

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 Sureau of Air Mobile Source Sourc

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	JOHN JUNDORS
2.	Site Name (For example, plant name or number):
	FRIENDLY CICAMENS OF DREAMS O Hazardous Waste Generator Identification Number:
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location: 2345 EAST MICHIGAN St.
	Facility Location: 2345 EAST MICHIGAN St. Street Address: City: OPLANDO Fl. County: ORANGE Zip Code: 32806
	chy. Or the Do 11. County. Opening. Opening.
,5.	Facility Identification Number (DEP Use):
	095/201
A. 6. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
	Responsible Official
	No. 1774 CD 21 OCC 11
6.	Name and Title of Responsible Official:
	JPAN SAUNDERS
7.	Responsible Official Mailing Address: 2345 E. MICHIGAN ST Organization/Firm: FRIENDIA CLEANER OF ORLANDO Street Address: City: ORLAND Fl. County: ORANGE Zip Code: 32506
	Street Address:
	Street Address: City: ORLAND F. County: ORANGE Zip Code: 32506
8.	Responsible Official Telephone Number: Telephone: (47) 894-6255 Fax: ()
	Telephone. (747) 0/3-623
	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: Sip Code:
11.	Facility Contact Telephone Number:
i	Telephone: (47) fgf-6255 Fax: () NONE
L	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

095/201

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.

FORENTA	12/91	Date	Date		Date	Date		Date	Date
	///	Machine	Control		Machine	Control		Machine	Control
2 /1 //	14/7	Initially	Device		Initially	Device		Initially	Device
Type of Machine	fD'	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-N1AR-92	02-MAR-92
Dry-to-Dry Unit		•							
(1) w/ ref. condenser		Ļ							T
(2) w/ carbon adsorber			_						
(3) w/ no controls									
Washer Unit) /								
(4) w/ ref. condenser	1								
(5) w/ carbon adsorber	1			_					
(6) w/ no controls									
Dryer Unit					•				
(7) w/ ref. condenser	V				·				
(8) w/ carbon adsorber							_		
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser	1								
(11) w/carbon adsorber						1	-		
(12) w/ no controls					1				
(b) Control devices are (c) No control devices 2.(a) What was the total of the control devices (b) If less than 12 mont Check why it is less	are re quanti gallo hs, ho	equired to be ty of perchlons ow many? [_	installed [_ proethylene (] months	perc)	_] purchased in				[]
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	t one classifi	cation only.))	nitions found		3) of	Part II?	
Existing large are	ea sou	irce []	Ne	ew lai	rge area sour	ce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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
New large area source Refrigerated condenser []
· · · · · · · · · · · · · · · · · · ·
6. 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 poiler 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
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

DEP Form No. 62-213.900(2)

Effective: 6-25-96

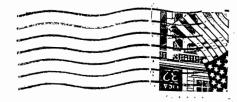
Surrender of Existing Air Permit(s)

r ı	I hereby surrender all existing air permits authorizing operation of the
<u> </u>	facility indicated in this notification form; specifically, permit number(s)
4	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notij statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to
, ,	with all terms and conditions of this general permit as set forth in Part II of this notification form.
	omptly notify the Department of any changes to the information contained in this notification.

DEP Form No. 62-213.900(2) Effective: 6-25-96 PRIENDLY CLEANERS 2345 E. Michigan St. Orlando, FL 32806 898-6255



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GENERAL PERMITS SECTIONS

BURGAU OF AIR MONITORING MS 5570

DEPT. OF ENVIRONMENT PROTECTION

7600 BIAIR STORE RD

TALLAHASSEE F. 32399-2800

32333+6216

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	ledd title as	Mobile Sonito
	Official D	Sourcestin
Facility		P P P P M
V p	9/41(a) Identify e	ach of 15 6 3 1
Site Na	2 machines in a	ppropriate SER-1:09
	Collegna (#1,#2	ORANGE COUNTY ENVIRON
. Hazard	Kernene Che	R Saucked PROTECTION DES ANT MI
Facilit	Kat applicable t	32806
Stree City:	Tillenes and	el dener 1000
	installed Check	
5. Facili	Aritain Chelle	Mack.
- 15 VT		
	3. Remove Check.	neek
6. Nan	for "Existing son	rel area
7. Res	prece " and add	Check-
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8. Re	f 15 (e)] Remane Checkman	2 1 1 1
Te-	_ Remade Cheekner	Cifficities.
7	7/6	
	nd Title of Facility Contact (For example, plant manag	ger):
9. Name a	Ami-	
10 Facility	Contact Address:	
	A divorce	Zip Code:
City:	JAME	ax: () NOWE
	ry Contact Telephone Number: hone: (47) fgf-6255 Fa	1/21/25

•	
	Perchloroethylene Dry Cleaning Facility Notification Sureau or Air Mobile Sources The Facility Owner/Company Name (Name of corporation, agency, or individual owner):
,	Perchloroethylene Dry Cleaning Facility Notification Bureau of Ale
	Facility Name and Location Facility Owner/Company Name (Name of corporation, agency, or individual owner):
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner): AUNDERS
	Site Name (For example, plant name or number): FLIENDIY CICAMENS OF ORLANDO Hazardous Waste Generator Identification Number:
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location: 2345 EAST MICHIGAN Street Address: City: ORLANDO Fl. County: ORANGE Zip Code: 32806
,5,	Facility Identification Number (DEP Use): 0951201
	Responsible Official
	Name and Title of Responsible Official: THAN SAUNDERS OWNER
7.	Responsible Official Mailing Address: 23 45 E MICHIGAN ST Organization/Firm: FRIENDIA CLEANDO CREANDO Street Address: City: ORLAND FL. County: ORANGE Zip Code: 32506
8.	Responsible Official Telephone Number: Telephone: (407) 595-6:257 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: Sip Code:
11.	Facility Contact Telephone Number: Telephone: 47) fgf-6255 Fax: () NONE

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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)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pron	Scurify the Department of any changes to the information contained in this notification.

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

4. What control technology is requi (Indicate with an "X".)	red on machines	pursuant to section (5) o	f Part II of this notification form?
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-ex to Rule 62-213.300, F.A.C. Verify exemption criteria or that no such un	that all steam and	hot water generating ur	to use the general permit pursuant its on-site meet the following
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil con	exclusively by no	atural gas except for per	ods of natural gas curtailment
All steam and hot water generating to No such units on-site	units exempt		
	·		
			•
Equipme	nt Monitoring a	nd Recordkeeping Info	rmation
Check all logs which are required to	be kept on-site i	n accordance with the re	quirements of this general permit:
(a) Purchase receipts and solvent pur	rchases		
(b) Leak detection inspection and re	pair		
(c) Refrigerated condenser temperate	ure monitoring		
(d) Carbon adsorber exhaust perc co	ncentration mon	itoring	
(e) Instrument calibration			The state of the s
(f) Start-up, shutdown, malfunction	plan		

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

Facility Information

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

FORENA 2 / 1/ Type of Machine	12/97 12/97 10	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-NO1′-93	#2	08-DEC-91		#3	02-MAR-92	OZ-MAR-
Dry-to-Dry Unit		V12/	77	1	2/98		,		
(1) w/ ref. condense	65	1	1		7_				
(2) w/ carbon adsorb	6								
(3) w/ no controls		· —							
Washer Unit		•		-				•	
(4) w/ ref. condenses	*		1.	_					
(5) w/ carbon adsorption	7								
(6) w/ no controls					-				
Dryer Unit			-1		•				-
(7) w/ ref. condenses	-				Ţ `				
(8) w/ carbon adsorber	-					. x			
(9) w/ no controls			i						
Reclaimer Unit	 					<u>.</u>			
(10) w/ ref. condensed	0					Ţ.,			
(11) w/carbon adsocrate	-				 				
(12) w/ no controls	1			 					1
						<u> </u>			
(b) Control devices are	_								
2.(a) What was the total [/37	quanti] gallo		oroethylene (perc)	purchased is	n the latest 12	2 moi	nths?	
(b) If less than 12 mon Check why it is les					_] New store	:: [] Did	not k	ceep records:	
3. What is the facility's so (Indicate with an "X".					initions foun	d in section (3) of	Part II?	
Existing small a	rea so	urce 🗶	у М	ew sn	nall area sou	rce [
Existing large ar	ea sou	ırce []	N	ew la	rge area sour	ce []		

DEP Form No. 62-213.900(2)

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY 3, 1950
AIRS ID#: 095/20/ DATE: 2/1) FACILITY NAME: Friendly \$1.	/99 TIME IN: TIME OUT:
l ·	FL 32812
RESPONSIBLE OFFICIAL: John S	94 unders PHONE: 407-898-6255
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	rtup
2. Facility failed to notify DARM to use general per	rmit \square
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)
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a general source.	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed on or after 12/9/91) \[\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\textstyle{\tex

PART III GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	ON ON/A
2. Examining the containers for leakage?	DY 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?	עומם מם אפן
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	בארט מט איע.
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 refrigerouplete Λ below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). <i>Carbon adsorber mus installed prior to September 22, 1993</i>	
If classification 4 has been checked, the machine should be equipped with a refrience A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	DA DN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	אואם אם אס
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	DY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F7	TOY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DAY ON

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?		
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON	□N/A
	Is the temperature differential equal to or greater than 20° F?	OY ON	
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?	חם אם	
	Is the perc concentration equal to or less than 100 ppin?	OY ON	□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?	חט מע	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON	□N/A
P	ART V: RECORDKEEPING REQUIREMENTS	. \	
11	as the responsible official.		\

PART V: RECORDKEEPING REQUIREMENTS	<u>, `</u>
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	.√ □Y □N
2. Maintained rolling monthly total of perc consumption?	OY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	אואם אוט אים
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)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A
6. Maintained startup/shutdown/malfunction plan?	OY ON .
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	OY ON ON/A
8. Maintained compliance plan, if applicable?	OY ON ON/A

PA	ART VI: LEAK DETECTION AND R	PART VI: LEAK DETECTION AND REPAIRS				
1.	Does the responsible official conduct a	veckly (for small sou	irces, bi-weekly) leak detection an	nd repair		
	inspection?	3	•	MY ON		
2.	Has the facility maintained a leak log?			DAY ON		
3.	Does the responsible official check the f	ollowing areas for lo	eaks?			
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON ON/A		
	Door gaskets and scating	מא טא טאיא	Stills	MY ON ON/A		
	Filter gaskets and seating	AA ON ONY	Exhaust dampers	DY ON ON/A		
	Pumps	MY ON ON/A	Diverter valves	MY ON ON/A		
	Solvent tanks and containers	MA ON ONIV	Cartridge silter housings	DAY ON ON/A		
	Water separators	QA ON ON'Y				
4.	Which method of detection is used by the	ne responsible officia	nl?			
	Visual examination (condensed so	olvent on exterior su	rfaces)	©		
	Physical detection (airflow felt thi	ough gaskets)		· a		
	Odor (noticeable perc odor)					
	Use of direct-reading instrumenta	tion (FID/PID/calor	imetric tubes)			
	Halogen leak detector					
	If using direct-reading instr	unientation, is the c	equipment;	EN/A		
	a. Capable of detecting	perc vapor concentra	ntions in a range of 0-500 ppm?	OY ON		
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to	and after each use	OY ON		
	c. Inspected for leaks ar	d obvious signs of w	vear on a weekly basis?	OY ON		
	d. Kept in a clean and s	ecure area when not	in use?	OY ON		
	e. Verified for accuracy	by use of duplicate	samples (calorimetric only)?	OY ON		
	Ilka Bundy		2/11/9	9		
_	Inspector's Name (Please Pri	nt)	Date of Insp	ection		
	Alka Bunch		2/11/2	0W		
	Inspector's Signature		Approximate Date of	Next Inspection		

ITIONAL SITE INFORMATION:	an markinni je kilje i minom mili ili a Taman na poljaki i medici i og menom koji i i medici i og me
ITIONAL SITE INFORMATION:	
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAIN	NT/DISCOVERY	RE-INSPECTION
TIME IN: 1345 TIME OUT:	1430	AIRS ID#:	0951201
TYPE OF FACILITY: Dry Cleaner			
FACILITY NAME: Friendly \$1.99 C	leaners		DATE: 2/11/99
FACILITY LOCATION: 2345 Michigan	St.	·	, ,
Orlando, FL	32812		
RESPONSIBLE OFFICIAL: John Saund	ers	PHONE NUMBE	r: 407-898-6255
Based on the results of the compliance requirement compliance with DEP Rule 62-213.300, Florida Action 1985.		-	acility is found to be in
Based on the results of the compliance requiremen discrepancies were noted:	ts evaluated dur	ring this inspection, the f	ollowing compliance
COMPLIANCE REQUIREMENT/PROBL	EM	FOLLOW-UP AC	ΓΙΟΝ REQUIRED
			•
*			
	·		<u> </u>
		•	
			,
COMMENTS:			·
COMMENTS.			
Facility in complian	æ,		
The Annual Compliance Certification form has been prope	rly certified and	submitted to the inspect	or. YES NO
DATE OF NEXT INSPECTION:	/11/200	0	
T1	(Approxim		
INSPECTION CONDUCTED BY:	Ka Bund (Please P	// Yrint)	
INSPECTOR'S SIGNATURE: Ma	Bundy	PHONE NUMBE	r: 836 - 9524
	Page of	<u>1_</u> .	Revised 10/9

PERCIILOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	o,	COMPLAINT/DISCOVERY	r <u>a</u>
0951201 AIRS ID#:	DATE: 12/30/9	8 TIME I	n: <u>1115</u> тіме оцт	:
FACILITY NAME:	iendly \$1.90	1 Clear	ners	
FACILITY LOCATION: _		•		
r i de la composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición dela composición de la composición dela	<u>Orlando, FL</u>	32812	<u> </u>	
RESPONSIBLE OFFICIAL	: John Saun	ders	_PIIONE: <u>407-898</u> -	6255
CONTACT NAME:	· · · · · · · · · · · · · · · · · · ·		PIIONE:	
77 2 44 77 17 445 18				
PART I: NOTIFICATION				
(check appropriate box)		_		"
1. New facility notified DAR	M 30 days prior to startu	ıp	•	, •
2. Facility failed to notify DA			: <u></u>	. 🗹
PART II: CLASSIFICATION) Managari .	4.5		PRINT Printer and your disks to become at a ser-
Facility indicated on notific: (check appropriate box)	ntion form that it is:		☐ No notification form ☐ Drop store/out of business	s/petroleum
1. Existing small area so dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9	al/yr c yr t	2. New small a lry-to-dry only, ransfer only, x oth types, x < 1 (constructed on	x < 140 gal/yr < 200 gal/yr	¥
3. Existing large area so dry-to-dry only, $140 \le x \le 1$ transfer only, $140 \le x \le 1$, both types, $140 \le x \le 1,80$ (constructed before $12/9/9$	2,100 gal/yr (800 gal/yr (100	ransfer only, 20 both types, 140	rea source \square $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$	•
5. This is a correct facility	classification	אם צם	Can not determine	
lac	ne appropriate classificate ility qualified for a gene	ral permit as m	imber above	. :
the substitution and a second	inty checcus moore mini	•		

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

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	CIY DAN
2. Maintained rolling monthly total of perc consumption?	DY DW
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY UN MN/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?	оу ом छ∕и́л
4. Maintained calibration data? (for applicable direct reading Instruments)	אלאם אם צם A
5. Maintained exhaust duct monitoring data on perc concentrations?	אלאם אם צם
6. Maintained startup/shutdown/malfunction plan?	ON ON
7. Maintained deviation reports?	DY DN DNIA
Problem corrected?	סא סא מאיע
8. Maintained compliance plan, if applicable?	אואים אם עם

PAF	RT VI: LEAK DETECTION AND R	REPAIRS	•	<u> </u>			
1. I	Oces the responsible official conduct a	weckly (fo	r sınall sour	ces, bi-we	cekly) leak detection an	ıd repa	ir
i.	nspection?		X Company			<u>G</u> Y	□N ·
2. F	Tas the facility maintained a leak log?					ΠY	DZN
3. I	Does the responsible official check the	following	arcas for lca	ks?			·
	Hose connections, fittings, couplings, and valves	ay o	N □N/A	Мі	ick cookers	T Y	ON ON/A
	Door gaskets and scating	OY OI	A/ND N	Sti	lls	ØΥ	ON ON/A
	Filter gaskets and seating	GY CI	N □N/A	Ex	haust dampers	⊠Y	□N □N/A
	Pumps	ery or	A/N□ N	Di	verter valves	ØΥ	□N □N/A
	Solvent tanks and containers		N 🗆 N/A	Ca	rtridge filter housings	ŒΥ	ON ON/A
	Water separators	QY D	N □N/A				
4. \	Which method of detection is used by the	he respons	sible official	7			
	Visual examination (condensed se	olvent on (exterior surf	accs)		D	
Physical detection (airflow felt through gaskets)							
Odor (noticeable perc odor)							
	Use of direct-reading instrumenta	ntion (FID	/PID/caiorin	netric tube	es)		
Halogen leak detector						u /	,
If using direct-reading instrumentation, is the equipment:						٨	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					ΠY	□N	
	b. Calibrated against a s (PID/FID only)?	standard g	as prior to a	nd after e	ach usc	ΟY	ΩΝ
	c. Inspected for leaks an	ıd obvious	signs of we	ar on a w	cckly basis?	ΠY	ΩN
	d. Kept in a clean and s	ecure area	when not in	ı usc?	-	ΩY	ПN
	e. Verified for accuracy		•		lorimetric only)?	ΠY	ΩN
	<u> </u>	• •			-		
	Tille Bundy 12/20/9x						
_	Inspector's Name (Please Print) 12/30/98 Date of Inspection						
	Allea Bunch 2/28/99						
	Inspector's Signature				Approximate Date of	Next I	nenection

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 C	OMPLAINT/DISCOVERY T RE-INSPECTION
TIME IN: 1115 TIME OUT: 11	35 AIRS 1D#:
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Friendly \$1.99 Clean	ersDATE: 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 eva compliance with DEP Rule 62-213.300, Florida Admini	cluated during this inspection, the facility is found to be in strative Code (F.A.C.).
Based on the results of the compliance requirements eva discrepancies were noted:	aluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No Title Y Air Permit	Reinspection w/in 3 months
Not all Perc receipts in house	
No perc rolling log	(1)
No leak defection log	11
No temperature log	1 1
COMMENTS: Gave Perc Dry Cleaner	Air General Permit Notification
form and 1999 Dry Clear	ner (alendar.
The Annual Compliance Certification form has been properly ce	-
, in the second of the second	(Approximate)
INSPECTION CONDUCTED BY: Ika B	
INSPECTOR'S SIGNATURE: Uka T	(Please Print) Sundy PHONE NUMBER: 836 - 9524
Page	eof Revised 10/

Orange County Environmental Protection Department

AIRS ID#: 0951201

AUG 2 0

And

Revised 10/10/96

DRY CLEAN EDUCTION DEPARTMENT OF THE ANNUAL COMPLIANCE CERTIFICATION FORM

			•	
FACILITY NAME: Friendly FACILITY LOCATION: 2345 Orlan	Cleaners of	Orlando	DATE:	8/19/99
FACILITY LOCATION: 2345	East Michigar	St.		. /
Orlan	ido , FL 328	12		
Annual Reporting Period:	126 1	99 то	2/11	19 99
Based on each term or condition of the Tit 62-213.300, Florida Administrative Code		-	<u> </u>	Rule INO
If NO, complete the following:	•			
#1. Term or condition of the general perm	it that has not been in conti	nuous compliance durin	g the reporting period	stated above:
Exact period of non-compliance: from		to	Que On	
Action(s) taken to achieve compliance:			2 AL OF 17	Po. (1)
Method used to demonstrate compliance:		· · · · · · · · · · · · · · · · · · ·	C. C. M.	· · · · · · · · · · · · · · · · · · ·
#2. Term or condition of the general perm	it that has not been in conti	nuous compliance during	g 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 made in this notification are true, accurate upon rolling averages of purchase receipts year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	e and complete. Further, m	y annual consumption of	perchloroethylene sol dry facilities or 1,800 uund	vent, based

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

Page _____ of ____

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389296

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

TOTAL AMOUNT DUE 250

RECEIVED MAIL ROOM

DEC 10 99

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

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

Obj.: 002273

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COMPLAINT/DISCOVERY

ANNUAL

TYPE OF INSPECTION:

RE-INSPECTION - UI/0/100
AIRS ID#: 095/201 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
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit
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 /00 gallons.

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

B. Has the responsible official of an existing large or new large area source also:	· ,
1. Measured and recorded the exhaust temperature on the outlet side of the condenser locate on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ed 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?	אואם אנז צם
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?	07 0N 0N/A
Is the perc concentration equal to or less than 100 ppm?	OF ON ONA
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?	אואם אם צם
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	אאַטָּ אם אַם Any
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 pere purchased?	OY ON
2. Maintained rolling monthly total of perc consumption?	חם מם
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	טא טא טאיע
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)	OY ON ON/A

DY ON ON/A

DY ON ON/A

DY DN DN/A

DY ON ON/A

DY DN

5. Maintained exhaust duct monitoring data on perc concentrations?

6. Maintained startup/shutdown/malfunction plan?

8. Maintained compliance plan, if applicable?

7. Maintained deviation reports?

Problem corrected?

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?	3	•	ELY ON		
2.	Has the facility maintained a leak log?	· · · · · · · · · · · · · · · · · · ·		DAY ON		
3.	Does the responsible official check the fe	ollowing areas for leaks	i . The second i			
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	DY ON ON/A		
	Door gaskets and scating	מא טא טאיע	Stills	YOY ON ON/A		
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	MY ON ON/A		
	Pumps	MY ON ON/A	Diverter valves	DY ON ON/A		
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	DY ON ON/A		
	Water separators	MY ON ON/A				
4.	Which method of detection is used by the	c responsible official?				
	Visual examination (condensed so	lvent on exterior surfac	cs)	13		
	Physical detection (airflow felt thr	ough gaskets)		ت ا		
	Odor (noticeable perc odor)			٥		
	Use of direct-reading instrumentat	o `				
	Halogen leak detector					
	If using direct-reading instru	Δη/Λ				
	a. Capable of detecting p	אם עם				
	b. Calibrated against a st (PID/FID only)?	. אם צם				
	c. Inspected for leaks and	אם צם				
	d. Kept in a clean and so	ecure area when not in t	ısc?	OY ON		
	e. Verified for accuracy	מם עם				
	· ·		·			
		• , .	· .			
	Inspector's Name (Please Print) 2/11/99 Date of Inspection					
	Inspector's Name (Please Print) Date of Inspection					
	Alka Bunda		2/11/2	000		
Inspector's Signature Approximate Date of				Next Inspection		

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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNU	AL COMP	LAINT/DISCOVERY	RE-INSPECTION 🕝
TIME IN: 1992 T	IME OUT: 14 37	AIRS 1D#:	0951401
TYPE OF FACILITY:	.161		
FACILITY NAME: FACILITY NAME:	11.99 CV	<u> </u>	DATE:3 //
FACILITY LOCATION:	ichiagn Ci		
200	10 FU 791		
RESPONSIBLE OFFICIAL:	Jan Maria	PHONE NUMBE	R: 407-576 055
Based on the results of the compliance with DEP Rule 62-21	3.300, Florida Administrati	ive Code (F.A.C.).	·
Based on the results of the compli discrepancies were noted:	ance requirements evaluate	d during this inspection, the fo	ollowing compliance
COMPLIANCE REQUIREM	ENT/PROBLEM	FOLLOW-UP ACT	ΓΙΟΝ REQUIRED
			•
			·
	·		
COMMENTS:			
Proming in co	apliance.		
The Annual Compliance Certification form	has been properly certifie	d and submitted to the inspect	or. YES NO
DATE OF NEXT INSPECTION:	<u> </u>		
INSPECTION CONDUCTED BY:		roximate)	
INSPECTOR'S SIGNATURE:	(Plea	nse Print) PHONE NUMBE	r: <u>836 7524</u>
	Page	of	Revised 10/9

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	ઇ	COMPLAIN	√T/DIŞÇ Ö ₩E	RAY D
	RE-INSPECTION	· a			FEB 2 A 20011
AIRS ID#: 0951201 FACILITY NAME: Frie	DATE: 02-08-0) TIME	IN: 1132	TIME OF	Heavill Die Sour
FACILITY NAME: Frie	endly Clean	215	of Orl	ando	
FACILITY LOCATION: 2	345 East M	lichigo	an Stre	et :	
<u>C</u>	Irlando, FL	3281	2		
RESPONSIBLE OFFICIAL :	John Saun	ders	_ PHONE: _	107-898	-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 DAR	M to use general permit				o ·
PART II: CLASSIFICATION					
Facility indicated on notification	on form that it is:		☐ No notifi	cation form	
(check appropriate box)			☐ Drop stor	re/out of busin	ess/petroleum
1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	yr dry tran botl	to-dry only sfer only, x types, x <	area source y, x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/9		
3. Existing large area sourd dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$)	100 gal/yr dry 0 gal/yr tran gal/yr botl	to-dry only sfer only, 2 types, 140	area source $x, 140 \le x \le 2,1$ $00 \le x \le 1,800$ $0 \le x \le 1,800$ ga a or after 12/9/5	gal/yr al/yr	
5. This is a correct facility cla	assification	I N	□Can not d	etermine	
☑ facilit	appropriate classification y qualified for a general y exceeds above limits and coethylene (perc) purchas	permit as m ad is not eli	gible for a gene		is dry cleaning

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

<u> </u>				
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?	ØΥ	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser			/
ļ	inlet and outlet weekly?			ØN/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	ØN/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly	,		•
	at the end of the final drying cycle while the machine is venting to the adsorber,			/
	if machines are equipped with a carbon adsorber?	ПY	ПИ	MN/A
	Is the perc concentration equal to or less than 100 ppm?	ŪΥ	ПΝ	CHN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΠY	ПИ	₩N/A.
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΘY	ПΝ	ŪN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ŪΥ	ПИ	GW/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	tay on			
2. Maintained rolling monthly total of perc consumption?	MY ON			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	DY 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?	MY ON ONJA			
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN WN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON WIN/A			
6. Maintained startup/shutdown/malfunction plan?	DAY ON			
7. Maintained deviation reports?	OY ON MYA			
Problem corrected?	אולט אם עם			
8. Maintained compliance plan, if applicable?	חואים אם צם			

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?	•		DAY ON			
2. Has the facility maintained a leak log?			ØY □N			
3. Does the responsible official check the						
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	MY ON ON/A			
Door gaskets and scating	MY ON ON/A	Stills	DY ON ON/A			
Filter gaskets and seating	MY ON ON/A	Exhaust dampers	DY ON ON/A			
Pumps	DY ON ON/A	Diverter valves	DY ON ON/A			
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	TY ON ON/A			
Water separators	DY ON ON/A					
4. Which method of detection is used by the	ne responsible official?					
Visual examination (condensed so	lvent on exterior surfaces)		a			
Physical detection (airflow felt thr	ough gaskets)					
Odor (noticeable perc odor)			2			
Use of direct-reading instrumental	tion (FID/PID/calorimetric	tubes)				
Halogen leak detector			0 /			
If using direct-reading instru	ON/A					
a. Capable of detecting p	OY ON					
b. Calibrated against a st (PID/FID only)?	OY ON					
	d obvious signs of wear on	a weekly basis?	OY ON			
	cure area when not in use?		אם אם			
•	by use of duplicate samples	s (calorimetric only)?	'OY ON			
	1					
Ilka Bindy		2-8-00	•			
Inspector's Name (Please Print						
Me- Russel		2-8-01				
Inspector's Signature	.	Approximate Date of	Next Inspection			
/ /						

ADDITIONAL SITE INFORMATION:

1 14 60	Tab:
1-18-99	50.0
1-25-99	50.0
3-29-99	30,0
4-5-99	(0.0
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	26.0
6-11-99	20.0
6-30-99	19.5
8-24-99	19.5
8-30-99	0.0
9-7-99	10.0
9-13-99	10.0
9-27-99	(0.0
10-5-99	19.5
10-15-99	19,5
10-18-99	26,0
16-22-99	19.5
11-8-99	10.0
11-15-99	10.0
11 - 29-99	10.0
12-6-99	(0.0)
12-13-99	19.5
10 17 11	0,0

12-27-99 10.0

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AIRS ID#: 0951201

Revised 01/18/00

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

210 M

FACILITY NAME: Friendly Cleaners of Orlando FACILITY LOCATION: 2345 East Michigan Street Orlando, FL 32812 Annual Reporting Period: Feb. 11, 1999 To Feb. Based on each term or condition of the Title V general air permit, my facility has remained in complete the following:	8 200
Orlando, FL 32812 Annual Reporting Period: Feb. 11, 1999 B TO Feb. Based on each term or condition of the Title V general air permit, my facility has remained in complete 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	S 20 C
Annual Reporting Period: Feb. 11, 1999 B TO Feb. Based on each term or condition of the Title V general air permit, my facility has remained in complete 52-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	liance with DEP Rule
Based on each term or condition of the Title V general air permit, my facility has remained in complete 52-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	liance with DEP Rule
Based on each term or condition of the Title V general air permit, my facility has remained in complete 52-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	liance with DEP Rule
Based on each term or condition of the Title V general air permit, my facility has remained in compl 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
	9YES ONO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the re-	reporting period stated above:
Exact period of non-compliance: from to	
Action(s) taken to achieve compliance:	
Action(s) taken to acineve compliance.	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the r	reporting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Madhad wad 4 - Jan - naturta a mulianasi	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable	e inauiry, that the statements
in this notification are true, accurate and complete. Further, my annual consumption of perchlorged	ethylene solvent, based upon
ourchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons p	ver year for transfer or
	, 2/1
RESPONSIBLE OFFICIAL: JOHN JAVNDER Name (Please Print) Signature	Date
Visito (1 tous 1 1 mr)	~ /

*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	COMI	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1132 TIME OUT:	1200	AIRS ID#:	0951201
TYPE OF FACILITY: Dry Cleaner		e. Philips with standard additional thinks transportational children's a black apprint to be passed to the passed	
FACILITY NAME: Friendly Cleaner	s of 00	lando	DATE: 2-8-00
FACILITY LOCATION: 2345' East N	<u>Nichigan</u>	Street	
Orlando, FL	32812		
RESPONSIBLE OFFICIAL: John Sauna	Jers	PHONE NUME	BER: 407-898-6255
Based on the results of the compliance require compliance with DEP Rule 62-213.300, Flor			e facility is found to be in
Based on the results of the compliance require discrepancies were noted:	ements evaluat	ed during this inspection, th	e following compliance
COMPLIANCE REQUIREMENT/PRO	OBLEM	FOLLOW-UP A	CTION REQUIRED
•			
	.		
•			,
•			
COMMENTS:			· .
Facility in compli	ance,		
The Annual Compliance Certification form has been	properly certific	ed and submitted to the insp	ector. YES NO
	1-8-01	,	ليا ليا
		oroximate)	
INSPECTION CONDUCTED BY:	Ilka Bu		
INIONE CETATOR OF CALL AT THE CETATOR OF CALL	1/4 7 (Ple	ase Print)	BER: 836-1400
INSPECTOR'S SIGNATURE:	rua Du	PHONE NUM	BER: 0 /0 / / 0
	. Page	1 of 1.	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

ARMS 2-19-01 JB

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSPECTION	ĺ

ANNUAL (INS1, INS2)

COMPLAINT/DISCOVERY (CI) ☐

<u> </u>	· C
FACILITY NAME: Friendly Clear FACILITY LOCATION: 2345 E.	0 TIME IN: 10:00 @TIME OUT: 10:5/0
FACILITY NAME: Friendly Clea	ners of Orlandorn 22 6
FACILITY LOCATION: 2345 E.	Michigan St. Sign
Orlando, F	· **
responsible official: John Sau	inders PHONE: 407-898-6255
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	Facility Compliance Status: IN
1. New facility notified DARM 30 days prior to star	rtup 🗖 (ARMS Data) MNC 🗖
2. Facility failed to notify DARM to use general per	rmit 🗆 SNC 🗅
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	
A.	☐ Drop store/out of business/petroleum
A. 1. Existing small area source	2. New small area source
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	2. New small area source
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
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	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
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
 A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr 	 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr 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)	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$) \square Y \square N \square Can not determine
 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a general source facility qualified fac	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$) Y $\square N$ \square Can not determine ation: neral permit as number above
 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a general source facility qualified fac	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$) Y $\square N$ \square Can not determine ation:

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

PART III: GENERAL CONTROL REQUIREMENTS

B. Has the responsible official of an existing large or new large area source also:		
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	WY ON	
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	MY ON	□N/A -
Is the temperature differential equal to or greater than 20° F?	Q 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?	OY ON	⊠N/A
Is the perc concentration equal to or less than 100 ppm?	. DA ON	ØN/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON	EN/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON	⊠Ń/A
6. Routed airflow to the carbon adsorber (if used) at all times?	אם עם	DN/A

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

PART	PART VI: LEAK DETECTION AND REPAIRS			
1. Doc	s the responsible official conduct a	weekly (for small sources,	bi-weekly) leak detection ar	ıd repair
insp	ection?			MD ND
2. Has	the facility maintained a leak log?	•		MD N
3. Doe	s the responsible official check the	following areas for leaks?		·
	Hose connections, fittings,			A
	couplings, and valves	MY ON ON/A	Muck cookers	ÓY □N □N/A
	Door gaskets and seating	MY ON ON/A	Stills	ØY ON ON/A
	Filter gaskets and seating	ZY ON ON/A	Exhaust dampers	DY ON ON/A
	Pumps	MY ON ON/A	Diverter valves	DY ON ON/A
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A
,	Water separators	DY ON ON/A		
4. Whi	ch method of detection is used by t	he responsible official?		/
,	Visual examination (condensed so	olvent on exterior surfaces)		n
· ·	Physical detection (airflow felt th	rough gaskets)	,	र्ष
	Use of direct-reading instrumenta	tion (FID/PID/calorimetric	tubes)	a
	Halogen leak detector			
	If using direct-reading instr	umentation, is the equipm	ent:	M/A
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				OY ON
 b. Calibrated against a standard gas prior to and after each use (PID/FID only)? 				□Y □N
	c. Inspected for leaks an	d obvious signs of wear on	a weekly basis?	OY ON
	d. Kept in a clean and so	ecure area when not in use?		□Y □Ņ
	e. Verified for accuracy	by use of duplicate sample	s (calorimetric only)?	OY ON
		4. 1	· 	
	Illea Bundy		2-19-01	
	Inspector's Name (Please Prin	ıt)	Date of Inspection	
	Mha Birna		2-19-02	
	Inchector's Signature		Approximate Date of	Next Inspection

ADDITIONAL SITE INFORMATION:

	(-3-00	0.0
	1-10-00	0.0
	1-17-00	0.01
	1-24-00	10.0
	1-31-00	15.0
	1-7-00	15.0
	.2 - 28 - 00	15.0
>	3-20-00	15.0

$$9-27-00$$
 10.0
 $5-11-00$ 10.0
 $5-18-50$ 5.0
 $5-18-50$ 5.0
 $5-25-00$ 10.0
 $6-8-00$ 10.0
 $6-27-00$ 5.0
 $7-3-60$ 5.0
 $7-20-60$ 5.0
 $7-20-60$ 5.0
 $7-21-00$ 5.0
 $8-17-00$ 10.0
 $9-18-00$ 19.5
 $10-9-00$ 25.0
 $10-19-00$ 25.0
 $10-26-00$ 20.0
 $12-21-00$ 10.0



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(RS ID#: 095/201

Revised 01/18/00

ARMS 2-19-01 8

A CON

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

		· · · · · · · · · · · · · · · · · · ·	
ACILITY NAME: Friendly Cleans ACILITY LOCATION: 2345 E. Mic	ers of Orlando	DATE:	2/19/N
ACILITY LOCATION: 2345 E. Mic	higan St.		/ /
Orlando, FL	32812		
nnual Reporting Period: February	20 <i>00</i> TO	February	20 <u>0</u> 1
ased on each term or condition of the Title V general air		FTD / [**	_
2-213.300, Florida Administrative Code (F.A.C.), during	g the period covered by this staten	nent. LYYES L	JNO
NO, complete the following:		· · · · ·	
1. Term or condition of the general permit that has not be	oeen in continuous compliance du	ring the reporting period sta	ited above:
		·	·
xact period of non-compliance: from	to		
ction(s) taken to achieve compliance:			
fethod used to demonstrate compliance:			
2. Term or condition of the general permit that has not b	ocen in continuous compliance du	ring the reporting period sta	nted above:
xact period of non-compliance: from	to		·····
ction(s) taken to achieve compliance:	· · · · · · · · · · · · · · · · · · ·	<u> </u>	· · · · · · · · · · · · · · · · · · ·
1ethod used to demonstrate compliance:	·	<u> </u>	·
	,		•
s the responsible official, I hereby certify, based on info n this notification are true, accurate and complete. Furt urchase receipts, does not exceed 2,100 gallons per year ombination facilities.	her, my annual consumption of pe	erchloroethylene solvent, ba	sed upon
RESPONSIBLE OFFICIAL: TO HAVE Name (Please Pr	voffs I	gnature Daty	119/1

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

Page _ of _ ____.

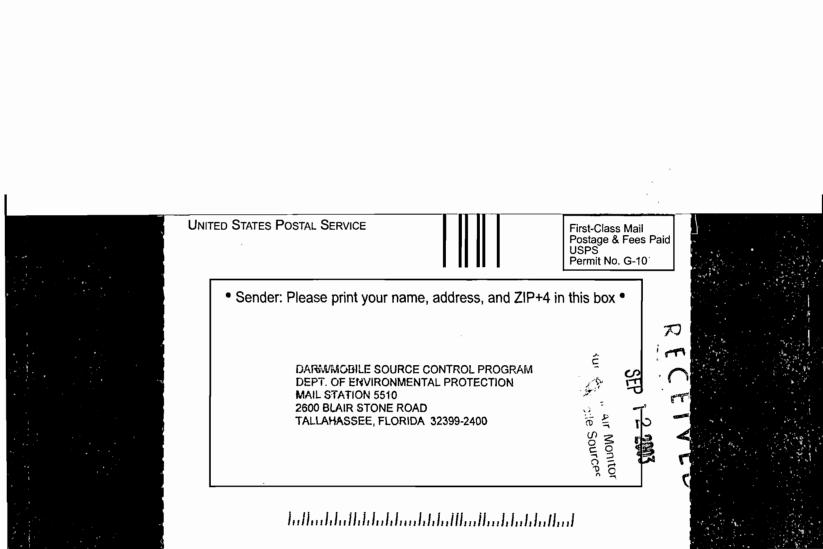
TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 19	COMPLAIN	T/DISCOVERY 🗖	RE-INSPECTION
TIME IN: /0:00	TIME OUT:	10:40	AIRS ID#: <u></u>	951201
TYPE OF FACILITY: Dry	Cleaner			<u>/</u>
FACILITY NAME: Frien		s of Ori	lando DA	TE: 2-19-01
FACILITY LOCATION: 23	45 E. Mic	higan St	•	
	-lando, FL	32812		·
RESPONSIBLE OFFICIAL:	John Saun	ders	PHONE NUMBER	2: <u>407-898-625</u> 5
Based on the results of the c	compliance requirements	evaluated during	this inspection, the facility	is found to be in
compliance with DEP Rule	62-213.300, Florida Adn	ninistrative Code	(F.A.C.).	
Based on the results of the c	compliance requirements	evaluated during	this inspection, the follows	ing compliance
discrepancies were noted:				
COMPLIANCE REQUIR	REMENT/PROBL	EM FO	OLLOW-UPACTIO	ON REQUIRED
	1		,	
	,			
11		-		, ,
the second secon				
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V 20 00				
1 2000				
	· •			
COMMENTS:	7			
Garling	1:0 00001	'- nce		
COLLITY	in compl	14116	•	
The Annual Compliance Certification DATE OF NEXT INSPECTION:		certified and sub	mitted to the inspector.	YES Ø NO 🗆
	(,	Approximate)		
INSPECTION CONDUCTED BY: _	<u> </u>	Bundy (Please print)	· · · · · · · · · · · · · · · · · · ·	
INSPECTOR'S SIGNATURE:	Alha Bun	who -	PHONE NUMBER: 40	07-836-1400
45 40 (0(00)		of		

45-19 (6/00)

3766	CER (Domes	TIFIED	SETVICE™ MATL™ RECEIPT Inly; No Insurance Coverage Provided Ition visit our website at www.usps.com®) 45
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		Reclept Fee ent Required)	Here	
500	Restricted (Endorseme	Delivery Fee ent Required)	1,840	
Э	Total Pc	Ti0 FRIEND	0951201001AG DLY CLEANERS OF ORLANDO	
700	Sent To	JOHN S	SAUNDERS	
₽-	Street, Ar		ST MICHIGAN STREET	
	or PO Bo. City, Stati	ORLAN	DO, FL 32806	
	PS Form 3	00, June 200	See Reverse for linstr	ucilons

	Α
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.	Al Signature X
 Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Flecelived by (Printed Name) C. Date of Delivery
Article Addressed to: Article Addre	D Is delivery address different from item 1? Yes If YES, enter delivery address below: No
FRIENDLY CLEANERS OF ORLANDO JOHN SAUNDERS 2345 EAST MICHIGAN STREET	
ORLANDO, FL 32806	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
· ·	4. Restricted Delivery? (Extra Fee)
2. Article-Mumber 7003 0500 0004 014	14 3766
PS Form 3811, August 2001 Domestic Retu	urn Receipt 102595-02-M-1540



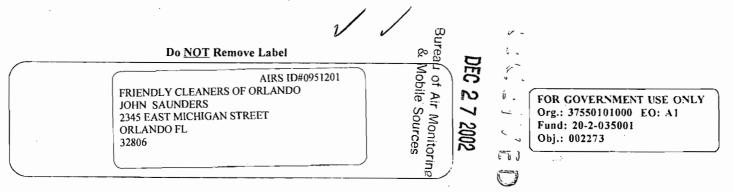


THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

420925 DEC20 2802

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





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TOTAL AMOUNT DUE: \$50.00

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

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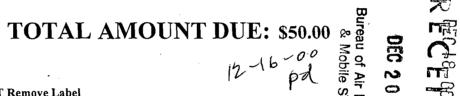
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JOHN SAUNDERS 2345 EAST MICHIGAN STREET ORLANDO FL 32806

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