

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 17, 1997

Mr. John W. Joiner Community Cleaners & Laundry, Inc. Store #1 2744 South Chickasaw Trial Orlando, Florida 32829

Re: Facility No.: 0951169

Dear Mr. Joiner:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 7, 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,

W 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

CO	MPLIANCE II	NSPECT	JON C	HECKLIST			
	NNUAL. E-INSPECTION	N		COMPLAINT/DIS	SCOVERY	Ü	
AIRS ID#: <u>09511 69</u> DAT							
FACILITY NAME:Con	munit	y C	lea	nevs			
FACILITY LOCATION: 2	144 5	C	hic	Kasaw T	Trail		
	vlando					,	
RESPONSIBLE OFFICIAL :	ohn Jo	wev		PHONE: (40-	7)658.2	الدم	
CONTACT NAME:				PHONE:			
The first and the particular of the property of the particular and the	THE RESERVE OF THE PERSON NAMED IN	THE STATE OF THE S					
PART I: NOTIFICATION							
(check appropriate box)							
1. New facility notified DARM 30 d	ays prior to star	tup				Ü	
2. Facility failed to notify DARM to	use general per	mit				L	
PART II: CLASSIFICATION				# 1 Martin - 12 World Street, 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980		<u></u>	
Facility indicated on notification for (check appropriate box)	orm that it is:	,		☐ No notification☐ Drop store/out		oetroleun	11
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)	ט	dry-to-c transfer both typ	lry only only, x pes, x <	area source , x < 140 gal/yr < < 200 gal/yr 140 gal/yr i or after 12/9/91)		m	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ transfer only, $200 \le x \le 1,800$ gaboth types, $140 \le x \le 1,800$ gal/(constructed before 12/9/91)	ıl/yr	dry-to-e transfe both ty	dry only r only, 2 pes, 140	area source $1,140 \le x \le 2,100 \text{ ga}$ $1,200 \le x \le 1,800 \text{ gal/yr}$ $1,200 \le x \le 1,800 \text{ gal/yr}$ $1,200 \le x \le 1,800 \text{ gal/yr}$ $1,200 \le x \le 1,800 \text{ gal/yr}$		Bureau of Air Monitoring & Mobile Sources	JAN 2 7 1998
5. This is a correct facility classi	fication	الملق	ПΝ	□Can not determ	ninc	onitorii rces	86
If no, please check the app	ropriate classifi	cation:				ಹ	

facility qualified for a general permit as number _____ above

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was <u>100</u> gallons.

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?	DY DN TANA
2. Examining the containers for leakage?	עאיא אט אט אט
3. Closing and securing machine doors except during loading/unloading?	OY ON
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	מאי, טא טאיא
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	מץ שא שאיא
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	٧.
If classification 2 has been checked, the machine should be equipped with a refr (complete Λ below).	rigerated 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 ministalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refi (complete ${\bf A}$ and ${\bf B}$ below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	מט אַט
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?	. DY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	. DY ON ON/A
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	באַר בוא בואיא
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	מין נוא

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?	ÜΥ	UИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ÜΥ	UN	ÜN/A
	Is the temperature differential equal to or greater than 20° F?	ÜΥ	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?	ÚΥ	ÜN	ÜN/Λ
	Is the perc concentration equal to or less than 100 ppm?	ШΥ	ПИ	ÜΝ/Λ
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duet diameters downstream of any bend, contraction, or expansion; is at least 2 duet diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ЦY	ИΝ	עואנו
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ÜΥ	ÜN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS	WALL OR . TALL AND THE COLUMN
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for pere purchased?	DY ON'
2. Maintained rolling monthly total of perc consumption?	כאל טא
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	UN UN UNIA
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 טא מאיץ
4. Maintained calibration data? Gor applicable direct reading instruments)	מאאט אנו אנו
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON GN/A
6. Maintained startup/shutdown/malfunction plan?	UY UN
7. Maintained deviation reports?	ON ON ONY
Problem corrected?	OY ON BHA
8. Maintained compliance plan, if applicable?	טא טא מאיע

PA	ART VI: LEAK DETECTION AND I	REPAIRS		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		,
1.	Does the responsible official conduct a	weekly (for s	mall sources, b	i-weekly) leak detection an	d repair	
	inspection?				WY/	LIN
2.	Has the facility maintained a leak log?				ШΥ	ÜN
3.	Does the responsible official check the	following are	as for leaks?			
	Hose connections, fittings, couplings, and valves	DY DN (Muck cookers	uk ja	N DN/A
	Door gaskets and seating	ו אם עט	א/אב	Stills	DY C	N/ND N
	Filter gaskets and scating	ו אם צש	A/AC	Exhaust dampers	ט אַט	N ÜN/A
	Pumps	CY ON (A/AC	Diverter valves	uly u	и Шил
	Solvent tanks and containers	EY ON (□Ν/Λ .	Cartridge filter housings	CY D	N □N/V
	Water separators	DY DN (□ Ν/Λ			
4.	Which method of detection is used by t	he responsibl	c official?			
	Visual examination (condensed so	olvent on exte	erior surfaces)			
	Physical detection (airflow felt th	rough gaskets	s)			
	Odor (noticeable perc odor)					
	Use of direct-reading instrumenta	tion (FID/PII	D/calorimetric	tubes)	Ü	
	Halogen leak detector					
	If using direct-reading instr	umentation,	is the equipme	ent:	NINF	
	a. Capable of detecting	pere vapor co	ncentrations in	a range of 0-500 ppm?	ÜY U	NI NI
	b. Calibrated against a s (PID/FID only)?	standard gas j	prior to and aft	er each use		JN .
	 c. Inspected for leaks ar 	id obvious sig	gns of wear on	a weekly basis?	OY C	אנ
	d. Kept in a clean and secure area when not in use?					אנ
	e. Verified for accuracy	by use of dup	plicate samples	(calorimetric only)?	OY C	אנ
	:					

Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE IN	NFORMATION:		
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION RE-INSPECTION
TIME IN: 11:30 TIME OUT: 120	AIRS ID#: 0951169
FACILITY NAME: COMMONITY CLOS	Cher DATE: 1/17/98
FACILITY LOCATION: 2744 S. Chic	okaseus Trail
Ovlando Fl	32829
RESPONSIBLE OFFICIAL: John Joiner	PHONE NUMBER: (467)658 2011
Based on the results of the compliance requirements evalual compliance with DEP Rule 62-213.300, Florida Administra	•
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
. of the Parties of the Control of t	
COMMENTS:	
Facility in Co	mpliance
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: TODD	-letcher 1/12/99 proximate)
INSPECTION CONDUCTED BY:	ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 836-9524

Page_1_of

Revised 10/96

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Orange County Environmental Protection Department

. Та	TLE V GE	LIENIE DRY MERAL PERM SPECTION CIJ			
TYPE OF INSPECTION: AHEID. RE-INS	AL.	LI	CORDUNATION	OVERY	(4)
AIRS IDH: 0951169 DATE: FACILITY NABLE:COMV FACILITY LOCATION:Z	nonit	y Clean	100 TIM Luevs Lickasuw 32829	Tracl	
PARTI: NOTIFICATION					***********
(check appropriate box)		, , ,			
 Existing facility notified DARM by 9/1 	/96				Ü
New facility notified DARM 30 days p	tior to starti	1)			
3. Facility failed to notify DARM to use p	general pern	nit			W
PART II: CLASSIFICATION					
Facility indicated on notification form (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)	U	2. New small a dry-to-dry only, transfer only, x both types, x<1- (constructed on	x<140 gal/yr <200 gal/yr	;	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td></td><td>transfer only, 2 both types, 140</td><td>rea source . 140<x<2, 100="" gally:<br="">00<x<1,800 gallyr<br=""><x<1,800 gallyr<br="">i or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td>C) r</td><td></td></x<2,>		transfer only, 2 both types, 140	rea source . 140 <x<2, 100="" gally:<br="">00<x<1,800 gallyr<br=""><x<1,800 gallyr<br="">i or after 12/9/91)</x<1,800></x<1,800></x<2,>	C) r	
This is a correct facility classification		י אם אט	. %		
If no, please check the appropriate clas	sification:				
facility qualified for a	general ner	mit as number	above		

facility was 100 gallons.

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) LIY LIN NIA 1. Storing perchloroethylene in tightly scaled and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? LY UN 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. 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

T'IN EIN/A

UN UN/A

(complete A and B below).

- 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?

A. Has the responsible official of all new sources and existing large area sources:

- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a 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:	american Very a remainment	
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?	CIY WN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ע מם עט	A
	Is the temperature differential equal to or greater than 20° F7	CIY CIN N	/A
3.	Measured and recorded the pere concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	אט אט אט אט	
	Is the pere concentration equal to or less than 100 ppm?	UY UN NI	lΑ
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?	טע אט צט [ע	A
5.		CA CIN CA	
6.	Routed airflow to the carbon adsorber (if used) at all times?	אט אט אט	VΛ

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official:						
(check appropriate boxes)						
1. Maintained receipts for perc purchased?	אובי אוני					
2. Maintained rolling monthly averages of perc consumption?	LIY LUV					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 lus? or;	LIY LIYN					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	י אים צים					
4. Maintained calibration data? (for direct reading instruments only)	CIY CIN MAIV					
5. Maintained exhaust duct monitoring data on perc concentrations?	UY UN NA					
6. Maintained startup/shutdown/malfunction plan?	CK, CIN					
7. Maintained deviation reports?	עאט צנט					
Problem corrected?	LIY LYN /					
8. Maintained compliance plan, if applicable?	מא ש ש אוא					

- -			
۱	PART VI: LEAK DETECTION AND REPAIRS		
u	The state of the s	Y UN	(14 -
ŀ			

2.	Which method of detection is used by the	responsit	ole official?		
	Visual examination (condensed sol	-			لقا
	Physical detection (airflow felt thro				כו
	Odor (noticeable pere odor)				Ü
	Use of direct-reading instrumentati	on (FID/P	PID/calorimetric to	ibes)	O
	If using direct-reading instrumen	itation, is	the equipment:		
	a. Capable of detecting po	ere vapor e	concentrations in a	a range of 0-500 ppm?	CIY CIN
	b. Calibrated against a sta ((IIII) only)?	andard gas	s prior to and after	r cach use	UY UN
	c. Inspected for leaks and	l obvious s	signs of wear on a	weekly basis?	DY ON
	d. Kept in a clean and see	cme area	when not in use?		DY ON
	e. Verified for accuracy b	y use of d	iuplicate samples ((calorimetric only)?	CIY CIN /
3.	Has the facility maintained a leak log?				רוא מאן י
4.	Does the responsible official check the f	gniwollo	areas for leaks?		
	Hose connections, fittings, couplings, and valves	ĒΥ	ИП	Muck cookers	DY CIN
	Door gaskets and seating	CAY	□И	Stills	אם אנט
	Filter gaskets and seating	DY.	ПN	Exhaust dampers	DY DN
 	Pumps	σΥ	ПИ	Diverter valves	מט עט
	Solvent tanks and containers	5/Y	ПИ	Cartridge filter housings	אם אם :
	Water separators	ÜX	מט		

John Joines	:
Name of Responsible Official	
Todd Fletcher	7/8/97
Inspector's Name (Please Print)	Date of Inspection
Lord Tletch	12/8/907
Inchector's Signature	Approximate Date of Mext Inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT
TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 100 TIME OUT: 700 ATRS ID#: 0951169 TYPE OF FACILITY: DVY Cleaning FACILITY NAME: Community Cleaning FACILITY LOCATION: 2744 S. Chickes Trail Ovlando Fl 32829
RESPONSIBLE OFFICIAL: John Joiney PHONE NUMBER: 658-7011
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED
No Rolling Perc. Consumption Log
No Leak detection Log
No Corrective Action Form
No Condenser temp. tog
COMMENTS:
The Annual Compliance Certification form has been properly certified and submitted to the inspector. VES NOTATE OF NEXT INSPECTION:
INSPECTION CONDUCTED BY: INSPECTOR'S SIGNATURE: INSPECTOR'S SIGNATURE: PHONE NUMBER: 836 - 9524

Page of.

Revised 10/96

0951169 TITLE VAIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

RECEIVED

TYPE OF INSPECTION: ANNUAL COMP	LAINT/DISCOVERY RE-INSPECTION					
TIME IN: 100 TIME OUT: ZOC	Bureau of Air Monitoring AIRS ID#: & Mobile Sources					
	leginers DATE: 7/8/97 CKGSaw Trail					
RESPONSIBLE OFFICIAL: John Joiney	32829 PHONE NUMBER: 658-2011					
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED						
NO Rolling Perc. Consumption Log						
No Leak detection Log	·					
No Corrective Action Form						
No Condenser temp tog						
COMMENTS:	Town .					
<u> </u>	· · · · · · · · · · · · · · · · · · ·					
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO						
DATE OF NEXT INSPECTION: 12/8/ (App	goximate),					
INSPECTION CONDUCTED BY: 500 F	letchev see Print) PHONE NUMBER: $836 - 9524$					

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Revised 10/96

	#0951169
	Community Cleaners + Laundry
	- Spoke with John Joiner - 10/23/97 - boiler: 15HP/propane
	10/23/97 - DOLLEY-15HP/Propane
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RECEIVED

OCT 7 1997

Perchloroethylene Dry Cleaning Facility Notification Bureau of Air Monitoring (keep a copy of the completed form on-site) & Mobile Sources

Facility Name and Location

· · · · · · · · · · · · · · · · · · ·
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
COMMUNITY CLEAVERS + LAUNDRY, INC. 2. Site Name (For example, plant name or number): Commune of Cleavers L STORO # (Prair)
2. Site Name (For example, plant name or number): Community CLEANERS L
STORE #1 (PLANT) LAUNDRY, INC.
3. Hazardous Waste Generator Identification Number:
4. Facility Location: 2744 S. CHICKAGAN TRAIN Street Address: City: ORAND County: ORANG Zip Code: 32829
Street Address: City: 6 (1.04) 10 County: 6 (1.04) 2 7 (2.76) 3
City. BRCANAD County. BRANGE Zip couc. 5202)
5. Facility Identification Number (DEP Use ONLY -do not fill in):
2951167
Responsible Official
6. Name and Title of Responsible Official:
Name: John W. Joiner Title: President
7. Responsible Official Maining Address.
Organization/Firm: COMMUNITE CLEANERS
Street Address: 2744 S. CHICKASAW TR.
City: OR CANOLO County: OR ANG = Zip Code: 32829
8. Responsible Official Telephone Number:
Telephone: (407) 658-2011 Fax: (407) 658-866/
7.00 2011
Facility Contact (If different from Responsible Official)
Facility Contact (II different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10. Feelly Contact Address
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -

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	ĮD	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example		#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit	A CATALON SELES								(C) # (C)	
(1) w/ ref. co		1	Dec 94	Dec 94					_	
(2) w/ carbo			,	,						
(3) w/ no co	ntrols									
Washer Unit		1100	High the control	aki baasakii			HIS MANAGEMENT	The state of		Januariya K
(4) w/ ref. co										
(5) w/ carbo					<u> </u>					
(6) w/ no co	ntrols									
Dryer Unit	•	暴騰		。 	器影響		estication de la constitución de		alganise A. Shirt	
(7) w/ ref. co					,					, '
(8) w/ carbo										
(9) w/ no co	ntrols									
Reclaimer Unit		1110	的物物的自己和社会	Ligaretina (di	. Hightig	Hillioniko aluksio	pathirticions in		University the site	de la filosofia
(10) w/ ref.										
(11) w/carbo										
(12) w/ no c	ontrols									
(b) If less that	s the total quantity of the total quantity o	uant gallo	equired to be ity of perchlons (You muow many? []	installed (exoroethylene)	cisting (perc)	purchased o				
3. What is the f (Indicate with Existing	h an "X".	Selec		ication only.)	nitions found		3) of]	Part II?	
ந்துக க Evictio	ng large are	eo	urco f T	N	مير ام	rge arca sour	00 1	1		

4. What control technology is required on machines p (Indicate with an "X".)	oursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	OR Refrigerated condenser
New small area source Refrigerated condenser [X]	
New large area source Refrigerated condenser	
	nits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following
•	ve a total heat input of 10 million BTU/hr or less (298 pane or fuel oil containing no more than one percent
All steam and hot water generating units exempt No such units on-site	
•	
Equipment Monitoring a	nd Recordkeeping Information
Check all logs which are required to be kept on-site i	n 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 mon	itoring [^¬]
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

Surrender of Existing Air Permit(s)

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

ECEIVED,

Community Cleaners + Laundry

Bureau of Air Monitoring & Mobile Sources

- spoke	With John.	Joiner-	
' 10/23	With John . 197 – boile	- 15HP/propa	ne
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2. Si			EANERS I
S			, C >
3. H			
4. Fa			
marie Or	iscole		32829
5. Fa	VED	·	7951169
DEC - I			
6. N	IRONMENTAL		
Name: PROTECTION DEPA	ARIMENI.		,
7. R	- w +		
O			
S			
			nde: 32829
8. R			/ /
1			6/
Facility Cont	act (If different from R	esponsible Official)	
9. Name and Title of Facility Contact (For example, plant mana	nger):	
io. Facility Contact Address:			-
Street Address: City:	County:	Zip Code	::
_	•	2.p 3000	
11. Facility Contact Telephone Number			
Telephone: () -	l'a	x: () -	

Facility Owner/Company Name (Name of corporation, agency, or individual owner):

RECEIVED

UCT 7 1997

Perchloroethylene Dry Cleaning Facility Notification Bureau of Air Monitoring (keep a copy of the completed form on-site) & Mobile Sources

Facility Name and Location

2. Site Name (For example, plant name or number): Community CLEANERS L STORE # PATT
STORE #1 (PLANT) LAUNDRY, EVC.
3. Hazardous Waste Generator Identification Number:
4 Facility Locations 2011 - 112 12 12 12 12 12 12 12 12 12 12 12 12
4. Facility Location: 2744 Sc CHICKAGAW TRAIC Street Address:
City: ORANDO County: ORANGE Zip Code: 32829
5. Facility Identification Number (DEP Use ONLY - do not fill in):
095/169
Responsible Official
6. Name and Title of Responsible Official: Name: Title:
JOHN W. JOINER PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: Community CLEANERS
Street Address: 2744 S. CHICKASAW TR.
City: OR LANGO County: ORANG = Zip Code: 32829
8. Responsible Official Telephone Number:
Telephone: (457) 658-2011 Fax: (407) 658-866/
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: () -

Facility Information

I.(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	1D	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	: 15 de			25.00		71566 X416455	Wis.	Andrew Commission	
(1) w/ rcf. condenser	1		Dec 94	(· m·· p)		.,	1 30970	4. 44.44.51.44.4.4.4.4.4.4.4.4.4.4.4.4.4.4.	1, 149, 202, 1210, 13
(2) w/ carbon adsorber	<u> </u>	7)-					1		
(3) w/ no controls				l			1		
Washer Unit	11.00		THE STATE OF THE S	\$450	hereward was	在分类物质	130	ywasia.	1004-4948
(4) w/ ref. condenser		,			,				
(5) w/ carbon adsorber	İ			·					
(6) w/ no controls			-		i				
Dryer Unit	100		公司符件 學問機	4300	Marine Armine		der.	Author Cont	They make
(7) w/ ref. condenser		I			1		1		T
(8) w/ carbon adsorber	 			 					
(9) w/ no controls	1			l	-		1	_	
Reclaimer Unit	11:31	SESTIMATE A SECTION OF THE SECTION O	্লা মানুলার ক্রিয়ালা	88/14.5e	harmon and o	111905-400	1857	Shekir ver et i	als delankse
(10) w/ ref. condenser					1				
(11) w/carbon adsorber									
(12) w/ no controls	ļ			Ī	:				
(b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed (existing small area source) [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased or consumed in the latest 12 months? [[Config] gallons (You must fill this in) (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []									
3. What is the facility's so (Indicate with an "X". Existing small at	Selec	et one classifi	ication only.))	initions found		(3) of	Part 11?	
_			146	5 tV 211	nan arca soui	1/1	J		
Existing large ar	ca so	urce []	No	ew la	rge area sour	ce []		

4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	OR Refrigerated condenser []
New small area source Refrigerated condenser [X]	
New large area source Refrigerated condenser	
B. The second of	t compression in particular to the second discovering the second of the second discovering
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following:
	ave a total heat input of 10 million BTU/hr or less (298 opane or fuel oil containing no more than one percent
All steam and hot water generating units exempt No such units on-site	Shp Peopane 1
	and Recordkeeping Information
	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 mor	nitoring [<u>*</u> ,
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

Surrender of Existing Air Permit(s)

ase indica	te 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)	
<u>\</u>	No air permits currently exist for the operation of the facility indicated in this notification form.	
	Responsible Official Certification	
this noti, statemer maintair	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ats made in 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.	
I will pro	Menor freselect One poly notify the Department of any changes to the information contained in this notification. The poly partment of any changes to the information contained in this notification. Date	
Ju	lus Denir Président 12/15/97	



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

LETTER OF NONCOMPLIANCE

RECEIVED

AIRS ID#0951169
COMMUNITY CLEANERS & LAUNDRY IN
JOHN W JOINER
2744 S CHICKASAW TRAIL
ORLANDO FL 32829

JUL - 6 1998

Bureau of Air Monitoring & Mobile Sources

Our records indicate that you have previously claimed entitlement to use a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.), as the owner or operator of an eligible facility. However, if one or more of the following events has occurred, you are no longer eligible to operate under the Title V Air General Permit. Department records currently indicate that your facility is not in compliance with the item(s) checked below:

- () 1) The facility has a new owner or operator (Rule 62-213.300(3)(a), F.A.C.).
- () 2) The annual emissions fee for your facility has not been received by the Department (Rule 62-213.300(3)(b), F.A.C.).
- () 3) The annual Compliance Certification for your facility has not been filed with the Department (Rule 62-213.300(3)(n), F.A.C.).

If your facility is to continue to operate under the Title V Air General Permit, the condition(s) referenced above must be corrected. Please call our Division for assistance--either Sandra Bowman at 850/921-9583 or Rick Butler at 850/921-9586.

The terms and conditions stated in the Title V Air General Permit continue to apply whether or not the facility is still operating. The Responsible Official (RO) is considered to be responsible for the permitted facility until the permit is surrendered, including any violations or payment of fees. If you wish to give up your eligibility to use the Title V Air General Permit, please sign and return this form in the enclosed self-addressed envelope. This will remove your name from our annual billing list used to notify when Title V permit fees are due.

I am the Responsible Official for the facility identified above and hereby notify the Department that I surrender the Title V Air General Permit for that facility.

We ore were

SHARON S. JOINER

Signature

-98

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

Facility Owner or Operator Page Two

Your prompt response to correct or clarify this situation will be greatly appreciated. If you have any questions, please call the Division staff listed above or the Small Business Assistance Program hotline at 800/722-7457.

Sincerely,

Sandra Bowman

Title V Air General Permit Program

/SB

cc: District/Local program

Z 333 613 546

US Postal Service Receipt for Certified Mail

AIRS ID#0951169

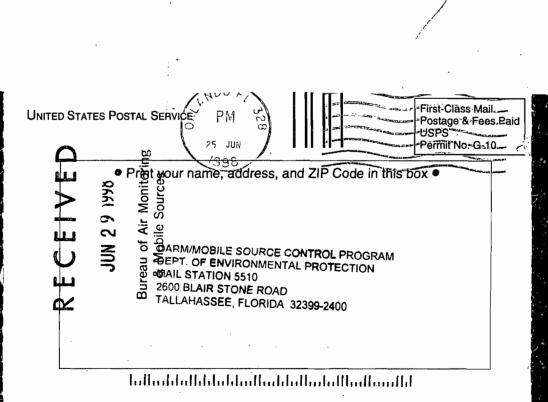
COMMUNITY CLEANERS & LAUNDRY IN JOHN W JOINER 2744 S CHICKASAW TRAIL ORLANDO FL 32829

	Postage	\$	
Ī	Certified Fee		
	Special Delivery Fee		
.	Restricted Delivery Fee		
April 1995	Return Receipt Showing to Whom & Date Delivered		
-	Return Receipt Showing to Whom, Date, & Addressee's Address		
	TOTAL Postage & Fees	\$	
PS Form 3800			
~~	of envelope to go		
	Of Oast		

on the reverse side?	SENDER: Complete items 1 and/or 2 and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to rece following services extra fee): 1. Addresse 2. Restricted Consult postmast	s (for an e's Address d Delivery
ADDRESS completed	AIRS ID#0951169 COMMUNITY CLEANERS & LAUNDRY IN JOHN W JOINER 2744 S CHICKASAW TRAIL ORLANDO FL 32829	4b. Service Registere Express Return Rec	33 & 13 Type ad Mail ceipt for Merchandise	Certified Insured COD
your RETURN	Received By: (Print Name) Signature: (Addressee or Agent)		s Address (Only it	requested

PS Form 3811, December 1994

102595-97-B-0179 Domestic Return Receipt





Department of Environmental Protection

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

Virginia B. Wetherell Secretary

LETTER OF NONCOMPLIANCE

TO:

Our records indicate that you have previously claimed entitlement to use a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.), as the owner or operator of an eligible facility. However, if one or more of the following events has occurred, you are no longer eligible to operate under the Title V Air General Permit. Department records currently indicate that your facility is not in compliance with the item(s) checked below:

- () 1) The facility has a new owner or operator (Rule 62-213.300(3)(a), F.A.C.).
- () 2) The annual emissions fee for your facility has not been received by the Department (Rule 62-213.300(3)(b), F.A.C.).
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I am the Responsible Official for the facility identified above and hereby notify the Department that I surrender the Title V Air General Permit for that facility.

Name (please print)	Signature

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

Facility Owner or Operator Page Two

Your prompt response to correct or clarify this situation will be greatly appreciated. If you have any questions, please call the Division staff listed above or the Small Business Assistance Program hotline at 800/722-7457.

Sincerely,

Sandra Bowman

Title V Air General Permit Program

/SB

cc: District/Local program

PERCIILOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	COMPLAINT/DISCOVERY
	RE-INSPECTION	
AIRS 1D#: 0951169	DATE: 1 18 98	799 TIME IN: 10,00 TIME OUT: 1020
facility name:	1	·
FACILITY LOCATION:		
·	Orlando, F	
RESPONSIBLE OFFICIAL	.: John Join	er PHONE: 407-658-2011
CONTACT NAME:	·	PHONE:
		·
PART I: NOTIFICATION	<u>·</u>	
(check appropriate box)		
1. New facility notified DAR	•	•
2. Facility failed to notify DA	ARM to use general perm	nit
PART II: CLASSIFICATIO	ONI	
Facility indicated on notificated		U No notification form
(check appropriate box)	ation form that it is.	☐ Drop store/out of business/petroleum
1. Existing small area so dry-to-dry only, x < 140 gransfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9	al/yr c /yr t	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area so	ource 🗅 4	4. New large area source
dry-to-dry only, $140 \le x \le$ transfer only, $200 \le x \le 1$, both types, $140 \le x \le 1,80$ (constructed before 12/9/9	2,100 gal/yr (,800 gal/yr ()0 gal/yr (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)
dry-to-dry only, $140 \le x \le 1$ transfer only, $200 \le x \le 1$, both types, $140 \le x \le 1,80$	2,100 gal/yr (,800 gal/yr (,00	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
dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,80 (constructed before 12/9/9 5. This is a correct facility If no, please check the	\$2,100 gal/yr (2,800 gal/yr (3,800 gal/yr (3,00 gal/yr (3	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 $12/9/91$) $\Box Y$ $\Box Can not determine$

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) AVAD AC 1. Storing perchloroethylene in tightly scaled and impervious containers? 2. Examining the containers for leakage? Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at מאם מם איש least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DW/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? □N □N/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 □N □N/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? 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:		
ı.	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?		ń
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ey o	N/N□ N
	Is the temperature differential equal to or greater than 20° F?		N □N/V
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?	ΔY 0	N THIA
	Is the perc concentration equal to or less than 100 ppm?		N DAVA
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 O	N BNIA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY O	N ENIA
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY O	N DANIA

PART V: RECORDKEEPING REQUIREMENTS	. \
Has the responsible official: (check appropriate boxes)	,
1. Maintained receipts for perc purchased?	מאַ כואַ
2. Maintained rolling monthly total of perc consumption?	DAJ 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?	DY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	אואם אם עם י
5. Maintained exhaust duct monitoring data on perc concentrations?	אואם אם צם
6. Maintained startup/slmtdown/malfunction plan?	DAY ON
7. Maintained deviation reports?	DY DN EZNIA
Problem corrected?	OY ON ØN/A
8. Maintained compliance plan, if applicable?	OY ON BYN/A

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?	>	. :	EN ON	
2. Has the facility maintained a leak log?		. · · ·	DY ON	
3. Does the responsible official check the	following areas for leaks	$\dot{ au}^{i}$. The second of $\dot{ au}^{i}$		
Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	MY ON ON/A	
Door gaskets and scating	DY ON ON/A	Stills	אואם אם צעל	
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	MY ON ON/A	
Pumps	MY ON ON/A	Diverter valves	DY ON ON/A	
Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	DY ON ON/A	
Water separators	MY ON ON/A			
4. Which method of detection is used by t	the responsible official?		,	
Visual examination (condensed s	olvent on exterior surfac	cs)	tα′,	
Physical detection (airflow felt the	rough gaskets)		u	
Odor (noticeable perc odor)	• •	•	2	
Use of direct-reading instruments	ation (FID/PID/calorime	ric tubes)		
Halogen leak detector		·		
If using direct-reading inst	rumentation, is the equi	pment:	ON/A	
a. Capable of detecting	perc 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	אם עם	
<u> </u>	nd obvious signs of wear	on a weekly basis?	OY ON	
-	secure area when not in t		OY ON	
•	by use of duplicate same		מם עם	
	•	. , , , , , , , , , , , , , , , , , , ,	,	
		•		
Tlk = P - 11				
Inspector's Name (Please Print) Date of Inspection				
Uka Bundy		1/8/2	000	

Given 1999 Dry Cleaner Compliance Calendar.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL \(\) COM	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 10:00 TIME OUT: 1020) AIRS ID#:	951169
TYPE OF FACILITY: Dry Cleaner		
FACILITY NAME: Community Cleaners		_DATE: 1/8/99
FACILITY LOCATION: 2744 S. Chicka saw T	rail	
Orlando, FL 32829		· · · · · · · · · · · · · · · · · · ·
RESPONSIBLE OFFICIAL: John Joiner	PHONE NUMBER:	407-658-2011
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	ative Code (F.A.C.).	er"
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the follo	owing compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTI	ON REOUIRED
		1,
	•	
	•	
	,	
Given 1999 Dry Cleaner (Facility in Compliance	Calendar.	
The Annual Compliance Certification form has been properly certification		YES NOW
DATE OF NEXT INSPECTION: 1/8/2000) 	
TIL T	proximate)	
	> UNOV case Print) PHONE NUMBER:	836-9524
Page	of .	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS



TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

facility was 100 gallons.

TO SINGS	<u> </u>
VHUNT 17	
RE-INSPECTION	

COMPLAINT/DISCOVERY

	1
l	98 TIME IN: 11:30 TIME OUT: 12:00
FACILITY NAME: COMMUNIT	y Cleuners
FACILITY LOCATION: 2744 5	L Control of the cont
Odundo	F1 32829
RESPONSIBLE OFFICIAL: 10/vm 20	Mer PHONE: (407)658.2011
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	
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, $x \le 140 \text{ gal/yr}$
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr
both types, x < 140 gal/yr (constructed before 12/9/91)	both types, $x \le 140$ gal/yr (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, $200 \le x \le 1{,}800$ gal/yr	transfer only, $200 \le x \le 1,800$ gallyr
both types, $140 \le x \le 1,800 \text{ gal/yr}$	both types, $140 < x < 1.800$ gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91) & &
5. This is a correct facility classification	(constructed on or after 12/9/91) © Mobile Sources above regard is not eligible for a general permit.
If no, please check the appropriate classific	cation:
facility qualified for a ge	cation: cheral permit as number above
facility exceeds above lin	nits and is not eligible for a general permit of to
B. The total quantity of perchloroethylene (perc) p	urchased within the preceding 12 months by this Thy 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? DY ON DAY 2. Examining the containers for leakage? DY DN DN/A DY ON 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at CAY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber CIY CIN 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? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ONA 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 DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ПΥ	אני	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ŪΥ	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ШΥ	□N	□N/A
	- Is the perc concentration equal to or less than 100 ppm?	ΥÜΥ	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?	UΥ	ÜN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ШN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПΥ	ПΝ	□N/A

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

PA	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 UN			
2.	Has the facility maintained a leak log?			מא מא			
3.	Does the responsible official check the f	following areas for leaks	?				
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON ON/A			
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A			
	Filter gaskets and scating	QA ON ONV	Exhaust dampers	DY ON ON/A			
	Pumps	EY ON ON/A	Diverter valves	DY ON ON/A			
	Solvent tanks and containers	GY ON ON/A	Cartridge filter housings	DY ON ON/A			
	Water separators	EN CIN CINIA					
4.	Which method of detection is used by the	he responsible official?					
	Visual examination (condensed so	olvent on exterior surface	es)	Ø.			
	Physical detection (airflow felt the						
	Odor (noticeable perc odor)	O					
	Use of direct-reading instrumenta						
	Halogen leak detector						
	If using direct-reading instr	EN/A					
	a. Capable of detecting p	perc vapor concentration	s in a range of 0-500 ppm?	DY DN.			
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and	after each use	OY ON			
	c. Inspected for leaks an	nd obvious signs of wear	on a weekly basis?	OY ON			
	d. Kept in a clean and s	ecure area when not in u	se?	DY ON .			
	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	DY DN			
100111	•						
_	Inspector's Name (Please Pri	to her	Date of Insp	?{ poction			
-	Inspector's Signature Approximate Date of Next Inspection						

ADDITIONAL SITE INFORMATION:			
•			
		~	
	·		
,		•	
	••		
		•	
		·	

BEST AVAILABLE COPY

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11.30 TIME OUT: 1200) AIRS ID#: (3951169
TYPE OF FACILITY: DW Cleaver	
FACILITY NAME: COMMONITY CL	DATE: 1/17/98
FACILITY LOCATION: 77744 S. Char	Kasaw Trail
Ovlando Fl	<u> 27879</u>
RESPONSIBLE OFFICIAL: John Tonger	PHONE NUMBER: (407)658 2011
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra	- · · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaluated discrepancies were noted:	nted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·
OMMENTS:	
Facility in Co	and liques
Annual Compliance Certification form has been properly certification	Tied and submitted to the inspector. YES NO
TE OF NEXT INSPECTION:	Fletcher 1/17/99
(A)	pproximate)
PECTION CONDUCTED BY:	lease Print)
ECTOR'S SIGNATURE:	PHONE NUMBER: 836-9524

Page of .

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

		· /			
TYPE OF INSPECTION:	ANNUAL	ਖ	COMPLAINT/DISC	COVERY	
	RE-INSPECTIO	N D	urez &		
			NG NG	m	
AIRS ID#: 0951169	n 14-	()()	IN: 1240 TIM	E OUT	300
^	•	_	. 0 > ;	E OUE	<u> </u>
FACILITY NAME:O	mmunity	Cleane	rs rcg		
FACILITY LOCATION:				·	
	Orlando, F	L 3282	9		
RESPONSIBLE OFFICIAL	: John Joi	iner	_PHONE: 407-	658-20	011
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION		·		<u> </u>	
(check appropriate box)					
1. New facility notified DARM	1 30 days prior to star	tup	·.		o o
2. Facility failed to notify DAR	M to use general per	mit			<u> </u>
PART II: CLASSIFICATION	<u> </u>		· · · · · · · · · · · · · · · · · · ·		·
Facility indicated on notificati			☐ No notification fo	rm	
(check appropriate box)	ion form that it is.		☐ Drop store/out of		oleum
A.				•	
1. Existing small area sour		2. New small a	· -	a	
dry-to-dry only, x < 140 gal			, x < 140 gal/yr		
transfer only, x < 200 gal/yr		transfer only, x			į.
both types, x < 140 gal/yr		both types, x <	•		
(constructed before 12/9/91)		(constructed on	or after 12/9/91)	,	
3. Existing large area sour	rce □	4. New large a		TA .	
dry-to-dry only, $140 \le x \le 2$,		-	rea source , 140 ≤ x ≤ 2,100 gal/yı		
transfer only, $200 \le x \le 1,80$			$0.0 \le x \le 1,800 \text{ gal/yr}$	•	
both types, $140 \le x \le 1,800$			$\leq x \leq 1,800 \text{ gal/yr}$ $\leq x \leq 1,800 \text{ gal/yr}$	-	
(constructed before 12/9/91)			or after 12/9/91)		
(======================================		(consultation on	/		
5. This is a correct facility cl	assification	OY ON	Can not determine		
If no, please check the	appropriate classifica	tion:			
	ty qualified for a gene		mber above	;	
			tible for a general perm	it	
B. The total quantity of perchlor			e preceding 12 months		eaning
TACILITY WAS ' AND ONE	O	1 - 1 1 1	1./ 10.00		

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

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser I on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ocated
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?	□Y □N □N/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?	□Y □N □N/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)	
Maintained receipts for perc purchased?	DIY CIN
2. Maintained rolling monthly total of perc consumption?	ooy oon√
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON 1911/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 CONA
4. Maintained calibration data? (for applicable direct reading instruments)	OLY ON BAN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DAN/A
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	DY ON BN/A
Problem corrected?	OY ON OTNIA
8. Maintained compliance plan, if applicable?	OY ON ON/A

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?			daγ □N			
2. Has the facility maintained a leak log?			□Y ŒΝ			
3. Does the responsible official check the f	ollowing areas for leaks?					
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	MY ON ON/A			
Door gaskets and seating	MY ON ON/A	Stills	DAY ON ON/A			
Filter gaskets and seating	MY ON ON/A	Exhaust dampers	DAY ON ON/A			
Pumps	THE ON LINIA	Diverter valves	ON ON/A			
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A			
Water separators	OY ON ON/A					
4. Which method of detection is used by th	e responsible official?					
Visual examination (condensed sol	1					
Physical detection (airflow felt thro						
Odor (noticeable perc odor)						
Use of direct-reading instrumentation	0					
Halogen leak detector	0/					
If using direct-reading instru	mentation, is the equipm	ent:	CEN/A			
a. Capable of detecting po	erc 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)?			אם צם			
c. Inspected for leaks and	obvious signs of wear on	a weekly basis?	ИО У ОИ			
d. Kept in a clean and sec	cure area when not in use?		OY ON			
e. Verified for accuracy b	y use of duplicate sample	s (calorimetric only)?	מם עם			
			·			
Ilha Bundy		JAN. 14, 20	OU			
Inspector's Name (Please Print)	Date of Inspection				

Approximate Date of Next Inspection

Inspector's Signature

ADDITIONAL SITE INFORMATION:

1-11-99 50.0

9-7-99 20.0

March (r Apr.) New Machine.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUA	L 🗹 COM	PLAINT/DISCOVERY	RE-INSPEC	TION [
TIME IN 1240 TIM	4E OUT: 1360	AIRS ID#:	0951169	
TYPE OF FACILITY: Dry Cleans				
FACILITY NAME: Community	Cleaners		DATE:01-	14-00
FACILITY LOCATION: 2744 S.	Chickasaw		*	
Orlando	FL 32826			
RESPONSIBLE OFFICIAL: John	Joiner	PHONE NUMB	BER: 407-658	<u>- 2011</u>
Based on the results of the compliant compliance with DEP Rule 62-213. Based on the results of the compliant discrepancies were noted:	300, Florida Administra	ative Code (F.A.C.).		
COMPLIANCE REQUIREMEN	NT/PROBLEM	FOLLOW-UP AG	CTION REQUIRI	$\mathbb{E}\mathbf{D}$
Incomplete Condenser Te	mp Log	Re-inspect	ion in one	month
Incomplete leak Insper	ction Log		West .	
12 month running per lo	ig behind		()	7 ₆
All perc receipts not on	site		• • • • • • • • • • • • • • • • • • •	
			,	·
COMMENTS:				
The Annual Compliance Certification form	nas been properly certif	ied and submitted to the inspe	ector. YES	NOU
DATE OF NEXT INSPECTION:		proximate)	- 1 ²	
INSPECTION CONDUCTED BY:INSPECTOR'S SIGNATURE:		ease Print)PHONE NUMI	BER: 836-14	100
	Page_	<u>for </u> .		Revised 10/96

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAIN	NT/DISCOVERY	
	RE-INSPECTION	ख			VED 3000
	 				A P
AIRS ID#: 0951169		-	v: 1050	THE TRUE ALT:	((2) (1)
facility name: <u>Co</u> y	1			FEB Z	Air Monitor bile Sources
facility location: 2			Trail	Bureau Or	pile Sou.
	Orlando, FL	32829			······································
RESPONSIBLE OFFICIAL	: John Joine	<u> ۲</u>	PHONE:	107-658-20)(-)(
CONTACT NAME: PGM			PHONE:	•	
	ant Mgr.				
					,
PART 1: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARI	M 30 days prior to startu	р			
2. Facility failed to notify DA	RM to use general perm	it			
PART II: CLASSIFICATIO	N				
Facility indicated on notifica (check appropriate box)	tion form that it is:		☐ No notifi	cation form re/out of business/pe	troleum
Λ.				.n	•
1. Existing small area sou dry-to-dry only, x < 140 ga		2. New small a dry-to-dry only,	-	r Q	
transfer only, $x < 200$ gal/y		ransfer only, x	_ ,	•	:
both types, $x < 140$ gal/yr		both types, $x < 1$			
(constructed before 12/9/9)	(constructed on	or after 12/9/9	PI) _.	
3. Existing large area sou	irce 🚨 4	4. New large a	roo courso	02	
dry-to-dry only, $140 \le x \le 1$		lry-to-dry only,			
transfer only, $200 \le x \le 1.8$		ransfer only, 20			
both types, $140 \le x \le 1,800$		potli types, 140			
(constructed before 12/9/9)		constructed on		-	
- m					•
5. This is a correct facility	classification 4	ΔA □N	□Can not d	letermine	
If no, please check th	e appropriate classificati	ion:	÷		•
☐ faci	ility qualified for a gener	ral permit as nu		above	
	ility exceeds above limit			eral permit	,
B. The total quantity of perch		hased within th	e preceding 1	2 months by this dry	cleaning

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

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ďγ	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser	ſ		
	inlet and outlet weekly?	d Y	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΔY	□N	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly			
	at the end of the final drying cycle while the machine is venting to the adsorber,			: 🗡
	if machines are equipped with a carbon adsorber?	ΠY	ПN	ØN/A
	Is the perc concentration equal to or less than 100 ppin?	ΠY	ΠN	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,	ПΥ	. (=\n)	ZINI
	or expansion; and downstream from no other inlet?	4 1	UIN.	UN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	©M√A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□м	□ X V/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	4
1. Maintained receipts for perc purchased?	©Y □N
2. Maintained rolling monthly total of perc consumption?	DAY ON :
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	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?	UY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON CHIA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	ØY UN
7. Maintained deviation reports?	OY ON TIMA
Problem corrected?	OY ON CIN/A
8. Maintained compliance plan, if applicable?	OY ON DINA

PART VI: LEAK DETECTIO	N AND REPAIRS			
1. Does the responsible official of	onduct a weekly (fo	r small sources,	bi-weekly) leak detection an	id repair
inspection?	•			ZY ON
2. Has the facility maintained a l	eak log?		:	DY ON
3. Does the responsible official of	heck the following a	areas for leaks?		
Hose connections, fitting		v /700//4		Av. 534 5344
couplings, and valves	אם א פוא	N UN/A	Muck cookers	ØY ON ON/A
Door gaskets and seating	g dy dr	N □N/A	Stills	MY ON ON/A
Filter gaskets and scatin	g Dy On	N □N/A	Exhaust dampers	DY ON ON/A
Punips	10 Y 101	N □N/A	Diverter valves	MY ON ON/A
Solvent tanks and contain	incrs 🗹 Y 🗆 N	N □N/A	Cartridge filter housings	DY ON ON/A
Water separators	ENY COM	N 🗆 N/A		
4. Which method of detection is	used by the respons	ible official?		
Visual examination (cor	densed solvent on e	xterior surfaces)		र्घ
Physical detection (airfle	ow felt through gask	cets)		
Odor (noticeable perc o	lor)			1
Use of direct-reading in	strumentation (FID/I	PID/calorimetric	tubes)	ū
· Halogen leak detector	•			0 /
If using direct-read	ing instrumentatio	n, is the equipm	ent:	ØN/A
a. Capable of o	letecting perc vapor	concentrations i	n a range of 0-500 ppm?	DY DN
b. Calibrated a (PID/FID o	gainst a standard ga alv)?	s prior to and aft	er each use	OY ON
	r leaks and obvious	sions of wear on	a weekly basis?	OY ON
, -	ean and secure area	_		
•			es (calorimetric only)?	OY ON
c. vermed for		adjineate sumple	s (can/innerie only).	- · - · ·
	•			
Ilka Bunde	1		2-8-00	
Inspector's Name (F	Please Print)		Date of Inspection	· · · · · · · · · · · · · · · · · · ·
			ŕ	
Ilha Rimo	by the second		2-8-01	
Inspector's Sign	ature		Approximate Date of	Next Inspection

ADDITIONAL SITE INFORMATION:

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL [COMPL	AINT/DISCO	OVERY	re-inspection 🏹
TIME IN: 1050	TIME OUT:	1120		AIRS ID#: 00	151169
TYPE OF FACILITY: Dry	Cleaner.				·
	nunity Cleaner	S			DATE: 2-8-60
FACILITY LOCATION: 27			1		
	lando FL 3282				
RESPONSIBLE OFFICIAL:			PH	IONE NUMBER:	107-658-2011
	the compliance requireme Rule 62-213.300, Florida A		_	=	ity is found to be in
Based on the results of discrepancies were not	the compliance requireme	nts evaluated	during this in	nspection, the follo	wing compliance
COMPLIANCE REQ	UIREMENT/PROBI	LEM	FOLL	OW-UP ACTIO	ON REQUIRED
	./				
<u> </u>		,			
					· · · · · · · · · · · · · · · · · · ·
		!			
					/
	•				
· · ·					
1	,				
•	*				
COMMENTS:					
•	ity in comp	liance	•		
The Annual Compliance Certifi	•			ed to the inspector.	YES NOU
DATE OF NEXT INSPECTIO	on:2	- 8 - 200 (Appro	Oximate)		
. INSPECTION CONDUCTED	DBY: IK	a Buno)4		<u>.</u>
INSPECTOR'S SIGNATURE	E:Jlha	(Pleas Billion	e Print)	IONE NUMBER:	836-1400
		Page Lo	of 1.		Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

Jestol .

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS 2-23-01 1

TYPE OF INSPECTION:

ANNUAL (INS1, INS2)

RE-INSPECTION (FUI) □

COMPLAINT/DISCOVERY (CI)

AIRS ID#: 095/169 DATE: 2-21-01 TIME IN: 1000 TIME OUT: 2038
FACILITY NAME: Community Cleaners
FACILITY LOCATION: 2744 S. Chickasaw Trail
Orlando, FL 32829
RESPONSIBLE OFFICIAL: John Joiner PHONE: 407-658-2011
CONTACT NAME: Par (plant mgr.) PHONE:

PART I: NOTIFICATION				
(check appropriate box)		Facility Compliance Status:	IN	S
1. New facility notified DARM 30 days prior to startup		(ARMS Data)	MNC	
2. Facility failed to notify DARM to use general permit	۵		SNC	

PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
A.	a prop store/out of business/perforeum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	☐Y □N □Can not determine
If no, please check the appropriate classific facility qualified for a ger facility exceeds above lin	
B. The total quantity of perchloroethylene (perc) pu facility was 133 gallons.	rchased 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) MY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? MY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at EY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN EM/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) ומר אמו 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the 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?	EN DN
2.	Measured and recorded the washer exhaust temperature at the condenser	,
ľ	inlet and outlet weekly?	dy on en/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 BYN/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?	DY DN GM/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON EM/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON EM/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	,
1. Maintained receipts for perc purchased?	EY ON
2. Maintained rolling monthly total of perc consumption?	DAY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	TOY 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 BN/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON PN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	ØY ON
7. Maintained deviation reports?	DY ON DANIA
Problem corrected?	OY ON EN/A
8. Maintained compliance plan, if applicable?	DY ON PAN/A

PART VI: LEAK DETECTION AND REPA	IRS		
1. Does the responsible official conduct a week	y (for small sources, b	i-weekly) leak detection an	nd repair
inspection?			TON .
2. Has the facility maintained a leak log?			OY ON
3. Does the responsible official check the follow	ving areas for leaks?		
Hose connections, fittings, couplings, and valves	′ □N □N/A	Muck cookers	MY ON ON/A
Door gaskets and seating	ON ON/A	Stills	MY ON ON/A
Filter gaskets and seating	ON ON/A	Exhaust dampers	MY ON ON/A
Pumps	' □N □N/A .	Diverter valves	DY ON ON/A
Solvent tanks and containers	ON ON/A	Cartridge filter housings	ON ON/A
Water separators	ON ON/A		
4. Which method of detection is used by the res	ponsible official?	• •	
Visual examination (condensed solvent	on exterior surfaces)		
Physical detection (airflow felt through	gaskets)		. 🗖
Odor (noticeable perc odor)			
Use of direct-reading instrumentation (FID/PID/calorimetric to	ubes)	
Halogen leak detector			
If using direct-reading instrumen	tation, is the equipme	nt:	□N/A
a. Capable of detecting perc v	apor concentrations in	a range of 0-500 ppm?	□Y □N
b. Calibrated against a standar (PID/FID only)?	d gas prior to and after	each use	OY ON
c. Inspected for leaks and obv	ious signs of wear on a	weekly basis?	□Y □N
d. Kept in a clean and secure a	area when not in use?		OY ON
e. Verified for accuracy by us	e of duplicate samples	(calorimetric only)?	DY DN
	·.		
T. T			•
- 1ka Bundy	 	2-21-01	
Inspector's Name (Please Print)		Date of Inspection	
Illu Bund		2-21-02	· · · · · ·
Inspector's Signature		Approximate Date of I	Next Inspection

ADDITIONAL SITE INFORMATION:

$$2-1-60$$
 19.5 39.0
 $2-15-\infty$ 19.5 39.0
 $3-14-00$ 19.5
 $4-4-00$ 19.5
 $5-4-00$ 15.0
 $9-28-00$ 19.5
 $10-3-00$ 19.5
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 19.5
 $10-3-00$ 19.5
 15.0

172.0

- 39.0

133.0

RS ID#: 0951169

BEST AVAILABLE COPY

Revised 01/18/00

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ARMS 2/23/01 /

CILITY NAME: Community Cleaners	DATE: 2/21/2001
ICILITY LOCATION: 2744 S. Chickgsaw Trail	
Orlando, FL 32829	·
unual Reporting Period: February 2000 TO Febru	10 ry 20 01
used on each term or condition of the Title V general air permit, my facility has remained in compliance	ce with DEP Rule
2-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
NO, complete the following:	
. Term or condition of the general permit that has not been in continuous compliance during the repo	rting period stated above:
term of condition of the general permit mat has not occur in continuous compitance during the repo	rung period stated above.
	· · · · · · · · · · · · · · · · · · ·
xact period of non-compliance: from	·
ction(s) taken to achieve compliance:	
ethod used to demonstrate compliance:	
2. Term or condition of the general permit that has not been in continuous compliance during the repo	rting period stated above:
xact period of non-compliance: fromtoto	·
ction(s) taken to achieve compliance:	
ethod used to demonstrate compliance:	<i>t</i>
icultor used to demonstrate compliance.	
s the responsible official, I hereby certify, based on information and belief formed after reasonable inc	quiry; that the statements made
this notification are true, accurate and complete. Further, my annual consumption of perchloroethyl	ene solvent, based upon
urchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per y ombination facilities.	vear for transfer or
	1/2/1/201
ESPONSIBLE OFFICIAL: Name (Please Print) Signature	Date Date
,	

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL OF C	OMPLAINT/DI	SCOVERY 🗆	RE-INSPECTION 🗆
TIME IN: 10:00	TIME OUT:	1030	AIRS ID#:	095/169
TYPE OF FACILITY: Dry	Cleaner			<i>f</i>
· · · · · · · · · · · · · · · · · · ·	nunity Clear	Prs		ATE: 2-21-01
FACILITY LOCATION: 2.7	-1 - 1		ail	IIL
I	lando FL	32829	~	
RESPONSIBLE OFFICIAL:			HONE NUMBEI	x: 407-658-2011
Based on the results of the c compliance with DEP Rule (· · · · · · · · · · · · · · · · · · ·	-	is found to be in
Based on the results of the c	ompliance requirements eval	luated during this in	spection, the follow	ing compliance
discrepancies were noted:		1	•	
COMPLIANCE REQUIR	EMENT/PROBLEM	I FOLL	OW-UP ACTIO	ON REQUIRED
	<i>A</i>			
	•			•
<u>5</u> - 4 - +3 -	<i>F</i> +			
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	v	J		
COMMENTS:	-	1		<u></u>
facility	in complia	nce.		
The Annual Compliance Certification	form has been properly cert	ified and submitted	to the inspector	YES D NO D
DATE OF NEXT INSPECTION: _		1-02	to the hispector.	TESES NOD
DATE OF REAL INSPECTION: _		roximate)		
INSPECTION CONDUCTED BY:	Ilka B	rundy		
INSPECTOR'S SIGNATURE:	Alla Bur	se print) PHO	NE NUMBER: 4	07-836-1400
45-19 (6/00)	Page	of	* · · · · · · · · · · · · · · · · · · ·	

Butler, Rick

From:

Ilka.Bundy@ocfl.net

Sent:

Tuesday, February 19, 2002 3:22 PM

To:

Butler, Rick

Cc: Subject: Bowman, Sandy, Marie Driscoll@ocfl.net; John Parker@ocfl.net

Dry Cleaner Info.

Rick:

Here are some changes related to some dry cleaning facilities that are needed in ASGP:

- * [0951169 Community Cleaners---Chickasaw Trail under facility location is misspelled. Also, this facility was just sold to a new owner. The new perc notification from should arrive soon.
- * 0951207 Best Cleaners---has 2 Annual inspections for 4/13/2001. Can you please delete one?
- $\dot{*}$ 0951233 Ritz Cleaners---The R.O.'s last name is misspelled. It should be Kiselar.
- * 0950306 This facility's name needs to be changed from Master Cleaners to Tita's Cleaners.

If you have any questions, please contact me! Thanks!

Ilka Bundy Environmental Specialist Orange County EPD Phone 407-836-1476 Fax 407-836-1498 mailto:Ilka.Bundy@ocfl.net

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No Insura	ot for C	age Provi	e d Mail ded. ail <i>(See rev</i>	erse)
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Special De	livery Fee			
	Delivery Fee			
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Return Rece	ipt Showing to V ressee's Addres	Vhom,		
TOTAL PO	stage & Fee	\$		
Postmark	or Date	·		

SEADER:

on the reverse sid	■Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write *Return Receipt Requested* on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		
s your <u>RETURN ADDRESS</u> completed on the reverse	AIRS ID 0951169 COMMUNITY CLEANERS & LAUNDRY INC JOHN W JOINER 2744 S CHICKASAW TRAIL ORLANDO FL 32829	4a. Article N 7333 4b. Service Registere Express Retum Re 7. Date of D	
	Received By: (Print Name) Signature: (Addresses or Agent) No. 100 (Addresses or Agent)	8. Addresse and fee is	
<u>~</u>			

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

		•
1. 🗆	Addressee's	Address

2.

Restricted Delivery

	Consult postmaster for fee.
AIRS ID 0951169 COMMUNITY CLEANERS & LAUNDRY INC JOHN W JOINER 2744 S CHICKASAW TRAIL ORLANDO FL 32829	4a. Article Number 7333-675 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Defivery
5. Received By: (Print Name)	8. Addressee's Address (Only if requested

PS Form **3811**, December 1994

Domestic Return Receipt 102595-97-B-0179

Thank you for using Return Receipt Service.



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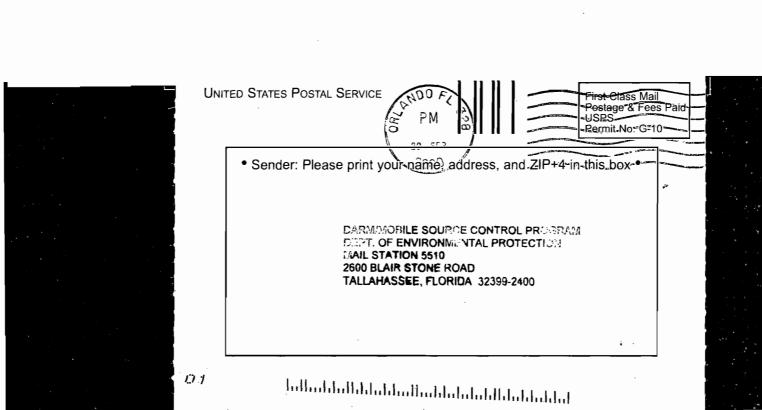
P 174 052 545 US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse)

AIRS ID # 0951169

COMMUNITY CLEANERS STORE #1 JOHN W JOINER 2744 S CHICKASAW TRAIL ORLANDO FL 32829

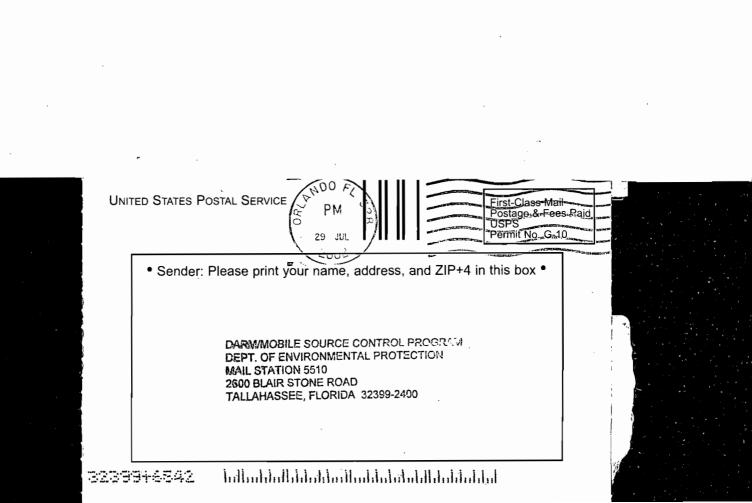
April 1995	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
S Form 3800 ,	Postmark or Date	

·				
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Delivery			
 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. 	C. Signature Agent Agent Agent Agent			
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No			
AIRS ID # 0951169 COMMUNITY CLEANERS STORE #1 JOHN W JOINER				
2744 S CHICKASAW TRAIL ORLANDO FL 32829	3. Service Type ▶ Certified Mail			
	4. Restricted Delivery? (Extra Fee) ☐ Yes			
2. Article Number (Copy from service label)				
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789			
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1670	10 AIRS ID # 0951169001AG JOHN W JOINER COMMUNITY CLEANERS STORE #1		
7000	2744 S CHICKASAW TRAIL		
70	ORLANDO FL 32829		
Ĺ	se lor instructions		

	fse for Instructions
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 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 Grant Agent Addressee
1. Article Addressed to: 10 AIRS ID # 0951169001AG JOHN W JOINER COMMUNITY CLEANERS STORE #I	D. Is delivery address different from item 1?
2744 S CHICKASAW TRAIL ORLANDO FL 32829	3. Service Type Certified Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
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DC Form 2011 Morch 2001 Demostic Det	-



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7000 0600	Recipien Street, A _j City, Stat	JOHN W JO	ITY CLEANERS STO DINER CKASAW TRAIL	RS ID # 0951169 DRE #1	
	PS Form 38	300, February 2	000	See Reverse for Ins	tructions

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 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 C. Signature X Agent Addressee D. Is delivery address different from item 1? Yes			
Article Addressed to:	If YES, enter delivery address below:			
AIRS ID # 0951169 COMMUNITY CLEANERS STORE #1 JOHN W JOINER				
2744 S CHICKASAW TRAIL ORLANDO FL 32829	3. Service Type Certified Mail			
	4. Restricted Delivery? (Extra Fee) Yes			
2. Article Number (Copy from service label) 7000 10600 100026				
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789			

UNITED STATES POSTAL SERVICE



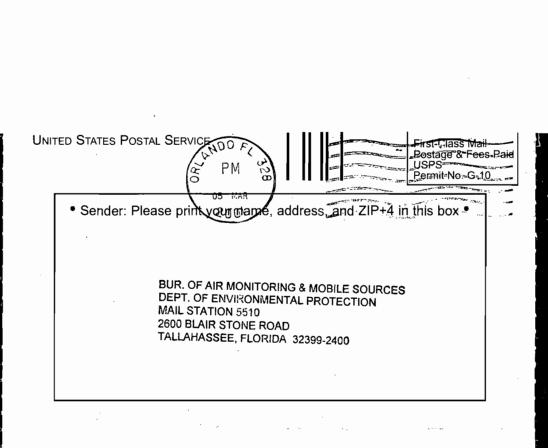
First-Class Mail
Postage & Fees-Paid.
USPS
Permit No. G-10

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

BUR, OF AIR MONITORING & MOBILE SOURCES DEPT. OF ENV-PONMENTAL PROTECTION MAIL STATION 6619 2600 BLAIR STONE ROAD TALLAHASSLE, FLORIDA 32399-2400

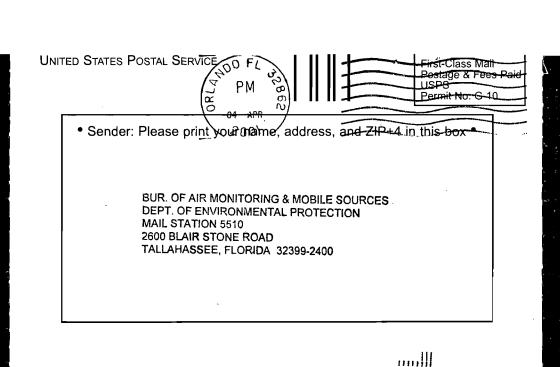
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0090	Recipie COMMUNI	A. TY CLEANERS ST	IRS ID # 0951169 FORE #1	
ĺ	Street JOHN W JOINER			
7000	2744 S CHICKASAW TRAIL			
72	City, St. ORLANDO FL 32829			
	PS For			structions

	Τ)
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 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) C. Signature Agent Addressee D. Is delivery ageress different from item 1?
1. Article Addressed to: AIRS ID # 0951169 COMMUNITY CLEANERS STORE #1 JOHN W JOINER	If YES, enter delivery address below: ☐ No
2744 S CHICKASAW TRAIL ORLANDO FL 32829	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
Α	4. Restricted Delivery? (Extra Fee)
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X 570 PPT 5P3 US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 0951169 COMMUNITY CLEANERS STORE #1 JOHN W JOINER 2744 S CHICKASAW TRAIL ORLANDO FL 32829 Certified Fee Special Delivery Fee Restricted Delivery Fee PS Form 3800, April 1995 Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address \$ TOTAL Postage & Fees Postmark or Date

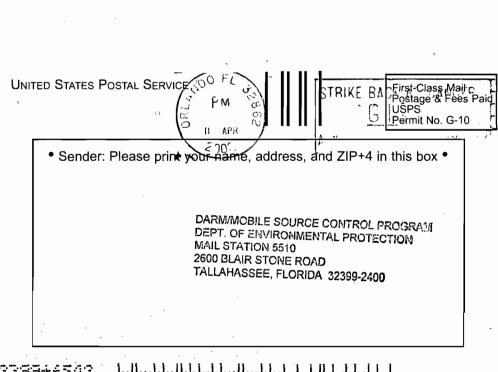
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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
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ORLANDO FL 32829	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
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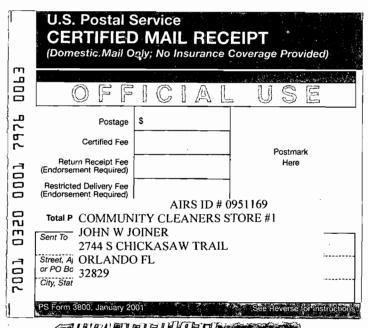


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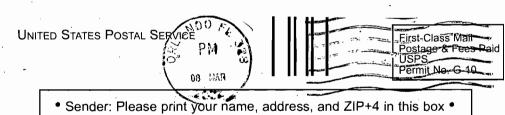
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FIGHER AT TOP OF ENVELOPE TO THE	E EDA19		
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SENDER: CONVENIENCE CINE SENDER: SORD VIOLE CONTROL C	PHUSO IS 30VIO COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse 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: AIRS ID # 0951169 COMMUNITY CLEANERS STORE #1 JOHN W JOINER 2744 S CHICKASAW TRAIL	A. Received by (Please Print Clearly) B. Date of Delivery 3-6-7 Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
ORLANDØFL 32829	3 Service Type Certified Mail
Addistant (Conv from service label)	4. Restricted Delivery? (Extra Fee) Yes
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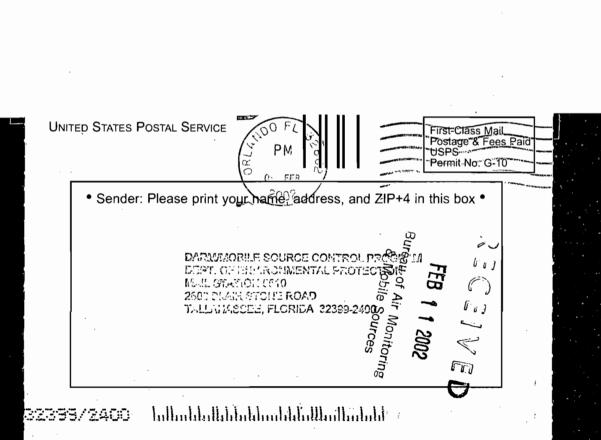


DARM/MOBILE SOURCE CONTROL PROGRAM DEPT. OF ENVIRONMENTAL PROTECTION MAUL STATION 5510 2000 PLAIR STONE ROAD TALLAHASCEE, FLORIDA 32399-2400

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PS Form 3800, February 2000 See Reverse longing and choises						
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY					
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LANDO FL 829	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 (Copy from service label) 700) 0520 0020, 9373 1/4/8						
PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-99-M-1789					



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US Postal Service **Receipt for Certified Mail**

No Insurance Coverage Provided. Do not use for International Mail (See reverse)

AIRS ID# 0951169

COMMUNITY CLEANERS & LAUNDRY INC **IOHN W JOINER** 2744 S CHICKASAW TRAIL ORLANDO FL 32829

	Certified Fee	
	Special Delivery Fee	
_	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, & Addressee's Address	
Š,	TOTAL Postage & Fees	\$
S Form 3800	Postmark or Date	
n.		

on the reverse side?	SENDER: Complete iten Complete iten Print your nan card to you. Attach this for permit. Write "Return The Return R delivered.
N ADDRESS completed	COMMUI JOHN W 2744 S CI ORLANDO
RETUR	5. Received
s your	6. Signature:

- Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- ■Print your name and address on the reverse of this form so that we can return this card to you.

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

 3. Article Addressed to

AIRS ID# 0951169

COMMUNITY CLEANERS & LAUNDRY INC JOHN W JOINER

2744 S CHICKASAW TRAIL

ORLANDO FL 32829

☐ Registered

4a. Article Number

4b. Service Type

☐ Express Mail ☐ Return Receipt for Merchandise ☐ COD

7. Date of Deliver

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

PS/Form 3811, December 1994 102595-97-B-0179

Domestic Return Receipt

I also wish to receive the

following services (for an

1. Addressee's Address

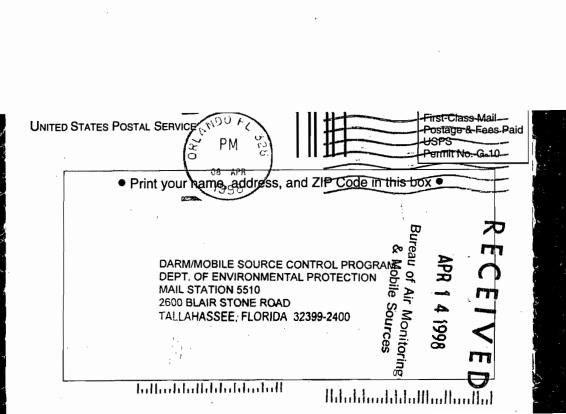
2. Restricted Delivery

Consult postmaster for fee.

extra fee):

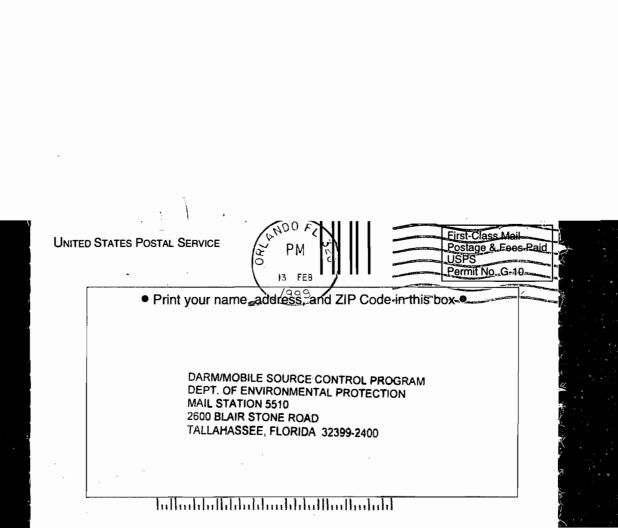
Certified

☐ Insured



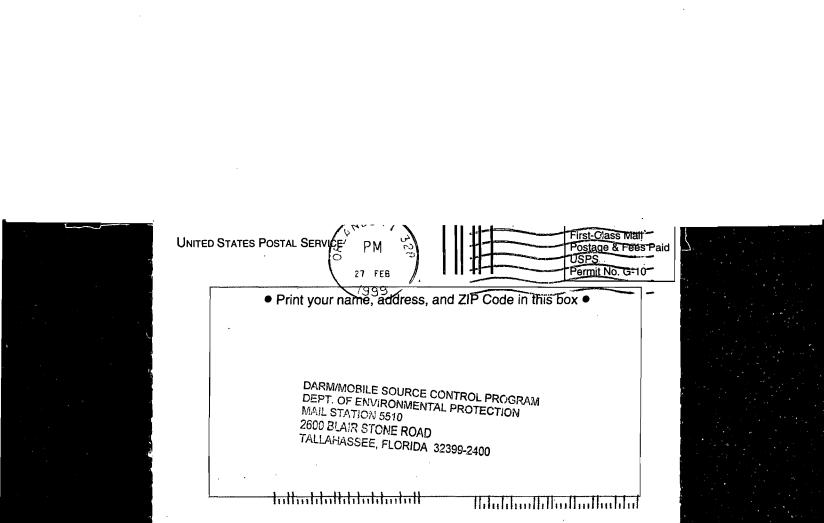
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on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spac permit. White "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered and delivered.	I also wish to receive the following services (for an extra fee):		
N ADDRESS completed o	3. Article Addressed to: AIRS ID #0951169 COMMUNITY CLEANERS STORE #1- JOHN W JOINER 2744 S CHICKASAW TRAIL ORLANDO FL 32829	4a. Article Number 2 333 660 330 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery		 you for using
ls your <u>RETUF</u>	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	8. Addressee's Address (Only if request and fee/s paid)		Thank
	PS Form 3811 , December 1984	2595-97-B-0179	Domestic Return Receipt	τ



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		AIRS ID # 0951169
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	HN W JOINER	
	44 S CHICKASAW TE	RAIL
OR	LANDO FL 32829	
	Post Unice, State, & ZIP Cod	ie
	Postage	\$
	Certified Fee	
	Special Delivery Fee	
40	Restricted Delivery Fee	
1996	Return Receipt Showing to Whom & Date Delivered	
PS Form 3800 , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
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N ADDRESS completed	AIRS ID # 0951169 COMMUNITY CLEANERS STORE #I JOHN W JOINER 2744 S CHICKASAW TRAIL ORLANDO FL 32829	☐ Registered		Certified Light Constitution Lig
s your <u>RETUR</u>	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	8. Addressee and fee is	o's Address (Only i paid)	if requested F
	PS Form 3811 , December 1994 102	2595-97-B-0179	Domestic Ret	urn Receipt



	Z 333	LL7 271	2	
US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reveal) AIRS ID # 0951169 COMMUNITY CLEANERS STORE #1				
2	OHN W JOINER 744 S CHICKASAW T RLANDO FL 32829 Certified Fee	RAIL		
1995	Special Delivery Fee		-	
	Restricted Delivery Fee			
	Return Receipt Showing to Whom & Date Delivered			
, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address			
800	TOTAL Postage & Fees	\$		
PS Form 3800 , April 1995	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 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) C. Signature X Agent Addressee D. Is delivery address different from item 1? If YES, enter delivery address below:	
1. Article Addressed to: AIRS ID # 0951169 COMMUNITY CLEANERS STORE #1 JOHN W JOINER		
2744 S CHICKASAW TRAIL ORLANDO FL 32829	3. Service Type Certified Mail	
2. Article Number (Copy from service label)		

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

UNITED STATES POSTAL SERVICE



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

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

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

0393743

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 # 0951169

COMMUNITY CLEANERS STORE #1 JOHN W JOINER 2744 S CHICKASAW TRAIL ORLANDO FL 32829 FOR GOVERNMENT USE ONLY OF GRAND Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

409231 JUN11 2001

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

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID # 0951169

COMMUNITY CLEANERS STORE #1 JOHN W JOINER 2744 S CHICKASAW TRAIL ORLANDO FL 32829

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0363221

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

MAIL ROOM

Do NOT Remove Label

AIRS ID # 0951169

COMMUNITY CLEANERS STORE #1 JOHN W JOINER 2744 S CHICKASAW TRAIL ORLANDO FL 32829 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

415959 APR15 2002

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 # 0951169 COMMUNITY CLEANERS STORE #1 JOHN W JOINER 2744 S CHICKASAW TRAIL ORLANDO FL 32829

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273