

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

November 5, 1998

Mr. Robert Hewitt Adair Custom Cleaners 1310 Edgewater Drive Orlando, Florida 32804

Re: Facility No.: 0951197

Dear Mr. Hewitt:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 28, 1998.

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 Environemntal 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, of 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

Bowman, Sandy

From:

Sent:

Ilka.Bundy@co.orange.fl.us Monday, February 12, 2001 7:43 AM

To:

Butler, Rick

Cc:

Bowman, Sandy; Marie Driscoll@co.orange.fl.us

Subject:

Dry Cleaners with new R.O.s

Rick,

The following facilities were discovered to have new owners during the annual inspection:

- 0950326 Kim's Coin Laundry & Dry Cleaners (1/12/01)
- 0951197 Adair Custom Cleaners (1/12/01)
- 0950363 Rainbow Cleaners (1/19/01)
- 0950306 Master Cleaners (Now called Tita's Cleaners) (2/9/01)
- 0950295 Imperial Dry Cleaners (1/31/01)

If you need any further information, do not hesitate to contact me.

Ilka Bundy Environmental Specialist Phone (407) 836-1400 Fax (407) 836-1498

Ilka.Bundy@ocfl.net <mailto:Ilka.Bundy@ocfl.net>

BEST AVAILABLE COPY

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1910 Edgowathr Deive Colando, Pt. 9380 t 70951197 T

ADAIR CUSTOM CLEANERS
1411 EDGEWATER DRIVE
SUITE 101
ORLANDO, FL 32804
407-318-7370

ស្ត្របស់សាស្ត្រស្តីស្ត្រីស្ត្រីសាស្ត្រី សាស្ត្រីសាស្ត្រីសាស្ត្រីសាស្ត្រីសាស្ត្រីសាស្ត្រីសាស្ត្រីសាស្ត្រីសាស្ត្

December 20, 2000

Title V Air General Permits Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

RE: Adair Custom Cleaners 1310 Edgewater Drive Orlando, FL 32804

#0951197

ers

/e

// CANADAN IN DESIGN

CONTROL OF THE CONTR

Please note that the above mentioned dry cleaners was sold on 10-1-00 to Beeline Cleaners d/b/a Adair Cleaners. Please close out our account. The permit for the year 2000 has been paid with our enclosed check #775.

Should you have any questions regarding this matter, please contact me at 407-318-7370.

Sincerely,

Ruth Cayll

Adair Custom Cleaners

BEST AVAILABLE COPY

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Locations

OCT 28 1998

Bureau of Air Monitoring & Mobile Sources Facility Owner/Company Name (Name of corporation, agency, or individual owner): 40AIR CUSTOM CLEAUERS, INC. (FORMERLY: PAUL'S CUSTOM CLEAVERS)
2. Site Name (For example, plant name or number): Hazardous Waste Generator Identification Number: 489502276 FLD056971120 4. Facility Location: Street Address: 1310 EDHEWATER DR. Zip Code: 31804 County: ORANGE City: ORLAND Facility Identification Number (DEP Use):

Responsible Official

6. Name and Title of Responsible Official: ROBERT Hew. TT 7. Responsible Official Mailing Address: Organization/Firm: HEWIT PROPERTIES Street Address: 1411 EDGEWATER DR. Zip Code: 32804 City: ORLANDO County: ORANGE 8. Responsible Official Telephone Number: Fax: (407) 236 - 9902 (407) 318 -7370 Telephone:

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For	example, plant manager):	
SADRU RATANUS (1)		
10. Facility Contact Address: 1310 ED	GEWATER DR.	
Street Address: City: ORLAN PO	County: OFANGE	Zip Code: 32804
11. Facility Contact Telephone Number: Telephone: (407) 422 - 1946	, Fax: (NA -

DEP Form No. 62-213.900(2)

Effective: 6-25-96

6. Add Title of Responsible Official

9. add ritle of Facility Contact

P16. Responsible Official sign and date for changes.

11/5/98 Spoke to Robert Hewitt and he stated that he is the president of Odan custom Cleaners, Inc. He celso stated that Sadru Katorsi is the monager of the facility.

Facility Information

OCT 28 1998

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

	ì	Date	Date		Date	Date	ì	Date	Date
		Machine	Control		Machine	Control		Machine	Control
,		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ΙD	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	# /	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-M/1R-92
Dry-to-Dry Unit]								
(1) w/ ref. condenser	#1	12- FEB-96	12-NOV-96						
(2) w/ carbon adsorber			3.2						
(3) w/ no controls		•							
Washer Unit								•	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		-	·			•			
(7) w/ ref. condenser									
(8) w/ carbon adsorber							ĺ		
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are(c) No control devices	-								· \
	gall	ons	-) purchased i	n the latest 1	2 mo	nths?	
(b) If less than 12 mon Check why it is les	ths, h s thai	now many? [_ n 12 months:	7] months New owner:	s 	New store	e: [] Dic	l not l	ceep records:	
3. What is the facility's so (Indicate with an "X".					initions four	nd in section	(3) of	Part II?	
Existing small a	rea so	ource []	N	ew si	mall area sou	ırce [<u>X</u>	J		
Existing large a	rea so	ource []	N	ew la	arge area sou	rce [J		

\mathbf{n}		C	~		1/	
K	-	•	_	A	V	1 4
1	*		_	11	7	 _

4. What control technology is required (Indicate with an "X".)	ired on machines	pursuant to section (5) of	Part II of thi	s notification form? OCT 28 1998
Existing large area source Carbon adsorber	[]	Refrigerated condenser	[]	Bureau of Air Monitoring & Mobile Sources
New small area source Refrigerated condenser	[χ]			
New large area source Refrigerated condenser				
5. A facility which contains non-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such to	that all steam an	d hot water generating un		
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co	d exclusively by n	natural gas except for peri	ods of nature	
All steam and hot water generating No such units on-site	; units exempt	<u>X</u>		
Equipm	ent Monitoring	and Recordkeeping Info	rmation	
Check all logs which are required t	to be kept on-site	in accordance with the re	quirements o	f this general permit:
(a) Purchase receipts and solvent p	urchases		[X]	
(b) Leak detection inspection and r	repair		(X)	
(c) Refrigerated condenser tempera	ature monitoring		(X)	
(d) Carbon adsorber exhaust perc of	concentration mo	nitoring		
(e) Instrument calibration				
(f) Start-up, shutdown, malfunction	on plan		(X)	

Surrender of Existing Air Permit(s)

OCT 2 8 1998

Please indicat	e with an "X" the appropriate selection:	Dunas CAL SA
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)	Bureau of Air Monitoring & Mobile Sources
\sum	No air permits currently exist for the operation of the facility indicated in this notification form.	
	Responsible Official Certification	
this notifi statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of th ication. I hereby certify, based on information and belief formed after reaso is made in this notification are true, accurate and complete. Further, I agre the air pollutant emissions units and air pollution control equipment describ with all terms and conditions of this general permit as set forth in Part II of the	mable inquiry, that the eto operate and bed above so as to
I will pro	mptly notify the Department of any changes to the information contained in	this notification.
Signature	But Vennt 10/26/	98

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: ANNUAL	N III COMPLAINT/DISCOVERY
l	98 TIME IN: 1000 TIME OUT: 1015
FACILITY NAME: Adair Custom	n Cleaners
FACILITY LOCATION: 1310 Edgen	uater Dr.
Orlando, FL	
RESPONSIBLE OFFICIAL: Robert HO	ewitt phone: 407-318-7370
CONTACTNAME: <u>Sadru Ratan</u>	ski phone: 407-422-1946
PART I: NOTIFICATION	RECEIVED
(check appropriate box)	DEC 2 8 1998
1. New facility notified DARM 30 days prior to star	Tup
2. Facility failed to notify DARM to use general per	Bureau of Air Monitoring 8 Mobile Sources
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 transfer only, $x < 200$ gal/yr	dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr
both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
1	
5. This is a correct facility classification	✓Y □N □Can not determine
If no, please check the appropriate classif	fication:
If no, please check the appropriate classif	

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

B. Has the responsible official of an existing large or new large area source also:		on man	
 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? 	ŮY	Uи	
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ĽΙΥ	ו אנו	אאני
Is the temperature differential equal to or greater than 20° F?	ПΥ	ו אם	
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?	CIY	□N !	□N/A
Is the perc concentration equal to or less than 100 ppm?	ÜΥ	ШΝ	אאט
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?	CΙΥ	ÜИ	□n/∧
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	CΙΥ	ШΝ	□N/ \
6. Routed airflow to the carbon adsorber (if used) at all times?	. 🗆 Ү	ПN	□N/A
PART V: RECORDKEEPING REQUIREMENTS			

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	CY ON
2. Maintained rolling monthly total of perc consumption?	CAY CIN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	אומם אום גם
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	DA ON ONIV
4. Maintained calibration data? (for applicable direct reading instruments)	מא מא אוט אוט
5. Maintained exhaust duct monitoring data on perc concentrations?	CIT ON BUNY
6. Maintained startup/shutdown/malfunction plan?	אט צוש
7. Maintained deviation reports?	ON ON DANY
Problem corrected?	אואש אט צט
8. Maintained compliance plan, if applicable?	עועם אם אם

Y/	ART VI: LEAK DETECTION AND R	EPAIRS		1:
1.	Does the responsible official conduct a v	veckly (for small sources	s, bi-weekly) leak detection an	d repair
	inspection?		;	מט אָט
2.	Has the facility maintained a leak log?			ENY CIN
3.	Does the responsible official check the fe	ollowing areas for leaks	?	·
	Hose connections, fittings, couplings, and valves	עא טא טאיע	Muck cookers	מא מא מא מא
	Door gaskets and scating	DY ON ONA	Stills	DYY ON ON/A
	Filter gaskets and scating	DA CIN CINIV	Exhaust dampers	אואם אח שאיא
	Pumps	אאט אט אַט	Diverter valves	מא מא מאיץ
	Solvent tanks and containers	DY ON ONA	Cartridge filter housings	איאם אם איא
	Water separators	מארון ארון ארון		
4.	Which method of detection is used by the	ne responsible official?		
	Visual examination (condensed so	olvent on exterior surfac	cs)	ed
	Physical detection (airflow felt the	ough gaskets)		. 🗆
	Odor (noticeable pere odor)			.0
	Use of direct-reading instrumenta	tion (FID/PID/calorime	tric tubes)	u , .
	Halogen leak detector		• :	
	If using direct-reading instr	unicutation, is the equi	piment:	WN/A
	a. Capable of detecting	pere vapor concentration	is In a range of 0-500 ppm?	OY ON
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and	l after each use	OY ON
$\ $	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	מט מא
	d. Kept in a clean and s	ecure area when not in	usc?	מט עט
	e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	DY DN
Ļ				
	71 D 1.	· .	10 / 1	^^
	Ilka Bundi	· 	12/18/9	<u> 18</u>
	Inspector's Name (Please Pr	int)	Date of Ins	pection
	Illen Burnoly		12/18/	99.
	Inspector's Signature		Approximate Date b	f Next Inspection

DITIONAL SITE IN	FORMATION:				
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1000 TIME OUT: 1015	AIRS ID#: 0951197
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Adair Custom Cleaners	DATE: 12/18/98
FACILITY LOCATION: 1310 Edgewater Dr	· · · · · · · · · · · · · · · · · · ·
Orlando, FL 32804	
RESPONSIBLE OFFICIAL: Robert Hewitt	PHONE NUMBER: 407-318-7370
Based on the results of the compliance requirements evalua 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
	11
	÷
	RECEIVED
	DEC 2 8 1995
•	
	Sureau of Aly Monitoring & Mobile Sources
•	
COMMENTS:	
Facility in compliance.	
The Annual Compliance Certification form has been properly certification.	
DATE OF NEXT INSPECTION: 12	18 9 proximate)
INSPECTION CONDUCTED BY: IKA BUY	nd-
INSPECTOR'S SIGNATURE: Alex Burns	ease (Print)
Page	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL, RE-INSPECTION	COMPLAINT/DISCOVERY	
AIRS ID#: <u>0951197</u> FACILITY NAME: <u>Add</u>		TIME IN: 1020 TIME OUT: 1050	·
FACILITY LOCATION:	1310 Edgewate	22804	_
		++ PHONE: 407-318-7370	
CONTACT NAME:SO	ldru Ratanski	PHONE: 407-422 - 1946	
PART I: NOTIFICATION			
(check appropriate box) 1. New facility notified DARM 2. Facility failed to notify DA		RECEIVED DEC 28 0000 U	
		Bureau of Air Monitoring	
PART II: CLASSIFICATIO	N	& Mobile Sources	
Facility indicated on notifica (check appropriate box)			11
Facility indicated on notifica	urce 2. al/yr dry yr trai	☐ No notification form	ıı
Facility indicated on notifical (check appropriate box) A. 1. Existing small area sorthy-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr	tion form that it is: arce	No notification form Drop store/out of business/petroleum New small area source y-to-dry only, x < 140 gal/yr unsfer only, x < 200 gal/yr th types, x < 140 gal/yr	11
Facility indicated on notifical (check appropriate box) A. 1. Existing small area son dry-to-dry only, x < 140 gastransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area son dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,80 (constructed before 12/9/9) 5. This is a correct facility	tion form that it is: arce	No notification form Drop store/out of business/petroleum New small area source y-to-dry only, $x < 140$ gal/yr ansfer only, $x < 200$ gal/yr th types, $x < 140$ gal/yr constructed on or after $12/9/91$) New large area source y-to-dry only, $140 \le x \le 2,100$ gal/yr ansfer only, $200 \le x \le 1,800$ gal/yr onstructed on or after $12/9/91$) If \square Can not determine	
Facility indicated on notifical (check appropriate box) A. 1. Existing small area son dry-to-dry only, x < 140 gastransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area son dry-to-dry only, 140 \le x \le transfer only, 200 \le x \le 1, both types, 140 \le x \le 1,80 (constructed before 12/9/9) 5. This is a correct facility If no, please check the constructed before 12/9/9	tion form that it is: arce	No notification form Drop store/out of business/petroleum New small area source y-to-dry only, $x < 140$ gal/yr ansfer only, $x < 200$ gal/yr th types, $x < 140$ gal/yr constructed on or after $12/9/91$) New large area source y-to-dry only, $140 \le x \le 2,100$ gal/yr ansfer only, $200 \le x \le 1,800$ gal/yr onstructed on or after $12/9/91$) On: Can not determine	

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? AY DN DNA EAY CIN CIN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? DAY CIN 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? UN UN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? 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 ONA 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the Y LIN LIN/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 MY ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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?	ÜY	Uи	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ŪΥ	ПN	ÜN/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	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?	ŒΥ	ШN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠИ	□N/V
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	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ÜΥ	ΠN	□N/ Λ

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

PART VI: LEAK DETECTION AND REPAIRS								
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair								
iı		ŒΥ	ŪΝ					
2. 11	as the facility maintained a leak log?			ÜΥ	UZN			
3. D	oes the responsible official check the f	ollowing areas for leaks?	,					
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	МΑ				
	Door gaskets and scating	DY ON ONA	Stills	UY	ON ON/A			
	Filter gaskets and scating	MY ON ON/A	Exhaust dampers	ØΥ	טא מאיע			
	Pumps	MY ON ON/A	Diverter valves	ŒΥ	חאום או			
	Solvent tanks and containers	DY ON ONA	Cartridge filter housings	ŒΥ	ON ON/A			
	Water separators	MY CIN CIN/A						
4. W	hich method of detection is used by the	ne responsible official?		,	l			
	Visual examination (condensed so	olvent on exterior surface	25)	d a				
	Physical detection (airflow felt the	ough gaskets)		ভ				
	Odor (noticeable perc odor)		·	Ø				
	Use of direct-reading instrumenta	tion (FID/PID/calorimet	ric tubes)					
	Halogen leak detector			ü				
	If using direct-reading instr	umentation, is the equip	ment:	EN/	٨			
	 Capable of detecting j 	perc vapor concentrations	s in a range of 0-500 ppm?	ШY	ШN			
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	after each use	ΟY	□N			
	c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	ÜΥ	ÜN			
	d. Kept in a clean and s	ccure area when not in u	sc?	ΠY	ПИ			
	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	ΠY	ΠN			
	- Control - Cont							
	Ilka Bundy Asseta Hailematian 11/24/98 Inspector's Name (Please Print) Date of Inspection							
	cction							
	9 Next	Inspection						

Α	ADDITIONAL S	ITE INFORMATION:	, <u> </u>	
_				
		·		·
			·	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL 🗹 COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1020 TIME OUT: 1050	AIRS 1D#: 0951197
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Adair Custom Cleaners	DATE: 11/24/98
FACILITY LOCATION: 1310 Folgewater Dr	
Orlando FL 38	2804.
RESPONSIBLE OFFICIAL: Robert Hewitt	PHONE NUMBER: 407-318-7376
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluated discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM	ative Code (F.A.C.).
COM BIANCE REGUNERATION ROBBEM	TOBLOW-OF ACTION REQUIRED
No leak detection log	Re-inspection in 3 months
No temperature log	11
	·
	RECEIVED
· ·	
	DEC 2 8 1998
	Bureau of Air Monitoring & Mobile Sources
Explained how to use dry cleaner	calender. New owner for 3 mos.
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: (Ar	pproximate),
INSPECTION CONDUCTED BY: Ilka Bund	y / Asseta Hailemariam
INSPECTOR'S SIGNATURE: Uha Bund	dase Pfint) PHONE NUMBER: 836- 9524
$egin{aligned} O \ ext{Page} \end{aligned}$	l of l. Revised 10/96

•	ÿ	p/3		•	1111	BEST A	AILABLE COPY	EIVE	: D
	•	. '	6. dd	l Title	of Res	ponsib	6 Official	7 T 2 8 1998	. 0
Ī.	Facility Ov		9. add	Titled	of Faci	lity G	ontact	of Air Monito	_
2.	AOAIR Site Name			· W	••			- FALFRS)	
3.	A07 Hazardou	r 	Resp	Ponsible	office	in sie	m and date	/	
4.	Facility I Street A		Jor.	Chond	es.		· · · · · · · · · · · · · · · · · · ·		
.5.		11/5/9	& Spoke	e to Ro	bert 2	lewitt	and he	197	
	10.00	· · · · · · · · · · · · · · · · · · ·		y success	1.0 11	4-11 - 1	and be resident of me. He also		
6.	Name a	*. •		- July 2	allu K	celan!	ne Healse is the	-	
7.	Respon Organi: Street /		money	ger of t	he face	lity.			
8.	City: Respon	* ************************************		* * * * * * * * * * * * * * * * * * * *		E E	O Inco	32804	
			•••		\(\frac{1}{1}\)	WUV I	2 1997		
9.	Name and	Title of Fac	cility Contact (F	or example, p	olant manag	er):	· , ,		
			ATANS (1	F) [5	,			
10.	Facility Co	ntact Addr	0.000	OGEWATE	EE DR.				
	Street Addr City:	ress: RLAN R	o'o	County:	ORANG	٤	Zip Code: 32	804	
11.	Facility Co Telephone:		phone Number:) 422 - 190	46	Fax	: ()	NA -		
						•			

DEC 2 8 1998

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Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

OCT 2 8 1998

	Facility Name and Location Bureau of Air Monitori	ing						
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):							
	ADAIR CUSTOM CLEANERS, INC. (FORMERLY: PAUL'S CUSTOM CLEANERS) Site Name (For example, plant name or number):							
2.								
	Hazardous Waste Generator Identification Number:							
3.								
	489502276 / FLD056971120							
4.	Facility Location:							
	Street Address: 1310 EDFEWATER DR. City: ORLAND County: ORANGE Zip Code: 31804							
	City: ORLAND County: ORANGE Zip Code: 31804							
5.	Facility Identification Number (DEP Use): 0951197							
	Responsible Official							
6.	Name and Title of Responsible Official:							
	ROBERT HEWITT OWNER							
7.	Responsible Official Mailing Address:							
	Organization/Firm: HEWITT PROPERTIES Street Address: 1411 EDGEWATER DR.							
•	City: ORLANDO County: ORANGE Zip Code: 32804							
8.	Responsible Official Telephone Number: Telephone: (407) 318 - 7370 Fax: (407) 236 - 9902							
	Facility Contact (If different from Responsible Official)							
9.	Name and Title of Facility Contact (For example, plant manager):							
	SADRU RATANSKI Manager							
10.	Facility Contact Address: 1310 EDGEWATER DR.							
	Street Address:							
	City: ORLANDO County: ORANGE Zip Code: 32804							
11.	Facility Contact Telephone Number: Telephone: (407) 422 - 1946 Fax: ()							

Facility Information

OCT 2 8 1998

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

& Mobile Sources

		Date	Date		Date	Date		Date	Date
1		Machine	Control		Machine	Control		Machine	Control
		Initially	Device	,	Initially	Device		Initially	Device
Type of Machine	ΙD	Purchased	Installed	1D	Purchased	Installed	1D	Purchased	Installed
Example	#/	03-OCT-93	12-NO1′-93	#2	08-DEC-91	•	#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	12-FEB-96	12-NOV-96						
(2) w/ carbon adsorber	_ ' _								
(3) w/ no controls		•							
Washer Unit				•	, L				
(4) w/ ref. condenser									
(5) w/ carbon adsorber				<u> </u>					
(6) w/ no controls									1
Dryer Unit					 				
(7) w/ ref. condenser						T			
(8) w/ carbon adsorber							 		
(9) w/ no controls				1					
Reclaimer Unit	 								
(10) w/ ref. condenser				Ţ				l	
(11) w/carbon adsorber				1	 				
(12) w/ no controls		 		+					
	(b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed []								
 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [35] gallons (b) If less than 12 months, how many? [4] months Check why it is less than 12 months: New owner: [X] New store: [Did not keep records: [] 									
3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Sclect one classification only.) Existing small area source [] New small area source []									
Existing large a	rea so	ource []	N	lew la	arge area sou	rce [J		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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N	-	(-	_ \	/	\vdash	1 1
1/	_	<u> </u>	_	1	7	_	

4. What control technology is required on machines pursuant to section (5) of P	art II of this notification form?	
(Indicate with an "X".)	OCT 28 19	סצנ
Existing large area source Carbon adsorber [] Refrigerated condenser	[] Bureau of Air Mo & Mobile Sou	_
New small area source Refrigerated condenser [X]		
New large area source Refrigerated condenser []		
5. A facility which contains non-exempt emissions units shall not be eligible to to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units exemption criteria or that no such units exist on-site: All steam and hot water generating units on-site (1) have a total heat input of 16 boiler HP or less), and (2) are fired exclusively by natural gas except for period during which propane or fuel oil containing no more than one percent sulfur is All steam and hot water generating units exempt No such units on-site	on-site meet the following million BTU/hr or less (298 s of natural gas curtailment	it
Equipment Monitoring and Recordkeeping Inform	ation	
Check all logs which are required to be kept on-site in accordance with the requ	irements of this general permit	:
(a) Purchase receipts and solvent purchases	(X)	
(b) Leak detection inspection and repair	\times	
(c) Refrigerated condenser temperature monitoring	X	
(d) Carbon adsorber exhaust perc concentration monitoring		
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction plan	لكن	

Surrender of Existing Air Permit(s)

OCT 2 8 1998

DI 11.	24 1870 4	001 28 1330
[]	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)	Bureau of Air Monitoring & Mobile Sources
. <u>\</u>	No air permits currently exist for the operation of the facility indicated in this notification form.	
	Responsible Official Certification	
this notifi statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the ication. I hereby certify, based on information and belief formed after reasons is made in this notification are true, accurate and complete. Further, I agre the air pollutant emissions units and air pollution control equipment descri- with all terms and conditions of this general permit as set forth in Part II of the	nable inquiry, that the e to operate and bed above so as to
I will pro	amptly notify the Department of any changes to the information contained in	this notification.

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 16 of 16

Contract of the State of the Contract (Contract Contract Contract

Orange County	Environment	al Protection	Departme	nt your
AIRS ID#: 0951197			Acc	Revised 10/10/96
•	ER AIR QUALI COMPLIANCE CI			
FACILITY NAME: Adair Cut FACILITY LOCATION: 1310 Edge Oclando	_		DATE:	7-7-89
Annual Reporting Period: Oct 26	01	9 <u>98</u> TO <u>0</u>	ec . 18	19 <u>98</u>
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A. If NO, complete the following: #1. Term or condition of the general permit to	A.C.), during the Bericks	covered by this stateme	nt. DYES	МО
(5) (b) d Exact period of non-compliance: from	In by Lag	3 to	12/10/09	
_	Trained by pe Protection Div. Maintained calendar.			iron mental pliance
#2. Term or condition of the general permit to $(7)(a)$	that has not been in cont	inuous compliance duri	ng the reporting peri	od stated above:
Exact period of non-compliance: from _	10/26/	<u> 18</u> to	12/18/98	
Action(s) taken to achieve compliance:	Same as	above	· · · · · · · · · · · · · · · · · · ·	
Method used to demonstrate compliance:	Same as	above		
As the responsible official, I hereby certify, be made in this notification are true, accurate a upon rolling averages of purchase receipts, a year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	ind complete. Further, n	ny annual consumption	of perchloroethylene	solvent, based
	ne (Please Print)	Sign	nature	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.

(constructed before 12/9/91)

 \Box

5. This is a correct facility classification

If no, please check the appropriate classification:

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COM	IPLIANCE INSPECT	TON CHECKLIST	P	
TYPE OF INSPECTION: AN	NUAL	COMPLAINT/DI	SCOVERY	
RE	INSPECTION	O Purell		
AIRS ID#: 0951197 DATE:	1-12-01 : 10:50 % 1	1050 8 TIME IN: 11:11-19 T	ME OUT IN	
FACILITY NAME: Adair C	Justom (1	eaners	Ju nig	
FACILITY LOCATION: 1310	Edgewater	Drive	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	ndo FL			
responsible official: <u>Rob</u>	•		318-7370	
CONTACT NAME:		PHONE:	· .	
PART I: NOTIFICATION)
(check appropriate box)				
1. New facility notified DARM 30 days	s prior to startup		·. •	
2. Facility failed to notify DARM to us	e general permit	·	` o	
PART II: CLASSIFICATION				
Facility indicated on notification form	that it is:	☐ No notification	· ·	See Add1'
(check appropriate box) A.		☐ Drop store/out	of business/petroleum	Notes
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)	dry-to-di transfer both type	small area source ry only, $x < 140$ gal/yr only, $x < 200$ gal/yr es, $x < 140$ gal/yr cted on or after $12/9/91$)	O.	New Owner
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ galver transfer only, $200 \le x \le 1,800$ galvyr both types, $140 \le x \le 1,800$ galvyr	/yr dry-to-di transfer	large area source ry only, $140 \le x \le 2,100$ galonly, $200 \le x \le 1,800$ gal/yr es, $140 \le x \le 1,800$ gal/yr	-	

(constructed on or after 12/9/91)

□Can not determine

ON

facility qualified for a general permit as number

 $\Box \gamma$

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

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

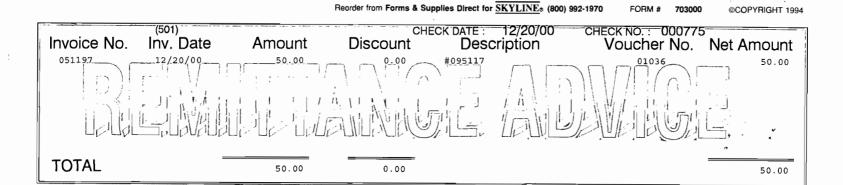
B	. Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
2.	Measured and recorded the washer exhaust temperature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

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

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PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?			NO AO			
2. Has the facility maintained a leak log?			OY ON			
3. Does the responsible official check the	following areas for leaks?					
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	מאם אם עם			
Door gaskets and scating	OY ON ONA	Stills	OY ON ONA			
Filter gaskets and scating	OY ON ON/A	Exhaust dampers	OY ON ON/A			
Pumps	DY ON DN/A	Diverter valves	OY ON ON/A			
Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	DY ON ON/A			
Water separators	DY DN DN/A					
4. Which method of detection is used by t	he responsible official?					
Visual examination (condensed so	olvent on exterior surfaces	s)	a			
Physical detection (airflow felt th	rough gaskets)		a ·			
Odor (noticeable perc odor)	•		a			
Use of direct-reading instrumenta	tion (FID/PID/calorimetri	ic tubes)				
Halogen leak detector	Q .					
If using direct-reading instru	□n/a					
a. Capable of detecting	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					
b. Calibrated against a s (PID/FID only)?	DY ON					
c. Inspected for leaks an	d obvious signs of wear o	in a weekly basis?	OY ON			
d. Kept in a clean and secure area when not in use?			מם עם			
e. Verified for accuracy	by use of duplicate sampl	les (calorimetric only)?	OY ON			
•						
Ilka Bundy		1-12-01				
Inspector's Name (Please Prin	t)	Date of Inspection				
Mar Rund		3-12-01				
Inspector's Signature Approximate Date of I		Next Inspection				

ADDITIONAL SITE INFORMATION: New Owner: Stewart Brown ~ 3 mos. I left Perc. Notification Form & 2001 Dry Cleaner Comptionce (alendar. Annual Inspection to follow once permitted.





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

401292

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 # 0951197

ADAIR CUSTOM CLEANERS ROBERT HEWITT 1411 EDGEWATER DRIVE ORLANDO FL 32804 50.00 REULIVI

FOR GOVERNMENT CISE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

(501) CHECK NO.: 000506 CHECK DATE: 12/20/99 Inv. Date **Amount** Voucher No. Net Amount Invoice No. Discount Description #0951197 50.00 TOTAL 0.00 50.00 50.00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390069

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 # 0951197

ADAIR CUSTOM CLEANERS ROBERT HEWITT 1411 EDGEWATER DRIVE ORLANDO FL 32804

FOR GOVERNMENT USE ONES Org.: 37550101000 EO.B1 Fund: 20-2-035001

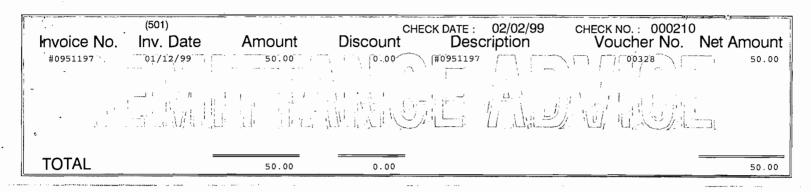
Obj.: 002273 & 3



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

32315X3070

Anthoda Abouth door letter for the About About





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 0359537

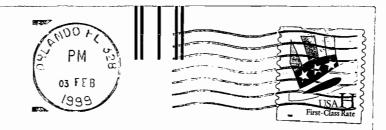
Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

_Do NOT Remove Label

AIRS ID # 0951197 ADAIR CUSTOM CLEANERS ROBERT HEWITT 1411 EDGEWATER DRIVE ORLANDO FL 32804

FOR GOVERNMENT USE ONLY O Org.: 37550101000 EO: BI Fund: 20-2-035001 UI Obj.: 002273



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

32315X3070

