

Department of **Environmental Protection**

Lawton Chiles Governor

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

July 7, 1998

Virginia B. Wetherell

Ms. Ashley Freeman Ambassador Cleaners 769 West Lancaster Road Orlando, Florida 32809

Re: Facility No.: 0951188

Dear Ms. Freeman:

PKCK/LKA NOBIO SOUTCES NOTION TO THE The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 24, 1998.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Ms. Marie Driscoll, Orange County

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



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

July 7, 1998

Ms. Ashley Freeman Ambassador Cleaners 769 West Lancaster Road Orlando, Florida 32809

Re: Facility No.: 0951188

Dear Ms. Freeman:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 24, 1998.

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Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Ms. Marie Driscoll, Orange County

PERCHLOROETHY LUNE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL "/	COMPLAINT/DISCOVERY
RE-INSPECTION 11/23/98	
AIRS ID#: 095//88 DATE: 7/24/	98 TIME IN: 0845 TIME OUT: 0930
FACILITY NAME: AMBASSADOA	L CLEANERS
facility location: 769 W. 2	LANCASZER Rd.
ORUMDO	FL 32809
RESPONSIBLE OFFICIAL: ASHLEY	EREEMANDIONE: 407-857-1605
CONTACT NAME:	BHONE:
PART I: NOTIFICATION	C P
(check appropriate box)	& top le
1. New facility notified DARM 30 days prior to star	riun esu son est of C
2. Facility failed to notify DARM to use general per	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	Supplied to the second
PART II: CLASSIFICATION	e of the
PART II: CLASSIFICATION Facility indicated on notification form that it is:	□ No notification (form
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of basiness/petroleum
Facility indicated on notification form that it is:	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	2. New small area source
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	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
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr	Drop store/out of basiness/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \(\leq x \leq 2,100 \) gal/yr transfer only, 200 \(\leq x \leq 1,800 \) gal/yr	Drop store/out of basiness/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr
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BEST AVAILABLE COPY

TITLE V AIR QUALITY INSPECTION SUM	1 1 11/
/ .1.2198	PLAINT/DISCOVERY RE-INSPECTION
MEIN: 0845 TIMEOUT: 0930 TYPE OF FACILITY: DRY CLEANERS	AIRS ID#: 0951/88
	EARCERS DATE: 2/24/98 STER Ad.
RESPONSIBLE OFFICIAL: ASHLEY FREFMA	PHONE NUMBER: 407-851-1605
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	tive Code (F.A.C.).
Based on the results of the compliance requirements evaluated discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	4
	EC I
	Mobile So
	omitoring durces
COMMENTS:	
Incility in order	
The Annual Compliance Certification form has been properly certific	
DATE OF NEXT INSPECTION: $\frac{7/24/3}{400}$	proximate)
INSPECTION CONDUCTED BY: assete (Ple	learariam ase Print)
INSPECTOR'S SIGNATURE: /e. /e.leace	PHONE NUMBER: 336.4323
,	of /. Revised 10/9

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPL	AINT/DISCOVERY	
AIRS 10#: <u>095//88</u> d. FACILITY NAME: <u>AMB</u> FACILITY LOCATION: <u>7</u> O. RESPONSIBLE OFFICIAL: CONTACT NAME:	ASSADOL 69 W. LA RUMNDO ASHLEY FR	CLEANER NEASTE EL 32 EEMANIONE	2.5 RRd. 2.809 :: 407-857-	
PART I: NOTIFICATION			70	
(check appropriate box) 1. New facility notified DARM 3 2. Facility failed to notify DARM			Bureau of	
			TO TE	
PART II: CLASSIFICATION			0 00	410
Facility indicated on notification (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)	ee 2. N r dry- trans both		gal/yr /yr	etroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr	te 2. Nor dry-life dr	□ Drop lew small area source to-dry only, x < 140 gal sfer only, x < 200 gal types, x < 140 gal/ye	e store/out of bresiness/pose gal/yr /yr [2/9/91] se □ ≤ 2,100 gal/yr 1,800 gal/yr	etroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility classification, please check the angle of the source of	te 2. No dry-le trans both (con trans dry-le trans both (con trans dry-le trans dry	Cover small area source to-dry only, $x < 140$ gally structed on or after 1 lew large area source to-dry only, $140 \le x \le 140$ gally $200 \le x \le 140$ gall	e store/out of bresiness/porce gal/yr /yr 2/9/91) ce □ ≤ 2,100 gal/yr 1,800 gal/yr 00 gal/yr 2/9/91) not determine above	etroleum

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

PART III: GENERAL CONTROL REQUIREMENTS

В.	Has the responsible official of an existing large or new large area source also:			
1,	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ÜŅ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ÜΥ	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	□и	
	Is the perc concentration equal to or less than 100 ppm?	CJY	ПΝ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ΩΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ŪΥ	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	YEAN CIM
2. Maintained rolling monthly total of perc consumption?	DN DN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ALAY CIN DN/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? 	NO NO YEAR
4. Maintained calibration data? (for applicable direct reading instruments)	אאלי אם גם
5. Maintained exhaust duct monitoring data on perc concentrations?	אואק אם אם
6. Maintained startup/shutdown/malfunction plan?	NO ART
7. Maintained deviation reports?	ON DN DNIA
Problem corrected?	DY DN JNA
8. Maintained compliance plan, if applicable?	OY ON PANA

PART VI: LEAK DETECTION AND	REPAIRS			
1. Does the responsible official conduct	a weckly (for small sources, b	oi-weekly) leak detection a	nd repair	
inspection?			AETY	NO
2. Has the facility maintained a leak log	?		ZY	ПИ
3. Does the responsible official check the	e following areas for leaks?			·
Hose connections, fittings, couplings, and valves	אוחם אם צוב	Muck cookers		іи ⊡и∖∨
Door gaskets and scating	אוחם אם צאם	Stills		IN □N/A
Filter gaskets and scating	אומם מם ציבן	Exhaust dampers	,ery c	IN DN/A
Pumps	DY ON ON/A	Diverter valves	JENY C	א/אם או
Solvent tanks and containers	AND NO YE	Cartridge filter housings	XY C	IN DN/A
Water separators	AND ND YEA			
4. Which method of detection is used by	y the responsible official?			
Visual examination (condensed	I solvent on exterior surfaces)		4	
Physical detection (airflow felt	through gaskets)			
Odor (noticeable perc odor)	1			
Use of direct-reading instrume	ntation (FID/PID/calorimetric	tubes)	Ü	
Halogen leak detector				
If using direct-reading in	strumentation, is the equipm	nent:	JUN/A	
a. Capable of detection	ng pere vapor concentrations i	in a range of 0-500 ppm?		אב
b. Calibrated against (PID/FID only)?	a standard gas prior to and a	Ner each use		אב
c. Inspected for leaks	and obvious signs of wear or	a weekly basis?		DИ
d. Kept in a clean an	d secure area when not in use	?	ΠY	ПИ
e. Verified for accura	ncy by use of duplicate sample	es (calorimetric only)?	ΠY	DΝ
	•			

ASS etc. Hastemanian M24/98
Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
ALL VIGILIATION:	
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 0845 TIME OUT: 0930) AIRS ID#: 0951/88
TYPE OF FACILITY: DRY CLEANERS	
FACILITY NAME: AMBASSADOR CC	EARCERS DATE: 7/24/98
FACILITY LOCATION: 769 W. LANCAS	STER Ad.
4	· · · · · · · · · · · · · · · · · · ·
RESPONSIBLE OFFICIAL: ASHLEY FREEMA	PHONE NUMBER: 407-851-160.
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 evaluate discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	τ
•	
	Bure
	ENE VED
	Sour St.
	ces
	10
COMMENTS:	
INCILITY IN ORDOR	
The Annual Compliance Certification form has been properly certification	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 7/24/	9 9 proximate)
INSPECTION CONDUCTED BY: assets this	•
INSPECTOR'S SIGNATURE: made (bilons	a v & PHONE NUMBER: 836.9323
,	_of1. Revised 10/96

Perchloroethylene Dry Cleaning Facility Notification

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Perchloroethylene Dry Cleaning Facility Notification Facility Name and Location 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): A2N ENTERPOSES FNC. 2. Site Name (For example, plant name or number):
Facility Name and Location
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
290) FUTO DOCTOR TAIR
2. Site Name (For example, plant name or number):
Ambassador (leavers) 3.—Hazardous Waste Generator Identification Number:
3.—Hazardous Waste Generator Identification Number:
4. Facility Location: Acc
Street Address: 769 W. Lancaster PS City: Description County: Description Street 32809
Orlando EL
5 Exacility Identification-Number (DEP Use):
Responsible Official
6. Name and Title of Responsible Official:
AShley Freeman 7. Responsible Official Mailing Address:
7. Responsible Official Mailing Address: Organization/Firm: M/G (1) 1 2435 284 2 87
Organization/Firm: 769 · W Lawcaster RD Street Address: City: 6 days 0 0 County: Brange Zip Code: 32809
8. Responsible Official Telephone Number: Telephone: (407) 851 - 1605 Fax: (407) 826 - 4685
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Condit Address:
10. Facility Contact Address: 7/6 W. Laucaster RD
Street Address: 769 W. Lawcaster (CD) Street Address: City: -1 100 P. County: O Canal Zip Code: 32 PD9
Street Address: 769 W. Lawcaster RD Street Address: City: Orlando RC County: Orange Zip Code: 32 P09 11. Facility Contact Telephone Number:

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

Page 13 of 16

095 1188 Add Title of Responsible Official Should be marked 7/6/98 Spoke to Othley Freemon and he stated that he is the Vice President

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	# /	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	1-1690	1-16-90	7					
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls							1		
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser			I	1					
(11) w/carbon adsorber								,	
(12) w/ no controls			1						
(b) Control devices are (c) No control devices 2.(a) What was the total of the control devices (b) If less than 12 montrol Check why it is less	are r quant gallo	equired to be tity of perchloons ow many? [installed [_oroethylene	(perc) purchased i				:[]
3. What is the facility's so (Indicate with an "X". Existing small at Existing large an	ource Sele	classification ct one classif ource [🗘]	n based on the ication only.	ne del) Jew si		nd in section			
Existing large at	Va 30		1	O 11 10	50 a. ca 30 a		_)		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is requ (Indicate with an "X".)	ired on machines	pursuant to section (5) c	of Part II of this noti	fication form?
Existing large area source Carbon adsorber		Refrigerated condense	r []	
New small area source Refrigerated condenser				
New large area source Refrigerated condenser				
5. A facility which contains non-e to Rule 62-213.300, F.A.C. Verify exemption criteria or that no such	that all steam and			
All steam and hot water generating boiler HP or less), and (2) are fire during which propane or fuel oil c	d exclusively by no	atural gas except for pe than one percent sulfu	riods of natural gas r is fired.	curtailment
All steam and hot water generating No such units on-site	g units exempt	1/3 412	Appraul	GAS
Equipm	ent Monitoring a	nd Recordkeeping Inf	ormation	
Check all logs which are required	to be kept on-site	in accordance with the r	equirements of this	general permit:
(a) Purchase receipts and solvent p	ourchases		[X _]	
(b) Leak detection inspection and	repair		L	
(c) Refrigerated condenser temper	ature monitoring			
(d) Carbon adsorber exhaust perc	concentration mor	itoring		
(e) Instrument calibration				
(f) Start-up, shutdown, malfunction	on plan		[X]	

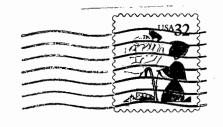
DEP Form No. 62-213.900(2) Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
. 🖒	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statement, maintain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will proi	mptly notify the Department of any changes to the information contained in this notification.
ADA Signature	ley Freeman 6-21-98

Ambassador Cleaners 769 West Lancaster Rd Crlando Fl 32809





General Permits Section
Bureau of Air Montering and Mobil Sources, MS. SSIC
Pepartment of Environmental Protection
2 600 Blair Storic Boacl
Tallahassee, FT, 32399-2-400

	U 10 1100 BEST AVAILABLE COPY P
4	6. Odd Title of Responsible Official our un
	Faci 16) Should be marked Faci 16) Should be marked
1.	Faci 16 Should be marked. Figure 1972
2. A	n bi
4.	Facil 7/6/98 Spoke to Oshley Freemon and Stre City he stated that he is the Vice President . 809 Facil of A2N Enterprises Inc.
.5.5	City le stated that he is the Vice President . 809
	p <u>188</u>
6.	Name Regulation of the Company of th
7.	Resp Orga
	Stree City: 32809
8.	Resp. Teler
	Name and the off acting contact (For example, plant manager): Ashley Freeman
	Street Address: Lawcaster RD Street Address:
	City: Orlando RC County: Orange Zip Code: 32 POG
- 11.	Facility Contact Telephone Number: Telephone: (407) 851-1605 Fax: (407) R26 - 4685

Perchloroethylene Dry Cleaning Facility Notification

Perchloroethylene Dry Cleaning Facility Notification Facility Name and Location 1. Facility Owner/Company Name (Name of corporation, agency, or individual-owner): A2N ENTERPOSES TNC
Perchloroethylene Dry Cleaning Facility Notification
Facility Name and Location
1. Facility Owner/Company Name (Name of corporation, agency, or individual-owner): A 2N ENTERPOSES INC. 2. Site Name (For example, plant name or number):
Am bassador (earers 3. Hazardous Waste Generator Identification Number:
3. Hazardous Waste Generator Identification Number:
4. Facility Location: ADD Street Address: 769 W. Lancaste - PS City: Orlando Fi. County: Orange Zip Code: 32 Poga
5. Facility Identification Number (DEP Use):
Responsible Official Official
6. Name and Title of Responsible Official:
1. Responsible Official Mailing Address: Organization/Firm: 769. W Lancoster RD Street Address: City: B. danto R. County: Grange Zip Code: 32809
City: Orlando PL County: Grange Zip Code: 328 09 8. Responsible Official Telephone Number: Telephone: (407) 851-1605 Fax: (407) 826-4685

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, pl	ant manager):
Ashley Freeman 10. Facility Contact Address:	
10. Facility Contact Address:	7 2
Street Address: 769 W. Lan	scaster RD
Street Address:	() ((a) 80 7 in Code: 77 709
City: Orlando Ec County:	Orange zip Code: 32 PO9
11. Facility Contact Telephone Number: Telephone: (407) 851-1605	
Telephone: (407) 851-1605	Fax: (407) 826 -4685

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

Facility Information

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

		Date Machine	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Initially Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	1-1690	1-16-90	1					
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		<u></u>					-		
(7) w/ ref. condenser									
(8) w/ carbon adsorber				ļ			i		
(9) w/ no controls									
Reclaimer Unit				·				<u>'</u>	J
(10) w/ ref. condenser									
(11) w/carbon adsorber				ļ .			T		
(12) w/ no controls				T					<u> </u>
(b) Control devices are (c) No control devices 2.(a) What was the total of the control devices (b) If less than 12 montrol Check why it is less	are r quant gallo	equired to be ity of perchlons ow many? [installe [2	uS (perc)	>]) purchased i				
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	ct one classif	ication only.)	initions foun		(3) of	Part II?	
		_ 							
Existing large ar	ea so	urce []	N	ew la	irge area soui	rce [J		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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	Refrigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
5 A facility which contains non-exempt emissions a	nnits shall not be eligible to use the general permit pursuant
	I hot water generating units on-site meet the following
All steam and hot water generating units exempt No such units on-site	1/3 HP AVATRANI GAS
·	
Equipment Monitoring a	nd Recordkeeping Information
Check all logs which are required to be kept on-site	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mor	itoring
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

Surrender of Existing Air Permit(s)

lease 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)
土	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
I, the und	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in
statemen maintain	Station. 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.
I will pro	emptly notify the Department of any changes to the information contained in this notification.
A DA Signature	ley Freemen 6-21-98

7-19-99

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	52	COMPLAINT/DISC	9ØYERY
	RE-INSPECTION		G COL	" L
			10° p	9. 5/0.
AIRS 10#: 095 188	DATE: 7-6-99	TIME I	N: 0924 TIN	ME OUT: /000
FACILITY NAME: \	mbassador (lleaner	2	
FACILITY LOCATION:			· · · · · · · · · · · · · · · · · · ·	
JJ	Orlando, FL			:
RESPONSIBLE OFFICIAL	: Ashley Free	?man	_PHONE: <u>407</u> -	851-1605
CONTACT NAME:			_ PHONE:	
				
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	1 30 days prior to startup)		
2. Facility failed to notify DAF	RM to use general permit	t		۵
PART II: CLASSIFICATIO	N			
Facility indicated on notificat	ion form that it is:		☐ No notification for	orm
(check appropriate box)			☐ Drop store/out of	business/petroleum
A.	4	NT 11 -	_	New machine
1. Existing small area sou dry-to-dry only, x < 140 gal		. New small a	rea source \sim \times < 140 gal/yr	-ta v
transfer only, x < 200 gal/y		ansfer only, x	< 200 gal/yr	New machine
both types, x < 140 gal/yr	bo	oth types, x <	140 gal/yr //	Narch 1999
(constructed before 12/9/91)) (c	constructed on	or after 12/9/91)	
3. Existing large area sou	rce 🗆 4.	. New lårge a	rea source	
dry-to-dry only, $140 \le x \le 2$	2,100 gal/yr dr	ry-to-dry only,	$140 \le x \le 2{,}100 \text{ gal/y}$	T ·
transfer only, $200 \le x \le 1.8$	-		$00 \le x \le 1,800 \text{ gal/yr}$	
both types, $140 \le x \le 1,800$			$\leq x \leq 1,800 \text{ gal/yr}$	
(constructed before 12/9/91)		constructed on	or after 12/9/91)	
() (C.			
5. This is a correct facility of		Y DEN	□Can not determine	e e
5. This is a correct facility of If no, please check the facil	classification appropriate classification lity qualified for a genera	IY LEN on: al permit as nu	umber <u>2</u> abov	ve
5. This is a correct facility of the last	classification appropriate classification ity qualified for a general ity exceeds above limits	DY DEN on: al permit as nu and is not elig	imber <u>2</u> abov gible for a general peri	ve mit
5. This is a correct facility of If no, please check the facil	elassification appropriate classification lity qualified for a generality exceeds above limits coroethylene (perc) purch	DY DEN on: al permit as nu and is not elig	imber <u>2</u> abov gible for a general peri	ve mit

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DN DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? MY ON ON/A MY ON 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON DYN/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 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 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?

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?	ПY	ΠИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□Ν	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПΥ	ΠИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΠV	ΠN	□n/a
r	Is the perc concentration equal to or less than 100 ppm?			□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	□и	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS	·
Has the responsible official: (check appropriate boxes)	,
i. Maintained receipts for perc purchased?	OY ON
2. Maintained rolling monthly total of perc consumption?	□Y ®M
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or,	DY DN DN/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 DATVA
4. Maintained calibration data? (for applicable direct reading that tempents)	אנם אם צם
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON CHY/A
6. Maintained startup/shutdown/malfunction plan?	EN DN
7. Maintained deviation reports?	OY ON CON/A
Problem corrected?	אוום אם אם
8. Maintained compliance plan, if applicable?	DY DN DN/A

PART VI: L	EAK DETECTION AND R	EPAIRS		
1. Does the re	esponsible official conduct a	veekly (for small sou	irces, bi-weekly) leak detection	and repair
inspection	?			DN YE
2. Has the fac	cility maintained a leak log?			DY ON
3. Does the re	esponsible official check the f	ollowing areas for le	eaks?	
f .	connections, fittings, plings, and valves	DY ON ON/A	Muck cookers	ØY ON ON/A
D∞r	gaskets and seating	DY ON ON/A	Stills	BY ON ON/A
Filter	gaskets and seating	DY ON ON/A	Exhaust dampers	MY ON ON/A
Pump	os	DY ON ON/A	Diverter valves	MY ON ON/A
Solve	ent tanks and containers	DY ON ON/A	Cartridge filter housing	s Day on on/a
Wate	r separators	ON ON/A		
4. Which met	hod of detection is used by th	e responsible officia	1?	
Visua	al examination (condensed so	lvent on exterior sur	faces)	
Physi	cal detection (airflow felt thre	ough gaskets)		
Odor	(noticeable perc odor)			
Use o	f direct-reading instrumentat	ion (FID/PID/calori	metric tubes)	
Halog	gen leak detector			
16	using direct-reading instru	mentation, is the e	quipment:	DX/A
	a. Capable of detecting p	erc vapor concentrat	tions in a range of 0-500 ppm?	OY ON
	b. Calibrated against a st (PID/FID only)?	andard gas prior to	and after each use	OY ON
	c. Inspected for leaks and	l obvious signs of we	ear on a weekly basis?	OY ON
	d. Kept in a clean and se	cure area when not i	n use?	OY ON
	e. Verified for accuracy b	y use of duplicate sa	amples (calorimetric only)?	OY ON
	· · · · · · · · · · · · · · · · · · ·			<u> </u>
		. •		
	The Brock		7-6-19	99
Ir	nspector's Name (Please Prin	t)	Date of Insp	
	Alha Bundy		8-	6-2000
	f Next Inspection			

and the second of the second o	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL 📝	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 0924 TIME OUT: 10	00 AIRS ID#: 0951188
TYPE OF FACILITY: Dry Cleaner	·
FACILITY NAME: Ambassador Cleaners	DATE: 7-6-99
FACILITY LOCATION: 769 W. Lancaste	
RESPONSIBLE OFFICIAL: Ashley Freeman	PHONE NUMBER: 407-851-1605
compliance with DEP Rule 62-213.300, Florida Admir	valuated during this inspection, the facility is found to be in histrative Code (F.A.C.). valuated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Not all perc receipts on site	Reinspection in 1 month
No condenser temp. log	
perc running total log not up to date	
COMMENTS:	
The Annual Compliance Certification form has been properly c	ertified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	/6/99 (Approximate)
INSPECTION CONDUCTED BY: Ik	a Bundy
INSPECTOR'S SIGNATURE: <u>Ilka Bun</u>	(Please Print) PHONE NUMBER: 836-9524
Pag	ge_/_of Revised 10/96



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0357469

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

JAN 15 99

Do NOT Remove Label

AIRS ID # 0951188

AMBASSADOR CLEANERS ASHLEY FREEMAN 769 W LANCASTER ROAD ORLANDO FL 32809

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

PERCHLOROETHYLENE DRY CLEANERS

TITLE V	YLENE DRY CLEANERS GENERAL PERMIT NSPECTION CHECKLIST COMPLAINT/DISCOVERY 26.5	13-99 J
TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY ALTO 26 1993	ED
AIRS ID#: 095/188 DATE: 8-9-6 FACILITY NAME: Ambassador C	99 time in: 1420 time out: 14464	ring
FACILITY LOCATION: 769 W. La Orlando, F	ncaster Rd. L 32809	• .
CONTACT NAME:	Freeman PHONE: 407-851-1605 PHONE:	
PART I: NOTIFICATION (check appropriate box)		
New facility notified DARM 30 days prior to star	tup	
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 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	MY □N □Can not determine	
If no, please check the appropriate classific facility qualified for a ge facility exceeds above ling	cation: eneral permit as number above mits and is not eligible for a general permit ourchased within the preceding 12 months by this dry cleaning	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? MY ON ON/A 2. Examining the containers for leakage? DY DN DNA 3. Closing and securing machine doors except during loading/unloading? OY ON 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? MY ON ONA 5. Maintaining solvent-to-carbon ratios and steam pressure for earbon 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) MY UN 1. Equipped all machines with the appropriate vent controls? OY 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				
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?	(C)YY	ΩИ	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ΠY	ПΝ	W/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	ØN/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	ПИ	MINIA
	Is the perc concentration equal to or less than 100 ppm?	ΠY	\square_{N}	MN/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?	ΠY	ПΝ	ďN/A
5	Equipped transfer mechines (drugge reals interes and mechanic with individual			/
ر.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ΩИ	DINA
6	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПN	PIN/A
<u> </u>	Louice attriow to the carbon adsorber (it deed) at an times?	ریب		

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	_
1. Maintained receipts for perc purchased?	MY 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;	DA CIN CINIV
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	WY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DYNA
6. Maintained startup/shutdown/malfunction plan?	DY DN /
7. Maintained deviation reports?	OY ON DINA
Problem corrected?	DY ON DINA
8. Maintained compliance plan, if applicable?	OY ON ON/A

PA	PART VI: LEAK DETECTION AND REPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?	· @	Y ON			
2.	2. Has the facility maintained a leak log?		Y DN			
3.	3. Does the responsible official check the following areas for	lcaks?				
	Hose connections, fittings, couplings, and valves	Muck cookers	Y ON ON/A			
	Door gaskets and seating	Stills d	Y ON ON/A			
	Filter gaskets and seating	Exhaust dampers	Y ON ON/A			
	Pumps	Diverter valves	Y ÓN ON/A			
	Solvent tanks and containers	Cartridge filter housings	Y ON ON/A			
	Water separators	,				
4.	. Which method of detection is used by the responsible office	cial?				
	Visual examination (condensed solvent on exterior	surfaces)	a ·			
	Physical detection (airflow felt through gaskets)		a			
	Odor (noticeable perc odor)		3			
	Use of direct-reading instrumentation (FID/PID/cale	orimetric tubes)	נ			
	Halogen leak detector	C	a /			
	If using direct-reading instrumentation, is the	e equipment:	N/A			
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					
	b. Calibrated against a standard gas prior (PID/FID only)?	· · · · · · · · · · · · · · · · · · ·	DY DN			
	c. Inspected for leaks and obvious signs of	wear on a weekly basis?	OY ON			
	d. Kept in a clean and secure area when n	ot in use?	NO YE			
	e. Verified for accuracy by use of duplicate	e samples (calorimetric only)?	אם עכ			
	Illia Bundy	8-9-99				
_	Inspector's Name (Please Print)	Date of Inspect	ion			
	Ilha Bund	8-9-200				
	Inspector's Signature	Approximate Date of No	ext Inspection			

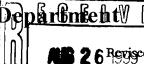
DITIONAL SIL	E INFORMATION:	
	·	
	•	
	·	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COM	PLAINT/DISCOVERY	RE-INSPECTION 🕡
TIME IN: 1420	TIME OUT: 149	(O AIRS ID#:	0951188
TYPE OF FACILITY: Dr.	Cleaner		
FACILITY NAME: Amba		referred alle, destine a destination and a transport and a fine for the state of place (specific terms and buying as de-	DATE: 8-9-99
FACILITY LOCATION: 76		Rd	
_		32809	
	Ashley Freeman		cr: 407-851-1605
- /	1311/19		
compliance with DEP R	he compliance requirements evalual ule 62-213.300, Florida Administra	tive Code (F.A.C.).	ŕ
Based on the results of the discrepancies were noted	he compliance requirements evalua d:	ted during this inspection, the f	following compliance
COMPLIANCE REQU	JIREMENT/PROBLEM	FOLLOW-UP AC	TION REQUIRED
	·		
		· 	
·			
COMMENTS:			
6. 4.1			•
Pacility	in compliance.		
	·		
The Annual Compliance Certific	ation form has been properly certifi	ed and submitted to the inspec	tor. YES NOW
		noil to	ine)
DATE OF NEXT INSPECTIO	' '	proximate)	
INSPECTION CONDUCTED	TILL	ĭ .	
	~	ease Print)	
INSPECTOR'S SIGNATURE:	Alla Bus	PHONE NUMBE	ER: 836-9524
	Page /	of/	Revised 10/96

Orange County Environmental Protection Department

AIRS ID#: 0951188



DRY CLEANER AIR QUALITY GENERAL PERMITE OF ANNUAL COMPLIANCE CERTIFICATION FORM PROTECTION DEPARTMENT

FACILITY NAME:	imbassador	Cleaner	S		DATE:	8-20-99
FACILITY LOCATION:	71.9 W. i	-ancaster	Rd.			
	Orlando,					
· · · · · · · · · · · · · · · · · · ·	T. I	1		Λ	<u> </u>	
Annual Reporting Period: _	July 3	29	1998 то	Aug	. 9	19_97
Based on each term or cond 62-213.300, Florida Admini			~		<u>-1</u> _	EP Rule NO
If NO, complete the following	ıg:					
#1. Term or condition of th	e general permit that l	nas not been in con	tinuous complia	ance during th		od stated above:
Exact period of non-complia	nnce: from			to	ocn o 1006	.
Action(s) taken to achieve c	ompliance:				SEP 2 8 1996	,
Method used to demonstrate					eau of Air Moni 3: Mobile Sourc	
#2. Term or condition of th	e general permit that l	nas not been in con	tinuous compli	ance during th	ne reporting perio	od stated above:
Exact period of non-compli	ance: from			_to		
Action(s) taken to achieve c	ompliance:					
Method used to demonstrate	compliance;			<u> </u>		
As the responsible official, a made in this notification are upon rolling averages of pu year for transfer or combine RESPONSIBLE OFFICIA	e true, accurate and corchase receipts, does attion facilities.	omplete. Further, not exceed 2,100 g	my annual cons allons per year	sumption of pe for dry-to dry	erchloroethylene facilities or 1,8	solvent, based

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

Page	of	

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AIRS ID#:	09511	88
AIRS ID#:	01211	0.0

Revised 01/18/00

ARMS 4-13-00 Hb

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Ambassador Cleaners	DATE: 8-31-00
FACILITY LOCATION: 769 W. Lancaster Rd.	. '
Orlando, FL 32809	
Annual Reporting Period: August 9, 1999 2000 TO Aug	24 2000
Based on each term or condition of the Title V general air permit, my facility has remained in compliant 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	recewith DEP Rule YES NO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the repo	orting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	SEG
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the rep	orting period stated above:
Exact period of non-compliance: fromto	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable in this notification are true, accurate and complete. Further, my annual consumption of perchloroethy purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature	elene solvent, based upon

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

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PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLETT

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	a	COMPLAINT/DISC		Bureau of	SET
FACILITY NAME: A	DATE: 8-24-00	TIMEIN	1: <u>1030</u> tim	E OUT: _	of Air Monitor	
Land Land Control Cont	Irlando, FL	328	09			
			PHONE: 407-8	351-16	05	Bureaŭ of Air Monitorina & Mobile Sources
Try 8-16 or 8-18 or Followin PART 1: NOTIFICATION	q vaceli					Sourc
(check appropriate box) 1. New facility notified DARN 2. Facility failed to notify DAI					ت ت	oring
PART II: CLASSIFICATIO	N					
Facility indicated on notificat (check appropriate box)	ion form that it is:		☐ No notification fo☐ Drop store/out of		etroleum	
A. 1. Existing small area soudry-to-dry only, x < 140 galtransfer only, x < 200 gal/yrboth types, x < 140 gal/yr (constructed before 12/9/91	l/yr dry trar bot	usfer only, $x < 1$ th types, $x < 1$	x < 140 gal/yr < 200 gal/yr	4		
3. Existing large area soudry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ (constructed before 12/9/91)	2,100 gal/yr dry 00 gal/yr trai gal/yr bot	nsfer only, 20 th types, 140	rea source $140 \le x \le 2,100 \text{ gal/y}$ $10 \le x \le 1,800 \text{ gal/yr}$ $10 \le x \le 1,800 \text{ gal/yr}$ $10 \le x \le 1,800 \text{ gal/yr}$	ı O		
5. This is a correct facility of	elassification 🖏	Y 🗓N	□Can not determine	;		
☐ faci	appropriate classification lity qualified for a general lity exceeds above limits a	permit as nu and is not elig	ible for a general perm	nit		
B. The total quantity of perchl facility was 58 gallons		sed within th	e preceding 12 months	s by this dr	y 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?	· 🗆 Y 🗀 N 🗅 N/A	
2. Examining the containers for leakage?	OY ON ON/A	
3. Closing and securing machine doors except during loading/unloading?	רם עם עם	
Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	OY ON ON/A	
5. Maintaining solvent-to-carbon ratios and steam pressure for earbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A	
PART IV: PROCESS VENT CONTROLS		
In Part II-A:		
If classification 1 has been checked, no controls are required. Proceed to Part V.		
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 refri (complete A and B below).	gerated condenser	
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)		
1. Equipped all machines with the appropriate vent controls?	MY ON	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DAY ON ON/A	
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	MY ON ON/A	
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	My ON	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	DAY ON ON/A	
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	MY ON	

A reading to recording wrong temperature (gauge)

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?	QΥ	ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□N/Λ
	Is the temperature differential equal to or greater than 20° F?	ÜУ	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?			□N/A
	Is the perc concentration equal to or less than 100 ppm?	ЦY	ИИ	□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?	ŪΥ	ПN	ÜN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ŪΥ	ΩN	ŪN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	Qγ	ΩΝ	ŪN/A

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

L <u>'</u>	ART VI. BEAR DETECTION AND R			
1.	Does the responsible official conduct a v	weekly (for small sources	s, bi-weekly) leak detection at	ıd repair
	inspection?			Øy □N
2.	Has the facility maintained a leak log?			ØY □N
3.	Does the responsible official check the f	ollowing areas for leaks?	?	•
	Hose connections, fittings, couplings, and valves	DAY ON ON/A	Muck cookers	DY ON ON/A
	Door gaskets and seating	CIX ON ON/A	Stills	MY ON ON/A
	Filter gaskets and scating	MY ON ON/A	Exhaust dampers	Y ON ONA
	Pumps	MY ON ONA	Diverter valves	MY ON ON/A
	Solvent tanks and containers	CAY ON ON/A	Cartridge filter housings	DY ON ON/A
	Water separators	DAY ON ON/A		
4.	Which method of detection is used by the	e responsible official?		/
Visual examination (condensed solvent on exterior surfaces)			d /	
Physical detection (airflow felt through gaskets)			ব্	
Odor (noticeable perc odor)			Ġ	
	Use of direct-reading instrumentat	ion (FID/PID/calorimetr	ic tubes)	u _/
	Halogen leak detector			
If using direct-reading instrumentation, is the equipment:			M/A	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? □Y □N			OY ON	
b. Calibrated against a standard gas prior to and after each use				
	(PID/FID only)?	Laborino aria	a woolde ka 1 B	
	c. Inspected for leaks and	-		
	d. Kept in a clean and se	*		DY DN
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	□У □И
_	<u> </u>		·	
				,
	Ilka Bundy 8-24-00			
	Inspector's Name (Please Prin	1)	Date of Inspection	<u>'</u>
	Allea Rund		8-24-01	
~	Inspector's Signature		Approximate Date of	Next Inspection
	1 /			

ADDITIONAL SITE INFORMATION:

8-24-00 St

Condenser temps recorded at 50°F. The wrong gauge is being read for the outlet exhaust stream.

8-24 @1416 Spoke to Jasmine - Said the outlet temp gauge is reading 37°-38°F.

3-9-99 39.0

39.00 - 2.28.00 19.5 8-8-00 58.5



TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL V COMPL	AINI/DISCOVERY RE-INSPECTION
TIME IN: 1030 TIME OUT: 1125	AIRS ID#: 0951188
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Ambassador Cleaners	DATE: 8-24-00
FACILITY LOCATION: 769 W. Lancaster Ro	
	n a
	1107 051 1105
RESPONSIBLE OFFICIAL: Ashley Freeman	PHONE NUMBER: 407-851-1605
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administrative	_ · · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaluated discrepancies were noted:	during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	,
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	and the same control of the same of the sa
COMMENTS:	
Facility in compliance.	
The Annual Compliance Certification form has been properly certified	and submitted to the inspector. YES NO 🗸
	24-01
(Appr	oximate)
INSPECTION CONDUCTED BY: LIKA B	undy
INSPECTOR'S SIGNATURE: Here Bury	se Print) PHONE NUMBER: 407-836-1400
Page \ c	of $\$. Revised 10/9



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Fund: 20-2-035001 Obj.: 002273



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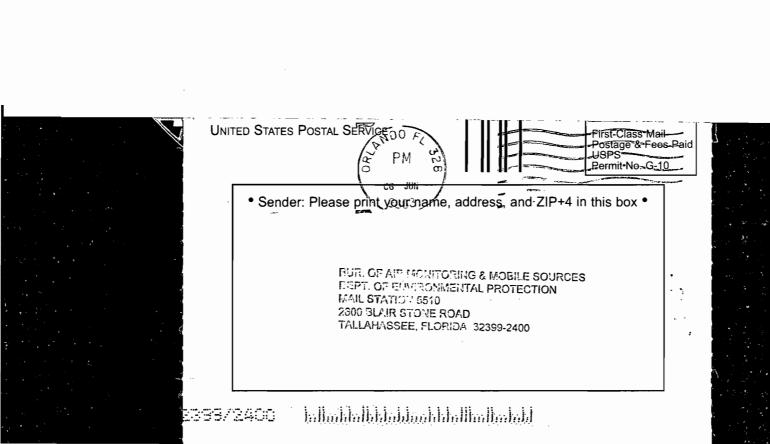
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TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070



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