Department of
Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

January 26, 1999

Mr. John Saunders
Friendly Cleaners of Orlando
2345 East Michigan Street
Orlando, Florida 32806

Re: Facility No.: 0951201

Dear Mr. Saunders:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 7, 1999.

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

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

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

If there are any changes in the facility status, including change of operating parameters or equipment, 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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
   JOHN SAUNDERS
2. Site Name (For example, plant name or number):
   FRIENDLY CLEANERS of ORLANDO
3. Hazardous Waste Generator Identification Number:
4. Facility Location:
   Street Address: 2345 EAST MICHIGAN St.
   City: ORLANDO FL. County: ORANGE Zip Code: 32806
5. Facility Identification Number (DEP Use): 0951201

Responsible Official

6. Name and Title of Responsible Official:
   JOHN SAUNDERS
7. Responsible Official Mailing Address:
   Organization/Firm: 2345 E MICHIGAN St FRIENDLY CLEANERS of ORLANDO
   Street Address:
   City: ORLANDO FL. County: ORANGE Zip Code: 32806
8. Responsible Official Telephone Number:
   Telephone: (407) 898-6255 Fax: ( ) —

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
   SAME
10. Facility Contact Address:
    Street Address:
    City: SAME County: Zip Code:
11. Facility Contact Telephone Number:
    Telephone: (407) 898-6255 Fax: ( ) NONE

095/201

pg 13 Add title of Responsible Official

pg 14 1(a) Identify each of 2 machines in appropriate columns (#1, #2). Initial
Remove check marks not applicable to machines on site.
Initial. Date control devices installed.
1(c) Add checkmark. Initial

3. Remove checkmark for "Existing small area source" and Add Checkmark to "New small area source". Initial

pg 15 (e) Remove checkmark Initial

pg 16

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.

1 FORENTA 2 " " Type of Machine	12/97 12/97 ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	*#1*	*03-OCT-93*	*12-NOV-93*	*#2*	*08-DEC-91*		*#3*	*02-MAR-92*	*02-MAR-92*
Dry-to-Dry Unit	✓								
(1) w/ ref. condenser	✓								
(2) w/ carbon adsorber	✓								
(3) w/ no controls									
Washer Unit	✓								
(4) w/ ref. condenser	✓								
(5) w/ carbon adsorber	✓								
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser	✓								
(8) w/ carbon adsorber	✓								
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser	✓								
(11) w/carbon adsorber	✓								
(12) w/ no controls									

(b) Control devices are required, but not yet installed [ ]

(c) No control devices are required to be installed [ ]

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
[137] gallons

(b) If less than 12 months, how many? [ ] months
Check why it is less than 12 months: New owner: [ ] New store: [ ] Did not keep records: [ ]

3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)

Existing small area source [X] New small area source [ ]

Existing large area source [ ] New large area source [ ]

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

Existing large area source
Carbon adsorber [ ] Refrigerated condenser [ ]

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 use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt [ ]
No such units on-site [X]

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases [✓]

(b) Leak detection inspection and repair [✓]

(c) Refrigerated condenser temperature monitoring [✓]

(d) Carbon adsorber exhaust perc concentration monitoring [✓]

(e) Instrument calibration [✓]

(f) Start-up, shutdown, malfunction plan [✓]

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

[ ] I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____.

[X] No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

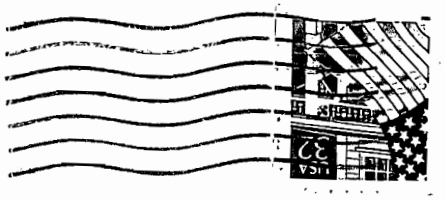
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Signature _____ Date 1/2/99

FRIENDLY CLEANERS
2345 E. Michigan St.
Orlando, FL 32806
898-6255

ORLANDO FL 328
PM
05 JAN
1999



GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING MS 5510
DEPT. OF ENVIRONMENTAL PROTECTION
2600 BLAIR STONE RD
TALLAHASSEE FL 32399-2400

32399+6516

0951201

pg 13
Add title of Responsible Official

pg 14 1(a) Identify each of 2 machines in appropriate columns (#1, #2). Initial
Remove check mark not applicable to machines on-site. Initial. Date control devices installed.
1(c) add checkmark. Initial

3. Remove checkmark for "Existing small area source" and Add Check-mark to "New small area source". Initial

pg 15 (e) Remove Checkmark Initial

pg 16

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32806

0951201

ode: 32806

9. Name and Title of Facility Contact (For example, plant manager):
Same

10. Facility Contact Address:
Street Address:
City: Same County: Zip Code:

11. Facility Contact Telephone Number:
Telephone: (407) 898-6255 Fax: ( ) NONE

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
   JOHN SAUNDERS
2. Site Name (For example, plant name or number):
   FRIENDLY CLEANERS of ORLANDO
3. Hazardous Waste Generator Identification Number:
4. Facility Location:
   Street Address: 2345 EAST MICHIGAN St.
   City: ORLANDO Fl. County: ORANGE Zip Code: 32806
5. Facility Identification Number (DEP Use): 0951201

Responsible Official

6. Name and Title of Responsible Official:
   JOHN SAUNDERS OWNER
7. Responsible Official Mailing Address:
   Organization/Firm: FRIENDLY CLEANER of 2345 E. MICHIGAN St ORLANDO
   Street Address:
   City: ORLANDO Fl. County: ORANGE Zip Code: 32806
8. Responsible Official Telephone Number:
   Telephone: (407) 894-6255 Fax: ( ) —

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
   SAME
10. Facility Contact Address:
    Street Address:
    City: SAME County: Zip Code:
11. Facility Contact Telephone Number:
    Telephone: (407) 894-6255 Fax: ( ) NONE

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

[ ] I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____.

[X] No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Signature _____ Date 1/27/99

FOR CHANGES 2/11/99

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

Existing large area source			
Carbon adsorber	[ ]	Refrigerated condenser	[ ]
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 use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt	[ ]
No such units on-site	[X]

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases	[✓]
(b) Leak detection inspection and repair	[✓]
(c) Refrigerated condenser temperature monitoring	[✓]
(d) Carbon adsorber exhaust perc concentration monitoring	[ ]
(e) Instrument calibration	[ ]
(f) Start-up, shutdown, malfunction plan	[ ]

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.

1 FORENTA 2 " " Type of Machine	12/97 12/98 ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	*#1*	*03-OCT-93*	*12-NOV-93*	*#2*	*08-DEC-91*		*#3*	*02-MAR-92*	*02-MAR-92*
Dry-to-Dry Unit	~~X~~	~~✓~~ 12/97			12/98				
(1) w/ ref. condenser	~~X~~	✓			✓				
(2) w/ carbon adsorber	~~X~~								
(3) w/ no controls	0								
Washer Unit									
(4) w/ ref. condenser	~~X~~								
(5) w/ carbon adsorber	~~✓~~								
(6) w/ no controls	0								
Dryer Unit									
(7) w/ ref. condenser	~~X~~								
(8) w/ carbon adsorber	~~X~~								
(9) w/ no controls	0								
Reclaimer Unit									
(10) w/ ref. condenser	~~X~~								
(11) w/carbon adsorber	~~✓~~								
(12) w/ no controls	0								

(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?
[137] gallons

(b) If less than 12 months, how many? [ ] months
Check why it is less than 12 months: New owner: [ ] New store: [ ] Did not keep records: [ ]

3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)

Existing small area source [~~X~~] New small area source [✓]

Existing large area source [ ] New large area source [ ]

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY
RE-INSPECTION ☑

AIRS ID#: 0951201 **DATE:** 2/11/99 **TIME IN:** _____ **TIME OUT:** 1945

FACILITY NAME: Friendly #1.99 Cleaners

FACILITY LOCATION: 2345 Michigan St.
Orlando, FL 32812

RESPONSIBLE OFFICIAL: John Saunders **PHONE:** 407-898-6255

CONTACT NAME: _____ **PHONE:** _____

PART I: NOTIFICATION

(check appropriate box)

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

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 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 12/9/91)

4. New large area source ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed on or after 12/9/91)

5. This is a correct facility classification ☐Y ☐N ☐Can not determine

If no, please check the appropriate classification:
☐ facility qualified for a general permit as number _____ above
☐ facility exceeds above limits and is not eligible for a general permit

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

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

1. Storing perchloroethylene in tightly sealed and impervious containers?	☑Y	☐N	☐N/A
2. Examining the containers for leakage?	☑Y	☐N	☐N/A
3. Closing and securing machine doors except during loading/unloading?	☑Y	☐N	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☑Y	☐N	☐N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☐Y	☐N	☐N/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?	☑Y	☐N	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☑Y	☐N	☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☑Y	☐N	☐N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	☑Y	☐N	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	☑Y	☐N	☐N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	☑Y	☐N	

B. Has the responsible official of an existing large or new large area source also:

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased?	☐Y	☐N	
2. Maintained rolling monthly total of perc consumption?	☐Y	☐N	
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	☐Y	☐N	☐N/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?	☐Y	☐N	☐N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☐Y	☐N	☐N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y	☐N	☐N/A
6. Maintained startup/shutdown/malfunction plan?	☐Y	☐N	
7. Maintained deviation reports?	☐Y	☐N	☐N/A
Problem corrected?	☐Y	☐N	☐N/A
8. Maintained compliance plan, if applicable?	☐Y	☐N	☐N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☑Y ☐N
2. Has the facility maintained a leak log? ☑Y ☐N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☑Y ☐N ☐N/A	Muck cookers	☑Y ☐N ☐N/A
Door gaskets and seating	☑Y ☐N ☐N/A	Stills	☑Y ☐N ☐N/A
Filter gaskets and seating	☑Y ☐N ☐N/A	Exhaust dampers	☑Y ☐N ☐N/A
Pumps	☑Y ☐N ☐N/A	Diverter valves	☑Y ☐N ☐N/A
Solvent tanks and containers	☑Y ☐N ☐N/A	Cartridge filter housings	☑Y ☐N ☐N/A
Water separators	☑Y ☐N ☐N/A		

4. Which method of detection is used by the responsible official?
   - Visual examination (condensed solvent on exterior surfaces) ☑
   - Physical detection (airflow felt through gaskets) ☐
   - Odor (noticeable perc odor) ☐
   - Use of direct-reading instrumentation (FID/PID/calorimetric tubes) ☐
   - Halogen leak detector ☐
   - **If using direct-reading instrumentation, is the equipment:** ☑N/A
     a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N
     b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N
     c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N
     d. Kept in a clean and secure area when not in use? ☐Y ☐N
     e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

Ilka Bundy
Inspector's Name (Please Print)

2/11/99
Date of Inspection

Ilka Bundy
Inspector's Signature

2/11/2000
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☑

TIME IN: 1345 TIME OUT: 1430 AIRS ID#: 0951201

TYPE OF FACILITY: Dry Cleaner

FACILITY NAME: Friendly $1.99 Cleaners DATE: 2/11/99

FACILITY LOCATION: 2345 Michigan St.
Orlando, FL 32812

RESPONSIBLE OFFICIAL: John Saunders PHONE NUMBER: 407-898-6255

☑ Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

☐ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

Facility in compliance.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ☐ NO ☑

DATE OF NEXT INSPECTION: 2/11/2000
(Approximate)

INSPECTION CONDUCTED BY: Ilka Bundy
(Please Print)

INSPECTOR'S SIGNATURE: Ilka Bundy PHONE NUMBER: 836-9524

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☑

RE-INSPECTION ☐

AIRS ID#: 0951201 DATE: 12/30/98 TIME IN: 1115 TIME OUT: 1135

FACILITY NAME: Friendly #1.99 Cleaners

FACILITY LOCATION: 2345 Michigan St.
Orlando, FL 32812

RESPONSIBLE OFFICIAL: John Saunders PHONE: 407-898-6255

CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

Facility indicated on notification form that it is: (check appropriate box)
☐ No notification form
☐ 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 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 12/9/91)

4. New large area source ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed on or after 12/9/91)

5. This is a correct facility classification ☐Y ☐N ☑Can not determine

If no, please check the appropriate classification:
☐ facility qualified for a general permit as number _____ above
☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 135 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

1. Storing perchloroethylene in tightly sealed and impervious containers?	☑Y	☐N	☐N/A
2. Examining the containers for leakage?	☑Y	☐N	☐N/A
3. Closing and securing machine doors except during loading/unloading?	☑Y	☐N	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☑Y	☐N	☐N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☐Y	☐N	☑N/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?	☑Y	☐N	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☑Y	☐N	☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☑Y	☐N	☐N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	☐Y	☑N	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	☑Y	☐N	☐N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	☑Y	☐N	

B. Has the responsible official of an existing large or new large area source also:

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased?	☐Y ☑N
2. Maintained rolling monthly total of perc consumption?	☐Y ☑N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	☐Y ☐N ☑N/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?	☐Y ☐N ☑N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☐Y ☐N ☑N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y ☐N ☑N/A
6. Maintained startup/shutdown/malfunction plan?	☑Y ☐N
7. Maintained deviation reports?	☐Y ☐N ☑N/A
Problem corrected?	☐Y ☐N ☑N/A
8. Maintained compliance plan, if applicable?	☐Y ☐N ☑N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☑Y ☐N
2. Has the facility maintained a leak log? ☐Y ☑N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☑Y ☐N ☐N/A	Muck cookers	☑Y ☐N ☐N/A
Door gaskets and seating	☑Y ☐N ☐N/A	Stills	☑Y ☐N ☐N/A
Filter gaskets and seating	☑Y ☐N ☐N/A	Exhaust dampers	☑Y ☐N ☐N/A
Pumps	☑Y ☐N ☐N/A	Diverter valves	☑Y ☐N ☐N/A
Solvent tanks and containers	☑Y ☐N ☐N/A	Cartridge filter housings	☑Y ☐N ☐N/A
Water separators	☑Y ☐N ☐N/A		

4. Which method of detection is used by the responsible official?
   - Visual examination (condensed solvent on exterior surfaces) ☑
   - Physical detection (airflow felt through gaskets) ☐
   - Odor (noticeable perc odor) ☑
   - Use of direct-reading instrumentation (FID/PID/calorimetric tubes) ☐
   - Halogen leak detector ☐
   - **If using direct-reading instrumentation, is the equipment:** ☑N/A
     a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N
     b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N
     c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N
     d. Kept in a clean and secure area when not in use? ☐Y ☐N
     e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

Ilka Bundy
Inspector's Name (Please Print)

12/30/98
Date of Inspection

Ilka Bundy
Inspector's Signature

2/28/99
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Gave John Saunders the Perc Dry cleaner Air General Permit Notification form and 1999 Dry Cleaner Calendar.

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☑ RE-INSPECTION ☐

TIME IN: 1115 TIME OUT: 1135 AIRS ID#: -

TYPE OF FACILITY: Dry Cleaner

FACILITY NAME: Friendly $1.99 Cleaners DATE: 12/30/98

FACILITY LOCATION: 2345 E. Michigan
Orlando, FL 32812

RESPONSIBLE OFFICIAL: John Saunders PHONE NUMBER: 898-6255

☐ Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

☑ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No Title V Air Permit	Reinspection w/in 3 months.
Not all Perc receipts in house	"
No perc rolling log	"
No leak detection log	"
No temperature log	"

COMMENTS: Gave Perc Dry Cleaner Air General Permit Notification form and 1999 Dry Cleaner Calendar.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ☐ NO ☑

DATE OF NEXT INSPECTION: 2/28/99 (Approximate)

INSPECTION CONDUCTED BY: Ilka Bundy (Please Print)

INSPECTOR'S SIGNATURE: Ilka Bundy PHONE NUMBER: 836-9524

Orange County Environmental Protection Department

9-10-99 JB

AIRS ID#: 0951201

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Friendly Cleaners of Orlando DATE: 8/19/99

FACILITY LOCATION: 2345 East Michigan St.
Orlando, FL 32812

Annual Reporting Period: 1/26 19 99 TO 2/11 19 99

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. ☑ YES ☐ NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: JOHN SAUNDERS (Name Please Print) | Signature | 8/19/99 (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.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 309296

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

RECEIVED
MAIL ROOM
DEC 10 99

TOTAL AMOUNT DUE: $50.00

RECEIVED
DEC 14 1999
Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

AIRS ID # 0951201
FRIENDLY CLEANERS OF ORLANDO
JOHN SAUNDERS
2345 EAST MICHIGAN STREET
ORLANDO FL 32806

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ~~☑~~ # 01/07/00

AIRS ID#: 0951201 **DATE:** 2/11/99 **TIME IN:** 1345 **TIME OUT:** 1345

FACILITY NAME: Friendly #1.99 Cleaners

FACILITY LOCATION: 2345 Michigan St.
Orlando, FL 32812

RESPONSIBLE OFFICIAL: John Saunders **PHONE:** 407-898-6255

CONTACT NAME: _____ **PHONE:** _____

PART I: NOTIFICATION

(check appropriate box)

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

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 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 12/9/91)

4. New large area source ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed on or after 12/9/91)

5. This is a correct facility classification ☐Y ☐N ☐Can not determine

If no, please check the appropriate classification:
☐ facility qualified for a general permit as number _____ above
☐ facility exceeds above limits and is not eligible for a general permit

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

RECEIVED
JAN 14 2000
Bureau of Air Monitoring & Mobile Sources

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

1. Storing perchloroethylene in tightly sealed and impervious containers?	☑Y	☐N	☐N/A
2. Examining the containers for leakage?	☑Y	☐N	☐N/A
3. Closing and securing machine doors except during loading/unloading?	☑Y	☐N	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☑Y	☐N	☐N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☐Y	☐N	☐N/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?	☑Y	☐N	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☑Y	☐N	☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☑Y	☐N	☐N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	☑Y	☐N	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	☑Y	☐N	☐N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	☑Y	☐N	

B. Has the responsible official of an existing large or new large area source also:

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased?	☐Y	☐N	
2. Maintained rolling monthly total of perc consumption?	☐Y	☐N	
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	☐Y	☐N	☐N/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?	☐Y	☐N	☐N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☐Y	☐N	☐N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y	☐N	☐N/A
6. Maintained startup/shutdown/malfunction plan?	☐Y	☐N	
7. Maintained deviation reports?	☐Y	☐N	☐N/A
Problem corrected?	☐Y	☐N	☐N/A
8. Maintained compliance plan, if applicable?	☐Y	☐N	☐N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☑Y ☐N
2. Has the facility maintained a leak log? ☑Y ☐N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☑Y ☐N ☐N/A	Muck cookers	☑Y ☐N ☐N/A
Door gaskets and seating	☑Y ☐N ☐N/A	Stills	☑Y ☐N ☐N/A
Filter gaskets and seating	☑Y ☐N ☐N/A	Exhaust dampers	☑Y ☐N ☐N/A
Pumps	☑Y ☐N ☐N/A	Diverter valves	☑Y ☐N ☐N/A
Solvent tanks and containers	☑Y ☐N ☐N/A	Cartridge filter housings	☑Y ☐N ☐N/A
Water separators	☑Y ☐N ☐N/A		

4. Which method of detection is used by the responsible official?
   - Visual examination (condensed solvent on exterior surfaces) ☑
   - Physical detection (airflow felt through gaskets) ☐
   - Odor (noticeable perc odor) ☐
   - Use of direct-reading instrumentation (FID/PID/calorimetric tubes) ☐
   - Halogen leak detector ☐
   - **If using direct-reading instrumentation, is the equipment:** ☑N/A
     a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N
     b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N
     c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N
     d. Kept in a clean and secure area when not in use? ☐Y ☐N
     e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

Ilka Bundy
Inspector's Name (Please Print)

2/11/99
Date of Inspection

Ilka Bundy
Inspector's Signature

2/11/2000
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☑

TIME IN: 1430 TIME OUT: 1450 AIRS ID#: 095 1401

TYPE OF FACILITY: Cleaner

FACILITY NAME: Friendly Dry Cleaners DATE: 3/[illegible]/99

FACILITY LOCATION: [illegible] Michigan St
Orlando FL 3[illegible]2

RESPONSIBLE OFFICIAL: Tom Sanders PHONE NUMBER: 407-8[illegible]-[illegible]25

☑ Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

☐ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

[illegible] in compliance.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ☐ NO ☑

DATE OF NEXT INSPECTION: 3/[illegible]/00
(Approximate)

INSPECTION CONDUCTED BY: Tim Smith
(Please Print)

INSPECTOR'S SIGNATURE: [signature] PHONE NUMBER: 836 1524

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RECEIVED ARMS 2-10-00 JH
FEB 24 2000
Bureau of Air Monitoring & Mobile Sources

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 0951201 **DATE:** 02-08-00 **TIME IN:** 1132 **TIME OUT:** 1300

FACILITY NAME: Friendly Cleaners of Orlando

FACILITY LOCATION: 2345 East Michigan Street
Orlando, FL 32812

RESPONSIBLE OFFICIAL: John Saunders **PHONE:** 407-898-6255

CONTACT NAME: _____ **PHONE:** _____

PART I: NOTIFICATION

(check appropriate box)

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

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 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)	**4. New large area source** ☐ dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)

5. This is a correct facility classification ☐Y ☑N ☐Can not determine

If no, please check the appropriate classification:
- ☑ facility qualified for a general permit as number 4 above
- ☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 481 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

1. Storing perchloroethylene in tightly sealed and impervious containers?	☑Y	☐N	☐N/A
2. Examining the containers for leakage?	☑Y	☐N	☐N/A
3. Closing and securing machine doors except during loading/unloading?	☑Y	☐N	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☑Y	☐N	☐N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☐Y	☐N	☑N/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?	☑Y	☐N	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☑Y	☐N	☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☑Y	☐N	☐N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	☑Y	☐N	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	☑Y	☐N	☐N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	☑Y	☐N	

B. Has the responsible official of an existing large or new large area source also:

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased?	☑Y	☐N	
2. Maintained rolling monthly total of perc consumption?	☑Y	☐N	
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	☑Y	☐N	☐N/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?	☑Y	☐N	☐N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☐Y	☐N	☑N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y	☐N	☑N/A
6. Maintained startup/shutdown/malfunction plan?	☑Y	☐N	
7. Maintained deviation reports?	☐Y	☐N	☑N/A
Problem corrected?	☐Y	☐N	☑N/A
8. Maintained compliance plan, if applicable?	☐Y	☐N	☑N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☑Y ☐N

2. Has the facility maintained a leak log? ☑Y ☐N

3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☑Y ☐N ☐N/A	Muck cookers	☑Y ☐N ☐N/A
Door gaskets and seating	☑Y ☐N ☐N/A	Stills	☑Y ☐N ☐N/A
Filter gaskets and seating	☑Y ☐N ☐N/A	Exhaust dampers	☑Y ☐N ☐N/A
Pumps	☑Y ☐N ☐N/A	Diverter valves	☑Y ☐N ☐N/A
Solvent tanks and containers	☑Y ☐N ☐N/A	Cartridge filter housings	☑Y ☐N ☐N/A
Water separators	☑Y ☐N ☐N/A		

4. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces) ☑
- Physical detection (airflow felt through gaskets) ☐
- Odor (noticeable perc odor) ☑
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes) ☐
- Halogen leak detector ☐

If using direct-reading instrumentation, is the equipment: ☑N/A

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N

c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N

d. Kept in a clean and secure area when not in use? ☐Y ☐N

e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

Ilka Bundy
Inspector's Name (Please Print)

2-8-00
Date of Inspection

Ilka Bundy
Inspector's Signature

2-8-01
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

1-18-99	50.0
1-25-99	50.0
3-29-99	30.0
4-5-99	10.0
4-19-99	20.0
4-26-99	20.0
5-13-99	19.5
6-1-99	30.0
6-7-99	19.5
6-14-99	20.0
6-21-99	20.0
6-30-99	19.5
8-24-99	19.5
8-30-99	10.0
9-7-99	10.0
9-13-99	10.0
9-27-99	10.0
10-5-99	19.5
10-15-99	19.5
10-18-99	20.0
10-22-99	19.5
11-8-99	10.0
11-15-99	10.0
11-29-99	10.0
12-6-99	10.0
12-13-99	19.5
12-13-99	10.0
12-27-99	10.0
	526

1-3-00	10.0
1-10-00	10.0
1-17-00	10.0
1-24-00	10.0
1-31-00	15.0
2-7-00	15.0

AIRS ID#: 0951201

BEST AVAILABLE COPY

Revised 01/18/00

ARMS 2-10-00 JH

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Friendly Cleaners of Orlando DATE: 2/8/00

FACILITY LOCATION: 2345 East Michigan Street
Orlando, FL 32812

Annual Reporting Period: Feb. 11, 1999 TO Feb. 8 2000

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. ☑ YES ☐ NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: JOHN SAUNDERS _____ 2/8/00
Name (Please Print) Signature Date

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

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

TIME IN: 1132 TIME OUT: 1200 AIRS ID#: 0951201

TYPE OF FACILITY: Dry Cleaner

FACILITY NAME: Friendly Cleaners of Orlando DATE: 2-8-00

FACILITY LOCATION: 2345 East Michigan Street
Orlando, FL 32812

RESPONSIBLE OFFICIAL: John Saunders PHONE NUMBER: 407-898-6255

☑ Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

☐ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

Facility in compliance.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ☑ NO ☐

DATE OF NEXT INSPECTION: 2-8-01 (Approximate)

INSPECTION CONDUCTED BY: Ilka Bundy (Please Print)

INSPECTOR'S SIGNATURE: Ilka Bundy PHONE NUMBER: 836-1400

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

ARMS 2-19-01 JB

TYPE OF INSPECTION: ANNUAL (INS1, INS2) ☑ COMPLAINT/DISCOVERY (CI) ☐
RE-INSPECTION (FUI) ☐

RECEIVED FEB 22 2001 Bureau of Air Monitoring & Mobile Sources

AIRS ID#: 0951201 **DATE:** 2-19-01 **TIME IN:** 10:00 **TIME OUT:** 10:40

FACILITY NAME: Friendly Cleaners of Orlando

FACILITY LOCATION: 2345 E. Michigan St.
Orlando, FL 32812

RESPONSIBLE OFFICIAL: John Saunders **PHONE:** 407-898-6255

CONTACT NAME: _____ **PHONE:** _____

PART I: NOTIFICATION

(check appropriate box)

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

Facility Compliance Status: (ARMS Data)
IN ☑
MNC ☐
SNC ☐

PART II: CLASSIFICATION

Facility indicated on notification form that it is: (check appropriate box)
☐ No notification form
☐ Drop store/out of business/petroleum

A.

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 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 12/9/91)

4. New large area source ☑
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed on or after 12/9/91)

5. This is a correct facility classification ☑Y ☐N ☐Can not determine

If no, please check the appropriate classification:
☐ facility qualified for a general permit as number _____ above
☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 239 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

1. Storing perchloroethylene in tightly sealed and impervious containers?	☑Y	☐N	☐N/A
2. Examining the containers for leakage?	☑Y	☐N	☐N/A
3. Closing and securing machine doors except during loading/unloading?	☑Y	☐N	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☑Y	☐N	☐N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☐Y	☐N	☑N/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?	☑Y	☐N	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☑Y	☐N	☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☑Y	☐N	☐N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	☑Y	☐N	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	☑Y	☐N	☐N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	☑Y	☐N	

B. Has the responsible official of an existing large or new large area source also:

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased?	☑Y	☐N	
2. Maintained rolling monthly total of perc consumption?	☑Y	☐N	
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	☑Y	☐N	☐N/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?	☑Y	☐N	☐N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☐Y	☐N	☑N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y	☐N	☑N/A
6. Maintained startup/shutdown/malfunction plan?	☑Y	☐N	
7. Maintained deviation reports?	☐Y	☐N	☑N/A
Problem corrected?	☐Y	☐N	☑N/A
8. Maintained compliance plan, if applicable?	☐Y	☐N	☑N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☑Y ☐N
2. Has the facility maintained a leak log? ☑Y ☐N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☑Y ☐N ☐N/A	Muck cookers	☑Y ☐N ☐N/A
Door gaskets and seating	☑Y ☐N ☐N/A	Stills	☑Y ☐N ☐N/A
Filter gaskets and seating	☑Y ☐N ☐N/A	Exhaust dampers	☑Y ☐N ☐N/A
Pumps	☑Y ☐N ☐N/A	Diverter valves	☑Y ☐N ☐N/A
Solvent tanks and containers	☑Y ☐N ☐N/A	Cartridge filter housings	☑Y ☐N ☐N/A
Water separators	☑Y ☐N ☐N/A		

4. Which method of detection is used by the responsible official?
   - Visual examination (condensed solvent on exterior surfaces) ☑
   - Physical detection (airflow felt through gaskets) ☑
   - Odor (noticeable perc odor) ☑
   - Use of direct-reading instrumentation (FID/PID/calorimetric tubes) ☐
   - Halogen leak detector ☐
   - **If using direct-reading instrumentation, is the equipment:** ☑N/A
     a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N
     b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N
     c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N
     d. Kept in a clean and secure area when not in use? ☐Y ☐N
     e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

Ilka Bundy
Inspector's Name (Please Print)

2-19-01
Date of Inspection

Ilka Bundy
Inspector's Signature

2-19-02
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

1-3-00 10.0
1-10-00 10.0
1-17-00 10.0
1-24-00 10.0
1-31-00 15.0
2-7-00 15.0
2-28-00 15.0
→ 3-20-00 15.0

1-4-00 10.0
2-15-00 20.0
2-5-00 10.0
2-8-00 10.0

239

4-27-00 10.0
5-11-00 10.0
5-18-00 5.0
5-25-00 10.0
6-8-00 10.0
6-22-00 5.0
7-3-00 5.0
7-17-00 5.0
7-20-00 5.0
7-24-00 5.0
7-31-00 5.0
8-17-00 10.0
9-18-00 19.5
10-9-00 19.5
10-19-00 25.0
10-26-00 20.0
12-21-00 10.0

274.0

BEST AVAILABLE COPY

IRS ID#: 095/201

Revised 01/18/00

ARMS 2-19-01 JB

#5 Col

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

ACILITY NAME: Friendly Cleaners of Orlando DATE: 2/19/01

ACILITY LOCATION: 2345 E. Michigan St.
Orlando, FL 32812

nnual Reporting Period: February 2000 TO February 2001

ased on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule
2-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. ☑ YES ☐ NO

NO, complete the following:

1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

xact period of non-compliance: from _____ to _____

ction(s) taken to achieve compliance: _____

lethod used to demonstrate compliance: _____

2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

xact period of non-compliance: from _____ to _____

ction(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

ls the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made n this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon urchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or ombination facilities.

RESPONSIBLE OFFICIAL: JOHN SAUNDERS (Name (Please Print)) J. M. Saunders (Signature) 2/19/01 (Date)

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

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

TIME IN: 10:00 TIME OUT: 10:40 AIRS ID#: 0951201

TYPE OF FACILITY: Dry Cleaner

FACILITY NAME: Friendly Cleaners of Orlando DATE: 2-19-01

FACILITY LOCATION: 2345 E. Michigan St.
Orlando, FL 32812

RESPONSIBLE OFFICIAL: John Saunders PHONE NUMBER: 407-898-6255

☑ Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

☐ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

Facility in compliance.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ☑ NO ☐

DATE OF NEXT INSPECTION: 2-19-02
(Approximate)

INSPECTION CONDUCTED BY: Ilka Bundy
(Please print)

INSPECTOR'S SIGNATURE: Ilka Bundy PHONE NUMBER: 407-836-1400

7003 0500 0004 0144 3766

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OFFICIAL USE

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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Postmark Here

Received Oct 03 Nov 04

TO 0951201001AG
FRIENDLY CLEANERS OF ORLANDO
JOHN SAUNDERS
2345 EAST MICHIGAN STREET
ORLANDO, FL 32806

Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TO 0951201001AG
FRIENDLY CLEANERS OF ORLANDO
JOHN SAUNDERS
2345 EAST MICHIGAN STREET
ORLANDO, FL 32806

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* John S. C. Date of Delivery 9.10.03

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7003 0500 0004 0144 3766

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE

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

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

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

RECEIVED
SEP 12 2003
Air Monitor
Mobile Sources

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

420925 DEC20 2002

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

TOTAL AMOUNT DUE: $50.00

Do NOT Remove Label

AIRS ID#0951201
FRIENDLY CLEANERS OF ORLANDO
JOHN SAUNDERS
2345 EAST MICHIGAN STREET
ORLANDO FL
32806

Bureau of Air Monitoring & Mobile Sources

DEC 27 2002

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413388 JAN22 2002

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

TOTAL AMOUNT DUE: $50.00

Do NOT Remove Label

AIRS ID # 0951201
FRIENDLY CLEANERS OF ORLANDO
JOHN SAUNDERS
2345 EAST MICHIGAN STREET
ORLANDO FL
32806

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 400047

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

12-16-00 pd

RECEIVED
MAIL ROOM

RECEIVED
DEC 20 2000
Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

AIRS ID # 0951201
FRIENDLY CLEANERS OF ORLANDO
JOHN SAUNDERS
2345 EAST MICHIGAN STREET
ORLANDO FL 32806

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273