

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. Mohamed Juma Sun Cleaners 2914 Corrine Drive Orlando, Florida 32803

Facility No.: 0951164 Re:

Dear Mr. Juma:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 8, 1997.

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

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

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

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

Sincerely,

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"



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

OCT 2 4 1997

TYPE OF INSPECTION:

facility was _____ gallons.

JAUNNA

Bureau of Air Monitoring
COMPLAIN (/DISCOVER & Mobile Sources

RE-INSPECTION

AIRS ID#: 6951164 DATE: 94	97 TIME IN: 2:45 TIME OUT: 3:30
FACILITY NAME: Son Clean	Levs
FACILITY LOCATION: 2914 COVVI	ne DV
	<u>171 32803</u>
	Jung PHONE: 407 895-5173
	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
New facility notified DARM 30 days prior to star	rtup 🗆
2. Facility failed to notify DARM to use general pe	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	□/No notification form □ Drop store/out of business/petroleum
	- 2 top store out of oddinoss poulos and
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)
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	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
 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 	 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr

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

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DYN 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DN DN/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 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 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?	ΠY	ŪΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПΝ	□N/A
1	Is the temperature differential equal to or greater than 20° F?	ПΥ	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	□Y	□N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	□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?	ΩY	ΩΝ	:
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	ELY DIN		
2. Maintained rolling monthly averages of perc consumption?	DY DN		
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?	ON ON/A		
4. Maintained calibration data? (for applicable direct reading instruments)	ON ON ONIVA		
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DW/A		
6. Maintained startup/shutdown/malfunction plan?	GN, DN		
7. Maintained deviation reports?	OY ON GN/A		
Problem corrected?	ם א מא מאא		
8. Maintained compliance plan, if applicable?	DY DN BN/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?			MY ON		
2.	Has the facility maintained a leak log?			Q√Y □N		
3.	Does the responsible official check the f	ollowing areas for leaks	?			
	Hose connections, fittings, couplings, and valves	מ/אם אם אם	Muck cookers	ON ON/A		
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A		
	Filter gaskets and seating	DY ON CIN/A	Exhaust dampers	MY ON ON/A		
	Pumps	DY DN DN/A	Diverter valves	QA ON ONIY		
	Solvent tanks and containers	DY DN DN/A	Cartridge filter housings	DY 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 surfac	cs)			
	Physical detection (airflow felt thr	rough gaskets)				
	Odor (noticeable perc odor)					
	Use of direct-reading instrumenta	tion (FID/PID/calorime	tric tubes)	ū /		
	Halogen leak detector	0				
	If using direct-reading instr	□N/A				
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	l after each use	□У □И		
	c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	OY ON		
	d. Kept in a clean and so	ecure area when not in	isc?	OY ON		
	e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	DY DN		
<u></u>	The state of the s	A WANTED THE COMPANY OF THE PARTY OF THE WARM OF	Name of the Parties o	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
_	Inspector's Name (Please Prin	nt)	Date of Insp	ection		
-	Inspector's Signature	•	Approximate Date of	Next Inspection		

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 245 TIME OUT: 3	
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Sun Cleaner FACILITY LOCATION: 2914 COVV	
FACILITY LOCATION: 2914 COVVI	32803
RESPONSIBLE OFFICIAL: Mohamed Jum	
Based on the results of the compliance requirements compliance with DEP Rule 62-213.300, Florida Adm	evaluated during this inspection, the facility is found to be in ninistrative Code (F.A.C.).
Based on the results of the compliance requirements discrepancies were noted:	evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLE	M FOLLOW-UP ACTION REQUIRED
No condenser temp Log	· · · · · · · · · · · · · · · · · · ·
No condenser temp Log Most do a weekly leak check Not a binnekly	K
COMMENTS:	- · · · · · · · · · · · · · · · · · · ·
The Annual Compliance Certification form has been properly	y certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 9 1	(Approximate)
INSPECTION CONDUCTED BY: INSPECTOR'S SIGNATURE:	OD Fletcher (Please Print) Chemphone Number: 836-9524

Page_

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

		NERAL PERMIT PECTION CHECKLIST	D ~
TYPE OF INSPECTION:	ANNUAL	COMPLAINT/DISC	TECEIVE -
A A A B OF MICK BC HOIL.	RE-INSPECTION	COMPLAINIDISC	RECEIVED AUG 2 6 1999
AIRS 10#: <u>0951164</u>	DATE: 8-16-9	8 TIME IN: 0915 TIM	ME OUT: 0935ilc Sources
facility name:S	un Cleaners	·	
FACILITY LOCATION: _			
	Orlando, Fl	L 32803	article and the second
RESPONSIBLE OFFICIAL	.: Mohamed J	uma PHONE: 407-	- 845-5173
		PHONE:	
PART I: NOTIFICATION			
(check appropriate box)			
New facility notified DAR	M 30 days prior to startup	p	٥
2. Facility failed to notify DA	ARM to use general permi	it	0
PART II: CLASSIFICATION			
Facility indicated on notification (check appropriate box)	ation form that it is:	☐ No notification f ☐ Drop store/out o	form f business/petroleum
λ.		•	:
1. Existing small area so dry-to-dry only, x < 140 g		. New small area source lry-to-dry only, x < 140 gal/yr	EY .
transfer only, $x < 200$ gal/	/yr tı	ransfer only, x < 200 gal/yr	
both types, x < 140 gal/yr		both types, $x < 140$ gal/yr	· ·
(constructed before 12/9/9	(1)	constructed on or after 12/9/91)	1
3. Existing large area so		I. New large area source	, 🗅
dry-to-dry only, $140 \le x \le 1$ transfer only, $200 \le x \le 1$		lry-to-dry only, $140 \le x \le 2,100$ galaransfer only, $200 \le x \le 1,800$ gal/yr	
both types, $140 \le x \le 1,80$	00 gal/yr b	both types, $140 \le x \le 1,800$ gal/yr	:
(constructed before 12/9/9	(1)	(constructed on or after 12/9/91)	
5. This is a correct facility	y classification	Y UN Can not determi	nc
	he appropriate classificat		·
	cility qualified for a gene cility exceeds above limit	ral permit as number abo s and is not eligible for a general pe	ove crmit
B. The total quantity of perc			Į.

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? MY ON ON/A 2. Examining the containers for leakage? EY 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? UN UN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? 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. 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? ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the MY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

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?	OY ON
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY ON ON/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?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/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?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
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?	ON PE		
2. Maintained rolling monthly total of perc consumption?	DY ON		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	DY UN 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?	CY ON ON/A		
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A		
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A		
6. Maintained startup/shutdown/malfunction plan?	ON ON		
7. Maintained deviation reports?	DY DN DN/A		
Problem corrected?	DY DN BHYIA		
8. Maintained compliance plan, if applicable?	DY DN BN/A		

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
		er on				
?		DY ON				
c following areas for leaks	7					
ØY ON ON/A	Muck cookers	OY ON ON/A				
DY ON ON/A	Stills	ØY □N □N/A				
MY ON ON/A	Exhaust dampers	ØY ON ON/A				
ey on on/A	Diverter valves	ON ON/A				
DY ON ON/A	Cartridge filter housings	DY ON ON/A				
DY ON ON/A						
the responsible official?						
solvent on exterior surface	cs)					
through gaskets)						
Odor (noticeable perc odor)						
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
Halogen leak detector						
If using direct-reading instrumentation, is the equipment:						
g perc vapor concentration	s in a range of 0-500 ppm?	OY ON				
a standard gas prior to and	after each use	OY ON				
and obvious signs of wear	on a weekly basis?	OY ON				
	-	OY ON				
		OY ON				
	8-16	,-1999				
Print)	Date of Insp	ection				
	8-16	-2000				
	Approximate Date of					
	a weekly (for small source 27 ac following areas for leaks 27	a weekly (for small sources, bi-weekly) leak detection and after each use and obvious signs of wear on a weekly basis? A weekly (for small sources, bi-weekly) leak detection and after each use? A weekly (for small sources, bi-weekly) leak detection and after each use? A weekly (for small sources, bi-weekly) leak detection and after each use? A weekly (for small sources, bi-weekly) leak detection and after each use. A weekly (for small sources, bi-weekly) leak detection and after each use. A weekly (for small sources, bi-weekly) leak detection and each use.) A weekly (for small sources, bi-weekly) leak detection and each use.) A weekly (for small sources, bi-weekly) leak detection and each use.) A weekly (for small sources, bi-weekly) leak detection and each use.) A weekly (for small sources, bi-weekly) leak detection and each use.) A weekly (for small sources, bi-weekly) leak detection and each use.) A weekly (low on low on leaks?) A weekly on low				

ADDIT	IONAL SITE INFORMATION:	
v.*		

BEST AVAILABLE COPY

Orange County Environmental Protection Department

AIRS ID#: 0951164

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: SUN Cleaners	DATE: 8/16/99
FACILITY LOCATION: 2914 Corrine C)r.
Orlando, FL	32803
Annual Reporting Period: 9/14	1998 TO 9/14/ 1999
Based on each term or condition of the Title V general air per 62-213.300, Florida Administrative Code (F.A.C.), during the	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been	in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been	in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	·
	·
made in this notification are true, accurate and complete. Fu	tion and belief formed after reasonable inquiry, that the statements or ther, my annual consumption of perchloroethylene solvent, based 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per

*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.

Page ____ of ____.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	CO	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 0915 TIME	OUT: 09	35AIRS ID#:	095464
TYPE OF FACILITY: Dry Cleaner	_		
FACILITY NAME: Sun Cleaners	<u> </u>		DATE: <u>8-16-99</u>
FACILITY LOCATION: 2914 Corr	ine Dr.		
	FL 3280	3	
RESPONSIBLE OFFICIAL: Mohame		PHONE NUMBER	407-895-5173
Based on the results of the compliance compliance with DEP Rule 62-213.30	•		cility is found to be in
Based on the results of the compliance discrepancies were noted:	requirements eval	uated during this inspection, the fo	llowing compliance
COMPLIANCE REQUIREMENT	T/PROBLEM	FOLLOW-UP ACT	ION REQUIRED
٠.			
	-		
			1
·		Oh.	ises.
			·
•			
COMMENTS:			
Facility in com	pliance.		
The Annual Compliance Certification form has	been properly cer	tified and submitted to the inspecto	r. YESV NO
DATE OF NEXT INSPECTION:	8-16-	<u></u>	
INSPECTION CONDUCTED BY:		Approximate) Bundu	
,	_ (Please Print)	8710- G57U
INSPECTOR'S SIGNATURE:	Uha Bun	phone number	: 836-9524
·	Page_	1 of 1.	Revised 10/96



(a)

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

	COMPLIANCE IN	SPECTION	HECKLIST I	CECEI	Vra
TYPE OF INSPECTION:	ANNUAL			/DISCOVERY	* 5 D
	RE-INSPECTION			0CT 20	
•	NG-MOLDO HON	.	F	Ruma	סללו
	<u>a</u> 1	1		& Mobil	Onitoring
AIRS 1D#: <u>0951/64</u> 1	DATE: <u>7/14</u> /	98 TIME	in: <u>//45</u>	Bureau of Alf M & Mobile TIME OUSE	1rg62'50
FACILITY NAME:					·
FACILITY LOCATION:	2914 C	ORRI	YE DR		
1	ORLUMBO	FL	328	03	
RESPONSIBLE OFFICIAL :					5-5/73
CONTACT NAME:			•	-	l'i
CONTROL MANAGE					
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM	30 days prior to start	lup			۵
2. Facility failed to notify DAR	M to use general peri	mit ,			۵
PART II: CLASSIFICATION	.				
Facility indicated on notificati			☐ No notific	ation form	
(check appropriate box)	on room that it is.			ation form c/out of business	/petrolenm
Α.			-	_/	·
1. Existing small area som		2. New small		⊡	
dry-to-dry only, x < 140 gal/		-	y, x < 140 gal/yr		
transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr		both types, x	x < 200 gal/yr		
(constructed before 12/9/91)	ı		on or after 12/9/9	1)	
3. Existing large area som		4. New large		00 aa1/	
dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1.80$		•	$y, 140 \le x \le 2,10$		
both types, $140 \le x \le 1,800$			$200 \le x \le 1,800$ $0 \le x \le 1,800$ ga		
(constructed before 12/9/91)			on or after 12/9/9	•	
5. This is a correct facility of		ZY ON	□Can not de		
If no, please check the				_	
	ity qualified for a gen			above	

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

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 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 DY DN ZN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber EIN EIN/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 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?	ΟY	Ωи	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	\Box Y	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠN	□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?	ΩΥ	□и	□n/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПN	□N/A

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

P	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?			ZY ON		
2.	Has the facility maintained a leak log?			אם אַב		
3.	Does the responsible official check the	following areas for leaks	?			
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	AVO NO YM		
	Door gaskets and seating	DY ON ON/A	Stills	A/NO NO YE		
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	A/NO NO YES		
	Pumps	DY ON ON/A	Diverter valves	DY ON ON/A		
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A		
	Water separators	MY ON ON/A	•			
4.	Which method of detection is used by	the responsible official?				
	Visual examination (condensed s	solvent on exterior surfac	cs)	.ø		
	Physical detection (airflow felt the	irough gaskets)				
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
1	Halogen leak detector					
١	If using direct-reading inst	rumentation, is the equi	pment:	DINIA		
1	a. Capable of detecting	pere vapor concentration	is in a range of 0-500 ppm?	OY ON		
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	l after each use	OY ON		
	c. Inspected for leaks a	and obvious signs of wear	on a weekly basis?	OY ON		
	d. Kept in a clean and	secure area when not in t	usc?	OY ON		
	e. Verified for accurac	y by use of duplicate sam	ples (calorimetric only)?	OY ON		

ASSEFA HATLEMARIAM	9/14/98
Inspector's Name (Please Print)	Date of Inspection
Inspector's Signature	Approximate Date of Next Inspection

A1	DDITIONAL SITE INFORMATION:
	·
	•

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL 🖊 CO	OMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1/45 TIME OUT: 123	D AIRS ID#: 095/164
TYPE OF FACILITY: DRY CLEANER	
FACILITY NAME: SUN CLEANER	DATE: 9/14/98
FACILITY LOCATION: 2914 CORRIAGE	DR
ORLANDO FL.	32803
RESPONSIBLE OFFICIAL: MOHAMED T	VM A PHONE NUMBER: 407-895-517-3
Based on the results of the compliance requirements eval compliance with DEP Rule 62-213.300, Florida Adminis	luated during this inspection, the facility is found to be in strative Code (F.A.C.).
Based on the results of the compliance requirements eval discrepancies were noted:	luated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	,
COMMENTS: FACT CATY IN	ONDER
The Annual Compliance Certification form has been properly cer	rtified and submitted to the inspector. YES NO
. (/	Approximate)
INSPECTION CONDUCTED BY: ASSEEA HA	4ILEM ARIAM (Please Print)
INSPECTOR'S SIGNATURE: one Heell	осись су PHONE NUMBER: 407 -836-932
Page	of Revised 10/9

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
2.	SANAMO INC. 2. Site Name (For example, plant name or number):	
3.	SUN CLEANERS B. Hazardous Waste Generator Identification Number:	
		•
4.	1. Facility Location: 2914 CORRINE DR.	
	Street Address:	
	City: ORANDO County: ORANGE Zip Code: FO	- 32803.
(5.0)	Facility Identification Number (DEP Use):	
		5/164
	Responsible Official	
	Responsible Official	
6.	6. Name and Title of Responsible Official:	
	MOHAMED JUMB, OWNER.	
7.	7. Responsible Official Mailing Address:	
	Organization/Firm: 2914 CORRINE DR. Street Address:	
•	City: ORLANDO County: ORANGE Zip Code	≈ Fl . 32803
8.	8. Responsible Official Telephone Number: Telephone: (407) 895-5173 Fax: () -	
	Telephone: (407) 895-5173 . Fax: () -	
	Facility Contact (If different from Responsible Official)	
9.	9. Name and Title of Facility Contact (For example, plant manager):	
·		
10.	10. Facility Contact Address:	
	Street Address:	
I	City: County: Zip Code:	
11.	11. Facility Contact Telephone Number:	
	Telephone: () - Fax: () -	
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SEP 8 1997

Bureau of Air Monitoring & Mobile Sources

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Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit					<u></u>	3.	•		
(1) w/ ref. condenser	1	6 1996	6/1996						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber				 					
(6) w/ no controls									
Dryer Unit				,					
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		- 	'		J				
(10) w/ ref. condenser									
(11) w/carbon adsorber				1					
(12) w/ no controls								1	
 (b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? 									
[<u>60</u>]			, ,	,					
(b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []									
	3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)								
Existing small ar	ea so	ource []	N	ew sr	nall area sou	rce [• X]		
Existing large ar	ea so	ource []	N	ew la	rge area sou	rce []		

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4. What control technology is required on machines pur (Indicate with an "X".)	suant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber R	efrigerated condenser []
New small area source Refrigerated condenser [X]	,
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions unit to Rule 62-213.300, F.A.C. Verify that all steam and hexemption criteria or that no such units exist on-site:	s shall not be eligible to use the general permit pursuant of water generating units on-site meet the following
All steam and hot water generating units on-site (1) have boiler HP or less), and (2) are fired exclusively by natural during which propane or fuel oil containing no more the	ral gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	X
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 monitor	ring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	K

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

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
(X)	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
Signature	hamod Juma 9/4/97 Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RECEIVED

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

JAN 1 4 2000

1onitoring urces

AIRS ID#: 0951164 DATE: 8-16-98 DTIME IN: 0915 TIME OUT: 09 FACILITY NAME: Sun Cleaners FACILITY LOCATION: 2914 Corrine Dr. Orlando, FL 32803 RESPONSIBLE OFFICIAL: Mohamed Juma PHONE: 407-995-51 CONTACT NAME: PHONE: PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup	reau of Air & Mobile S
FACILITY LOCATION: 29/4 (orrine)r. Orlando, FL 32803 RESPONSIBLE OFFICIAL: Mohamed Juma PHONE: 407-895-51 CONTACT NAME: PHONE: PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit	
Crlando, FL 32803 RESPONSIBLE OFFICIAL: Mohamed Juma PHONE: 407-895-51 CONTACT NAME: PHONE: PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit	
Crlando, FL 32803 RESPONSIBLE OFFICIAL: Mohamed Juma PHONE: 407-895-51 CONTACT NAME: PHONE: PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit	
RESPONSIBLE OFFICIAL: Mohamed Jona PHONE: 407-895-51 CONTACT NAME: PHONE: PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit	
CONTACT NAME:PHONE:PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit	73
(check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit	
New facility notified DARM 30 days prior to startup Facility failed to notify DARM to use general permit	
Facility failed to notify DARM to use general permit	
	0
DADTH, CLASSIFICATION	a
DADTH, CLASSIFICATION	
TARLE CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A. No notification form Drop store/out of business/petrol	leum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)	l I
3. Existing large area source \Box 4. New large area source \Box dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) 4. New large area source \Box dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)	
5. This is a correct facility classification	·
If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry c facility was gallons.	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (clicck appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? MY ON ON/A 2. Examining the containers for leakage? AVAD AD 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? DN DN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? 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. 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? DN DN/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 Y 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 ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN 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?	ΠY	ÜЙ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ПΥ	[] N	□n/a
	Is the pere concentration equal to or less than 100 ppm?		•	□N/A
4.	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?	UY	ИΠ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: DY UN DN/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 CAY ON ON/A and parts installed w/in 5 days of receipt? DY ON 9N/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? BY ON 6. Maintained startup/shutdown/malfunction plan? DY DN BN/A 7. Maintained deviation reports? DY DN BRY/A Problem corrected? OY ON CON/A 8. Maintained compliance plan, if applicable?

P	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?			er on			
2.	Has the facility maintained a leak log	?		DY ON			
3.	Does the responsible official check the	c following areas for leaks	?				
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	OY ON ON/A			
	Door gaskets and seating	DY ON ONA	Stills	DY ON ON/A			
	Filter gaskets and seating	ØY ON ON/A	Exhaust dampers	DY ON ON/A			
	Pumps	DY ON ONA	Diverter valves	DY ON ON/A			
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A			
	Water separators	DY ON ON/A					
4.	Which method of detection is used by	the responsible official?	(-				
	Visual examination (condensed	solvent on exterior surface	es)	· · ·			
	Physical detection (airflow felt the	hrough gaskets)					
	ON/A						
	a. Capable of detecting	pere vapor concentration	s in a range of 0-500 ppm?	OY ON			
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON			
	c. Inspected for leaks a	and obvious signs of wear	on a weekly basis?	DY ON			
	d. Kept in a clean and	secure area when not in u	sc?	OY ON			
	e. Verified for accurac	y by use of duplicate samp	oles (calorimetric only)?	OY ON			
	·						
			_				
	Illea Bundy 8-16-1999						
_	Inspector's Name (Please Pr	rint)	Date of Inspe	ection			
	Mar. Bund = 8-16-2000						
	Inspector's Signature Approximate Date of N						

ADDITIONAL CITE INFOL	
ADDITIONAL SITE INFOL	ATION:
	·
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li de la companya de	· · · · · · · · · · · · · · · · · · ·
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BEST AVAILABLE COPY

Orange Count Environmental Protecti Department

AIRS 1D#: 0951164

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: SUN Clea		DATE: 8/16/99
FACILITY LOCATION: 2914 Co	orrine Dr.	
Orlande	o FL 32803	
Annual Reporting Period:	<u>1998</u> то	9/14/ 1999
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A		
If NO, complete the following:		
#1. Term or condition of the general permit th	hat has not been in continuous complia	ance during the reporting period stated above:
Exact period of non-compliance: from		to
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:	·	
#2. Term or condition of the general permit the	hat has not been in continuous complia	ance during the reporting period stated above:
Exact period of non-compliance: from		to
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
Is the responsible official, I hereby certify, banade in this notification are true, accurate an upon rolling averages of purchase receipts, down the rear for transfer or combination facilities. **RESPONSIBLE OFFICIAL: Note: Name of the responsible of the responsibilities of the responsibilit	d complete. Further, my annual cons bes not exceed 2,100 gallons per year	umption of perchloroethylene solvent, based

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

TITLE V AIR QUALITY GENERAL PELIMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COM	IPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 0915	TIME OUT:	AIRS ID#:	MONEY
TYPE OF FACILITY:	(Ciryner		
FACILITY NAME:	Clouners .		DATE: 3 16 99
FACILITY LOCATION:	11 Congrue br. 132403		
RESPONSIBLE OFFICIAL:		РНОМЕ NUMBE	R: 407-700073
L	the compliance requirements evalua Rule 62-213.300, Florida Administra	· · · · · · · · · · · · · · · · · · ·	acility is found to be in
discrepancies were note	•	·	
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACT	FION REQUIRED
·			
			₩.
		÷.	
		•	
COMMENTS:			
Facility	A compliance.		
The Annual Compliance Certific	cation form has been properly certif		or. YES NO
DATE OF NEXT INSPECTIO		2000 proximate)	
INSPECTION CONDUCTED		Ondy ease Print)	<u> </u>
INSPECTOR'S SIGNATURE		PHONE NUMBE	r: <u>836-9524</u>
	Dage /	- Of - /	Revised In/

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
OMPLIANCE INSPECTION CHECKLIST

JUGS	
ARMS 7-28-00	JB

	COMPLIANCE II	NSPECTION	CHECKLIST	
TYPE OF INSPECTION:	ANNUAL	ь	COMPLAINT/DISCOV	ERY 🗅
A I I O I I I I I I I I I I I I I I I I				
	RE-INSPECTION	N 🗆	China Migra	
AIRS ID#: 0951164	DATE: 7-28-0	O TIME	IN: 1100% TIME O	OUT: 4125
II	_		3000	
FACILITY NAME:SU	<u>n Cleaner</u>	`S	<u> </u>	
FACILITY LOCATION:	2914 Corr	ine D	r. 9. 9.	7
_(Orlando F	FL 32	2803	
RESPONSIBLE OFFICIAL :	,			5-5173
CONTACT NAME:	•		PHONE:	
				,
PART 1: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	1 30 days prior to start	up		. 0
2. Facility failed to notify DAI	RM to use general peri	niť		
PART II: CLASSIFICATIO	N	 -	-	
Facility indicated on notificat	ion form that it is:		☐ No notification form	
(check appropriate box)			☐ Drop store/out of busi	iness/petroleum
A.	_			
1. Existing small area sou		2. New small		`
dry-to-dry only, x < 140 gal	-	•	ly, x < 140 gal/yr	
transfer only, x < 200 gal/yr	,	both types, x	x < 200 gal/yr	
both types, x < 140 gal/yr (constructed before 12/9/91	`		< 140 gavyr on or after 12/9/91)	
(constructed octore 12/3/71)	,	(constructed o		
3. Existing large area sour	rce 🗆	4. New large	area source	
dry-to-dry only, $140 \le x \le 2$	2,100 gal/yr	dry-to-dry onl	ly, $140 \le x \le 2,100 \text{ gal/yr}$	
transfer only, $200 \le x \le 1,80$	00 gal/yr	transfer only,	$200 \le x \le 1,800 \text{ gal/yr}$	
both types, $140 \le x \le 1,800$			$0 \le x \le 1,800 \text{ gal/yr}$	
(constructed before 12/9/91))	(constructed o	on or after 12/9/91)	
5. This is a correct facility c	lassification	OY ON	□Can not determine	
If no, please check the	appropriate classifica	tion:		

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

facility qualified for a general permit as number

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?	MY ON ON/A
2. Examining the containers for leakage?	EY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	ery on
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	מאש מם עם
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 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 refri (complete Λ 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 mu prior to September 22, 1993	•
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	igerated condenser
A. Has the responsible official of all new sources and existing large area sources (check appropriate boxes)	ş:
1. Equipped all machines with the appropriate vent controls?	DY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ØY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	EY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	DY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after	DAY DIN

R	. Has the responsible official of an existing large or new large area source also:		
I ~	. That the responsible official of an existing large of new large area source also.		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY 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?	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?	OY ON ON/A	
	Is the perc concentration equal to or less than 100 ppm?	CIY ON ON/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 ON/A	
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A	

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official:	Has the responsible official:				
(check appropriate boxes)	/				
1. Maintained receipts for perc purchased?	DY DN				
2. Maintained rolling monthly total of perc consumption?	ey 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?	ETY ON ON/A				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON DIN/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A				
6. Maintained startup/shutdown/malfunction plan?	מס אם				
7. Maintained deviation reports?	OY ON W/A				
Problem corrected?	CIY ON EIN/A				
8. Maintained compliance plan, if applicable?	DY DN PN/A				

PART VI:	PART VI: LEAK DETECTION AND REPAIRS					
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspecti	ion?			DY ON		
2. Has the	facility maintained a leak log?			ery on		
3. Does the						
	ose connections, fittings,			MY ON ON/A		
l c	couplings, and valves $\square Y \square N \square N/\Lambda$ Muck cookers					
Do	Door gaskets and seating					
Fi	Filter gaskets and scating DY DN/A Exhaust dampers					
Pu	umps	DY ON ON/A	Diverter valves	MY ON ON/A		
So	olvent tanks and containers	DY ON ON/A	Cartridge filter housings	DAY DIN DIN/A		
·w	ater separators	DY ON ON/A				
4. Which n	method of detection is used by the	e responsible official?				
Vi	isual examination (condensed sol	vent on exterior surfaces)				
Ph	nysical detection (airflow felt thre	ough gaskets)		.		
Od	Odor (noticeable perc odor)					
Us	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
Ha						
	ŬN/A					
	a. Capable of detecting po	ere vapor concentrations in	a range of 0-500 ppm?	OY ON		
	b. Calibrated against a sta	andard gas prior to and afte	er each use			
	(PID/FID only)?		11.1.10			
	c. Inspected for leaks and	_	a weekly basis?			
	d. Kept in a clean and sec					
	e. Verified for accuracy b	by use of duplicate samples	s (calorunetric only)?	OY ON		
			· 			
	Ilka Bundy		7-28-00)		
	Inspector's Name (Please Print)	Date of Inspection			
	Mha Bunch _		7-28-01			
,	Inspector's Signature Approximate Date of Next Inspection					

ADDITIONAL SITE INFORMATION:

BEST AVAILABLE COPY

RS ID#: 0951164

Revised 01/18/00

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ARM 7-28-00 A

CILITY NAME: Sun Clea		DATE:	7/28/200
CILITY LOCATION: 2914 Co	orrine Dr.		/ 7
Orlando	FL 32803		
nual Reporting Period: August	6, 1999 xx	ro July 28	20 20 X
sed on each term or condition of the Title 213.300, Florida Administrative Code (F.			Rulc NO
NO, complete the following:			
Term or condition of the general permit	that has not been in continuous con	mpliance during the reporting period	stated above:
nct period of non-compliance: from		to	
tion(s) taken to achieve compliance:	· ·		
thod used to demonstrate compliance:			
	•		
Term or condition of the general permit	that has not been in continuous con	npliance during the reporting period	stated above:
	that has not been in continuous con	npliance during the reporting period	stated above:
nct period of non-compliance: from	that has not been in continuous con	npliance during the reporting period	stated above:
Term or condition of the general permit net period of non-compliance: from tion(s) taken to achieve compliance: thod used to demonstrate compliance:	that has not been in continuous con	npliance during the reporting period	stated above:
nct period of non-compliance: from tion(s) taken to achieve compliance:	that has not been in continuous con	npliance during the reporting period	stated above:
nct period of non-compliance: from tion(s) taken to achieve compliance:	pased on information and belief for implete. Further, my annual consu	med after reasonable inquiry, that the superior of perchloroethylene solvent,	ne statements maa based upon

This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the

Page _ _ _ of _ _ _ .

liscretion of the responsible official to use this form.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🏹	COMPLA	AINT/DISCOVER	XY 🔲	RE-INSPEC	TION [
TIME IN: 1100	TIME OUT:	1125	AIR	s 1D#: 09	51164	
TYPE OF FACILITY: Dry	leaner	8 7 15 × 10 0 × 10 × 10 × 10 × 10 × 10 × 10	agaille a throughtainn a sealann an sealann a sealann a sealann an sealann an sealann an sealann an sealann an	e de la companya del companya de la companya del companya de la co		
FACILITY NAME: Sun	Cleaners				DATE: 7-2	8-00
FACILITY LOCATION: 2914	1 Corrine	Dr.	·			
	, , , , , , , , , , , , , , , , , , , ,	12803				
RESPONSIBLE OFFICIAL: M	shamed Ju	ma	PHONE	NUMBER:_	40/-895	<u>5-51/3</u>
Based on the results of the compliance with DEP Rule	le 62-213.300, Florida /	Administrativo	Code (F.A.C.).		· · · · · · · · · · · · · · · · · · ·	
Based on the results of the discrepancies were noted:	•	ents evaluated	during this inspect	tion, the follo	wing compliance	?
COMPLIANCE REQUI	REMENT/PROB	LEM	FOLLOW-	UP ACTIO	ON REQUIR	ED
	•					
					· · ·	
	• .				,	
					· <u>-</u>	
				•		
				• •		
	** *** ***					`
12.						
00.44 (3).75						
COMMENTS:						
facility in	complian	(P,				
The Annual Compliance Certificat	tion form has been prop	erly certified	– and submitted to tl	he inspector.	YES	NO
DATE OF NEXT INSPECTION	:	7-28.	-Ol ximate)		,	
INSPECTION CONDUCTED B	Y: I	Ika Bu	1 1			
	1 1 1	1 '	Print)		1107-02	1-1400
INSPECTOR'S SIGNATURE:_	Mha Ki	und	PHONE	NUMBER:	407-830	0-1700
		Pageo	r <u> </u>		•	Revised 10/96



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411971 DEC20 2001

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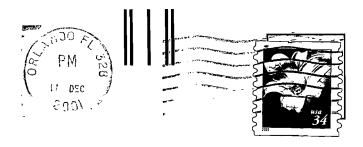
AIRS ID # 0951164

SUN CLEANERS MOHAMED JUMA 2914 CORRINE DRIVE ORLANDO FL 32803

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

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AIRS ID # 0951164

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FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273



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0357543

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Fund: 20-2-035001 Obj.: 002273



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MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

JAN 22 98

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SUNAMO INC MOHAMED JUMA 2914 CORRINE DRIVE ORLANDO FL 32803 FOR GOVERNMENT USE ONLY

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

Obj.: 002273

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
7066	OFFICIAL	USE	
3108	Codified Fee	Rostinari (
0013	Restricted Delivery Fee	202	
2000 1670	AIRS ID # 0951164001A S MOHAMED JUMA SUN CLEANERS 2914 CORRINE DRIVE ORLANDO FL 32803	AG	
	PS Form 3800, May 2000	Seer Reverse for Instructions	

PLACE STICKER AT TOP OF ENVEROPE TO THE RIGHT, OF RETURN SEBRESS	OMPLETE 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. 	A. Received by (Please Print Clearly) B. Date of Delivery 7 2 07 C. Signature X		
1. Article Addressed to: 10 AIRS ID # 0951164001AG MOHAMED JUMA SUN CLEANERS	If YES, enter delivery address below:		
2914 CORRINE DRIVE DRLANDO FL 32803	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise		
	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes		
2. Article Number (Transfer from service label) 7000/670001331067066			
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