbon adsorber	igital I	16/1991	10/1990	2526				\$245 <mark>}</mark> }}	
(3) w/ no controls  Washer Unit  (4) w/ ref. condenser  (5) w/ carbon adsorber	2888						Lewen Roya (V		
(6) w/ no controls  Dryer Unit  (7) w/ ref. condenser  (8) w/ carbon adsorber	**:38			2890	Alleger steps of steps (1)				englist de Blogs
(8) W carbon adsorber (9) w/ no controls  Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber	essett.			X	स्वकृतिक प्राप्त कृति । स्वकृतिक प्राप्त कृति ।		- Aprile	tillinger green storren in sold a	Holpery & Sanita
(12) w/ no controls									
(b) Control devices are (c) No control devices  2.(a) What was the total of the control of the c	are r	equired to be	installed (e)	cisting (perc)	g small area		****	e latest 12 mo	onths?
(b) If less than 12 mon Check why it is les					_] New store	e: [] Did	l not l	ceep records:	
3. What is the facility's so (Indicate with an "X".					initions foun	nd in section (	(3) of	Part II?	
Existing small ar	rea so	ource [× ]	И	cw sr	nall area sou	irce [	_]		
Existing large ar	ca so	urce []	И	ew la	rge arca sou	rce [_	]		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on ma (Indicate with an "X".)	chines pursuan	t to section (5) of Part II of	this notification form?
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 emi to Rule 62-213.300, F.A.C. Verify that all ste exemption criteria or that no such units exist	eam and hot wa		
All steam and hot water generating units on boiler HP or less) and are fired by natural g sulfur.		· -	
All steam and hot water generating units exer No such units on-site	npt [ <u>/</u> ]		
All steam and hot water generating units exer No such units on-site  [OHP Natural GAS	my		
Equipment Monit	toring and Rec	ordkeeping Information	
Check all logs which are required to be kept	on-site in accor	dance with the requirement	s of this general permit:
(a) Purchase receipts and solvent purchases			
(b) Leak detection inspection and repair			
(c) Refrigerated condenser temperature moni	toring		
(d) Carbon adsorber exhaust perc concentration	ion monitoring	[]	
(e) Instrument calibration		[]	
(f) Start-up shutdown malfunction plan		r & 1	

#### Surrender of Existing Air Permit(s)

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	case indicat	te with an "X" the appropriate selection:  I hereby surrender all existing air permifacility indicated in this notification for	
I, the undersigned, am the responsible official, as defined in l'art 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.	[		neration of the facility indicated 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.		Responsible Off	icial Certification
8/13/97	this notifi statemen maintain	Sication. I hereby certify, based on informats made in this notification are true, accur to the air pollutant emissions units and air p	ation and belief formed after reasonable inquiry, that the rate and complete. Further, I agree to operate and pollution control equipment described above so as to
	I will pro	omptly notify the Department of any chang	es to the information contained in this notification.
	Signature	- July hu	8/13/97 Date



## 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

	•	Maria Remove	Label	
Annual Reporting Period:	JANUARY	19 <u><b>4</b></u> &	то	DECEMBER 19 88
Based on each term or condition 62-213.300, Florida Administration	•			<u> </u>
If NO, complete the following:		•		
#1. Term or condition of the gen	eral permit that has not been	in continuous co	ompliance durir	g the reporting period stated above:
				· .
Exact period of non-compliance:	from	-97	to	2-16-98
Action(s) taken to achieve compli	ance: papp	a pocord	Ceeper	
Method used to demonstrate com	pliance:	d Sheep i	· · · · · · · · · · · · · · · · · · ·	£-16 - 98
#2. Term or condition of the gene	eral permit that has not been	in continuous co	ompliance durin	g the reporting period stated above:
Exact period of non-compliance:	from		to	
Action(s) taken to achieve compli	ance:			
Method used to demonstrate comp	oliance:		_	
				ч
	complete. Further, my annual	consumption of p	erchloroethylene	inquiry, that the statements made in this solvent, based upon purchase receipts, or combination facilities.
RESPONSIBLE OFFICIAL: _	Name (Please Print)	t <u>}                                    </u>	Signa	2.16 97 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.

· ~ ·		P
TITLE V (	YLENE DRY CLEANERS  GENERAL PERMIT  NSPECTION CHECKLIST	MAR 19 1998  MODIF AIT MODE
TYPE OF INSPECTION: ANNUAL RE-INSPECTION	NSPECTION CHECKLIST  COMPLAINT/DISCOVERY	MAR 19 1998  Mobile Sources Pring
AIRS ID#: 0951160 DATE: 216	GY TIME IN: 10:00 TIME OUT:	1030_ ***********************************
FACILITY NAME: Dvy Clear	n cesovid	
FACILITY LOCATION: 1451 Le	e RI	
Orland	0 Fl 32787	
RESPONSIBLE OFFICIAL: LIN Ha	PHONE: 407-644	34 <u>75</u>
CONTACT NAME:	PHONE:	
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to star	tup	ت
2. Facility failed to notify DARM to use general per	mit	
DARTH, CLASSIFICATION		
PART II: CLASSIFICATION  Facility indicated on notification form that it is:	□ No notification form	
(check appropriate box)	☐ Drop store/out of business/	petroleum
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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )	
5. This is a correct facility classification	☐ ☐ ☐ ☐ Can not determine	
☐ facility exceeds above li	eneral permit as number above a general permit	
B. The total quantity of perchloroethylene (perc) percification facility was $60$ gallons.	nurchased within the preceding 12 months by this	dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	מאַע מאַע פּאַע
2. Examining the containers for leakage?	UY UN UN/A
3. Closing and securing machine doors except during loading/unloading?	אט אַט
<ol> <li>Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?</li> </ol>	CAY UN ON/A
<ol><li>Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?</li></ol>	מא מא מאיז אם
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 refrig (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must installed prior to September 22, 1993	refrigerated thave been
If classification 4 has been checked, the machine should be equipped with a refrige (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	מט אם
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	מ/אם און צם
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	מע אם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	עאם אם אים
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	םץ טא

B.	Has the responsible official of an existing large or new large area source also:			
	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ĽΥ	ПИ	
	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΞY	ПN	ÜN/A
	Is the temperature differential equal to or greater than 20° F7	ÜΥ	ÜИ	עואט
	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ÜΥ	UN	א/אם
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПN	□N/V
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	ШΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ĽΙΥ	מט	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ĽΥ	אט	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DAY CIN
2. Maintained rolling monthly total of perc consumption?	מט אַצו
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	אואט אט צט אין
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	בוץ פא טאא
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON DANA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DYNA
6. Maintained startup/shutdown/malfunction plan?	DAY DIN
7. Maintained deviation reports?	בוא בוא מאיצ
Problem corrected?	סא סא מאיע
8. Maintained compliance plan, if applicable?	איאש אם אם

P	PART VI: LEAK DETECTION AND REPAIRS						
1.	Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection ar	ıd repair			
	inspection?			מוט עם			
2.	Has the facility maintained a leak log?			UY WN			
3.	Does the responsible official check the	following areas for leaks	s?				
	Hose connections, fittings, couplings, and valves	DY ON ON/A					
	couplings, and valves	/	Muck cookers	איאים אים איא			
	Door gaskets and scating	מא מא מאיע	Stills	מאל מא מאיע			
	Filter gaskets and scating	GY ON ON/A	Exhaust dampers	מא טא טאיע			
	Pumps	QA ON ON/V	Diverter valves	מא מא מאיע			
	Solvent tanks and containers	GY ON ONIA	Cartridge filter housings	DY ON ON/A			
	Water separators	DY DN DN/A					
4.	Which method of detection is used by	the responsible official?		)			
	Visual examination (condensed :	solvent on exterior surfac	ccs)	œ/			
	Physical detection (airflow felt the	irough gaskets)					
	Odor (noticeable perc odor)						
	Use of direct-reading instrument						
	Halogen leak detector						
	If using direct-reading inst	LAN/A					
	a. Capable of detecting	UY UN					
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	d after each use	OY ON			
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	UY UN			
	d. Kept in a clean and	secure area when not in	usc?	OY ON			
	e. Verified for accurac	y by use of duplicate sam	ples (calorimetric only)?				
-							
	To That		برا بر	lev			
_	Inspector's Name (Please Pr	CVEV	Date of Insp	21 <sup>-</sup> L0 cction			
	10000	(					
	And Del		3/16	198			
_	Inspector's Signature		Approximate Date of	Next Inspection			

ADDIT	IONAL SITE INFORMATION:	
		er o deservation de l'entre de l'
	•	
	•	
	•	
1		

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMPL	AINT/DISCOV	ERY	RE-INSPECT	ION 📝
TIME IN: 10:00	TIME OUT:	10:3	AI	RS ID#: 095	1160	
FACILITY NAME: 1	Dry Clean 1451 Lee Orlando	Rd FI	32787		DATE: 211	6198
RESPONSIBLE OFFICIAL:	Lin Ha	, , , , , , , , , , , , , , , , , , ,	РНО	IE NUMBER:	407 644	-3475
compliance with DEP	,	Administrativ	e Code (F.A.C.) during this insp	ection, the follow	·	
No leak D	letection 1	og	SIX	mouth	reinspre	tion
- X		4				į.
1		· · · · · · · · · · · · · · · · · · ·				-
		10 St. 10		· .		
				·		
COMMENTS:	, state of the sta	0	7			
second II	nspection	04 4	nis tac	:`\\' <del>`</del> +\	ر م در	,; ,;
The Annual Compliance Certification  DATE OF NEXT INSPECTION		3/16/	and submitted to $98$	the inspector.	YES	NO
INSPECTION CONDUCTED	) BY: OT	DD E	etche e Print)	<b>V</b>		
INSPECTOR'S SIGNATURI		THUC	рном_	NE NUMBER:_	836-99	524

Revised 10/96

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL 7	COMPLAINT/DISCOVERY
RE INSPECTION 11/23/	198 A. P
AIRS ID#: 0951160 DATE: 8/2/	[98 TIME IN: 1030 TIME OUT: 7200
FACILITY NAME: DRYCLEAN	WORLD CE IN
FACILITY LOCATION: 1451	EE RD.
ORLANT	00 FL 32787 23 5 1
RESPONSIBLE OFFICIAL: LIN H	1A PHONE: 407-6 &4-3 471
CONTACT NAME:	РПОМ:
PART I: NOTIFICATION	
(check appropriate box)	The state of the s
1. New facility notified DARM 30 days prior to star	tup Thornor
2. Facility failed to notify DARM to use general per	0,14, 3,
	CR OTIN
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source	Drop store/out of business/petroleum  2. New small area source
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	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, 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	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
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	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, 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)	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)
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
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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 \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
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 classifi	Drop storc/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) $\square$ $\square$ $\square$ Can not determine
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 classification of the second content of the second c	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 $12/9/91$ ) $\square$ $\square$ $\square$ Can not determine

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

INSPECTION SUMMARY REPORT R COMPLAINT/DISCOVERY INSPECTION: .. ANNUAL D TIME OUT: AIRS ID#: 0951160 DRY CLEANER PE OF FACILITY: FACILITY NAME:\_\_ FACILITY LOCATION: PHONE NUMBER: 407 -644-3475 RESPONSIBLE OFFICIAL: 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 **DMMENTS:** FACILITY IN ORDER e Annual Compliance Certification form has been properly certified and submitted to the inspector. TE OF NEXT INSPECTION: (Approximate) SPECTION CONDUCTED BY: HAILEMARIAM

Cy PHONE NUMBER: 407 - 836 -9323

Revised 10/96

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINT/DISC	COVERY	
	RE-INSPECTION	1 🗆		- [ ]	P
				AUR D	
AIRS ID#: 0951160			in: <u>104</u> 0 tii	8 <sub>U/ea</sub> /(wr. //00	
FACILITY NAME: Dry	clean Wo	orld		Mobile Sources	<u>ਮ</u> ੁਨੂ
FACILITY LOCATION: 14		<del></del>	·		_
<u> </u>	irlando, F	L 3278	37		_
RESPONSIBLE OFFICIAL:	Lin Ha		_PHONE: <u>407</u>	-644-3475	_
CONTACT NAME:	· .		_ PHONE:	·	_
<b>&gt;</b>					
PART I: NOTIFICATION					
(check appropriate box)				·	1
I. New facility notified DARM	30 days prior to start	lup			.
2. Facility failed to notify DAR	M to use general peri	mit			_
PART II: CLASSIFICATION	. У				
Facility indicated on notificat (check appropriate box)	ion form that it is:		☐ No notification ☐ Drop store/out o	form of business/petroleum	
1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	/yr	transfer only, both types, x <	/, x < 140 gal/yr x < 200 gal/yr		
3. Existing large area soudry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,8$ both types, $140 \le x \le 1,800$ (constructed before 12/9/91	2,100 gal/yr 00 gal/yr gal/yr	dry-to-dry only transfer only, both types, 14	area source y, $140 \le x \le 2,100$ galyo $200 \le x \le 1,800$ galyor $0 \le x \le 1,800$ galyor n or after $12/9/91$ )		
5. This is a correct facility of	classification	ОУ ОИ	□Can not determi	ne ·	
	lity qualified for a ger	neral permit as	number ab ligible for a general po	ove ermit	
B. The total quantity of perch facility was 120 gallon		rchased within	the preceding 12 mor	iths by this dry cleanir	ng

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?	CY ON ON/A
2. Examining the containers for leakage?	DY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	DY DN
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	אַאם אם צם
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN EN/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 refr (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber muinstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	OY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ארם אנט צם A/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	רם אם ארם אם A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	חם אם

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	Ωи	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПΝ	□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?	ΠV	רוא	□N/A
	Is the perc concentration equal to or less than 100 ppin?	ЦY	ИΝ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duet diameters downstream of any bend, contraction, or expansion; is at least 2 duet diameters upstream from any bend, contraction,		•	
	or expansion; and downstream from no other inlet?	ΩY	ПΝ	□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	ПN	□N/A

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

Y	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 ON	
2.	Has the facility maintained a leak log?				MD N	
3.	Does the responsible official check the fe	ollowing areas fo	or leaks?			
	Hose connections, fittings, couplings, and valves	DY ON ON	'Λ	Muck cookers	TY ON ON/A	
	Door gaskets and seating	אם אם אם	'Α	Stills	MY ON ON/A	
	Filter gaskets and seating	DY ON ON	'A	Exhaust dampers	DY ON ON/A	
	Pumps	QY ON ON	'Λ	Diverter valves	OY ON ON/A	
	Solvent tanks and containers	מא מם אם	'A .	Cartridge filter housings	MY ON ON/A	
	Water separators	MA ON ON	<b>'</b> A			
4.	Which method of detection is used by the	e responsible of	licial?	•		
	Visual examination (condensed so	lvent on exterior	surfaces)		a	
	Physical detection (airflow felt three	ough gaskets)				
Odor (noticeable perc odor)						
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	Halogen leak detector				0	
	If using direct-reading instru	imentation, is the	he equipm	ent:	GN/V	
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				OY ON	
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					
	c. Inspected for leaks and	d obvious signs o	of wear on	a weekly basis?	OY ON	
	d. Kept in a clean and so				OY ON	
	e. Verified for accuracy to				OY ON	
	: 		_			
	7. 0					
	Ilka Bundy			8-9-99	·	
	Inspector's Name (Please Prin	nt)		Date of Insp	cction	
	Ma Bund	·		8-9-20	000	
	Inspector's Signature			Approximate Date of	Next Inspection	

ADDITIONAL SITE INFORMATION:	
	·
	·
	1
	Ì

8-13-49 W

### **Orange County Environmental Protection Department**

AIRS ID#:	0951160

Alle

Revised 10/10/96

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

			·	
FACILITY NAME: Dry Cle	ean World		DATE:	8-9-99
FACILITY LOCATION: 193	of ree Ka			·
0,0	lando FL	32787		
		· · · · · · · · · · · · · · · · · · ·	`	
Annual Reporting Period:	21	9 <u>08</u> TO	Aug g	19 99
Based on each term or condition of the 62-213,300, Florida Administrative Co		•	r <del>i</del> -L	EP Rule
If NO, complete the following:				
#1. Term or condition of the general p	permit that has not been in	n continuous compliar	nce during the reporting perio	od stated above:
Exact period of non-compliance: from	1		to	
Action(s) taken to achieve compliance	:			
Method used to demonstrate complian	ce:		·	
#2. Term or condition of the general p	permit that has not been in	n continuous compliar	nce during the reporting perio	od stated above:
Exact period of non-compliance: from	· · · · · · · · · · · · · · · · · · ·	t	0	
Action(s) taken to achieve compliance	:			
Method used to demonstrate compliance	ce:			
As the responsible official, I hereby ce made in this notification are true, accu upon rolling averages of purchase rec year for transfer or combination facili	urate and complete. Furt eipts, does not exceed 2,1	her, my annual consu	mption of perchloroethylene	solvent, based
RESPONSIBLE OFFICIAL:	LIN H	A	myke	8.9.99
·	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.

#### }-4-H

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANN	COMP	LAINI/DISCOVERY	RE-INSPECTION [
TIME IN: 1040	тіме оит: //00	AIRS ID#:	0951160
TYPE OF FACILITY: Dry Cle	aner		
FACILITY NAME: Dryclean	World	inter alle, desiliere die	DATE: 8-9-99
FACILITY LOCATION: 1451	Lee Rd.		
	1	7	
RESPONSIBLE OFFICIAL: Lin	Ha Ha		<u> 407-644-3475</u>
Based on the results of the comp compliance with DEP Rule 62-2	•	- '	cility is found to be in
Based on the results of the comp discrepancies were noted:	oliance requirements evaluate	ed during this inspection, the fo	ollowing compliance
COMPLIANCE REQUIREM	MENT/PROBLEM	FOLLOW-UP ACT	TION REQUIRED
		; ·	
		)	
	·		·
COMMENTS:	1		
Facility in compl	iance		
The Annual Compliance Certification fo	nn has been properly certifie	ed and submitted to the inspect	or. YES NO
DATE OF NEXT INSPECTION:		- 2000 proximate)	
INSPECTION CONDUCTED BY:	Ilka i	Bundy	
ÍNSPECTOR'S SIGNATURE:	Alla Bundy	ase Print)PHONE NUMBE	R: 836-9524
	Page (	of	Revised 10/96

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: ANNUAL RE-INSPECTION	ON GOMPLAINT/DISCOVERY
FACILITY NAME: Dvy Clear FACILITY LOCATION: 1451 Le  OVLANC RESPONSIBLE OFFICIAL: LIN H.	98 TIME IN: 10:00 TIME OUT: 10:30  10 COOVID  20 Rd  10 F1 37787  PHONE: 407-644-3475  PHONE:
PART I: NOTIFICATION	
(check appropriate box)  1. New facility notified DARM 30 days prior to sta  2. Facility failed to notify DARM to use general pe	
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	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 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 $12/9/91$ )	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 $12/9/91$ )
5. This is a correct facility classification  If no, please check the appropriate classification  facility qualified for a good facility exceeds above lies.	CAT ON OCAN not determine Sources
B. The total quantity of perchloroethylene (perc) perchloroethylene (perc) facility was $\underline{\omega} \underline{\mathcal{O}}$ gallons.	purchased within the preceding 12 months by this dry cleaning

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

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and regain					
in	spection?	·		GA ON	
2. Ha	ns the facility maintained a leak log?			LIY LAN	
3. Do	. Does the responsible official check the following areas for leaks?				
	Hose connections, fittings, couplings, and valves	GA ON ONÍV	Muck cookers	מא מא מאיע	
Į.	Door gaskets and seating	מא סא סאיע	Stills	DY ON ON/A	
	Filter gaskets and scating	EY ON ON/A	Exhaust dampers	ØY ON ON/A	
	Pumps	MY ON ON/A	Diverter valves	DY DN DN/A	
	Solvent tanks and containers	CAY ON ON/A	Cartridge filter housings	מא סא סאיע	
Water separators					
4. Which method of detection is used by the responsible official?				)	
Visual examination (condensed solvent on exterior surfaces)				œ	
Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)				
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			ū	
	Halogen leak detector			α,	
İ	If using direct-reading instrumentation, is the equipment:			DANIV	
	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)?				
	c. Inspected for leaks and obvious signs of wear on a weekly basis?			מט עט	
	d. Kept in a clean and secure area when not in use?			OY ON	
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?			DY ON	
Todo Fletcher 2/16/98					
Inspector's Name (Please Print)  Date of Inspection					
	dock Telet				
	Inspector's Signature Approximate Date of Next Inspection				

DDITIONAL SITE	INFORMATION:
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# FITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL [	COMPLAIN	NT/DISCOVERY	RE-INSPECTION
TIME IN: 10.00	TIME OUT:	10:30	AIRS ID#:	51160
TYPE OF FACILITY:	Dry Cleans	· V	, , , , , , , , , , , , , , , , , , ,	
FACILITY NAME:	Dry Clean	Leverty		DATE: 2/16/98
FACILITY LOCATION:	1451 Lee 1	59		
	Orlando	F1 3	4787	
RESPONSIBLE OFFICIAL:	Lin Ha	<u> </u>	PHONE NUMBER:	407 644 - 3475
Based on the results of discrepancies were not		dministrative Control du	ode (F.A.C.).	owing compliance
COMPLIANCE REQ	UIREMIEN I/PROBL	FIVE	FOLLOW-UP ACTI	ON REQUIRED
No leak D	detection lo	3	SIX mouth	reinspection
	.e.			
				•
		·		
F S				
. , ,	•			
j				
			<del></del>	
	Total Septician Septiminary			
COMMENTS:	**	· · · · · · · · · · · · · · · · · · ·	_	
second h	aspection a	ef this	s facility	
			, 	
The Annual Compliance Certifi	cation form has been prope	rly certified and	submitted to the inspector	YES NO
DATE OF NEXT INSPECTIO	N: 8	116/98	5	
	-	(Approxin	1 .	
INSPECTION CONDUCTED	BY: ODD	(Please Pa	te her	:
NSPECTOR'S SIGNATURE	: do W T	VVC L	PHONE NUMBER	136-9524

Page of .

Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

ARMS 7/24/00 HB

TYPE OF INSPECTION:

ANNUAL

M

COMPLAINT/DISCOVERY

RE-INSPECTION

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	۵

PART II: CLASSIFICATION		
Facility indicated on notification form that it is:	☐ No notification form	
(check appropriate box)	☐ Drop store/out of business/petroleum	
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)	nad
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )	
5. This is a correct facility classification	□Y UN □Can not determine	•
	ation: neral permit as number above nits and is not eligible for a general permit	

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
Storing perchloroethylene in tightly sealed and impervious containers?	DY ON ON/A
2. Examining the containers for leakage?	DY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	MY ON
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	DAY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON WAN/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 refrig (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must prior to September 22, 1993	_
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	:
1. Equipped all machines with the appropriate vent controls?	מם עצים
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	UY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY UN
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	MY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	MY ON

В	. Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	ПN	,
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	□Y	_N .	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	□N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	QΥ	ПИ	□N/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 and parts installed w/in 5 days of receipt? DY DN DYN/A 4. Maintained calibration data? (for applicable direct reading instruments) OY, ON ON/A 5. Maintained exhaust duct monitoring data on perc concentrations? MY ON 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? DY DN DYN/A DY DN DN/A Problem corrected? DY DN ON/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a	weekly (for small source:	s, bi-weekly) leak detection a	nd repair		
inspection?			αyy □N		
2. Has the facility maintained a leak log?			ody □n		
3. Does the responsible official check the	following areas for leaks:	?			
Hose connections, fittings, couplings, and valves	My ON ON/A	Muck cookers	MY ON ON/A		
Door gaskets and seating	DY ON ON/A	Stills	MY ON ON/A		
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	MY ON ON/A		
Pumps	MY ON ON/A	Diverter valves	MY ON ON/A		
. Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	CY ON ON/A		
Water separators	DY ON ON/A				
4. Which method of detection is used by the	ne responsible official?				
Visual examination (condensed so	lvent on exterior surface	s)			
Physical detection (airflow felt the	ough gaskets)	•			
Odor (noticeable perc odor)		•			
Use of direct-reading instrumental	tion (FID/PID/calorimetr	ic tubes)			
Halogen leak detector			<b>d</b> /		
If using direct-reading instru	mentation, is the equip	ment:	MN/A		
a. Capable of detecting p	perc vapor concentrations	in a range of 0-500 ppm?	□Y □N		
b. Calibrated against a st (PID/FID only)?	andard gas prior to and a	fter each use	QY QN		
c. Inspected for leaks and	d obvious signs of wear o	on a weekly basis?	OY ON		
d. Kept in a clean and se	cure area when not in use	e?	OY ON		
e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	OY ON		
· ·					
			/		
Ilka Bundy		7-24-00			
Inspector's Name (Please Prin	t)	Date of Inspection			
Mrs. Burch _		8-24-01			
Inspector's Signature		Approximate Date of	Next Inspection		

#### ADDITIONAL SITE INFORMATION:

Left perchloroethylene notification form to help w/ requirements for temperature

Munitoring.
Check Syr. date.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🗹	COMPLAINT/	DISCOVERY [	RE-INSPE	CTION [
TIME IN: 0910	TIME OUT: O	950	AIRS ID#:0	751160	
TYPE OF FACILITY: DOWN	Cleaner				
1	lean World	and the second s		DATE: 7-2	4-00
FACILITY LOCATION: 14	51 Lee Road				
	nter Park FL	32789			
RESPONSIBLE OFFICIAL:	-in Ha	•	PHONE NUMBER:	407-644	- 3475
Based on the results of t	he compliance requirements	evaluated during	this inspection, the faci	lity is found to b	e in
compliance with DEP R	ule 62-213.300, Florida Adn	ninistrative Code	(F.Λ.C.).	,	
	he compliance requirements	evaluated during	this inspection, the follo	owing complian	ce
discrepancies were note					
COMPLIANCE REQU	IREMENT/PROBLE	M FO	DLLOW-UP ACTI	ON REQUIR	RED
No condenser	temperature 1	log. Re	-inspection	in one	month.
4 /	· r.				
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1 4 7				<i>y</i> 2000	
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COMMENTS:				,	
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	. ,		<u> </u>	<u> </u>	
The Annual Compliance Certific	ation form has been properly	y certified and su	bmitted to the inspector.	YES	NOU
DATE OF NEXT INSPECTIO	, ,	4-00			
DATE OF NEXT INSCRETTO	<i>T</i> : 1	(Approximat	e)		
INSPECTION CONDUCTED	BY: 1/6	a Bundy			
	111 7	(Please Print	(1)	11- 12-	
INSPECTOR'S SIGNATURE:	Mha Du	ind.	PHONE NUMBER:	407 - 836	0-1400
	ŀ	Page of 1.			Revised 10/96

#### PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST COMPLAINT/DISCOVERY TYPE OF INSPECTION: ANNUAL RE-INSPECTION DATE: 8 - 404 - 00 time in: 0856 time out AIRS ID#: 0951160 FACILITY NAME: Dry Clean World FACILITY LOCATION: \_\_\_\_\_PHONE: 407-644-3475 Ha RESPONSIBLE OFFICIAL: Lin PHONE: CONTACT NAME: PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup ū 2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION ☐ No notification form Facility indicated on notification form that it is: (check appropriate box) ☐ Drop store/out of business/petroleum A. ū 1. Existing small area source 2. New small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, $x \le 140 \text{ gal/yr}$ transfer only, x < 200 gal/yr transfer only, x < 200 gal/yrboth types, x < 140 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) (constructed before 12/9/91) 3. Existing large area source 4. New large area source $\mathbf{a}$ 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 < x < 1.800 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) ΠN □Can not determine 5. This is a correct facility classification

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

facility exceeds above limits and is not eligible for a general permit

facility qualified for a general permit as number

If no, please check the appropriate classification:

 $\Box$ 

facility was 117 gallons.

### Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ONA 1. Storing perchloroethylene in tightly scaled and impervious containers? ENY ON ON/A 2. Examining the containers for leakage? MY CIN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY UN UN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification I has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a 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) DY FIN 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 MY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

D	Has the responsible official of an existing large or new large area source also:			
, 10.	mas the responsible official of an existing large of new large area source also:			I
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?	ÜΥ	ПN	
2.	· · ·			
l	inlet and outlet weekly?	ŪΥ	$\square N$	□N/A
ļ	Is the temperature differential equal to or greater than 20° F?	ÜΥ	ПΝ	□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?	ÜУ	□N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ŪУ	ПΝ	□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?	ПΥ	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	□n/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПN	□N/A

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

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?			MD DN		
2. Has the facility maintained a leak log?			DY DN		
3. Does the responsible official check the f	ollowing areas for leaks?				
Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	DY ON ON/A		
Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A		
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	ON ON ON/A		
Pumps	DY ON ON/A	Diverter valves	ONY ON ON/A		
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	EY ON ON/A		
Water separators	MY ON ON/A				
4. Which method of detection is used by the	e responsible official?				
Visual examination (condensed so	lvent on exterior surfaces	) .			
Physical detection (airflow felt thr	ough gaskets)				
Odor (noticeable perc odor)					
Use of direct-reading instrumentat					
Halogen leak detector	<b>a</b> .				
If using direct-reading instru	ØN/A				
a. Capable of detecting p	DY DN				
<ul><li>b. Calibrated against a st (PID/FID only)?</li></ul>	andard gas prior to and af	ter each use	ОУ ОИ		
c. Inspected for leaks and	d obvious signs of wear or	n a weekly basis?	מם עם		
d. Kept in a clean and se	cure area when not in use	?	OY ON		
e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	אם אם		
· 	•				
Inspector's Name (Please Prin	<u> </u>	8-//-00 Date of Inspection			
Alka Bund	·	8-11-01			
Inspector's Signature		Approximate Date of	Next Inspection		

ADDITIONAL S	SITE INFORMATION:	

AIRS ID#: 0951160

Revised 01/18/00

# ARMS 8-23-00 yb

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Dry Clear	n World	D	ATE: ?-11-2000
FACILITY LOCATION: 1451	Lee Rd.		
FACILITY LOCATION: 1451 Winfer Park - Orland	FL 32789		
Annual Reporting Period: Aug.	7 1999 20d	TO Aug. 11	20 00
Based on each term or condition of the Titl	e V general air permit, my facil	ity has remained in compliance wi	h DEP Rule
62-213.300, Florida Administrative Code (	F.A.C.), during the period cove	red by this statement.  YES	ПNО
If NO, complete the following:			
#1. Term or condition of the general perm	it that has not been in continuou	is 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 perm	it that has not been in continuou	is compliance during the reporting	period stated above:
Exact period of non-compliance: from		to to	·
Action(s) taken to achieve compliance:			
•			
		· · · · · · · · · · · · · · · · · · ·	
7			
Method used to demonstrate compliance:  As the responsible official, I hereby certify, in this notification are true, accurate and compute purchase receipts, does not exceed 2,100 g	omplete. Further, my annual c	onsumption of perchloroethylene s	olvent, based upon
Method used to demonstrate compliance:  As the responsible official, I hereby certify, in this notification are true, accurate and c purchase receipts, does not exceed 2,100 g combination facilities.	omplete. Further, my annual c	onsumption of perchloroethylene s	olvent, based upon

<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 COMP	LAINT/DISCOVERY RE-INSPECTION V
TIME IN: 0856 TIME OUT: 0915	AIRS ID#: 0951160
TYPE OF FACILITY: Dry Clpaner	
FACILITY NAME: Dry Clean World	DATE: 8-11-00
FACILITY LOCATION: 1451 Lee Rd.	
Winter Park Ortalido, FL 32789	
responsible official: Lin Ha	PHONE NUMBER: 407-644-3475
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administration	- · · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaluate discrepancies were noted:	ed during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•	
	•
	•
COMMENTS:	· · · · · · · · · · · · · · · · · · ·
Facility in compliance.	· · · · · · · · · · · · · · · · · · ·
The Annual Compliance Certification form has been properly certifie	d and submitted to the inspector. YES NO NO
DATE OF NEXT INSPECTION: $8-11-0$	roximate)
INSPECTION CONDUCTED BY: IKA BU	
(Plea	nse Print) —PHONE NUMBER: 407-836-1400
	of / Revised 10/96

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** 

Do NOT Remove Label

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

FOR GOVERNMENT WS Org.: 37550101000 EO+ A Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

RECEIVED

MAIL ROOM

**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

Do NOT Remove Label

AIRS ID # 0951160

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

D areau of Air Monitoring & Mobile Sources FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: BI

Fund: 20-2-035001 Obj.: 002273

cut heres

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

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 DEC212881

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

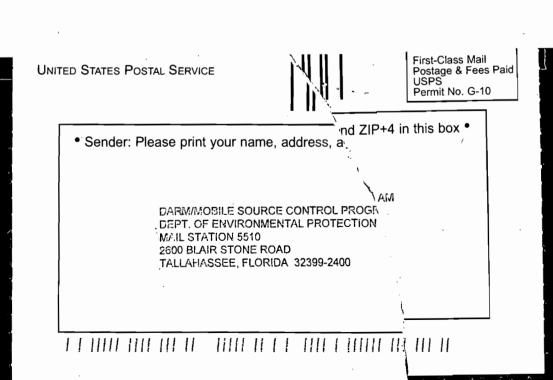




TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

	U.S. Postal Service  CERTIFIED MAIL RECEIPT  (Domestic Mail Only; No Insurance Coverage Provided)
E707	OFFICIAL USE
3108	Postage \$ Certified Fee
0013	Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)
7000 1670	10 AIRS ID # 0951160001AG  LIN HA  DRY CLEAN WORLD  Si 1451 LEE ROAD  WINTER PARK FL  Ci 32789
L	PS Form 3800, May 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE	<del></del>
SENUER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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 reso that we can return the card to you verse.</li> <li>Attach this card to the back of the resor on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature
1. Article Addressed to:  10 AIRS ID # 09;  LIN HA 51160001AG  DRY CLEAN WORLD 4  1451 LEE ROAD	D. Is delivery address different from item 1?
WINTER PARK FL 32789	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes
PS Form 3811, March 201, 7000 / 6, 70,00	133108,7023
Domestic Retu	urn Receipt 102595-01-M-1424



	Z 333 6:	13 664
1	US Postal Service  Receipt for Cert  No Insurance Coverage I  Do not use for Internation  Sent to	tified Mail Provided.
LI 14	N HA N HA 51 LEE ROAD INTER PARK FL 32789	AIRS ID 0951160
	Special Delivery Fee	
	Restricted Delivery Fee	
1996	Return Receipt Showing to Whom & Date Delivered	
, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form <b>3800</b> , April 1995	Postmark or Date	·

## Fold at line over top of enve

on the reverse side?	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.	eipt Service.
ADDRESS completed	3. Article Addressed to:  AIRS ID 0951160  LIN: HA EIN: HA 1451 LEE ROAD WINTER PARK FL 32789	7. Date of De	Type ed Certified Mail Insured ceipt for Merchandise COD elivery	you for using Return Rec
Is your RETURN	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994	8. Addressee and fee is	e's Address (Only if requested paid)  Domestic Return Receipt	Thank
	ra romi ad i i, December 1994		Domestic Hetain Neceipt	

