

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

October 14, 1997

Mr. Jose Llama Spring Cleaners 849 South Orlando Winter Park, Florida 32775

Facility No.: 0951163 Re:

Dear Mr. Llama:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 1997.

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

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

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

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

Sincerely,

Dotty Diltz; Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Ms. Marie Driscole, Orange County

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

Printed on recycled paper.

April 20, 1999

Dotty Diltz, Chief Bureau of Air Momitoring and Mobile Sources Twin Towers Office Bldg. 2600 Blair Stone Rd. Tallahassee Fl 32399-2400 RECEIVED

APR 2 1 1999

& Mobile Sources

TO: Dotty Diltz, Chief

RE: AIRS ID #0951163

Enclosed are papers indicating change of responsible official at the facility indicated in your correspondence dated April 1, 1999.

Also a copy of the check in which we paid \$75.00 annual emissions fee.

umbranh

Further correspondence may be sent to SPRING CLEANERS, C. L. SCHMALMAACK, 849 S. ORLANDO, WINTER PARK, FL 32789.

Sincerely,

C. L. Schmalmaack

/JS

Enclosure: 7

(82-7422

BEST AVAILABLE COPY 849 S. ORLANDO AVE. WINTER PARK, FL. 32789 Envinonmontal Prates Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label. TOTAL AMOUNT DUE: \$75.00 Do NOT Remove Label AIRS ID # 0951163 **SPRING CLEANERS** FOR GOVERNMENT USE ONLY JOSE LLAMA Org.: 37550101000 EO; B1 849 S ORLANDO Fund: 20-2-035001 Obj.: 002273 WINTER PARK FL 32785 Change to RL Schmalmaack

SPRING CLEANERS OF WINTER PARK

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Springs Cleanors Winter Park
2. Site Name (For example, plant name or number):
849 5 Orlando Ave. WinterPorkF)
3. Hazardous Waste Generator Identification Number:
FL000014226
4. Facility Location:
Street Address: City: Winder Pork County: Orange Zip Code: 32746
5. Facility Identification Number (DEP Use ONLY = do not fill in)
Responsible Official
6. Name and Title of Responsible Official:
Name: Chuck Schmalmaack Title: Ownor 7. Responsible Official Mailing Address: Organization/Firm: Spring 5 Cleaners Winter Park Street Address: 849 5 Grando Ave City: Winter Pork County: Orange Zip Code: 32746
7. Responsible Official Mailing Address: Organization/Firm: Spring 5 Cleaners Winter Park Street Address: 849 5 Grando Ave
Organization/Firm: Spring 5 (1) + a no 15 A 10
Street Address: 8 4 9 5 07 27 Code 277 1 6 77
City: Win to Park County: Orange Zip Code: 32746 En on Top
8. Responsible Official Telephone Number:
Telephone: (407)645 5537 Fax: ()
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
Machashley
10. Facility Contact Address: 6 noins Cleanons Winter Park
Street Address: 849 5 Orlando Ave.
City: WinterPark County: Onange Zip Code: 32746
11. Facility Contact Telephone Number:
Telephone: (407) 645 5537 Fax: () -

DEP Form No. 62-213.900(2) Effective: 2/24/99

				•	
Facil	litv	Infe	rm	ation	

1.(a) DRY-TO-DRY MA	ACHINES ONL	Υ ,	
How many dry-to-dry ma	ichines do you ha	ve on-site?	
For each dry-to-dry mach	ine on-site, pleas	e provide the following informatio	n:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
Aprox 1996	Existing/Ne	RC/CA/None required	Same
	Existing/No	ew RC/CA/None required	
,	Existing/No	ew RC/CA/None required	
*CONTROL DEVICE K	EY: $RC = r$	efrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	. al/A	
How many washers do yo	ou have on-site?		
How many dryers/reclain	ners do you have	on-site?	
unit. If the transfer maching 1993, it is a NEW unit (r	ine was purchased to units purchased		
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/New	RC/CA/None required	
1			
	Existing/New	RC/CA/None required	
	Existing/New Existing/New	RC/CA/None required	
*CONTROL DEVICE K	Existing/New	RC/CA/None required	carbon adsorber
	Existing/New EY: RC = 1	RC/CA/None required	
2.(a) How much perchlo	Existing/New EY: RC = 1	RC/CA/None required refrigerated condenser CA =	
2.(a) How much perchlo	Existing/New EY: RC = 1 Proethylene (perc) ons (You must fil	RC/CA/None required refrigerated condenser CA = have you used within the last 12 r I this in)	
2.(a) How much perchlo [/05] gallo (b) If less than 12 mo	Existing/New EY: RC = 1 proethylene (perc) ons (You must fill onths, how many?	RC/CA/None required refrigerated condenser CA = have you used within the last 12 r I this in)	nonths?
2.(a) How much perchlo [/05] gallo (b) If less than 12 mo	Existing/New EY: RC = 1 proethylene (perc) ons (You must fill onths, how many?	RC/CA/None required refrigerated condenser CA = have you used within the last 12 r I this in) months	nonths?

DEP Form No. 62-213.900(2) Effective: 2/24/99

	ncility's source class th an "X". Select o			nitions found in se	ection (3) of	Part II?
Small	Area Source	\swarrow				
	Dry-to-dry mach Transfer only on Both machine ty		(used les	s than 140 gallon s than 200 gallon s than 140 gallon	s of perc per	year)
Large A	Area Source					
	Dry-to-dry mach Transfer only on Both machine ty		(used 20	0 - 2,100 gallons 0 - 1,800 gallons 0 - 1,800 gallons	of perc per y	/ear)
4. What control (Indicate with		nired on machines	pursuant	to section (5) of I	Part II of this	notification form?
	g machines at sma E REQUIRED)	all area source		New machines a Refrigerated con		source
Carbon	g machines at larg adsorber erated condenser	e area source		New machines a Refrigerated con		source]
Rule 62-213.30	nich contains non-c 0, F.A.C. Verify tria or that no such	hat all steam and h	hot water	generating units of	on-site meet	neral permit pursuant the following
All steam and h No such units o	ot water generatin n-site	g units exempt		OR		
How many boil	ers do you have on	-site?				
For each boiler,	indicate its horses	oower (HP) rating:	:[/U][
What type of fu	el do you use?] propane] No. 2 fue] No. 6 fue		natural g No. 4 fue Other (pl	l oil	
6. Equipment N	Monitoring and Rec	cordkeeping Infor	mation			
Check all logs	which are required	to be kept on-site	in accord	ance with the rec	uirements of	f this general permit:
(a) Purchase rec	ceipts and solvent	purchases/solvent	addition l	og	igstyle	•
(b) Leak detect	ion inspection and	repair			[X]	
(c) Refrigerated	d condenser tempe	rature monitoring				
(d) Carbon adso	orber exhaust perc	concentration mo	nitoring			
(e) Startup, shi	atdown, malfunction	on plan			1×1	

DEP Form No. 62-213.900(2) Effective: 2/24/99

7. Surrender o	of Existing DEP Air Permit(s)
Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are
[· _]	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible (Official Certification
this notifi statement maintain comply w I will pro	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in faction. 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. Imply notify the Department of any changes to the information contained in this notification. Solve of responsible official Date

currently have AIRS ID # 095/163 change is responsible official only

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Jose Start 150 in Nov11998

SETTLEMENT AGREEMENT

THIS AGREEMENT is entered into this __ day of April, 1998, by and between CHARLES L. SCHMALMAACK, JR. and JACQUELYN A. SCHMALMAACK, his wife, hereinafter collectively referred to as "SCHMALMAACK" unless individually specified and JOSE LLAMA and ANNA D. LLAMA, his wife, hereinafter referred to as "LLAMA" unless individually specified.

WHEREAS, the parties (or some of them) are presently the joint owners and operators of four corporations in the retail dry cleaning business located in Central Florida;

WHEREAS, relative to the ownership and operation of these corporations, the parties (or some of them) have incurred certain obligations to third parties;

WHEREAS, the parties desire to discontinue their joint ownership and operation of these four corporations but desire to equitably divide their joint assets and to otherwise made a full and complete settlement of any issues relating to such division.

NOW, THEREFORE, in consideration of the premises and other good and valuable considerations, the sufficiency of which is hereby acknowledged by the parties hereto, the parties hereby agree as follows:

- 1. Effective midnight on April 24, 1998, Llama shall have all right, title and interest in Springs Cleaners of Longwood, Inc. d/b/a Springs Cleaners, and Quality Cleaners of Lake Mary, Inc. d/b/a Quality Cleaners, both Florida corporations.
- 2. Schmalmaack shall have all right, title and interest in Springs Cleaners of Winter Park, Inc. d/b/a Springs Cleaners and Springs Cleaners of Lake Mary, Inc. d/b/a Springs Cleaners, both Florida corporations.
- 3. The parties shall be equally responsible for any debts incurred in the operation of any of these four corporations prior to April 24, 1998, at midnight.
- 4. The parties have divided all cash on hand and receivables by separate agreement and, accordingly, shall have all right, title and interest to those in their possession or under their control.
- 5. Llama shall be solely responsible for the payment of the balance of that certain promissory note in the principal amount of \$40,000.00 dated December 8, 1997, given by Springs Cleaners of Winter Park, Inc. as maker and guaranteed by Charles L. Schmalmaack, Jr. and Jose Llama, individually, and payable to Elite Fashion Care, Inc., a Florida corporation. Llama does hereby indemnify and save Schmalmaack harmless from all claims, losses or damages whatsoever arising from Llama's obligation to assume the aforementioned note.
- 6. Schmalmaack shall be solely responsible for the payment of that certain promissory note in the principal amount of \$86,027.08 dated December 8, 1997, and the Security Agreement of even date therewith given by all parties in favor of Bernard J. Paulus d/b/a Paulus Enterprises.

Schmalmaack does hereby indemnify and save Llama harmless from all claims, losses or damages whatsoever arising from Schmalmaack's obligation to assume the aforementioned note.

- 7. In the event that either party fails to make timely any payments or do any act required hereby, the other may make such payment or do such act and any amount so expended shall be immediately due and payable by the obligated party and shall bear interest at the highest rate allowed by law.
- 8. Jose Llama does hereby agree to pay to Charles L. Schmalmaack, Jr. the sum of \$10,000.00 with interest thereon at the rate of 14 1/2% per annum payable in 119 equal monthly installments of \$158.00 commencing on the 1st day of May, 1998, and on the 1st of each and every month thereafter. On the 1st day of the month next following the last such payment, all sums still unpaid shall be due and payable. All payments shall be payable to Schmalmaack at 362 Croton Drive, Maitland, Florida 32751 or such other place as Schmalmaack shall designate from time to time in writing.
- 9. The parties shall have a lien upon the property being conveyed hereby to the other to secure the compliance of the parties with the performance of their respective obligations hereunder.
- 10. The parties shall promptly execute and deliver any document reasonably required to effect the terms hereof.
- This Agreement shall inure to the benefit of the parties, their heirs, successors and assigns.
 - 12. This Agreement shall be interpreted according to the laws of the Florida.
- 13. This is the entire agreement of the parties and no terms, conditions or understandings between the parties relative to the subject matter of this Agreement exist except those specified herein or referred to herein.

CHARLES L. SCHMALMAACK, JR.

Jacquely African

JACQUELYN A. SCHMALMAACK

JOSÉ LLAMA

ANNA D. LI AMA

, · · · b					
TO RICK					
DATE 919 TIME 12118					
WHILE YOU WERE OUT					
M					
of Springs Clenes					
PHONE					
AREA CODE NUMBER EXTENSION					
TELEPHONED PLEASE CALL DLL CALL AGAIN					
RETURNED YOUR CALL CALL IMMEDIATELY					
CAME TO SEE YOU WANTS TO SEE YOU					
MESSAGE					
Ву					

9/19/97 Spoke to Jose Ilama and lis is calling me with the correct omount of perc used over the past P14 2a Abd number of gallons of fere purchased during previous 12 months Responsible Official signature as

Perchloroethylene Dry Cleaning Facility Notification

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

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Spring Cleaners of Winter Pank 2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
3. Hazardous Waste Generator Identification Number:
4. Facility Location: 849 S ON And O
City: Notes PANK County: ONANGE Zip Code: 32785
5. Facility Identification Number (DEP Use ONLY - do not fill in):
Responsible Official
6. Name and Title of Responsible Official:
Name: Jose Llama Title: Owner U.T.
7. Responsible Official Mailing Address: Organization/Firm: SVG S. On Ando
City: Winter Pank County: Onanpe Zip Code: 32785
8. Responsible Official Telephone Number:
Telephone: (67) $645-453$ Fax: $()$
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -

RECEIVED

SEP, 3 1997

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ΔI	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							Hill		
(1) w/ ref. condenser	1	4-94	4-94		,				
(2) w/ carbon adsorber								_	
(3) w/ no controls				ļ	<u> </u>				<u> </u>
Washer Unit				888	iensi gironalis.		域線	Marona di dipu	<u> Primitan</u>
(4) w/ ref. condenser							! —		
(5) w/ carbon adsorber	 			 			!		
(6) w/ no controls Dryer Unit		l Mariana da	Land Are to Looker of	lane e	5354 de 14 - Ch. Transacción	i Januaria	dad and		r - North au rou Madairt aire
(7) w/ ref. condenser	*03456		THE SECTION OF THE SE	368,643	SAMPORTORES SAMORE	7097 - TAK J. (A) O 16 (\$1978) \$1	3000		
(8) w/ carbon adsorber					_		 		
(9) w/ no controls				l		· · · · · · · · · · · · · · · · · · ·	!		
Reclaimer Unit	100000	i Anii Anii Sana ah		<i>पर्वति</i>	i Afrikatia opi	Talahara Walandara (1886) Kabupatèn Kabupatèn	distri	<u>1</u> David (1887)	
(10) w/ ref. condenser	2 7000	1 24 (24) (24)		0.6500 1.14	periodic collection to come out the co	2 may a principle of the principle of th	MERCH SI	* No Billion (1970) - Halaine sanco	el contaction del transfer de
(11) w/carbon adsorber				·			1		
(12) w/ no controls				1			1		
(b) Control devices are(c) No control devices2.(a) What was the total	are r	equired to be	: installed (e:	xisting	g small area	·	[_ in the	latert 12 mg	outlie?
6040 80	gallo	ons (You mu	ist fill this in)	purchased (or consumed	m me	: latest 12 m	ontins?
(b) If less than 12 mon Check why it is les					_] New store	e: [] Did	not l	ceep records:	[]
3. What is the facility's so (Indicate with an "X".					initions foun	d in section ((3) of	Part 11?	
Existing small a	rea sc	ource []	N	ew sn	nall area sou	rce [J		
Existing large ar	ea so	urce []	N	ew la	rge area soui	rce [1		

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

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source Carbon adsorber OR Refrigerated condenser [1] The state of the st
New small area source Refrigerated condenser
New large area source Refrigerated condenser []
en e
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
All steam and hot water generating units on-site have a total heat input of 10 million BTU/hr or less (298 boiler HP or less) and are fired by natural gas, propane or fuel oil containing no more than one percent sulfur.
All steam and hot water generating units exempt No such units on-site
Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases
(b) Leak detection inspection and repair
(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)

[]	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
<u>\</u>	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in
statemen maintain comply v	Sication. I hereby certify, based on information and belief formed after reasonable inquiry, that the standard 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. Somptly notify the Department of any changes to the information contained in this notification.

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

	AIRS ID#0951163 SPRING CLEANERS OF WINTER PARK JOSE LLAMA 849 S ORLANDO	RECEIVEN FEB 2 1998 Bureau of Air Monitoring & Mobile Sources FORM
	WINTER PARK FL 32785	Y FAD MAII 1996 JAN Ponitoring urces
	Do <u>NOT</u> Remove Label	N 28
Annual Reporting Period:	19TO	86 500 7E
	itle V general air permit, my facility has remained in core (F.A.C.), during the period covered by this statement.	
· · · · · · · · · · · · · · · · · · ·	mit that has not been in continuous compliance during th	ne reporting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:	<u> </u>	
Method used to demonstrate compliance:		<u> </u>
#2. Term or condition of the general perm	nit that has not been in continuous compliance during th	ne reporting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:	· 	· .
Method used to demonstrate compliance:	· ·	
notification are true, accurate and complete.	based on information and belief formed after reasonable inq Further, my annual consumption of perchloroethylene solvy- ty-to dry facilities or 1,800 gallons per year for transfer of co	vent, based upon purchase receipts,
RESPONSIBLE OFFICIAL:	Se L LAMA 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.

BEST AVAILABLE COPY 9/19/97 Spoke to fore Ilama and lia is calling me with the correct omount of perc used over the past 12 months Site P14 2a Add number of gallors of fere purchased during previous 12 months 4. Fac Str Cit Responsible Official signature and date for changes Fac Name: RECEIVED Oi MAR- 2 5 1998 Sti ORANGE COUNTY ENVIRONMENTAL PROTECTION DEPARTMENT Ci Bureau of Air Monitoring & Mobile Sources 8. R¢ Facility Contact (If different from Responsible Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: Zip Code:

RECEIVED

SEP 3 1997

Bureau of Air Monitoring & Mobile Sources

Telephone:

Fax: (

BEST AVAILABLE COPY

Perchloroethylene Dry Cleaning Facility Notification

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

1. Facility Owner/Company Name (Name of c		
2. Site Name (For example, plant name or num	ct Winter	rank .
2. Site Name (For example, plant name or num	ber):	
3. Hazardous Wasie Generator Identification N	,	
3. Hazardous Waste Generator Identification N	umber:	
-	1 /	
4. Facility Location: 849 S ON	JANGO	
City: Cou	nty:	Zip Code:
Street Address City: Cou 5. Facility Identification Number (DEP Use Of	ONANDE	32775
5. Facility Identification Number (DLP Use Of	VLY - do not fill in):	
		0951163
Res	sponsible Official	
6. Name and Title of Responsible Official: Name:	Title:	
JOSE CLAMIT	· £	when U.T.
7. Responsible Official Mailing Address:		
Organization/Firm: TVG S. O	n/AMA	
Organization/Firm: 7/5 S Organization/Firm: 7/	County: ONAN PC	Zip Code:
8. Responsible Official Telephone Number:	F ()	
Telephone: 407 645-5	₹53> rax: ()	
Facility Contact (If d	ifferent from Responsible Of	Ticial)
9. Name and Title of Facility Contact (For example)	mple, plant manager):	
10. Facility Contact Address:		
Street Address:		ORANGE COUNTY ENVIRONMENTAL
	ounty:	Zip Code. PROTECTION DEPAREMENT
11. Facility Contact Telephone Number:		
Telephone: () -	· Fax: ()	
	DECEIVE	D RECEIVED

MAR 2 5 1998

SEP 3 1997

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	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	#12	08-DEC-91	•	#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	相關			Migric			物質		
(1) w/ ref. condenser	1	4-94	4-94						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit	2.00	Middle Color	266000 godd	13.4	福沙海縣 時代	ar de artigita			्राष्ट्रीयुक्तात्र के हैं।
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls					·		<u> </u>		
Dryer Unit	1	Lin ery in the co	45 小學對極	4¥.√4;	Military and	. 11 [2 4 5 5 9	1500	ogstaft. Edd	46) sp. 16.
(7) w/ ref. condenser							<u> </u>		
(8) w/ carbon adsorber									
(9) w/ ņo controls	<u> </u>	<u> </u>			<u> </u>		<u> </u>		
Reclaimer Unit	1640	edition of the co	าสารุกาศให้สู่หรื	<u> 1886 s.</u>	र्वत्रेष्ठ अर्जु १ व्यक्ति ह	<u>i garentua a Kirk</u>	350		ia grazzia
(10) w/ ref. condenser	<u> </u>			<u> </u>	_				
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed []	
(c) No control devices are required to be installed (existing small area source	e) []
= 92 Opt	
2:(a) What was the total quantity of perchloroethylene (perc) purchased or con	sumed in the latest 12 months?
You must fill this in)	
(b) If less than 12 months, how many? [] months	
Check why it is less than 12 months; New owner; [New store; [] Did not keep records: []
Control of the contro	
, si	
3. What is the facility's source classification based on the definitions found in s (Indicate with an "X". Select one classification only.)	section (3) of Part II?
Existing small area source [] New small area source	
Existing large area source [] New large area source	[]

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is requi (Indicate with an "X".)	ired on machines	pursuant	to section (5) of Par	tHoft	his notifica	tion form?
Existing large area source Carbon adsorber		OR	Refrigerated conde	enser	[]	
New small area source Refrigerated condenser		,				
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 that the s	that all steam and units exist on-site:	d hot wai :	er generating units o	on-site r	neet the fo	llowing
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		, •			
			•			
Equipm	ent Monitoring a	and Reco	ordkeeping Informa	ation		
Check all logs which are required t	to be kept on-site	in accord	lance with the requir	cinents	of this gen	eral permit:
(a) Purchase receipts and solvent p	urchases			ب		
(b) Leak detection inspection and r	epair	4		[. V		W. C.
(c) Refrigerated condenser tempera	ature monitoring					158 ₂ 57
(d) Carbon adsorber exhaust perc of	concentration mor	nitoring		[]		
(e) Instrument calibration				[]		
(f) Start-up, shutdown, malfunction	n plan					

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

Surrender of Existing Air Permit(s)

[]	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	• •
	Responsible Official Certification
this noti statemen maintain	
this noti statemen maintai comply	the air pollutant emissions units and air pollution control equipment described above so as to
this noti statemen maintai comply	fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the substitution of this notification are true, accurate and complete. Further, I agree to operate and a the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
this noti statemen maintai comply	fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the substitute in this motification are true, accurate and complete. Further, I agree to operate and a the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION RE-INSPECTION
TIME IN: 2:15 TIME OUT: 2:4 TYPE OF FACILITY: SPring of Cheques FACILITY NAME: FACILITY LOCATION: 949 S. DA CARROLL WINFR PUIK	FC 32789
RESPONSIBLE OFFICIAL:	PHONE NUMBER:
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:	ative Code (F.A.C.).
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
₹ 	
	e .
•	7
	Reau of Air & Mobile
	VE
COMMENTS:	D .
FACILITY IN COMP	Icance
The Annual Compliance Certification form has been properly certification form has been properly certification. 2/12/99	
INSPECTION CONDUCTED BY: A 55 %	pproximate) Caracara (Caracara) Jease Print)
INSPECTOR'S SIGNATURE: Jonife He	PHONE NUMBER: 836-89323

Revised 10/96



TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST



MAR 2 5 1998

TYPE OF INSPECTION:

ANNUAL

RE-INSPECTION

, W

COMPLAINT/DISCOVERY

Bureau of Air Monitoring & Mobile Sources

	98 TIME IN: 2:15 TIME OUT: 2:45			
FACILITY NAME: Spring Cleanor				
FACILITY LOCATION: 849 S.	Orlando Ave			
winte	v Park Fl. 32789			
	ama PHONE: 407 645-5337			
CONTACT NAME:	PHONE:			
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 30 days prior to star	rtup 🚨			
2. Facility failed to notify DARM to use general per				
2. I define famed to notify Drivery to the general per	·			
NINGW CLICOLOGICALITICAL				
PART II: CLASSIFICATION				
Facility indicated on notification form that it is: (check appropriate box)	No notification formDrop store/out of business/petroleum			
Λ.				
1. Existing small area source dry-to-dry only, x < 140 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr			
transfer only, $x < 140$ gallyr	transfer only, $x < 100$ gal/yr			
both types, x < 140 gal/yr	both types, x < 140 gal/yr			
(constructed before 12/9/91)	(constructed on or after 12/9/91)			
3. Existing large area source	4. New large area source			
dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr	dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr			
I Transfer and 700 s v s i add value	transfer only, $z_{00} \ge z \ge i$, z_{000} gailty:			
both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91)			
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800$ gal/yr			
 both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification 	both types, $140 \le x \le 1,800$ gallyr (constructed on or after 12/9/91) The Can not determine d			
both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a general facility facility.	both types, $140 \le x \le 1,800$ gallyr (constructed on or after 12/9/91) Can not determine			

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? עאָט אם צם 2. Examining the containers for leakage? OY ON ÚN/A 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? 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 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) MY TIN 1. Equipped all machines with the appropriate vent controls? DY UN UN/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 CA ON ONIV 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?

В.	Has the responsible official of an existing large or new large area source also:			
J.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	ÜN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ĽΙΥ	ШN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΟY	ÜN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ĽΙΥ	ШN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring 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?	ĽΊΥ	ΠN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	אנו	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	אם	UN/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for pere purchased?	אם אַם
2. Maintained rolling monthly total of perc consumption?	נאץ טא
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	אואט אט צעט 🖂
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	מא מו מו אין
4. Maintained calibration data? Gor applicable direct reading instruments)	אאס אם צם
5. Maintained exhaust duct monitoring data on perc concentrations?	מא מא מאיע
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	בוא בוא באיע
Problem corrected?	מא מא מאיע
8. Maintained compliance plan, if applicable?	OY ON ON/A

PA	ART VI: LEAK DETECTION AND I	REPAIRS		3 1000 17 100 10 100 100 100 100 100 100
1.	Does the responsible official conduct a	weekly (for small source	es, bi-weckly) leak detection an	ıd rçpair
	inspection?			CAY CON
2.	Has the facility maintained a leak log?			DY UN
3.	Does the responsible official check the	following areas for leak	s?	
	Hose connections, fittings, couplings, and valves	מ/אם אם עם	Muck cookers	CAY ON ON/A
	Door gaskets and scating	DY ON ON/A	Stills	DY ON ON/A
	Filter gaskets and scating	GY ON ON/A	Exhaust dampers	אאנט אנט צע
	Pumps	DY ON ON/A	Diverter valves	אוט אט אט אט א
	Solvent tanks and containers	DY ON ONIA	Cartridge filter housings	DY ON ON/A
	Water separators	DA DN DN/V		
4.	Which method of detection is used by t	he responsible official?		/
	Visual examination (condensed s	olvent on exterior surface	ccs)	র
	Physical detection (airflow felt th	rough gaskets)		L
	Odor (noticeable perc odor)			ם
	Use of direct-reading instruments	ation (FJD/PJD/calorimo	etric tubes)	
	Halogen leak detector			ت ِ
	If using direct-reading inst	rumentation, is the equ	ipment:	(ZIN/A
	a. Capable of detecting	pere vapor concentratio	ons in a range of 0-500 ppm?	UY ÜN
	b. Calibrated against a (PID/FID only)?	standard gas prior to an	d after each use	OY ON
	c. Inspected for leaks a	nd obvious signs of wea	r on a weekly basis?	מט צט
	d. Kept in a clean and	secure area when not in	use?	UY UN
	e. Verified for accuracy	y by use of duplicate san	nples (calorimetric only)?	טץ טא
	·	_		
	# 1 A L L L L L L L L L L L L L L L L L L			
_	Inspector's Name (Please Pr	tchev	Date of Insp	7 98
	Inspector's Signature	lct	Approximate Date of	7 99

ADDITIONAL SITE INFORMATION:	
·	
	·

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

MAR 2 5 1998

RECEIVED

TYPE OF INSPECTION:

ANNUAL

RE-INSPECTION-

COMPLAINT/DISCOVERY

Bureau of Air Monitoring

Mobile Sources

(11/23/97	jh '
AIRS ID#: 095/163 DATE: 3-12	98 TIME IN: 2:15 TIME OUT: 2:45
FACILITY NAME: 500100	Cleaner
FACILITY LOCATION: 849 5.	
Winte	v Park Fl. 32789
RESPONSIBLE OFFICIAL:	ma PHONE: 407 645-5537
CONTACT NAME:	PHONE:
PART I: NOTIFICATION .	
(check appropriate box)	Su Nou L
1. New facility notified DARM 30 days prior to star	tup geo. 30 C
2. Facility failed to notify DARM to use general per	tup & Mobile No.
	SOLL OTIFE
PART II: CLASSIFICATION	- Ces Ma
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
Λ.	
1. Existing small area source ☐ dry-to-dry only, x < 140 gal/yr	2. New small area source ☑ dry-to-dry only, x < 140 gal/yr
transfer only, $x \le 140$ gallyr	transfer only, $x < 200$ gal/yr
both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
	4 New Jarge area source
3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	4. New large area source dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800$ gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	CAN not determine
If no, please check the appropriate classific	cation:
☐ facility qualified for a ge	eneral permit as number above
☐ facility exceeds above lin	nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) p	ourchased within the preceding 12 months by this dry cleaning
facility was 70 gallons.	

! /	
11/23/98	Al.
RE-INSPECTION	

BEST AVAILABLE COPY	Y GENERAL PERMIT IMARY REPORT	11/23/98 AL	
TYPE OF INSPECTION:	ANNUAL Z 11/23/18 COM	IPLAINT/DISCOVERY	RE-INSPECTION [
TIME IN: 2:15 TYPE OF FACILITY: 5PV/1 FACILITY NAME: 44 FACILITY LOCATION: 44	TIMEOUT: 2:4 ng 2 Creaner 19 S. DRIMINAL		DATE: 3/12/98
RESPONSIBLE OFFICIAL:		PHONE NUMBER:_	<u> </u>
compliance with DEP Ru Based on the results of the discrepancies were noted:	le 62-213.300, Florida Administra e compliance requirements evalua	ated during this inspection, the facilinative Code (F.A.C.). Attended during this inspection, the following the following this inspection.	
COMPLIANCE REQUI	REMENT/PROBLEM	FOLLOW-UP ACTIO	ON REQUIRED
•			
		·	Be
			C C
			Monitorial Sources
COMMENTS:		, •	ž O
FACILE	ty in comp	1 Cance	

The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: ___PHONE NUMBER:_ INSPECTOR'S SIGNATURE:

Page of

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTIO	COMPLAINT/DISCOVERY
AIRS ID#: 095/163 DATE: 5-4- FACILITY NAME: Spring Clear FACILITY LOCATION: 849 S. (Winter Par RESPONSIBLE OFFICIAL: Chuck Schr CONTACT NAME: Mac Lashley -	ers Orlando-Ave. # 82 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/
PART I: NOTIFICATION	
(check appropriate box)	<u> </u>
New facility notified DARM 30 days prior to star	_
2. Facility failed to notify DARM to use general per	mit
PART II: CLASSIFICATION	
·	

FART III: GENERAL CONTROL REQUIREMENTS						
Is the responsible official of the dry cleaning facility: (check appropriate boxes)						
Storing perchloroethylene in tightly sealed and impervious containers?	MY ON ON/A					
2. Examining the containers for leakage?	DY ON ON/A					
3. Closing and securing machine doors except during loading/unloading?	MY ON					
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON ON/A					
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON WN/A					
PART IV: PROCESS VENT CONTROLS						
In Part II-A:						
If classification 1 has been checked, no controls are required. Proceed to Part V.	1					
If classification 2 has been checked, the machine should be equipped with a refrig (complete A below).	gerated condenser					
If classification 3 has been checked, the machine should be equipped with either a 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 refrig (complete A and B below).	gerated condenser					
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)						
1. Equipped all machines with the appropriate vent controls?	מם צם					
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A					
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A					
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	אם צם					
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A					
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY 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? 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20° F? 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? Is the perc concentration equal to or less than 100 ppm? 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? 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? 6. Routed airflow to the carbon adsorber (if used) at all times? DY DN DN/A	Γ				
on dry-to-dry, reclaimer, and dryer machines on a weekly basis? 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20° F? 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? Is the perc concentration equal to or less than 100 ppm? 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? 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	β.	Has the responsible official of an existing large or new large area source also:			
inlet and outlet weekly? Is the temperature differential equal to or greater than 20° F? 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? Is the perc concentration equal to or less than 100 ppm? 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? 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	1.	•	ΟY	□и	
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? Is the perc concentration equal to or less than 100 ppm? 1. 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? 2. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? 2. Colored the exhaust stream weekly at the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machine is venting to the adsorber, if machines has been adsorber. 2. Colored the end of the final drying cycle while the machine is venting to the adsorber, if machines has been adsorber. 3. Measured and recorded the perc concentration is venting to the adsorber, if machines has been adsorber. 3. Measured the final drying cycle while the machine is venting to the adsorber, if machines has been adsorber. 3. Colored the end of the final drying cycle while the machine is venting to the adsorber, if machines has been adsorber. 3. Colored the end of the adsorber. 4. Assured that the sampling cycle while the machine is venting to the adsorber. 4. Assured that the sampling cycle while the machine is venting to the adsorber. 4. Assured that the sampling cycle while the machine is venting to the adsorber. 4. Assured that the sampling cycle while the	2.		ΠY	ΠИ	□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? Is the perc concentration equal to or less than 100 ppm? 1. 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? 2. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? 2. Colored the exhaust stream weekly at the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machine is venting to the adsorber, if machines has been adsorber. 2. Colored the end of the final drying cycle while the machine is venting to the adsorber, if machines has been adsorber. 3. Measured and recorded the perc concentration is venting to the adsorber, if machines has been adsorber. 3. Measured the final drying cycle while the machine is venting to the adsorber, if machines has been adsorber. 3. Colored the end of the final drying cycle while the machine is venting to the adsorber, if machines has been adsorber. 3. Colored the end of the adsorber. 4. Assured that the sampling cycle while the machine is venting to the adsorber. 4. Assured that the sampling cycle while the machine is venting to the adsorber. 4. Assured that the sampling cycle while the machine is venting to the adsorber. 4. Assured that the sampling cycle while the		Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	DN/A
at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm? 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? 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?		,			
 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? 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? 	3.	at the end of the final drying cycle while the machine is venting to the adsorber,	ΟY	ПΝ	□N/A
 4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? 		Is the pers concentration equal to or loss than 100 ppm?	Πv	□Nī	CDNI/A
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? 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?		is the pere concentration equal to or less than 100 ppint	цı	ПI	UIV/A
condenser coils?	4.	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,	ΟY	□м	□N/A
condenser coils?					
6. Routed airflow to the carbon adsorber (if used) at all times? □Y □N □N/A	5.		ΠY	ПИ	□N/A
	6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
i. Maintained receipts for perc purchased?	DAY ON				
2. Maintained rolling monthly total of perc consumption?	אם אס				
3. Maintained leak detection inspection and repair reports for the following:	, .				
a. documentation of leaks repaired w/in 24 hrs? or;	DAY ON ON/A				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	MY ON ON/A				
4. Maintained calibration data? (for applicable direct reading first remients)	OY ON DANA				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DAVIA				
6. Maintained startup/shutdown/malfunction plan?	DAY ON				
7. Maintained deviation reports?	OY ON ØN/A				
Problem corrected?	OY ON DINA				
8. Maintained compliance plan, if applicable?	OY ON MA				

	PART VI: LEAK DETECTION AND REPAIRS							
	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?		MY ON					
	2. Has the facility maintained a leak log?		MY ON					
	3. Does the responsible official check the	following areas for leaks?						
	Hose connections, fittings,	d						
	couplings, and valves	✓Y □N □N/A Muck cookers	MY ON ON/A					
	Door gaskets and seating	Y ON ON/A Stills	MY ON ON/A					
	Filter gaskets and seating	Y ON ON/A Exhaust dampers	DY ON ON/A					
	Pumps	Y ON ON/A Diverter valves	MY ON ON/A					
	Solvent tanks and containers	Y ON ON/A Cartridge filter housings	MY ON ON/A					
	Water separators	DY ON ON/A	. • *					
	4. Which method of detection is used by the	ne responsible official?						
	Visual examination (condensed so	olvent on exterior surfaces)	ପ					
	Physical detection (airflow felt the	rough gaskets)	0					
	Odor (noticeable perc odor)		a .					
	Use of direct-reading instrumenta	0						
	Halogen leak detector	0 /						
	If using direct-reading instr	umentation, is the equipment:	MN/A					
	a. Capable of detecting p	perc vapor concentrations in a range of 0-500 ppm?	□Y □N					
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and after each use	OY ON					
	c. Inspected for leaks an	d obvious signs of wear on a weekly basis?	OY ON					
	d. Kept in a clean and se	cure area when not in use?	OY ON					
	e. Verified for accuracy	by use of duplicate samples (calorimetric only)?	OY ON					
	· · · · · · · · · · · · · · · · · · ·							
7		. •						
			•					
	Ilka Bundy	5-4-99						
	Inspector's Name (Please Prin	ction						
	111 70 1	C 11 70	·(^					
	Inspector's Signature	5-4-20 Approximate Date of 1						
	UISDECIDE'S AIDINGUITE	ADDIOXIDATE DATE OF I	TEAL HISIACHUII					

BEST AVAILABLE COPY

	Perc	Purchase,S	
	19,5	3-4-99	
	19.5	1-20-99	-
	19,5	9-30-98	71998 Total
		8-26/98	180,5 gal.
	19.5	6-24-98	
	19.5	6-3-98	
	19.5	5-20-98	
	19.5	5-4-98	
	5.0	4/8/98	
	19.5	2-26-98	
	19.5	2-5-98	
:	19,5	1-14-98	

machine built in 1987

Refrigerated Condensor put in appx 5-6 yrs ago

5 ton chiller in back

Chuck Schmaelmaack: Sent in \$75.00 for permit & late fee a week or two ago.

They purchased business appox. 1/2 yrs ago.

TITLE'V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	СОМ	PLAINT/D	ISCOVERY [RE-INS	SPECTION [
TIME IN: 1044 TIME OL	лт: <u> 1115</u>	· ·	AIRS ID#:	095116	3
TYPE OF FACILITY: Dry Cleaners	<u> </u>				
FACILITY NAME: Spring Clear	ners			DATE:	5-4-99
	rlando	Ave.			
Winter Pa	irk FL	3278	9	1, **	
RESPONSIBLE OFFICIAL: Chuck Schr	naelmaach		_PHONE NUMB	er: <u>407-64</u>	5-5537
Based on the results of the compliance required compliance with DEP Rule 62-213.300, F		-	•	facility is found	to be in
Based on the results of the compliance required discrepancies were noted:	uirements evalua	ted during t	his inspection, the	following comp	iance
COMPLIANCE REQUIREMENT/P	ROBLEM	FO!	LLOW-UP A	CTION REQU	JIRED
			,		
	!		!		
	1				
			وهومه مقتوم المالية المالية المالية والمالية وال	-	
	2 / 1		<u>/ </u>		
		-			
				٠٠.	
COMMENTS:					
Facility in Compli	an (e.				
The Annual Compliance Certification form has been	en properly certif	ed and subr	nitted to the inspe	ctor. YES[NOU
DATE OF NEXT INSPECTION:	5-4-				
	TIL D	proximate)			
INSPECTION CONDUCTED BY:		ease Print)			
INSPECTOR'S SIGNATURE:	ı î	,	_PHONE NUMB	SER: 836	-9524
	Page_/	_of			Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	E NO	COMPLAINT/DIS	SCOVERY	
AIRS ID#: 095 1163 DATE: 3-15-9 FACILITY NAME: Spring Clea		IN: <u> : O</u> TI	ME OUT: _	1:30
FACILITY LOCATION: 849 S.		Ave.	·	·
Winter Pa	rk, FL	32189	-	
RESPONSIBLE OFFICIAL: Jose Lla	.ma	_PHONE: <u>407</u> -	645-55	37 10:30
CONTACT NAME: / Mac Lashle	maack Mar.	_PHONE:		
PAREL NORWIGATION			70	
PART I: NOTIFICATION				
(check appropriate box)		Bur 2		_
 New facility notified DARM 30 days prior to sta Facility failed to notify DARM to use general per 	-	Se S	3 11	
		00 2	<u> </u>	
PART II: CLASSIFICATION		- Sour	99 60	
PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box) A.		□ No notification: □ Drop store/out		
Facility indicated on notification form that it is: (check appropriate box)	2. New small a dry-to-dry only, transfer only, x both types, x < (constructed on	De Drop store/out of Changed and area source, x < 140 gal/yr < 200 gal/yr	f business/petr	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140	De Drop store/out of Changed and Again, a < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	of business/petral cesponsible	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140	Throp store/out $Ch_{\parallel} M_{\parallel} Cd$ area source, $x < 140$ gal/yr < 200 gal/yr < 140 gal/yr or after $12/9/91$) Area source, $140 \le x \le 2,100$ gal/yr $\le x \le 1,800$ gal/yr	of business/petr	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140 (constructed on Y \bigcup N \bigcup N \bigcup N \bigcup Cation: meral permit as n	Throp store/out to Changed area source, $x < 140$ gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) Area source, $140 \le x \le 2,100$ gal/yr $\le x \le 1,800$ gal/yr or after $12/9/91$) Can not determinable	of business/petr	

Le Kange in RO Orly Same Sevrership

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	□Y □N □N/A
2. Examining the containers for leakage?	OY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	OY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	7.
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber muinstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
Equipped all machines with the appropriate vent controls?	□Y □N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	□Y □N □N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	. OY ON ON/A
Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ОУ □И

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	□У □И
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y □N □N/A
Is the temperature differential equal to or greater than 20° F?	OY ON 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?	□Y □N □N/A
Is the perc concentration equal to or less than 100 ppm?	□Y □N □N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	□Y □N □N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON OŅ/A
6. Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	NO Y
2. Maintained rolling monthly total of perc consumption?	OY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	□Y □N □N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	□Y □N
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	OY ON ON/A
8. Maintained compliance plan, if applicable?	□Y □N □N/A

PART V	PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
inspec	inspection?						NC
2. Has th	e facility maintained a leak log?				ΠY		מב
3. Does t	he responsible official check the fo	ollowing as	reas for leaks?				
I	Hose connections, fittings,			Moderation			
	couplings, and valves	OY ON	UN/A	Muck cookers	ЦY	N	□N/A
I	Door gaskets and seating	□Y □N	□N/A	Stills	ПY	ΠИ	□N/A
F	Filter gaskets and seating	□Y □N	□N/A	Exhaust dampers	ΠY	ПN	□N/A
Į .	Pumps	□Y □N	□N/A	Diverter valves	$\square_{\mathbf{Y}}$	ПΝ	□N/A
5	Solvent tanks and containers	□Y □N	□N/A	Cartridge filter housings	ŪΥ	ΠN	□N/A
. 7	Water separators	□Y □N	□N/A				
4. Which	n method of detection is used by the	e responsib	ole official?				
1	Visual examination (condensed sol	lvent on ex	terior surfaces)				
I	Physical detection (airflow felt thro	ough gaske	ets)				
Odor (noticeable perc odor)							
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)							
Halogen leak detector				Ġ			
	If using direct-reading instrumentation, is the equipment:						
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? □Y □N						
	b. Calibrated against a sta (PID/FID only)?	andard gas	prior to and aft	er each use	ΩY	ПN	
	c. Inspected for leaks and	l obvious s	igns of wear on	a weekly basis?	ΠY	ΠN	,
	d. Kept in a clean and see	cure area v	when not in use?	•	ΠY	ΠN	
	e. Verified for accuracy b	y use of du	iplicate samples	(calorimetric only)?	ΠY	ΠN	
	. <i>'</i>						
[.w		,	-	,		
-	Inspector's Name (Please Print	t): ²		Date of Inspe	ction		
		tyet -					
	<u> </u>						
	Inspector's Signature			Approximate Date of	Next I	nspec	ction

Left Permit Notification Form and 1999. Dry Cleaner Compliance Calendar with Mac Lashley. 3-15-99
There is a new responsible official.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPL	LAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1350 TIME OUT	r: 143	OAIRS ID#:	0951163
TYPE OF FACILITY: Dry Cleaner	124		
FACILITY NAME: Spring Cleaner			DATE: 6-2-00
	lo Ave.	- 1.0	
Winter Park		789	107 /115 557
RESPONSIBLE OFFICIAL: Chuck Schmael m	naack	PHONE NUMBI	er: <u>407-645-5537 </u>
Based on the results of the compliance requirements and compliance with DEP Rule 62-213.300, Florida.	orida Administrativ	ve Code (F.A.C.).	
Based on the results of the compliance required discrepancies were noted:	rirements evaluated	d during this inspection, the	following compliance
COMPLIANCE REQUIREMENT/PR	ROBLEM	FOLLOW-UP AC	TION REQUIRED
	,		
		· .	·
			The state of the s
			: : ·
COMMENTS:			
facility in compliance	•		
The Annual Compliance Certification form has been	n properly certified	d and submitted to the inspec	etor. YES NOV
DATE OF NEXT INSPECTION:	(g - 2 - 01 (Appr	oximate)	
INSPECTION CONDUCTED BY:	Ilka Bur	•	
INSPECTOR'S SIGNATURE:	Bund	<i>'</i>	er: 407-836-1400
/	Page	of (Revised 10/96

ARMS 6-2-00 ys RS
Thura 5 6-16-6

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION/CHECKLIST

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 0951163 DATE: 6-2-00	TIME IN: 1350 TIME OUT: 1430
FACILITY NAME: Spring Cleaners	
FACILITY LOCATION: 849 S. Orlan	
Winter Park,	FL 32789
RESPONSIBLE OFFICIAL: Chuck Schmael m	
CONTACT NAME: Mac Lashley (Mg	PHONE: 407-645-5537

PART I: NOTIFICA	TION
------------------	------

(check appropriate box)

- 1. New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use general permit

36	2	5 50
f A bbil	2	
Monitoring Sources	2000	

PART II: CLASSIFICATION			
Facility indicated on notification form that it is:	☐ No notification form		
(check appropriate box)	☐ Drop store/out of business/petroleum		
A. /			
1. Existing small area source 🛛 🗹	2. New small area source		
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr		
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr		
both types, x < 140 gal/yr	both types, x < 140 gal/yr		
(constructed before 12/9/91)	(constructed on or after 12/9/91)		
3. Existing large area source	4. New large area source		
dry-to-dry only, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2,100$ gal/yr		
transfer only, $200 \le x < 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$		
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800 \text{ gal/yr}$		
(constructed before 12/9/91)	(constructed on or after 12/9/91)		
	· / /		
5. This is a correct facility classification	□Y □N □Can not determine		
If no, please check the appropriate classific	ation:		
facility qualified for a gen	facility qualified for a general permit as number above		
☐ facility exceeds above lin	limits and is not eligible for a general permit		
B. The total quantity of perchloroethylene (perc) pufacility was <u>13</u> gallons.	archased within the preceding 12 months by this dry cleaning		

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

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	QY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20° F?	ΔY	□N □N	TO NA
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?		□N	₽N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	□N	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	ΩN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	© N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПN	©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?	EZY ON			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	EY ON ON/A			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	MY ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON OM/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	אואפט אום עים			
6. Maintained startup/shutdown/malfunction plan?	ey on			
7. Maintained deviation reports?	איאש אם אם			
Problem corrected?	OY ON MYA			
8. Maintained compliance plan, if applicable?	OY ON DINA			

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?				ØY/	□N
2. Has	the facility maintained a leak log?				ĐΥ	□N
3. Does	s the responsible official check the fe	ollowing a	reas for leaks?			
	Hose connections, fittings,	DY ON	FD37/A	Maratic and	MAY D	IN □N/A
	couplings, and valves	/		Muck cookers	/	-
	Door gaskets and seating	אַם אָנוֹש	□N/A	Stills		IN □N/A
	Filter gaskets and seating	GY ON	□N/A	Exhaust dampers	QA O	IN □N/A
	Pumps	DY ON	□N/A	Diverter valves	ØY O	IN □N/A
	Solvent tanks and containers	MC AM	□N/A	Cartridge filter housings	ENY 🗆	IN □N/A
	Water separators	DY DN	□N/A			
4. Whi	ch method of detection is used by th	e responsib	ole official?			
	Visual examination (condensed so	lvent on ex	terior surfaces)		Ø	
	Physical detection (airflow felt three	ough gaske	ets)			
Odor (noticeable perc odor)					ପ୍ର	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						/ 4
Halogen leak detector					1	HP.
If using direct-reading instrumentation, is the equipment:					₫N/A	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?						M
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?)N
	c. Inspected for leaks and	d obvious s	igns of wear on	a weekly basis?		M
d. Kept in a clean and secure area when not in use?						JN
e. Verified for accuracy by use of duplicate samples (calorimetric only)?						JN
Illa Bundy (-2-00						
	Inspector's Name (Please/Print) Output Date of Inspection					
	Mea Rush			10-2-01		
	Inspector's Signature			Approximate Date of	Next Ins	pection

ADDITIONAL SITE INFORMATION:

		5 Z		1-20-99	19,5
	1-19-60	19.5		3-4-99	19.5
•	2-15-00	19.5		Section 18 Comment of the Comment of	
	3-8-00 4-12-60	19.5 19.5		7-21-99	19.5
	5-8-60	19.5		10-13-99	19,5
	The state of the s	106,5		11-3-99	19.5
				12-1-99	19.5
			106.5	12-27-99	19.5
		•	106.5		106.5
OCT 98			213 0		

0

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0366161

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$75.00_{APR -7 99}

Do NOT Remove Label

AIRS ID # 0951163

SPRING CLEANERS JOSE LLAMA 849 S ORLANDO WINTER PARK FL 32785

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0951163
SPRING CLEANERS OF WINTER PARK

JOSE LLAMA 849 S ORLANDO WINTER PARK FL 32785 FOR GOVERNMENT USE ONLY

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

Obj.: 002273

Springs Cleaners 2620 St. Rt. 434 Longwood 682-7422
PJ 32779 Title. V. Ain General Penni Receipti P.O. Box 3070 TAllanassee, p/32315-3070 halindillindillindirillindirillindirillindiril ENTRE PEROPER

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

424338 MAR 32883

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

SPRING CLEANERS JOSE LLAMA 4262 SANDHURST DRIVE ORLANDO FL

32817

AIRS ID#0951163

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Any question Please coll 407-680-7422 Jose LLAMA



cut livi ej

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413012 JAN142002 X



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 # 0951163

SPRING CLEANERS CHUCK SCHMAELAACK 849 S ORLANDO WINTER PARK FL 32785

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070 5 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 # 0951163

SPRING CLEANERS
CHUCK SCHMAELAACK
849 S ORLANDO
WINTER PARK FL 32785

MAIL ROE
JAN-2

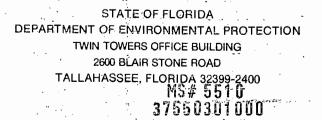
FOR GOVERNMENT ESEONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

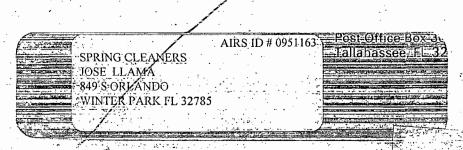
Springs Cleaners 2620 St. Rt. 434 Longwood 682-7422 29 DEC 10 1903 2000

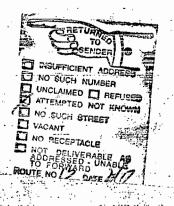
TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070











ECEIVED

FF3 2 3 1999

Bureau of Air Monitoring

& Mobile Sources

Domestic Return Receipt

PS Form 3811, December 1994

イングライン ちゃんちょうかんかんかん

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392381

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 # 0951163

SPRING CLEANERS CHUCK SCHMAELAACK 849 S ORLANDO

WINTER PARK FL 32785

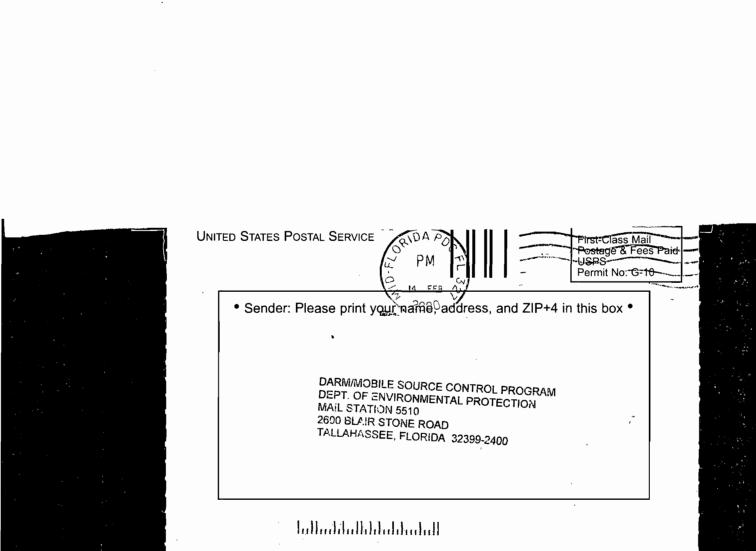
FOR GOVERNMENT USE ONLY

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

Obj.: 002273

Z 333 667 263 **US Postal Service** Receipt for Certified Mail No Insurance Coverage Provided. AIRS ID # 0951163 SPRING CLEANERS CHUCK SCHMAELAACK 849 S ORLANDO WINTER PARK FL 32785 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees \$ Postmark or Date

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Received by (Please Print Clearly) B. Date of Delivery				
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	C. Signature Agent Agent Addressee				
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No				
AIRS ID # 0951163					
SPRING CLEANERS					
CHUCK SCHMAELAACK 849 S ORLANDO	3. Service Type				
WINTER PARK FL 32785	Certified Mail Express Mail				
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.				
	4. Restricted Delivery? (Extra Fee)				
Article Number (Copy from service label)					
7.555166112601111111	11 11 1 1 111 1 1 1 1 1 1 1 1 1 1 1 1 1				
PS Form 3811, July 1999 Domestic Ret	urn Receipt				



₹ 333 660 438 **US Postal Service** Receipt for Certified Mail
No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 0951163 SPRING CLEANERS JOSE LLAMA 849 S ORLANDO WINTER PARK FL 32785 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**. TOTAL Postage & Fees Postmark or Date

_	7			
	·			
i se side :	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you.	I also wish to rece following services extra fee):		
2	Attach this form to the front of the mailpiece, or on the back if space permit.		1. Addresse	e's Address
2	 Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered an 		2. Restricted	Delivery
=	delivered.	a the date	Consult postmaste	er for fee.
וכוכח	3. Article Addressed to: AIRS ID # 1170367	4a. Article N	36/3438	7
Ì	CAROUSEL CLEANERS	4b. Service	Гуре	
3	ABDUL AZ	☐ Registere	ed	Certified
3	3030 Filmonia (1980)	☐ Express I	Mail	☐ Insured
ŀ	POPKA F1 - 32703	☐ Return Red	ceipt for Merchandise	□ COD
		7. Date of De	elivery 2/18/99	
	5. Received By: (Print Name)	8. Addresses and fee is	e's Address (Only if paid)	requested
	6. Signature: (Addressee of Agent)	1		

PS Form 3811, December 1994

Domestic Return Receipt

United States Postal Service



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

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

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

Z 1333 667 173

US Postal Service

Receipt for Certified Mail

AIRS 1D # 0951163

SPRING CLEANERS JOSE LLAMA 849 S ORLANDO WINTER PARK FL 32785

SENDER:

PS Form 3811, December 1994

is your RETURN ADDRESS completed on the reverse side?

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	
•	
	Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees

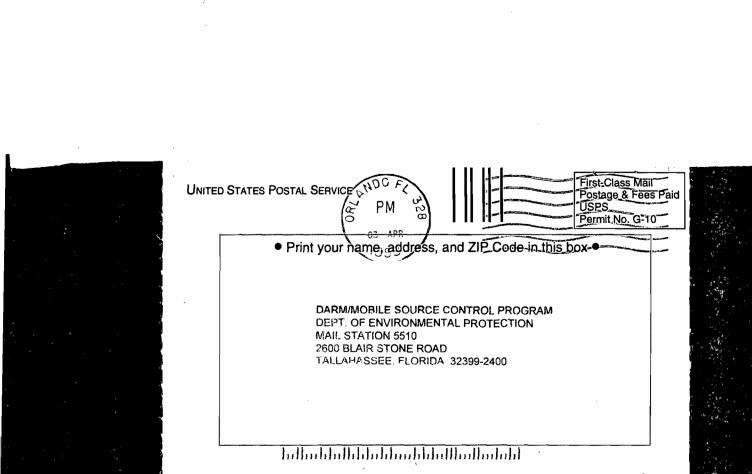
■Complete items 1 and/or 2 for additional services. ■Complete items 3, 4a, and 4b. ■Print your name and address on the reverse of this form so that we card to you.	I also wish to receive the following services (for an extra fee):		
 Attach this form to the front of the mailpiece, or on the back if spac permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered. 	1. Addresse 2. Restricte Consult postmast	d Delivery	
3. Article Addressed to: AIRS ID # 0951163 SPRING CLEANERS JOSE LLAMA 849 S ORLANDO WINTER PARK FL 32785	4a. Article N 2 3 3 4b. Service 1 Registered Express I Return Rec	Type ad Mail beipt for Merchandise	Certified Insured
5. Received By: (Print Name) 6. Signature: (Addressee for Agent)	8. Addresses and fee is	s's Address (Only il paid)	requested

Thank you for

Certified _ Insured

Domestic Return Receipt

102595-97-B-0179



		U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
}	7165	0 7 7	ICIAL	. USI
•	3108	Postage Certified Fee	\$	Months to
	0013	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Pel Borne
	7000 1670	10 CHUCK SCHM SPRING CLEAN 849 S ORLAND WINTER PARK 32785	NERS O	001AG
		PS Form 3800: May 2000		See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS:	PLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 10 AIRS ID # 0951163001AG CHUCK SCHMAELAACK SPRING CLEANERS	A. Received by (Please Print Clearly) C. Signature D. Is delivery address different from item 1? If YES, enter delivery address below:
849 S ORLANDO WINTER PARK FL 32785	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 700016 78 00	01331087165
PS Form 3811, March 2001 Domestic Retu	urn Receipt 102595-01-M-1424