

# Department of **Environmental Protection**

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

Virginia B. Wetherell Secretary

September 29, 1997

Mr. Michael Dunn \$1.50 Cleaners 4473 South Semoran Boulevard #4 Orlando, Florida 32822

Re: Facility No. 0951161

Dear Mr. Dunn:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 25, 1997.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Ms. Marie Driscole, Orange County

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

## BEST AVAILABLE COPY

PERC	TITLE $\nabla$ G	YLENE DRY CLEANERS ENERAL PERMIT ESPECTION CHECKLIST	JUN 29 1998  Ureau of Air Mobilering  & Mobile Sources
YPE OF INSPECTION:	AFFUAL. RE-INSPECTION	COMP (AIFT/DISCOV	Monitoring sources
		7 TIME IN: 300pm TIME	our: 410 pm
FACILITY NAME:	Eldorado	Cleaners	
ACILITY LOCATION:	4473.S	Semovan Blud	
		5 FL 3282Z	
PART I: NOTIFICATION	<del></del>		
Check appropriate box)			V 100 100 100 100 100 100 100 100 100 10
<ol> <li>Existing facility notified D</li> </ol>	ARM by 9/1/96	**** ·	ם
2. New facility notified DAR	M 30 days prior to star	tup	
2. New facility notified DAR $3$ . Facility failed to notify DA	• •		
•	• •		CI UZ
•	XRM to use general per		
3. Facility failed to notify DA	ARM to use general per		
3. Facility failed to notify DAPART II: CLASSIFICATION Facility indicated on notific	ON  cation form that it is:  ource U  ol/yr		
PART II: CLASSIFICATION  Facility indicated on notific (check appropriate box)  A.  J. Existing small area so dry-to-dry only, x<140 gr transfer only, x<200 gal/y both types, x<140 gal/yr	ON  Cation form that it is:  Ource U  Olyr  yr  91)  Source U  2, 100 gal/yr  300 gal/yr  0 gal/yr	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr	
PART II: CLASSIFICATE Facility indicated on notific (check appropriate box)  A.  J. Existing small area so dry-to-dry only, x<140 gatransfer only, x<200 gal/y both types, x<140 gal/yr (constructed before 12/9/2)  3. Existing large area so dry-to-dry only, 140 <x<2 140<x<1,800<="" 200<x<1,8="" both="" only,="" td="" transfer="" types,=""><td>ON  cation form that it is:  purce U  nl/yr  yr  91)  source U  2, 100 gal/yr  300 gal/yr  ) gal/yr  /91)</td><td>2. New small area source dry-to-dry only, x&lt;140 gal/yr transfer only, x&lt;200 gal/yr both types, x&lt;140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140<x<2, 100="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""><td></td></x<2,></td></x<2>	ON  cation form that it is:  purce U  nl/yr  yr  91)  source U  2, 100 gal/yr  300 gal/yr  ) gal/yr  /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)  4. New large area source dry-to-dry only, 140 <x<2, 100="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""><td></td></x<2,>	
PART II: CLASSIFICATION  Facility indicated on notific (check appropriate box)  A.  J. Existing small area so dry-to-dry only, x<140 gal/yr (constructed before 12/9/2)  3. Existing large area so dry-to-dry only, 140 <x<2 (constructed="" 12="" 140<x<1,800="" 2)<="" 200<x<1,8="" 9="" before="" both="" only,="" td="" transfer="" types,=""><td>ON  cation form that it is:  ource U  nl/yr  yr  91)  source U  2, 100 gal/yr  300 gal/yr  0 gal/yr  /91)  assification</td><td>2. New small area source dry-to-dry only, x&lt;140 gal/yr transfer only, x&lt;200 gal/yr both types, x&lt;140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2>	ON  cation form that it is:  ource U  nl/yr  yr  91)  source U  2, 100 gal/yr  300 gal/yr  0 gal/yr  /91)  assification	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>	

# PART HI: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled 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? □Y □N □N/A

#### PART IV: PROCESS VENT CONTROLS

#### Jn Part H-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  $\Lambda$  and B below).

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

(cl	neck appropriate boxes)	
1.	Equipped all machines with the appropriate vent controls?	אט אש
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	איאם אם אא
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	מאם אם אס
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	MA CIN
5	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	DY CIN
6	. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	מט אַט

B.	Has the reconsists official at a second			
	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?	ĿΥ	UN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ÜΥ	ÜИ	NIA
	Is the temperature differential equal to or greater than 20° F7	ÜΥ	ÜИ	NA
	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?	ľΙV	l"INI	Ωή/Λ
	Is the pere concentration equal to or less than 100 ppm?		UN	
	Assured that the sampling port on the carbon adsorber exhaust for measuring pere 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?	ΞY	אט	۸la
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?			CHV/A
6.	Routed airflow to the carbon adsorber (if used) at all times?			ÜN/ <b>∧</b> -

PART V: RECORDICEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?						
2. Maintained rolling monthly averages of perc consumption?	UY WN					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 lns7 or;	UY UN					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	י טאַ טאַט					
4. Maintained calibration data? (for direct reading instruments only)	מאעם אם אמ					
5. Maintained exhaust duct monitoring data on perc concentrations?	UY ON NA					
6. Maintained startup/shutdown/malfunction plan?	EN LIN					
7. Maintained deviation reports?	CAY LIN					
Problem corrected?	מט צע					
8. Maintained compliance plan, if applicable?	OY ON BNIA					

PART VI: LEAK DETECTION AND REPAIRS		
1. Does the responsible official conduct a weekly leak detection and repair inspection?	MA CAMPAGE AND ASSESSED OF ALL PARTICULAR AND ASSESSED OF ALL PARTICULAR AND ASSESSED OF A PARTICULAR A	

2. Which method of detection is used by the responsible official?								
Visual examination (condensed sol	Visual examination (condensed solvent on exterior surfaces)							
Physical detection (airflow felt three	•	□						
Odor (noticeable pere odor)		ט						
Use of direct-reading instrumentat	c tubes)	Ü						
If using direct-reading instrumen	ntation, is	the equipmen	t:					
<ol> <li>Capable of detecting p</li> </ol>	ere vapor	concentrations	in a range of 0-500 ppm?	CIY CI	И			
<ul><li>b. Calibrated against a st (PID/FID only)?</li></ul>	andard ga	s prior to and a	fter each use	ΟΥ C	Ν			
<ol> <li>Inspected for leaks and</li> </ol>	l obvious	signs of wear o	n a weekly basis?	ט צט	14			
d. Kept in a clean and se	cme area	when not in use	c7	CIY CIN				
e. Verified for accuracy t	es (calorimetric only)?	מא מא						
3. Has the facility maintained a leak log?		DAY C	И					
4. Does the responsible official check the	following	areas for leaks?	•					
Hose connections, fittings, couplings, and valves	σ <b>γ</b> γ	ПИ	Muck cookers	DY	ПN			
Door gaskets and seating	ĽΥ	ПИ	Stills	OX.	ПN			
Filter gaskets and seating	CY.	ПN	Exhaust dampers	ĽΥ	ПИ			
Pumps	ĽΥ	ИО	Diverter valves	ŪΥ	ΠИ			
Solvent tanks and containers	CAY	ΠN	Cartridge filter housings	: LIX	ПN			
Water separators	Ω <b>γ</b>	אט		,				

Mike Donn Name of Responsible Official

Todd Fletcher

Inspector's Name (Please Print)

Inspector's Signature

Approximate Date of Next Inspection

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL \( \overline{\pi} \) COM	APLAINT/DISCOVERY RE-INSPECTION
тіме ін: <u>300 рм</u> тіме оит: 410	pm AIRS ID#: 0951161
TYPE OF FACILITY: DYV CLEANEY	· /
FACILITY NAME: ELDOVADO CI.	eauers DATE: 7/21/97
	·
Ovlando Fl	32822
RESPONSIBLE OFFICIAL: MIKE WAN	PHONE NUMBER: 282-8666
Based on the results of the compliance requirements evaluate	ated during this inspection, the facility is found to be in
compliance with DEP Rule 62-213.300, Florida Administr	ative Code (F.A.C.).
Based on the results of the compliance requirements evaluate	ated during this inspection, the following compliance
discrepancies were noted:	are caring the more than, the terror mig compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No Rolling Pevc. Consumption	NO Follow required
No holling text. Consumption	- 13
	The state of the s
	88 2 1
	82 2
	8 2
	200
	ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا
The second secon	-
	•
-	<del> </del>
	<u> </u>
COMMENTS:	
COMMENTS.	
The Annual Compliance Certification form has been properly certification.	fied and submitted to the inspector.  YES  NO
DATE OF NEXT INSPECTION: 7	121/98
	pproximate)
INSPECTION CONDUCTED BY:	Icase Print)
told (III)	•
INSPECTOR'S SIGNATURE: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	PHONE NUMBER: 836-9524

095/16/

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION					
TIME IN: 300 pm TIME OUT: 410  TYPE OF FACILITY: DVV Cleaner	ρn AIRS ID#:					
	van Blud 32822					
RESPONSIBLE OFFICIAL: MIKE Dun	PHONE NUMBER: 282-8666					
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 Rolling Pevc. Consumption	NO Follow required					
	RECEIVED					
	AUG 2 5 1997  Bureau of Air Monitoring					
	& Mobile Sources					
Special						
COMMENTS:						
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector.  YES  NO					
DATE OF NEXT INSPECTION: 7 (Ap	/2//98					
(Approximate) INSPECTION CONDUCTED BY: ODD Fletchev  (Please Print)  (Please Print)						

	·
#0951161	
#1.50 Cleaners	
The wall Mid and Dun-	
- Spoke with Michael Dunn-	
D.15 5. add HP33/natural gas	
El Dorado	
\$1.50 CLEANERS	_
"In by 10:00Out by 4:00 PM"	·
4473 S. Semoran Blvd. Mike Dunn Suite 4 (407) 282-8666 Orlando, FL 32822 Fax (407) 282-7286	

.

RECEIVED

AUG 2 5 1997

## Perchloroethylene Dry Cleaning Facility Notification

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

Bureau of Air Monitoring & Mobile Sources.

1.	Facility Owner/Company Name (N	ame of corporation	agency or inc	lividual owr	ner):				
	1 7 5 7,								
	EL DORADO CLEANERS								
2.	Site Name (For example, plant nam	e or number);	_	_					
	\$1.50 CLEANER	25 ONE	DOLLAR	FIFTY	CLEANORS				
3.	Hazardous Waste Generator Identifi	cation Number:							
	NA								
4.	Facility Location:								
	Street Address: 4473 5. 5em			Zin C	lode: 32822				
	City: OPLANDO	County: OP	NRE	Zip C	oue. Sesce				
5.:	Facility Identification Number (DEI	P Use ONLY - do r	ot fill in):	CONTRACT					
			0	951	161				
1.40 ( V )	minger and source additional flow ones in the entire state of the conjugation to be a set set in the conjugation of the conjuga			T The Theorem 1887	and the state of t				
	·	Responsible (	Jincial						
6.	Name and Title of Responsible Offi	cial:	<del>,</del>						
Nar	ne: MICHAEL PUND		Title:	೧ಬಾರಿಕ	0				
	1 (ICHAEL YUND	_							
7.	Responsible Official Mailing Addre	ss:							
	Organization/Firm: Street Address: 447	3 S. SEMORAA	K 22 H	u					
				7	Zip Code: 32822				
	City: ORLANDO	County.	ORANGE	•	Zip code. Serce				
8.	Responsible Official Telephone Nu	mber:							
	Telephone: (407) 282 - 80	666	Fax: (40	-585 (4	7286				
	Facility Cont	act (If different fr	om Responsib	le Official)					
9.	Name and Title of Facility Contact	(For example, plan	t manager):						
		,	-		·				
10	Facility Contact Address:								
	•								
	Street Address:	٠.			·				
	City:	County:		Zip C	Code:				
11.	Facility Contact Telephone Number	<u> </u>							
	Telephone: ( ) -		Fax: (	) -					

DEP Form No. 62-213.900(2)

Effective: 6-25-96

#### **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		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		11-96	11-96		11-96	11-96			
(2) w/ carbon adsorber							ļ		
(3) w/ no controls							ļ	L.	
Washer Unit		<b>HAG</b>	SACREMENT.	基準的	dheeddt toldig	100000000000000000000000000000000000000	AN AN	taliana propert	
(4) w/ ref. condenser	<u> </u>	-			_				
(5) w/ carbon adsorber	;			<b> </b>	1				-
(6) w/ no controls	1,000,000	piscensila anu	Had been burnet 196	. fsterio - r	0.00/00,00/00 g to 10 1.00 f cs	Not in Colorania with	450000	VC 1845088984 1 14000044	الما والمراجع في المراجع المراجع
Dryer Unit	1988	**************************************	Valentakiako T	\$250			4835	<u> </u>	T
(7) w/ ref. condenscr (8) w/ carbon adsorber	ł								ļ
(9) w/ no controls									<u> </u>
Reclaimer Unit	la dable v		- Karabini dajar	Tigli dise e	l Adore Várnimoco	l Director de Coloradis	434136		L AGRAFINISKI
(10) w/ ref. condenser	(१५६६) इ	de arseres dus sinkina.	The second of th	Manif	14449147144-1491549385-1	1 31690'N UNAMORUMATE 1 31690'N UNAMORUMATE	\$5.894C	100 to	enserálja Glastoka
(11) w/carbon adsorber	ł								
(12) w/ no controls					_		2 .		
(b) Control devices are  (c) No control devices  2.(a) What was the total of the street of the stree	are r quan <b>t</b>   gallo ths, h	equired to be ity of perchle ons (You mu ow many? [_ n 12 months:	e installed (exporoethylene (exporoethylene (exporoethylene (exporoethylene))  Solution (exporoethylene)  Mew owner:	perc)	g small area s purchased o	r consumed	not k	eep records:	
(Indicate with an "X".	Selec	one classif	ication only.)	)	nall arca sour		ŕ	i an ii:	
all							-		
Existing large ar	ea so	urce [ ]	N	ew la	rge area sour	ce f	7		

DEP Form No. 62-213.900(2)

Page 14 of 16

4. What control technology is required on machines pursuant to se (Indicate with an "X".)	ection (5) of Part II of this notification form?
	frigerated condenser [14] [16] [1] [1] [14] [15]
New small area source Refrigerated condenser  [X]	
New large area source Refrigerated condenser []	•
	1
A facility which contains non-exempt emissions units shall not to Rule 62-213.300, F.A.C. Verify that all steam and hot water go exemption criteria or that no such units exist on-site:  All steam and hot water generating units on-site have a total he boiler HP or less) and are fired by natural gas, propane or fuel	enerating units on-site meet the following  at input of 10 million BTU/hr or less (298
sulfur.	
All steam and hot water generating units exempt  No such units on-site	
Equipment Monitoring and Recordk	eeping Information
Check all logs which are required to be kept on-site in accordance	e with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	[ <u>X</u> ]
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	[]
(f) Start-up, shutdown, malfunction plan	

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

## Surrender of Existing Air Permit(s)

Please indic	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ιX	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this no stateme mainta	ndersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in tification. I hereby certify, based on information and belief formed after reasonable inquiry, that the ents made in this notification are true, accurate and complete. Further, I agree to operate and in the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will p	promptly notify the Department of any changes to the information contained in this notification.
Signati	121/97 Date

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

# 095/16/ BEST AVAILABLE COPY

# 1.50 Cleaners

AU ECEIVED - Spoke with Michael Dunn-9/4/97 P.15 5. add HP 33/natural gas AUG 2 5 1997 4473 S. Sen Suite 4 3ureau of Air Monitoring Orlando, FL & Mobile Sources. I. racing EL Site 1 Haza 4. Facil Stre 258 City ORANGE COUNTY ENVIRONMENTAL PROTECTION DEPARTMENT 5. Faci RECEIVED DEC 5 1997 Nai Name: Bureau of Air Monitoring Re & Mobile Sources Or Sti Ci dc: 32822 R 8. 6 Facility Contact (If different from Responsible Official) --Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address:

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

11. Facility Contact Telephone Number:

City:

Telephone:

Fax: (

)

County:

Zip Code:

## BEST AVAILABLE COPY

## RECEIVED

AUG 2 5 1997

## Perchloroethylene Dry Cleaning Facility Notification

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

Bureau of Air Monitoring & Mobile Sources.

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
EL DORADO CLEANERS	
2. Site Name (For example, plant name or number):	
\$1.50 CLEANERS (ONE DOLLAR FIFTH CLEANERS)	
3. Hazardous Waste Generator Identification Number:	
NA	
4. Facility Location: Street Address: 4473 5. Semeran Blue #4	
City: ORIGINO County: ORANGE Zip Code: 32822	
5. Facility Identification Number (DEP Use ONLY - do not fill in):  095116	
Responsible Official	V E
6. Name and Title of Responsible Official:	1997
Name: MICHAEL DUND Title: OWNER	
7. Responsible Official Mailing Address: URANGE COUNTY EN	
Organization/Firm:	
	,
City: ORLANDO County: ORANGE Zip Code: 32822	~
8. Responsible Official Telephone Number:	
Telephone: (407) 282 - 8666 Fax: (407) 282 - 7286	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
10 15 - 32 - 6 11	
10. Facility Contact Address:	
Street Address:	
City: County: Zip Code:	
11. Facility Contact Telephone Number:	
Telephone: ( ) - Fax: ( ) -	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

#### **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	D	Date Machine Initially Purchased	Date Control Device Installed	ΙD	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	239	AMALS AND J		1988	tarwilla kriiki				
(1) w/ ref. condenser		11-96	11-96		11-96	11-96			
(2) w/ carbon adsorber	l		-	l			_		
(3) w/ no controls	<u> </u>	<u> </u>		<u> </u>	<u> </u>		_[		
Washer Unit	11/1/16		10000000	5,56	Bargigni Thi <sub>ll</sub> .	er Erry Larp 1940.	* <i>4</i> ,000	AP HARLES HAR	siglet(fa
(4) w/ ref. condenser	<b>!</b>			ļ			<b>-</b>		-
(5) w/ carbon adsorber	<u> </u>		-	ļ			_		-
(6) w/ no controls	1 10	See an		ļ.,,		<u> </u>	<b>-</b>		
Dryer Unit (7) w/ ref. condenser	11/80	(2명하는 19 · · · · · · · · · · · · · · · · · ·	on Anna 模型 T		ggaggeri (1999). T	<u> </u>	4 755		- 1330 - 1844 - 18
(8) w/ carbon adsorber		ļ		<b> </b>	-		-[		
(9) w/ no controls	<b>-</b>		<u> </u>	<b>[</b>	-		-{		
Reclaimer Unit	21.413	eschilorism in a	1			<u>                                     </u>			
(10) w/ ref. condenser	* 1635	TO A PARTY OF THE TAIL OF	1		1.74	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1 Lijasan		T
(11) w/carbon adsorber	ł			<b>\</b>	-	<del>-</del>	1—		
(12) w/ no controls	<del> </del>			ł		-	$\dashv$		1
(b) Control devices are (c) No control devices  2.(a) What was the total of 120  (b) If less than 12 work	are r quant } gallo	equired to be ity of perchl ons (You mu	e installed (ex oroethylene) ist fill this in	xistin (perc)	) purchased (	or consumed			
<ul><li>(b) If less than 12 mon Check why it is less 3. What is the facility's so (Indicate with a. "X".</li><li>Existing small at</li></ul>	surce Selec	classification et one classif	n based on the	e def		d in section	(3) of		: []
Existing large ar					rge area sou		_] _,		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is requi (Indicate with an "X".)	red on machines p	oursuant	to section (5) of Par	t II of th	iis notificatio	on form?
Existing large area source Carbon adsorber	<u></u> ]	OR	Refrigerated conde	nser	[]	
New small area source Refrigerated condenser	X					
New large area source Refrigerated condenser	[]					
5. A facility which contains non-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such u	that all steam and					
All steam and hot water generating boiler HP or less) and are fired by sulfur.						
All steam and hot water generating No such units on-site	units exempt					
33 HP - NATU	RAC GAS	m				
Equipmo	ent Monitoring a	nd Reco	rdkeeping Inform:	ntion		
Check all logs which are required to	o be kept on-site i	in accord	ance with the requir	ements	of this gener	al permit
(a) Purchase receipts and solvent pr	urchases			[ <u>X</u> ]		
(b) Leak detection inspection and r	epair		·	<u>X</u> 1		
(c) Refrigerated condenser tempera	ture monitoring					
(d) Carbon adsorber exhaust perc c	oncentration mon	itoring		[]		
(e) Instrument calibration				[]		
(f) Start-up, shutdown, malfunctio	n plan					

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

### Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:
[;_]	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ιχ̈́	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
Signature	UD 7/21/97
The	12/1/97

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

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

AIRS ID#0951161

EL DORADO CLEANERS MICHAEL DUNN 4473 S SEMORAN BLVD #4 ORLANDO FL 32822

Do NOT Remove Label Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. XYES  $\square$ 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 Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. Date Signaturé

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

## PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: AN	NUAL	<u> </u>	COMPLAINT/E	DISCOVERY	
, RE	-INSPECTION	المر ا		,	
		<u> </u>			
AIRS ID#: <u>095//6/</u> DATE	•			TIME OUT:	1020
FACILITY NAME: ELDO					
FACILITY LOCATION: 44	73 S.	SEMO	CAN BO	CUD	
			. 3282		
RESPONSIBLE OFFICIAL : M	ICHAE	LDUN	ØPHONE: <u></u>	07-282	-8666
CONTACT NAME:	·		PHONE:		
			M		
PART I: NOTIFICATION				and the same of th	
(check appropriate box)		(	Mean of P	,	
1. New facility notified DARM 30 da	ys prior to start	lup	302 12		۵
2. Facility failed to notify DARM to t	ise general peri	mit	Real of Pir No	6	a
PART II: CLASSIFICATION			. 18e		
Facility indicated on notification for (check appropriate box)	m that it is:		□ No notificati □ Drop storc/o	ion form out of business/pe	troleum
A.	<b>(*)</b>	0.33			
1. Existing small area source dry-to-dry only, x < 140 gal/yr	ü	2. New smal	i <b>arca source</b> ly, x < 140 gal/yr	لعا	
transfer only, $x < 200$ gal/yr		transfer only,	x < 200  gal/yr		
both types, x < 140 gal/yr (constructed before 12/9/91)		both types, x	< 140 gal/yr on or after 12/9/91)		
(00110111101011 00110110 1211111 2)		•	,		
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ g	al/vr	4. New large	e area source $ y     40  \le x \le 2,100$	eal/vr	
transfer only, $200 \le x \le 2,100$ g			$200 \le x \le 1,800 \text{ ga}$		
both types, $140 \le x \le 1,800$ gal/yr			$10 \le x \le 1,800 \text{ gal/y}$		
(constructed before 12/9/91)		(constructed	on or after 12/9/91)		
5. This is a correct facility classifi	cation	M ON	□Can not dete	ermine	
	alified for a ger	neral permit as	numbereligible for a genera		
B. The total quantity of perchloroctle facility was _135 gallons.	ıylene (pere) pı	urchased withi	n the preceding 12	months by this d	ry 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? ON ON/A 2. Examining the containers for leakage? ON ON/A 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? DN DN/A

#### PART IV: PROCESS VENT CONTROLS

beds according to the manufacturer's specifications?

#### In Part II-A:

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

Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber

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

В.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	MY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON DNIA
	Is the temperature differential equal to or greater than 20° F?	איאבל אים גים
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON DNIA
	Is the perc concentration equal to or less than 100 ppm?	מאס מט אוע
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?	מואק אם צם
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	אואם אם עם
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	/
1. Maintained receipts for perc purchased?	NO YEAR
2. Maintained rolling monthly total of perc consumption?	DY CIN
3. Maintained leak detection inspection and repair reports for the following:	'/
a. documentation of leaks repaired w/in 24 hrs? or;	אום אם אבל
<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>	DY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	אואש, אם צם
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN ZIN/A
6. Maintained startup/shutdown/malfunction plan?	DAY ON
7. Maintained deviation reports?	DY ON MINA
Problem corrected?	אואבל אם גם
8. Maintained compliance plan, if applicable?	מא מי מי איע

PA	RT VI: LEAK DETECTION AND	REPAIRS		
1, ]	Does the responsible official conduct	n weekly (for small source	s, bi-weekly) leak detection a	and repair
i	inspection?			DAY UN
2. 1	las the facility maintained a leak log			DA CIN
3. 1	Does the responsible official check the	c following areas for leaks	57	
	Hose connections, fittings, couplings, and valves	אומם מם אבן	Muck cookers	DAY CON CONIA
	Door gaskets and scating	אואם אם אבן	Stills	אואם אם אבן
	Filter gaskets and scating	אואם אם צוב	Exhaust dampers	DY ON ON/A
	Pumps	אווט אט אבע	Diverter valves	אואום אום אצן
	Solvent tanks and containers	אואם אם צע	Cartridge filter housing	S DY ON ON/A
	Water separators	מאום אם אס		
4.	Which method of detection is used by	the responsible official?		
	Visual examination (condensed	solvent on exterior surfac	ces)	Ø
	Physical detection (airflow felt	hrough gaskets)		
	Odor (noticeable perc odor)			
 	Use of direct-reading instrumer	tation (FID/PID/calorime	etric tubes)	, <b>D</b>
	Halogen leak detector			
	If using direct-reading ins	tramentation, is the equ	ipment:	JZN/A
	a. Capable of detecting	g pere vapor concentratio	ns in a range of 0-500 ppm?	OY ON
	b. Calibrated against (PID/FID only)?	a standard gas prior to and	d after each use	OY ON
	c. Inspected for leaks	and obvious signs of wear	r on a weekly basis?	UY UN
	d. Kept in a clean and	I secure area when not in	use?	OY ON
1	e. Verified for accura	cy by use of duplicate san	ples (calorimetric only)?	מט עט
			_ / _ /	
A	SSEFA HAILEM	IARIAM	8/12/98	<u> </u>
	Inspector's Name (Please I	Print)	Date of In	spection

Revised 9/15/97

ADDITIONAL SITE IN	NFORMATION:	

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE:OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 0945 TIME OUT: 102	O AIRS ID#: 0951161
TYPE OF FACILITY: DRY CLEANERS	
FACILITY NAME: ELDOLADO EL	SANERS DATE: 8/12/98
FACILITY LOCATION: 4473.S. SEM	DRAN RIUD.
ORLUANDO FL	32822
	PHONE NUMBER: 407-282-8666
Based on the results of the compliance requirements evaluat compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaluat	
discrepancies were noted:	ed during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
COM BINICE REQUIREMENTAL ROBBEM	TODDOW OF NOTION REQUIRED
	P
	M
	Burg P. C
	EIVED 1948  Bundalie Sources  Mobile Sources
	E 27 1448  R 27 1448  R 27 1448  R 20 140rin  Mobile Sources
	S N L
	y ing
COMMENTS:	. 1880 P
FACILITY IN	MOMPLIANCE
PACE ZZ 7 ZZ	
The Annual Compliance Certification form has been properly certific	ed and submitted to the inspector. YES NO
× /,	2/99
DATE OF NEXT INSPECTION: (Apr	proximate)
INSPECTION CONDUCTED BY: ASSEFA B	AILE MARIAM
(Ple	ase Print)
INSPECTOR'S SIGNATURE:	шо осурноме NUMBER: 407 - 836 - 93 23
Page 1	of . Revised 10/96

## PERCHLOROETHYLENE DRY CLEANERS

Title v general permit compliance inspection checklist

		. /	•		
TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINTA	DISCOVERY	The state of the s
AIRS 1D#: <u>095/161</u>	·				13,00
FACILITY NAME:E	LDORADO	CLE	ANERS		Jing Jing
FACILITY LOCATION:	4473.5.	SEMO	RAN L	BLUD.	
	OLLAND				
RESPONSIBLE OFFICIAL :	MICHAE	L DUN	<u> И</u> PHONE: <u>У</u> г	07-282	-8666
CONTACT NAME:			PIIONE:		
PART I: NOTIFICATION					
(check appropriate box)					
New facility notified DARN		•			۵
2. Facility failed to notify DAI	RM to use general per	mit 			
PART II: CLASSIFICATIO	ON .				
Facility indicated on notifica (check appropriate box)	tion form that it is:		☐ No notifica ☐ Drop store	ation form out of business	/petroleum
	arce 🗅 al/yr yr	dry-to-dry on transfer only, both types, x	☐ Drop store.  Larca source.  ly, x < 140 gal/yr. x < 200 gal/yr.	out of business.	/petroleum
(check appropriate box)  A.  1. Existing small area son dry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr	arce  al/yr yr  1)  urce  2,100 gal/yr 800 gal/yr 0 gal/yr	dry-to-dry on transfer only, both types, x (constructed of the large dry-to-dry on transfer only, both types, 1-	□ Drop store.  I area source  ly, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr	out of business.   O gal/yr gal/yr	/petroleum
(check appropriate box)  A.  1. Existing small area sordiy-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/9)  3. Existing large area sordiy-to-dry only, 140 \le x \le transfer only, 200 \le x \le 1, both types, 140 \le x \le 1,800	arce	dry-to-dry on transfer only, both types, x (constructed of the large dry-to-dry on transfer only, both types, 1-	Drop stored larea source by, $x \le 140$ gal/yr $x \le 200$ gal/yr $x \le 140$ gal/yr on or after $12/9/91$ to area source by, $140 \le x \le 1,800$ gal on or after $12/9/9$	out of business.  (a) (b) (c) (d) (d) (e) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	/petroleum
(check appropriate box)  A.  1. Existing small area son dry-to-dry only, x < 140 ga transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/9)  3. Existing large area son dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/9)  5. This is a correct facility  If no, please check the	arce	dry-to-dry on transfer only, both types, x (constructed dry-to-dry on transfer only, both types, 1 (constructed	☐ Drop stored larea source by, $x < 140$ gal/yr $x < 200$ gal/yr $< 140$ gal/yr on or after $12/9/91$ area source by, $140 \le x \le 2,10$ , $200 \le x \le 1,800$ gal on or after $12/9/9$ . ☐ Can not design the contract of the con	Out of business.  O gal/yr gal/yr l/yr l) dermine _ above	/petroleum

## 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?
- 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?

, <b>E</b> IY	ШN	□N/N

- EN DN/A
- ZETY CIN
- אומם מם צוש.
- DY DN PANIA

#### PART IV: PROCESS VENT CONTROLS

#### In Part II-A:

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

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

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

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

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

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



- . EY ON ON/A
- MY ON ON/A
- NO YDA
- DY ON ON/A
- · DY ON

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?	POY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OA ON ÁNIV OA ON ÁNIV
	Is the temperature differential equal to or greater than 20° F?	חא הו או אוע
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON MINIA
	Is the pere concentration equal to or less than 100 ppm?	ON ON DANIA
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?	OA ON ŒWY
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	מא סא סאיע מא סא מאיע
6.	Routed airflow to the carbon adsorber (if used) at all times?	אואם אם אמֿ

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	THE STATE OF THE S
(check appropriate boxes)	/
1. Maintained receipts for perc purchased?	אנז עצא.
2. Maintained rolling monthly total of perc consumption?	ישל מא
3. Maintained leak detection inspection and repair reports for the following:	AP
a. documentation of leaks repaired w/in 24 hrs? or;	Y MAN 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>	DY DN ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	אלל אם אם אין
5. Maintained exhaust duct monitoring data on perc concentrations?	איאלל אם אם
6. Maintained startup/shutdown/malfunction plan?	YEA ON
7. Maintained deviation reports?	OA ON DKNY
Problem corrected?	OY ON ØN/A
8. Maintained compliance plan, if applicable?	OA ON \(\bar{\bar{A}}\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\

PA	PART VI: LEAK DETECTION AND REPAIRS							
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?			JENY ON				
2.	Has the facility maintained a leak log?	•		.DY ,DAN				
3.	Does the responsible official check the							
	Hose connections, fittings, couplings, and valves	אוחם אם עם.	Muck cookers	DA ON ON/Y				
	Door gaskets and seating	DY ON ON/A	Stills	אוחם חם אם				
	Filter gaskets and scating	DY ON ON/A	Exhaust dampers	מ/אם אם אבן				
	Pumps	אואם אם אפא	Diverter valves	אוחם אם צובן				
	Solvent tanks and containers	אואם אם צבא	Cartridge filter housings	AVO NO YE				
	Water separators	AND NO YES						
4.	Which method of detection is used by	the responsible official?						
	Visual examination (condensed	solvent on exterior surfac	es)	.0				
	Physical detection (airflow felt t	hrough gaskets)		CI .				
	Odor (noticeable perc odor)							
	Use of direct-reading instrumen	tation (FID/PID/calorime	tric tubes)					
	Halogen leak detector							
	If using direct-reading ins	trumentation, is the equ	ipment:	-DIN/A				
	a. Capable of detecting	g pere vapor concentration	ns 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 obvious signs of wear	on a weekly basis?	OY ON				
	d. Kept in a clean and	I secure area when not in	use?	OY ON				
	e. Verified for accurac	cy by use of duplicate sam	ples (calorimetric only)?	OY ON				

ASSEFA HAILEMARIAM	7/21/98
Inspector's Name (Please Print)	Date of Inspection
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE	INFORMATION:			
	•			
		•		
1				
1				

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL.	COMPLA	NT/DISCOVERY	RE-INSPE	CTION _
TIME IN: 1130	TIME OUT:	1200	AIRS ID#:	095116	
TYPE OF FACILITY: D	RY CLEAN	ERS	i dikabilah kada (majaga sarasa sa sakal <sup>ah</sup> 1) dan manan sajak dakan (m. majabajak daka)		
FACILITY NAME:	ELDORADO	CLEA	HERS	DATE: 7/	21/98
FACILITY LOCATION:	4473.5.	SEMORA	AN BLU	10.	
	OLLANDO	FL &	32822		
RESPONSIBLE OFFICIAL:	MIKE	DUNN	• PHONE NUM	BER: <u>407 - 28</u>	12-8666
	the compliance requirem			e facility is found to	pe in
Based on the results of discrepancies were not	the compliance requiremed:	ents evaluated d	uring this inspection, th	ie following complian	ce
COMPLIANCE REQ	UIREMENT/PROB	LEM	FOLLOW-UP A	CTION REQUI	RED
No log l	eak De be	chir la		P	
No Correcte	ion Achor	in Form	· Bur	KCK CK	
			& Modifie	2. 7	
			Meau of Air Source	on to the	
· · ·					
COMMENTS:					
ı	1998 DR	ly Cle	aner Ca Malenda	omplian	ce en.
The Annual Compliance Certifi					NO
DATE OF NEXT INSPECTION	ON:	12/3	0/98		
	/	(Approx	imate)	ر مرارد	
INSPECTION CONDUCTED	BY: HSSE-for	(Please)	,		,
INSPECTOR'S SIGNATURE	: assofr.	16i6	PHONE NUM	BER: <u>836</u> -	9323
	/ / / / / / / / / / / / / / / / / / / /	Page of			Revised 10/96

## BEST AVAILABLE COPY

Orange County Environm	ental Protection Department - 7
COMPLIANCE IN TUDE V G	CLENE DRY CLEANERS ENERAL PERMIT ISPECTION CHECKLIST  COMP. (Approximation in the comp.)  1 COMP. (Approximation in the comp.)  1 COMP. (Approximation in the comp.)
TYPE OF INSPECTION: AFFIUAL. RE-INSPECTION	11/23/98 A
	7 TIME IN: 300pm TIME OUT: 4.10 pm
FACILITY NAME: Eldorado.	Cleaners
FACILITY LOCATION: 4473. S.	Semoran Blud
Ovlande	, FI 3282Z
PARTI: NOTIFICATION	
(check appropriate box)	PA
1. Existing facility notified DARM by 9/1/96	
2. New facility notified DARM 30 days prior to star	tup A No C
3. Facility failed to notify DARM to use general per	mit direct to the state of the
	Mora Isu O
PART II: CLASSIFICATION	"Ilo I Ma
Facility indicated on notification form that it is: (check appropriate box)	The Moring
A.  J. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source transfer only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,></td></x<2,>	4. New large area source transfer only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,>
This is a correct facility classification	WY ON
If no, please check the appropriate classification:	`
facility qualified for a general per facility exceeds above limits and	ermit as number <u>marke</u> above I is not eligible for a general permit
13. The total quantity of perchloroethylene (perc) facility was 130 gallons.	purchased within the preceding 12 months by this dry cleaning

## INSPECTION SUMMARY REPORT ANNUAL V RE-INSPECTION TYPE OF INSPECTION: 300 TIME OUT: TIME IN: AIRS ID#: TYPE OF FACILITY: FACILITY NAME: FACILITY LOCATION: 37822 RESPONSIBLE OFFICIAL: PHONE NUMBER: 787 - 8666 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 D) Fullow required No Rolling Pevc. Consump COMMENTS: NON The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: INSPECTION CONDUCTED BY: (Please Print) INSPECTOR'S SIGNATURE: PHONE NUMBER: 836-9524

TITLE V AIR QUALITY GENERAL PERMIT

BEST AVAILABLE COPY

## PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	Ø C	OMPLAINT/DISCOVE	erik 60
	RE-INSPECTION	а	OMPLAINT/DISCOVE	The San Park
				0011 N 190
AIRS 10#: 0951161			1455 TIME 0	OUT: 15 30
FACILITY NAME: Eld		_		
FACILITY LOCATION: \(\frac{\partial}{2}\)				
	Orlando, FL			
RESPONSIBLE OFFICIAL	: Michael Du	nn P	HONE: 407-28	2-8666
CONTACT NAME:	p.n.	P	HONE:	
PART I: NOTIFICATION				
	·			I
(check appropriate box)	400 4			
1. New facility notified DARN				u.
2. Facility failed to notify DAI	RM to use general permit			
	<del></del>	<del></del>		<del></del>
PART II: CLASSIFICATIO	N ·			
Facility indicated on notifica			No notification form	
Facility indicated on notifica (check appropriate box)			☐ No notification form☐ Drop storc/out of busi	ness/petroleum
Facility indicated on notifica (check appropriate box) A.	ation form that it is:		Drop store/out of busi	iness/petroleum
Facility indicated on notifica (check appropriate box)  A.  1. Existing small area soudry-to-dry only, x < 140 ga	urce 2. I	New small are to-dry only, x	☐ Drop store/out of busi a source < 140 gal/yr	ness/petroleum
Facility indicated on notifica (check appropriate box)  A.  1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y	urce 2. I	New small are -to-dry only, x nsfer only, x < 2	☐ Drop store/out of busi a source < 140 gal/yr 200 gal/yr	ness/petroleum
Facility indicated on notifica (check appropriate box)  A.  1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr	urce 2. I al/yr dry- yr tran botl	New small are -to-dry only, x nsfer only, x < 2 h types, x < 140	☐ Drop store/out of busi a source < 140 gal/yr 200 gal/yr ) gal/yr	ness/petroleum
Facility indicated on notifica (check appropriate box)  A.  1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y	urce 2. I al/yr dry- yr tran botl	New small are -to-dry only, x nsfer only, x < 2	☐ Drop store/out of busi a source < 140 gal/yr 200 gal/yr ) gal/yr	ness/petroleum
Facility indicated on notifica (check appropriate box)  A.  1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr	arce	New small are -to-dry only, x asfer only, x < 146 h types, x < 146 nstructed on or New large are -to-dry only, 14 isfer only, 200	Drop store/out of busing source $< 140 \text{ gal/yr}$ 200 gal/yr 200 gal/yr after 12/9/91)  a source $< 10 \le x \le 2,100 \text{ gal/yr}$ $< x \le 1,800 \text{ gal/yr}$ $< x \le 1,800 \text{ gal/yr}$	ness/petroleum
Facility indicated on notifica (check appropriate box)  A.  1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area soudry-to-dry only, 140 ≤ x ≤ 1,80 transfer only, 200 ≤ x ≤ 1,80 th types, 140 ≤ x ≤ 1,80 th types,	ation form that it is:  arce	New small are -to-dry only, x asfer only, x < 140 astructed on or New large are -to-dry only, 14 asfer only, 200 a types, 140 \le 2 astructed on or	Drop store/out of busing source $< 140 \text{ gal/yr}$ 200 gal/yr 200 gal/yr after 12/9/91)  a source $< 10 \le x \le 2,100 \text{ gal/yr}$ $< x \le 1,800 \text{ gal/yr}$ $< x \le 1,800 \text{ gal/yr}$	ness/petroleum
Facility indicated on notifica (check appropriate box)  A.  1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area soudry-to-dry only, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility  If no, please check the	ation form that it is:  arce	New small are to-dry only, x asfer only, x < 140 astructed on or New large are to-dry only, 140 sfer only, 200 astructed on or 150 astructed on 050 a	Drop store/out of busing a source $< 140 \text{ gal/yr}$ 200 gal/yr after $12/9/91$ )  a source $< 1 < 0 \le x \le 2,100 \text{ gal/yr}$ $< x \le 1,800 \text{ gal/yr}$ after $12/9/91$ )  Can not determine $< x \le 1,000 \text{ gal/yr}$ after $ x  \ge 1,000 \text{ gal/yr}$ after	iness/petroleum

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

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?	ωÝ	DИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	[]N	DAN/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	ON/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?	ΠY	ПΝ	ØN/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПΝ	ØN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ΠN	™N/A
		_,	,	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ΩΝ	⊠N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПΝ	□ <b>∕</b> N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official:					
(check appropriate boxes)	/				
1. Maintained receipts for perc purchased?	MA ON				
2. Maintained rolling monthly total of perc consumption?	GAZ 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				
<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>	DY ON ON/A				
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN BN/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN ZN/A				
6. Maintained startup/shutdown/malfunction plan?	EN ON				
7. Maintained deviation reports?	DY DN DNA				
Problem corrected?	OY ON MYA				
8. Maintained compliance plan, if applicable?	DY DN ØN/A				

PART VI: LEAK DETECTION AND REPAIRS							
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
insp	ection?				es v	ПИ	
2. Has	the facility maintained a leak log?				ØY	ПN	
3. Does	s the responsible official check the fe	ollowing	g arcas for leaks?				
1	Hose connections, fittings, couplings, and valves	QX C	אותם אנ	Muck cookers	ØΥ	ON ON/A	
	Door gaskets and seating	QY C	ON □N/A	Stills	ØY	□и □и/а	
	Filter gaskets and seating	DY C	DN DN/A	Exhaust dampers	ΔY	□N □N/A	
	Pumps	QX C	DN □N/A	Diverter valves	ØY	□N □N/A	
	Solvent tanks and containers	ρλ c	A\N□ NC	Cartridge filter housings	ØY	ON ON/A	
	Water separators	ax c	A\N□ NC				
4. Whi	ch method of detection is used by the	e respoi	nsible official?				
	Visual examination (condensed so	lvent or	exterior surfaces)				
	Physical detection (airflow felt thr	ough ga	iskets)				
	Odor (noticeable perc odor)						
	Use of direct-reading instrumental	ion (FII	D/PID/calorimetric	tubes)			
	Halogen leak detector				Image: Control of the		
	If using direct-reading instru	imentat	tion, is the equipm	ent:	ON/	A	
	a. Capable of detecting p	erc vap	or concentrations in	a range of 0-500 ppin?	ΠY	ПN	
	<ul><li>b. Calibrated against a st (PID/FID only)?</li></ul>	andard	gas prior to and ast	er each use	ΩY	□и	
	c. Inspected for leaks an	d obviou	us signs of wear on	a weekly basis?	ΠY	□и	
	d. Kept in a clean and se		•		ΩY	□и	
	e. Verified for accuracy				ΩY	ПN	
				_			
				7 15 6	_	•	
	Ilka Bundy			7-15-9	9		
	Inspector's Name (Please Prin	ıt)		Date of Inspe	ection		
	Alka Bunch			7-15-2			
	Inspector's Signature			Approximate Date of	Next l	Inspection	

ADDITIONAL SITE INFORMATION:	
	·
•	

## **Orange County Environmental Protection Department**

71949

AIRS 1D#: 0951161

pre

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Eldorado Cleaners DATE: 7-15-99 FACILITY LOCATION: 4473 S. Semoran Blvd.
Orlando FL 32822
Annual Reporting Period: Aug 8 1998 TO July 15 1999
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
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon 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:  Name (Please Print)  Signature  Date
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

<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

149-99 719-99

TYPE OF INSPECTION: ANNUAL W	PLAIN I/DISCOVERY RE-INSPECTION
TIME IN: 1455 TIME OUT: 1530	0 AIRS ID#: 0951161
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Eldorado Cleaners	DATE: 7-15-99
FACILITY LOCATION: 4473 S. Semoran F	3/vd.
Orlando, FL 32827	<u> </u>
RESPONSIBLE OFFICIAL: Michael Dunn	PHONE NUMBER: 407-282-8666
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration	_ , , , , , , , , , , , , , , , , , , ,
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
	·
<u> </u>	
COMMENTS:	
tacility in compliance	) ,
The Annual Compliance Certification form has been properly certification	
DATE OF NEXT INSPECTION: 7-15	-2000
(A <sub>I</sub>	oproximate)
INSPECTION CONDUCTED BY:	
INSPECTOR'S SIGNATURE:	lease Print)PHONE NUMBER:836 - 9524
INSPECTOR'S SIGNATURE: AMA DUMON	PHONE NUMBER:
Page	of Revised 10/96

s/14/98

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: ANNUAL	ON COMPLAINT/DISCOVERY	u
•	98	1020
FACILITY NAME: ELDORADO	CLEANERS	
FACILITY LOCATION: 4473 S.		
MELANDO	0 FL 32822	
RESPONSIBLE OFFICIAL: MICHAI	EL DUNNPHONE: 407-282	-8666
	PHONE:	l
PART 1: NOTIFICATION		
(check appropriate box)	• .	
1. New facility notified DARM 30 days prior to sta	artup	
2. Facility failed to notify DARM to use general po	ermit	٥
PART II: CLASSIFICATION		
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/pet	roleum
A.   1. Existing small area source □	2. New small area source	ĬI
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, $x < 140$ gal/yr	
transfer only, x < 200 gal/yr both types, x < 140 gal/yr	transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr	
(constructed before 12/9/91)	(constructed on or after 12/9/91)	
3. Existing large area source □	4. New large area source	<b>7</b>
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	m
transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$	<del></del> 1
(constructed before $12/9/91$ )	(constructed on or after 12/9/91)	
5. This is a correct facility classification	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after 12/9/91)  Can not determine cources  fication:  general permit as number above	CEIVED
If no, please check the appropriate classif	ication:	ē 🚆
	general permit as number above of S	
, and in the second sec	initia tilia io iiot iii Biore ioi	_

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchlorocthylene in tightly scaled and impervious containers? AVAD AD Examining the containers for leakage? UN UN/V 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at UN UN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? CIY CIN DAN/A 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) 1. Equipped all machines with the appropriate vent controls? אוט אט צע 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	DY DN DN/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?	OY ON DN/A
	Is the perc concentration equal to or less than 100 ppm?	DA. DN DWYY
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?	חואק אם צם
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON MINIA
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN DN/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official:				
(clieck appropriate boxes)				
1. Maintained receipts for perc purchased?	ZIY DN			
2. Maintained rolling monthly total of perc consumption?	DA ON			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	אווט אט צאל			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אואם אם אבן			
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN ZNIA			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ZIN/A			
6. Maintained startup/shutdown/malfunction plan?	DAY ON			
7. Maintained deviation reports?	אוא בע אם אם אם			
Problem corrected?	אואבל אם אם			
8. Maintained compliance plan, if applicable?	מ/אבל אם צם			

P/	PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			DAY ON	
2.	Has the facility maintained a leak log	37		DY ON	
3.	Does the responsible official check th	ne following areas for leaks?		/	
	Hose connections, fittings, couplings, and valves	DAY ON ON/A	Muck cookers	MY ON ON/A	
	Door gaskets and scating	אומם מם צבי	Stills	אומם מם צב	
	Filter gaskets and seating	MA ON ONV	Exhaust dampers	אומם מם צעק	
	Pumps	אַען טוא טואיא	Diverter valves	אוום מם צען	
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	אוחם אם צובן	
	Water separators	DAY CIN CIN/A	•		
4.	Which method of detection is used by	y the responsible official?	•		
	Visual examination (condensed	I solvent on exterior surfaces)		Z	
	Physical detection (airflow felt	through gaskets)			
	Odor (noticeable perc odor)				
	Use of direct-reading instrumer	ntation (FID/PJD/calorimetric	tubes)	a	
	Halogen leak detector				
	If using direct-reading ins	strumentation, is the equipm	nent:	JZN/A	
	a. Capable of detection	ig pere vapor concentrations i	n a range of 0-500 ppm?	אם אם	
	b. Calibrated against (PID/FID only)?	a standard gas prior to and af	ler each use	OY ON	
	` ,	and obvious signs of wear on	a weekly basis?	OY ON	
		d secure area when not in use		OY ON	
		cy by use of duplicate sample		מע מא	
				•	
			1 .		
ASSEFA HAILEMARIAM 8/12/98 Inspector's Name (Please Print) Date of Inspection					
Inspector's Name (Please Print)  Date of Inspection					
	Inspector's Signature	Q M	8/12/9	9	
	Inspector's Signature	$\rightarrow$	Approximate Date of	Next Inspection	

ADDITIC	DNAL SITE INFORMATION:	
	•	
	. •	
	·	
		·

## BEST AVAILABLE COPY

# .ITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL CO	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN:	TIME OUT: 10 2	AIRS ID#: OC	151161
TYPE OF FACILITY: DR	VCLEANERS		
FACILITY NAME: E	LDOMADO CO	CEANERS	DATE: 8/12/98
FACILITY LOCATION:	4473.5. 50	MORAN BLUD.	
	RIGHDO FL	32822	
RESPONSIBLE OFFICIAL: /	MICHAEL DUN	PHONE NUMBER:	407-282-866
<u>L</u>	f the compliance requirements evaluate Rule 62-213.300, Florida Administra	uated during this inspection, the facil trative Code (F.A.C.).	ity is found to be in
Based on the results of discrepancies were no	·	uated during this inspection, the follo	wing compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
	,		
· · · · · · · · · · · · · · · · · · ·			•
· · · · · · ·			
			·
•			•
-		•	
COMMENTS:			
FAC	ILITY IN	COMPLIAN	
The Annual Compliance Certif	fication form has been properly cert	tified and submitted to the inspector.	YES NO
		12/97 Approximate)	
	(/	Approximate)	
INSPECTION CONDUCTED	DBY: ASSEFA	HOTLE MARIAN Please Print)	W
	(0	Please Print)	wa - 07/ 977
INSPECTOR'S SIGNATUR	E: Out / Let	Commercia PHONE NUMBER:	YUT 626-12 4
	Page	1 05 1	Revised 10/0

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL	Ma COMP	LAINT/DISCOVERY	_
	RE-INSPECTION		D	
				· · · · · · · · · · · · · · · · · · ·
AIRS 10#: 0951161	DATE: 7-26-00	TIME IN: _ 13 9	2_ time out: (	\$20
FACILITY NAME: Eld	Jorado Clea	ners	Call Con	
FACILITY LOCATION:	1473 S. Sem	ioran Blud		
	Orlando, FL		Source	, ,
RESPONSIBLE OFFICIAL	,		e: 407-282-86	ماما
		·		
CONTACT NAME:		PHON	E:	-
PART I: NOTIFICATION				
(check appropriate box)				
New facility notified DARM	130 days prior to startup			
2. Facility failed to notify DAI		·		
2. Facility failed to notify DAI	civi to use general permit			<b>u</b>
<del></del>		<del></del>		
DARTIT. CLASSIFICATIO	N	. 7		
PART II: CLASSIFICATIO				
Facility indicated on notificat			notification form	oleum
			notification form p store/out of business/petr	oleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area sou	rce 2.	□ Drop New small area sour	o store/out of business/petr	oleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area sou dry-to-dry only, x < 140 gas	rce 2.  Lyr dry	☐ Drop  New small area sour  y-to-dry only, x < 140	o store/out of business/petr ce gal/yr	oleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area sou	rce 2.  Vyr dry  train	□ Drop New small area sour	o store/out of business/petr ce gal/yr /yr	oleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area sou dry-to-dry only, x < 140 gas transfer only, x < 200 gal/yi	rce 2.  Lyr dry trai	New small area sour- r-to-dry only, x < 140 asfer only, x < 200 gal	o store/out of business/petr ce	oleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/91)	rce 2.  //yr dry tran bot	New small area sour y-to-dry only, x < 140 asfer only, x < 200 gall h types, x < 140 gally anstructed on or after 1	o store/out of business/petr ce	oleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gastransfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sounds.	rce 2.  Lyr dry trai bot (co	New small area sour y-to-dry only, x < 140 asfer only, x < 200 gal h types, x < 140 gal/y anstructed on or after 1	o store/out of business/petr ce	oleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area sou dry-to-dry only, x < 140 gastransfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sou dry-to-dry only, 140 ≤ x ≤ 2	rce 2.  Lyr dry trai bot ) (co	New small area sourty-to-dry only, x < 140 asfer only, x < 200 gally onstructed on or after 1.  New large area sourcy-to-dry only, 140 \le x.	o store/out of business/petr ce	oleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gastransfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sounds.	rce 2.  //yr dry  // trai  bot // co // co // cc // co // co // cc	New small area sour y-to-dry only, x < 140 asfer only, x < 200 gal h types, x < 140 gal/y anstructed on or after 1	o store/out of business/petr ce	oleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gast 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	rce 2.  //yr dry  //yr trai  bot // (co // 2,100 gal/yr dry // gal/yr bot	New small area sour x-to-dry only, $x < 140asfer only, x < 200 gallyth types, x < 140 gallyinstructed on or after 1New large area sourcex-to-dry only, 140 \le xasfer only, 200 \le x \le 1$	o store/out of business/petr ce	oleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gallyre both types, x < 140 gallyre (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	rce 2.  //yr dry trai bot ) (co  rce 4. 2,100 gal/yr dry gal/yr bot gal/yr bot ) (co	New small area source-to-dry only, $x < 140$ asfer only, $x < 200$ gally instructed on or after 1. New large area source-to-dry only, $140 \le x$ asfer only, $200 \le x \le 1$ . In types, $140 \le x \le 1.8$ instructed on or after 1.	o store/out of business/petr ce	oleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gast 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 ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility of	rce 2.  //yr dry trai bot ) (co  rce 4. 2,100 gal/yr dry gal/yr bot gal/yr bot ) (co	New small area sourty-to-dry only, $x < 140$ asfer only, $x < 200$ gally instructed on or after 1.  New large area sourcy-to-dry only, $140 \le x$ asfer only, $200 \le x \le 1$ . In types, $140 \le x \le 1$ , instructed on or after 1.	o store/out of business/petr ce	oleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility of the constructed before 12/9/91.	rce 2.  //yr dry  // trai  bot // (co // tree 4. // 2,100 gal/yr dry // gal/yr bot // co // calassification	New small area source-to-dry only, $x < 140$ asfer only, $x < 200$ gally instructed on or after 1. New large area source-to-dry only, $140 \le x$ asfer only, $200 \le x \le 1$ . In types, $140 \le x \le 1$ , instructed on or after 1.	o store/out of business/petr ce	oleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gast 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 ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility of the facili	rce 2.  //yr dry  r trai bot ) (co  rce 4. 2,100 gal/yr dry 00 gal/yr trai gal/yr bot ) (co	New small area source-to-dry only, x < 140 asfer only, x < 200 gally instructed on or after 1.  New large area source-to-dry only, 140 \le x asfer only, 200 \le x \le 1.  In types, 140 \le x \le 1.	o store/out of business/petr ce	oleum

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

_				
B	. Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	<b>D</b> Y	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	шy	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	ďΥ	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?	ПY	□N	DNIA
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠN	M/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	□N	₩N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□и	MN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	·ΩΥ	ΩΝ	MN/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: □N □N/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 ON OWA DY DN DNYA 4. Maintained calibration data? (for applicable direct reading instruments) DY/DN EMN/A 5. Maintained exhaust duct monitoring data on perc concentrations? ØY ON 6. Maintained startup/shutdown/malfunction plan? DY DN DN/A 7. Maintained deviation reports? Problem corrected? DY DN ØN/A 8. Maintained compliance plan, if applicable? DY DN ØN/A

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?			DY ON	
2. Has the facility maintained a leak log?			DAY DIN	
3. Does the responsible official check the f	ollowing areas for leaks?		•	
Hose connections, fittings,	MY ON ON/A		L. 5. 5.	
couplings, and valves	/ UN UN/A	Muck cookers	MY ON ON/A	
Door gaskets and seating	DIY ON ON/A	Stills	DAY ON ON/A	
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A	
Pumps	DY ON ON/A	Diverter valves	MY ON ON/A	
Solvent tanks and containers	DIY ON ON/A	Cartridge filter housings	ØY ON ON/A	
Water separators	DY ON ON/A			
4. Which method of detection is used by th	e responsible official?			
Visual examination (condensed so	vent on exterior surfaces	)	<b>a</b>	
Physical detection (airflow felt three	ough gaskets)			
Odor (noticeable perc odor)		•	<b>u</b>	
Use of direct-reading instrumentat				
Halogen leak detector				
If using direct-reading instru	ØN/A			
a. Capable of detecting p	erc vapor concentrations	in a range of 0-500 ppm?	OY ON	
b. Calibrated against a sta	andard gas prior to and af	ter each use	S. S.	
(PID/FID only)?				
c. Inspected for leaks and		•		
d. Kept in a clean and sec			OY ON	
c. Verified for accuracy b	y use of duplicate sample	es (calorimetric only)?	OY ON	
Ilka Bundy 7-26-00				
Inspector's Name (Please Print	Inspector's Name (Please Print)  7-26-00  Date of Inspection			
Illa Runda		7-26-61		
Inspector's Signature		Approximate Date of l	Next Inspection	

#### ADDITIONAL SITE INFORMATION: 8 7-7-00 50,0 2-19-99 40,0-50,0 1-28-00 8-20-99 40.0 40.0. 3-16-00 12-3-99 40.0 4-20-00 40.0 le-25-99 30.0 180.0 40.0 Dave 5-21-99 6,00 180.0 2000 1999 (1998 3-31-2000 (5) 40.0 OK 2-19-99 12-18-98 30,0 2 mos? 5-22-99 40.0 - ? 10-23-98 30.0 7-7-2000 >3/13 Perc 4/21 del. 25.0 7-31-98 6-25-99 30.0 - 7. 5-29-98 20.0 2-5-99 30.0 (0 4-9-98 20.0 1-23-98 40.0 JAN > 5-14-99 40.0 €€ 165.0 (t9) 8-18-99 = 30,0 JUNE ? 9-5-97 30.0 12-3-99 60.0 (NOV

permit: rec'd 25 Aug 1997 - Has records 1997 in house Issued 05- SEP 1997 - Has records 1999 in house Exp 05- SEP 2002 - Has records 1999 in house - Has 2000 records in house.

### BEST AVAILABLE COPY

IRS ID#: 095/16/

Revised 01/18/00

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

ARMS 7-28-00 MS

ACILITYNAME: Eldorado Cleaners	DATE: 7/26/00
ACILITY LOCATION: 4473 S. Semoran T	
Orlando, FL 32822	
<del></del>	
nnual Reporting Period: July 15, 1999	ob to July 26 2000
ased on each term or condition of the Title V general air permit, my f	facility has remained in compliance with DEP Rule
2-213.300, Florida Administrative Code (F.A.C.), during the period c	
NO, complete the following:	
1. Term or condition of the general permit that has not been in contin	nuous compliance during the reporting period stated above:
xact 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 conti	nuous compliance during the reporting period stated above:
<u>.</u>	
xact period of non-compliance: from	to
action(s) taken to achieve compliance:	
Aethod used to demonstrate compliance:	
demon used to demonstrate compilance.	
s the responsible official, I hereby certify, based on information and a this notification are true, accurate and complete. Further, my annuurchase receipts, does not exceed 2,100 gallons per year for dry-to dombination facilities.	al consumption of perchloroethylene solvent, based upon
RESPONSIBLE OFFICIAL: MICHAEL Du 22	7/26/00
Name (Please Print)	( Signature Date

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

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL V	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1352 TIME OUT: 1520	AIRS ID#: 0951161
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Eldorado Cleaners	DATE: 7-26-00
FACILITY LOCATION: 4473 S. Semoran B	lud.
Orlando, FL 3282	.2
RESPONSIBLE OFFICIAL: Michael Dunn	PHONE NUMBER: 407-282-8666
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	- · · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaluated discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	1
the second secon	
,	
	. 1
COMMENTS:	
Facility in compliance	·
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: No 7-2	,-61
INSPECTION CONDUCTED BY: INSPECTION CONDUCTED BY:	proximate) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [
	ease Print) PHONE NUMBER: 407-836-1400
Page	

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

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

**TOTAL AMOUNT DUE: \$50.00** 

304091

Do NOT Remove Label

AIRS ID#0951161

EL DORADO CLEANERS MICHAEL DUNN 4473 S SEMORAN BLVD #4 ORLANDO FL 32822

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID # 0951161

\$1.50 CLEANERS MICHAEL DUNN 4473 S SEMORAN BLVD #4 ORLANDO FL 32822

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

Fund: 20-2-035001

Оы.: 002273

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

389432

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 # 0951161

\$1.50 CLEANERS MICHAEL DUNN 4473 S SEMORAN BLVD #4 ORLANDO FL 32822 RECEIVI MAIL RO

FOR GOVERNMENT SE OF OF OF STREET

Fund: 20-2-035001 Obj.: 002273



(cut nere)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

403116

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 # 0951161

\$1.50 CLEANERS MICHAEL DUNN 4473 S SEMORAN BLVD #4 ORLANDO FL 32822 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

	Z 333 E	∍1j3 674	
}	US Postal Service Receipt for Cer No Insurance Coverage Do not use for Internation Sent to	Provided.	<u> </u>
	·		'
M 44	L DORADO CLEANERS ICHAEL DUNN 73 S SEMORAN BLVD RLANDO FL 32822		
	Certified Fee		
	Special Delivery Fee		7
	Restricted Delivery Fee.		
1996	Return Receipt Showing to Whom & Date Delivered		
, April	Return Receipt Showing to Whom, Date, & Addressee's Address		
800	TOTAL Postage & Fees	\$	
PS Form <b>3800</b> , April 1995	Postmark or Date		
) Javo	Fold at line		!~
			l also w
dvor 2 for	additional services.		i also w

can return this extra fee): a does not 1.  Ado a number. 2.  Res	dressee's Address stricted Delivery stricted.
4a. Article Number 2 333 6/3  4b. Service Type    Registered    Express Mail    Return Receipt for Mercha 7. Date of Delivery	Certified Insured andise COD
8. Addressee's Address (cand fee is paid)	Only if requested X
lle	e can return this extra fee):  ce does not  de number. nd the date  1.  Add 2.  Res Consult pos  4a. Article Number  4b. Service Type Registered Express Mail Return Receipt for Merche  7. Date of Delivery  8. Addressee's Address (6)

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

Talladatallalaladadhadhadhilladhadhadhad

	P 174 05	tified Mail Provided.
\$1	.50 CLEANERS	AIRS ID # 0951161
	ICHAEL DUNN	
44	73 S SEMORAN BLV	D #4
OI	RLANDO FL 32822	
	Postage	\$
	Certified Fee	-
	Special Delivery Fee	
S	Restricted Delivery Fee	
199	Return Receipt Showing to Whom & Date Delivered	
, April	Return Receipt Showing to Whorn, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form 3800, April 1995	Postmark or Date	

on the reverse side?	SENDER:  Complete items 1  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and delivered.	e can return this e does not e number.	,	ceipt Service.
IN ADDRESS completed	3. Article Addressed to:  AIRS ID # 0951161 \$1.50 CLEANERS MICHAEL DUNN 4473 S SEMORAN BLVD #4 ORLANDO FL 32822	4a. Article Ni 4b. Service 1 Registere Express I Return Rec 7. Date of De	Type  Ind  Insured  Dept for Merchandise	hank you for using Return Rec
Is your RETUR	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994	8. Addressee and fee is	b's Address (Only if requested paid)  Domestic Return Receipt	Nank

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

	ي ک	333	PP0	439	1/0	$\lambda$
\$1 Mi	US Postal Receip No Insuran Do not use Sent to .50 CLEA ICHAEL 73 S SEM RLANDO	t for Coce Covered for Intermal NERS DUNN ORAN E	age Providational M	ded. ail <i>(See re</i> AIRS ID #	evers	1
	Certified Fed	9	L			
	Special Deli	very Fee				
	Restricted D	elivery Fee				
1996	Return Rece Whom & Da					
April	Return Receip Date, & Addre					
800	TOTAL Pos	tage & Fee	\$			
PS Form <b>3800</b> , April 1995	Postmark or	Date				
	ill 1s blo- nix edt	CHIEC STREET STREET				 
or 2 for ac and 4b.	ditional serv	ices.				 o wist wing s

	the ticht of the return address
οţ	Fold at line over top of envelope

- ■Complete items 1 and/
- Complete items 3, 4a,
- ■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
- 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.

h to receive the services (for an extra fee):

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

Consult postmaster for fee.

	4 -17 -1 -	A -2 -4		•
- 3.	Article	Addre	assea	TO:

your RETURN ADDRESS

AIRS ID # 0951161

4a. Article Number

\$1.50 CLEANERS MICHAEL DUNN 4473 S SEMORAN BLVD #4 ORLANDO FL 32822

4b. Service Type

Certified ☐ Registered ⊓ Insured Express Mail

☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Na

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

United States Postal Service



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

 $\bullet$  Print your name, address, and ZIP Code in this box  $\bullet$ 

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