

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

January 19, 1999

Mr. Marcus Ivanov White Swan Dry Cleaners 3092 Aloma Avenue #225 Winter Park, Florida 32792

Re: Facility No.: 0951202

Dear Mr. Ivanov:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 8, 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 Environemntal Protection 2600 Blair Stone Road Tallahassee, FL 32399-2400

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Ms. Marie Driscoll, Orange County

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

Printed on recycled paper.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
MARCUS IVANOV WHITE SWAN DRY CLEANERS
2. Site Name (For example, plant name or number):
N/A
3. Hazardous Waste Generator Identification Number:
N/A
4. Facility Location:
Street Address: 3092 ALOMA AVE #225 City: WINTED DARV. County: ORDNGS Zip Code: 32792
City: WINTER PARK. County: ORDNGE Zip Code: 32192
5. Facility Identification Number (DEP Use):
2951202
Responsible Official
6. Name and Title of Responsible Official:
MARCUS VANOV
7. Responsible Official Mailing Address:
Organization/Firm: < AMS AS AR ONS
City: Zip Code:
8. Responsible Official Telephone Number:
Telephone: (407) 671 - 2139 Fax: (407) 671 - 4866

Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
SAM E
10. Facility Contact Address:
Street Address: SAM &
City: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - 5 MG Fax: () -
Bureau of Air Monitoring & Mobile Sources
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DEP Form No. 62-213.900(2) Effective: 6-25-96

Page 13 of 16

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1d the title of Responsible) do not need

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.

	T	Date	Date	1	Date	Date		Date	Date
J		Machine	Control		Machine	Control		Machine	Control
	1	Initially	Device	ĺ	Initially	Device		lnitially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NO1′-93	#2	08-DEC-91		#3	02-\land 1.4R-92	02-MAR-9
Dry-to-Dry Unit						_			
(1) w/ ref. condenser	#1	7/15/58	7/15/98	l					
(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									
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 are	Existing small area source New small area source								
Existing large are	ea soi	ırce []	Ne	w lai	ge area sour	ce []			•

4. What control technology is required on machines pursuant to section (5) of	Part II of this notification form?
(Indicate with an "X".)	Tare II of this notification form:
	•
Existing large area source Carbon adsorber [] Refrigerated condenser	[]
New small area source Refrigerated condenser [\(\bigsep \)]	
Renigerated condenser	
New large area source	
Refrigerated condenser []	
•	
	,
	•
A facility which contains non-exempt emissions units shall not be eligible to to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating unit	
exemption criteria or that no such units exist on-site:	is on-site meet the following
All steam and hot water generating units on-site (1) have a total heat input of . boiler HP or less), and (2) are fired exclusively by natural gas except for perio	
during which propane or fuel oil containing no more than one percent sulfur is	
All steam and hot water generating units exempt	•
No such units on-site	
e de la companya del companya de la companya del companya de la co	
Equipment Monitoring and Recordkeeping Information	mation
Check all logs which are required to be kept on-site in accordance with the required	uirements of this general permit:
	✓
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	(×)
	· · ·
(c) Refrigerated condenser temperature monitoring	(X)
(d) Carbon adsorber exhaust perc concentration monitoring	(<u>)</u>
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	<u> </u>

Surrender of Existing Air Permit(s)

Please indica	te with an "X" the appropriate selection:	
	I hereby surrender all existing air permit facility indicated in this notification for	
X	No air permits currently exist for the op this notification form.	eration of the facility indicated in
	Responsible Offi	cial Certification
		•
this notifi statement maintain	cation. I hereby certify, based on informa is made in this notification are true, accure the air pollutant emissions units and air p	efined in Part II of this form, of the facility addressed in tion and belief formed after reasonable inquiry, that the site and complete. Further, I agree to operate and collution control equipment described above so as to permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any change	s to the information contained in this notification.
Signature	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	$\frac{1/5/99}{\text{Date}}$
		

Bowman, Sandy

From: Sent:

To:

Parker, John [John.Parker@ocfl.net] Wednesday, December 04, 2002 4:33 PM

Bowman, Sandy

Cc: Subject: Butler, Rick; Heppner, Jane; Bundy, Ilka White Swan Cleaners airs # 0951202

Hi Sandy:

I inspected White Swan Cleaners airs # 0951202 today, and discovered that on April, 2002 Marcus Ivanov sold the business to Ryan Marchan. Mr Ivanov never surrendered his permit, and Mr Marchan was unaware one was needed. I provided Mr. Marchan with a Title V GP application today (12-4-02) to complete and submit ASAP. He does not know the date the machine was originally purchased from the manufacturer, and I was unable to find any tags on the machine indicating a manufacture date. Mr. Marchan is going to attempt to reach Mr. Ivanov for this information. In the event he cannot, he may contact you for this information which is on the application submitted by Mr. Ivanov back on January 8, 1999. If you have any questions, please respond to this email, or call me at the phone number listed below.

Thank you,

John X Parker Environmental Specialist Phone: 407-836-1445

Fax: 407-836-1498



Department of Environmental Protection

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

July 9, 2001

David B. Struhs Secretary

Mr. Marcus Ivanov White Swan Cleaners 3092 Aloma Avenue #225 Winter Park, Florida 32792

Dear Mr. Ivanov:

Thank you for your submittal of the Perchloroethylene Dry Cleaner Air General Permit Air General Permit Notification Form. The Department received your submittal on July 5.

In reviewing your submittal, it was noted that White Swan Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0951202). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

If you no longer wish to operate as a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted. Your current Title V air general permit will expire January 15, 2004.

Thank you for your attention to this matter. If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring and Mobile Sources

SB/

Enclosure

cc: Ms. Marie Driscoll, Orange County

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PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

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Bureau of Air Monitoring
C. Mobile Sources

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location					
Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
MARCUS IVANOV					
2. Site Name (For example, plant name or number):					
White Swan Cleaners					
3. Hazardous Waste Generator Identification Number:					
4. Facility Location: VNKNOWN					
Street Address: 3092 DLOMA DVE #225					
City: WINTER PARK County: ORANGE Zip Code: 32791					
5. Facility Identification Number (DEP Use ONLY - do not fill in):					
095/202-00/					
Responsible Official					
6. Name and Title of Responsible Official:					
Name: WARCUS VANOV Title: OWNER					
1 1 13 - 2 - 1					
7. Responsible Official Mailing Address: Organization/Firm: 50mf 15 DBOVE					
Organization/Firm: SAME AS DBOVE Street Address:					
City: Zip Code:					
8. Responsible Official Telephone Number: Telephone: (407) 671 - 2139 Fax: (407) 671 - 4866					
retephone: (40))61(- 1139 Fax: (101) 0p1 - 1000					
Facility Contact (If different from Responsible Official)					
9. Name and Title of Facility Contact (For example, plant manager):					
m arcus					
10. Facility Contact Address: SAME AS DBOVE					
Street Address: City: County: Zip Code:					
City. County. Zip Coue.					
11. Facility Contact Telephone Number:					
11. Facility Contact Telephone Number: Telephone: () - 5 DM Fax: () -					

DEP Form No. 62-213.900(2)

Effective: 2/24/99

racinty information		•	
1.(a) DRY-TO-DRY M	ACHINES ONLY		
How many dry-to-dry ma	nchines do you hav	e on-site?	
For each dry-to-dry mach	nine on-site, please	provide the following information:	
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
1996	Existing/Nev	w RCCA/None required	SAME
	Existing/Nev	w RC/CA/None required	<u> </u>
· · · · · · · · · · · · · · · · · · ·	Existing/Nev	w RC/CA/None required	Section of the control of the contro
*CONTROL DEVICE K	EY: $RC = re$	frigerated condenser $CA = ca$	arbon adsorber
1.(b) TRANSFER MAC	UINES ONI V		
		r 1	
How many washers do yo		\	
How many dryers/reclain	ners do you have o	n-site?	
1993, it is a NEW unit (r	no units purchased	from the manufacturer between Decafter September 22, 1993 are allow, please provide the following information Control Device Required* (circle one)	
			:
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
· ,	Existing/New	RC/CA/None required	· <u>· · · · · · · · · · · · · · · · · · </u>
*CONTROL DEVICE K	EY: RC = re	frigerated condenser CA = ca	arbon adsorber
	roethylene (perc) h	ave you used within the last 12 months in)	nths?
(b) If less than 12 more	nths, how many?	1 months	
	_	New owner: [] Did not keep	records:
,		Tiew owner. Did not keep	records.
		New store: New machine Unopened store (date of exp	

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.)
Small Area Source
Dry-to-dry machines only on-site (used less than 140 gallons of perc per year) Transfer only on-site (used less than 200 gallons of perc per year) Both machine types on-site (used less than 140 gallons of perc per year)
Large Area Source
Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year) Transfer only on-site (used 200 - 1,800 gallons of perc per year) Both machine types on-site (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing machines at small area source (NONE REQUIRED) [] New machines at small area source Refrigerated condenser []
Existing machines at large area source Carbon adsorber Refrigerated condenser Refrigerated condenser Carbon adsorber Carb
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant 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 (see attached memo for the criteria). All steam and hot water generating units exempt OR No such units on-site
How many boilers do you have on-site? [/ _]
For each boiler, indicate its horsepower (HP) rating: [10] []
What type of fuel do you use? [] propane [] No. 2 fuel oil [] No. 4 fuel oil [] Other (please list)
6. 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/solvent addition log
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Startup, shutdown, malfunction plan
(c) Startup, Shattaowii, martanetion plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

20 th

I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are

No DEP 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.

MARWS

Print name of responsible official

Signature

Date



Department of **Environmental Protection**

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

Virginia B. Wetherell Secretary

January 8, 1999

White Swan Dry Cleaners 3092 Aloma Avenue, Suite 225 Winter Park, Florida 32792

Dear Sir:

The Bureau of Air Monitoring and Mobile Sources recently received your Perchloroethylene Dry Cleaning Notification Form and check (#0359) in the amount of \$50.00

We appreciate your submittal. However, your check is being returned to you since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation and subject to the requirements of the general permit. The Department will send you an invoice in time for the next payment cycle.

If you have any questions, please call me at 850/921-9583.

Sincerely,

Sandra Bowman

Environmental Manager

Mobile Source Control Section

Bureau of Air Monitoring

and Mobile Sources

/SB

Enclosure

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	EY C	OMPLAINT/DISCOVE	RY 🗆
AIRS ID#: 0951202 FACILITY NAME: Whi				ut: <u>1215</u>
FACILITY LOCATION:3		Ave,		
RESPONSIBLE OFFICIAL :		inov p	HONE: <u>407-671-</u>	2139
			noke.	
PART I: NOTIFICATION		RE	CELVED	
(check appropriate box)				
1. New facility notified DARM	1 30 days prior to startup	-	DEC 2 8 1998	u ,
2. Facility failed to notify DAI	RM to use general permit	Bure	au of Air Monitoring	T
			Mobile Sources	
PART II: CLASSIFICATIO	N			
Facility indicated on notificate (check appropriate box) A.	ion form that it is:		I No notification form I Drop store/out of busin	ness/petrolemm
1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91	l/yr dry r tra bot	New small are y-to-dry only, x usfer only, x < 140 types, x < 140 onstructed on or	< 140 gal/yr 200 gal/yr) gal/yr	
3. Existing large area soudry-to-dry only, $140 \le x \le 1$, transfer only, $200 \le x \le 1$, 8 both types, $140 \le x \le 1$,800 (constructed before 12/9/91	2,100 gal/yr dry 800 gal/yr tra 0 gal/yr bot	insfer only, 200	$10 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$	
5. This is a correct facility	classification 🗹	Y ON	☐Can not determine	
☐ faci	e appropriate classificatio lity qualified for a genera lity exceeds above limits	d permit as nun		ar ar
B. The total quantity of perch facility was 18 gallor	doroethylene (perc) purch is.	ased within the	preceding 1/2 months by	this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) CAN CIN CINIA 1. Storing perchloroethylene in tightly scaled and impervious containers? 2. Examining the containers for leakage? EYY ON ON/A 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? DY UN UN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? CIY UN WYN/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) π¥ □N 1. Equipped all machines with the appropriate vent controls? DY UN DN/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 FIN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ЦΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ĽΙΥ	□N	בוא/א 🗎
	Is the temperature differential equal to or greater than 20° F?	ΠY	Πи	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	DN	N/A
	Is the pere concentration equal to or less than 100 ppm?	ĽΙΥ	ШN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring pere 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	ΩΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПΝ	□N/A
				<u> </u>

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

PA	ART VI: LEAK DETECTION AND R	EPAI	KS						
1.	Does the responsible official conduct a v	vcckly	(for	small sourc	cs, bi	-weekly) leak detection ar	nd rep	air	
	inspection?						UY	ت ,	N
2.	Has the facility maintained a leak log?						ΩY		מו
3.	Does the responsible official check the fe	ollowi	ng ai	eas for leal	ks?	•			
	Hose connections, fittings, couplings, and valves	ďΥ	ШN	□N/A		Muck cookers	ŒΥ	ПN	□N/A
	Door gaskets and scating	ØΥ	ПΝ	□N/A	٠	Stills	ΔY	ПΝ	□n/a
	Filter gaskets and scatting	ďγ	ШN	□N/A		Exhaust dampers	ŒΥ	ШN	בוא/א
	Pumps	ŪΥ	ПΝ	□N/∧		Diverter valves	ŒΥ	ПN	ראת⊡
	Solvent tanks and containers	ŒΥ	ΠN	□N/∧		Cartridge filter housings	ØY	ПИ	
	Water separators	МY	ПN	□N/A					
4.	Which method of detection is used by the	ie resp	onsil	ole official?					
	Visual examination (condensed so	lvent	on ex	iterior surfa	ices)		白		
	Physical detection (airflow felt thr	ough	gasko	ets)					
	Odor (noticeable perc odor)								
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)								
	Halogen leak detector						,		
	If using direct-reading instra	ument	latior	ı, is the equ	aipm	ent:	CHN,	/Λ	
	a. Capable of detecting pere 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)?								
	c. Inspected for leaks and obvious signs of wear on a weekly basis?					ار مونود در			
	d. Kept in a clean and so	ceure :	arca v	when not in	usc?		. OY	Пи	
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?								
-									
	•					•			1000
	Inspector's Name (Please Print) Assetu Hailemarium 12/7/98 Date of Inspection								
_	Inspector's Name (Please Prin	nt)				Date of Insp	ection		
	1.1. 0. /	٠				-1-10	2		
_	Ilka Bunch					12/7/99	1		
	Inspector's Signature					Approximate Date of	Next	Inspe	ction

Marcus Ivanov is the new owner of The White Swan Professional Dry Cleaners for approximately six months.

He bought the business from the previous owner unaware that he needed a new AIRS ID#. We gave Marcus a DEP/Perchloro-ethylene Dry Cleaner Air general permit notification form on 12/7/98. He will fill out the appropriate form and send them in as soon as possible.

The previous owner Name & AIRS ID # was:

Deluxe One Hour Cleaner AIRS ID # 0950299

Randy Fielden

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1150 TIME OUT:	1215 AIRS 1D#:
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: White Swan	DATE: 12/7/98
FACILITY LOCATION: 3092 Aloma A	
Winter Park, FI	
RESPONSIBLE OFFICIAL: Marcus Ivano	- /
Based on the results of the compliance requirement compliance with DEP Rule 62-213.300, Florida	ents evaluated during this inspection, the facility is found to be in Administrative Code (F.A.C.),
Based on the results of the compliance requirement discrepancies were noted:	ents evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROB	LEM FOLLOW-UP ACTION REQUIRED
·	RECEIVED
	DEC 5 8 JAAQ
	Bufeau of Air Monitoring & Mobile Sources
	, 1-
COMMENTS: Calender given. F.	acility in Compliance.
New Owner -	
The Annual Compliance Certification form has been prop	perly certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	14/1/4/1
INSPECTION CONDUCTED BY: IKA	Bundy / Asseta Hailemariam (Please Print)
INSPECTOR'S SIGNATURE: MRa BU	PHONE NUMBER: 836 - 9524
	Page 1st of 1. Revised 10/96

	BEST AVAILABLE COPY	1045 1.202
Pe	Ra 13	REC
	6 0	RECEIVE And the title And 2 1999 Responseble Burgay of Air Monitoring
1. Facility Owner/Co		The mile of the
MARCUS 1	the	Responselle uray & 1999
2. Site Name (For ex	- Office	ceal Monito
A/A	00	Ources Ing
3. Hazardous Waste	Ja 15	-
N/A	10	
4. Facility Location:	(d) ha	(e) do not need_
Street Address: 3	to Le	Checked
City: WINTER		
.5. Facility Identificati		
	pg16 Ke	spenselle Slices
THE STATE OF THE PROPERTY OF		Reserved To 100
		a company of the
6. Name and Title of I	- Chin	ges Mille
MARCY		The second to the second as a restriction of the second se
7. Responsible Officia	•	
Organization/Firm: Street Address:	The second secon	IN EGENWED
City:		
9 9		UU EM 2 6 1999 !
8. Responsible Officia Telephone: (닉인		
		ORANGE COUNTY ENVIRONMENTAL PROTECTION DEPARTMENT
	an seeman to provide the second of the secon	- CONTRACTOR NAME OF THE PARTY
		•
9. Name and Title of F		
	AME	•
10. Facility Contact Add	ress:	
Street Address:	SAME	
Gity.	County:	Zip Code:
11. Facility Contact Telep		Joac.
Telephone: () - SAMG	Fax: () -
, en la 🚧		Bureau of Air Monitoring
		CCCL O AIMO

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

Page 13 of 16

KECEINED

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

<u> </u>	
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
MARCUS IVANOV WHITE SWAN DRY CLEAN	ERS
2. Site Name (For example, plant name or number):	
N/A	
3. Hazardous Waste Generator Identification Number:	
N/A	
4. Facility Location: Street Address: 3092 ALOMA AVE #225	
	12
WINTER PARK	
55 Facility Identification Number (DEP Use):	
29512C	2
	- A
Responsible Official	
6. Name and Title of Responsible Official:	
MARCUS VANON ONNER	10 To
7. Responsible Official Mailing Address:	
Organization/Firm: SAME AS ABOVE	7 10
0.1 001 7100.000.	CON TO
City: County: Zip Code:	OUT MITOL
8. Responsible Official Telephone Number:	30
Telephone: (407) 671 - 2139 Fax: (407) 671 - 4866	
Facility Contact (If different from Responsible Official)	,
9. Name and Title of Facility Contact (For example, plant manager):	
5AM E	
10. Facility Contact Address:	
Street Address: , SAM &	
City: Zip Code:	
11. Facility Contact Telephone Number:	
Telephone: () - $SAMG$ Fax: () -	
eau of Air Monitoring eau of Air Mobile Sources	
Spiroting Main 30 mos	- C
6661 8 MAL	

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

Page 13 of 16

KECEINED

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.

	\Box	Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control]	Machine	Control
To a control		Initially	Device		Initially	Device	٠.,	Initially	Device
Type of Machine	סו	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-λ1.4R-92	02-MAR-9
Dry-to-Dry Unit			, ,						
(1) w/ ref. condenser	#1	7/15/58	7/15/98						
(2) w/ carbon adsorber		(
(3) w/ no controls							٠		
Washer Unit	l								
(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			•				_	l	
(12) w/ no controls								1	
(b) Control devices are (c) No control devices 2.(a) What was the total of 3.4	are re	equired to be	installed [_	χ] 	n the latest 12	. mon	iths?	
(b) If less than 12 mont Check why it is less	hs. ho	ow many? [7 months New owner:	X	·] New store	: [] Did	not k	eep records:	
3. What is the facility's so (Indicate with an "X".					nitions found	d in section (3	3) of	Part II?	
Existing small ar	ea so	urce []	Ne	w sm	nall area sour	ce]		
Existing large are	ea sou	ırce []	Ne	w lar	ge area sour	ce []	1		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines particles (Indicate with an "X".)	oursuant to section (5) of I	Part II of thi	is notification form?
Existing large area source Carbon adsorber	Refrigerated condenser		
New small area source Refrigerated condenser	· 		
New large area source Refrigerated condenser			
		;	
5. A facility which contains non-exempt emissions ur to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:			
All steam and hot water generating units on-site (1) he boiler HP or less), and (2) are fired exclusively by nat during which propane or fuel oil containing no more	ural gas except for period	ds of natura	
All steam and hot water generating units exempt No such units on-site			
·	eff		
Equipment Monitoring an	d Recordkeeping Inform	nation	
Check all logs which are required to be kept on-site in	accordance with the requ	irements of	this general permit:
(a) Purchase receipts and solvent purchases		$^{\prime}$	•
(b) Leak detection inspection and repair		\angle	
(c) Refrigerated condenser temperature monitoring		(X)	
(d) Carbon adsorber exhaust perc concentration monit	oring -		My
(e) Instrument calibration			By
(f) Start-up, shutdown, malfunction plan		[X]	

Surrender of Existing Air Permit(s)

lease indica	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
\mathcal{L}	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
·	1/5/99
Signature	for charge made 1/27/99

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION			
airs id#: 0951202 facility name: Whi	DATE: 12-10-	99 TIME I	n: <u>0932</u> tim	OUT: 99
FACILITY NAME: Whi	te Swan	Dry Cle	eaners g	itor
FACILITY LOCATION:		(V .	ng .
			L 32792	
RESPONSIBLE OFFICIAL	: Marcus I	Ivanov	PHONE: 407-	671-2139
CONTACT NAME:			PHONE:	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARN	1 30 days prior to start	tup		۵
2. Facility failed to notify DAI	RM to use general per	mit		۵
PART II: CLASSIFICATIO	N			
Facility indicated on notificat			☐ No notification for	m
(check appropriate box)			☐ Drop store/out of b	
A. 1. Existing small area sou	rce 🗀	2. New small a		₩
dry-to-dry only, x < 140 gal		dry-to-dry only,		
transfer only, x < 200 gal/yr		transfer only, x	< 200 gal/yr	
both types, x < 140 gal/yr		both types, x <	~ .	
(constructed before 12/9/91)		(constructed on	or after 12/9/91)	
3. Existing large area soundry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1.80$ both types, $140 \le x \le 1.800$ (constructed before $12/9/91$)	2,100 gal/yr 00 gal/yr gal/yr	transfer only, 20 both types, 140	rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	
5. This is a correct facility c	lassification	ØY □N	☐Can not determine	
If no, please check the	appropriate classificat	tion:		
☐ facil	ity qualified for a gene	eral permit as nu		
☐ facili	ity exceeds above limi	its and is not elig	ible for a general permit	
B. The total quantity of perchlo facility was \downarrow O gallons.		chased within the	e preceding 12 months b	y this dry cleaning

ARMS 1214-99

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? MY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 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 condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser loca on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ated
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?	QY QN QN/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?	DY DN DN/A
Is the perc concentration equal to or less than 100 ppm?	DY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
or expansion; and downstream from no other inlet?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

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

PART	PART VI: LEAK DETECTION AND REPAIRS				
1. Does	s the responsible official conduct a v	weekly (for small sources, h	oi-weekly) leak detection an	ıd repair	
inspe		DY ON			
2. Has	the facility maintained a leak log?			ON ON	
3. Does	s the responsible official check the fe	ollowing areas for leaks?			
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	OY ON ON/A	
	Door gaskets and seating	DY ON ON/A	Stills	DRY ON ON/A	
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	MY ON ON/A	
ľ	Pumps	DY 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	DY ON ON/A			
4. Whic	ch method of detection is used by the	e responsible official?			
	Visual examination (condensed sol	lvent on exterior surfaces)			
	Physical detection (airflow felt thro	ough gaskets)		a .	
	Odor (noticeable perc odor)				
	Use of direct-reading instrumentati	ion (FID/PID/calorimetric t	tubes)		
	Halogen leak detector	•	·		
	If using direct-reading instru	mentation, is the equipme	ent:	©N/A	
	a range of 0-500 ppm?	□Y □N			
	□У □И				
	□Y □N				
	□Y □N				
	s (calorimetric only)?	OY ON			

Ilka Bundy	12-10-99
Inspector's'Name (Please Print)	Date of Inspection
Alka Bunch	12-10-2000
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Orange County Environmental Protection Department

Acc

AIRS ID#: 0951202

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: White Su	van Dry Clea	ners	DATE: 2 10 49
FACILITY LOCATION: 3092			
Winter	Park, FL 3	2792	
Annual Reporting Period: Dec.	<u> 19 98</u>	то Рес.	10 1999
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.2)		r V 1	
If NO, complete the following:	:		
#1. Term or condition of the general permit t	hat has not been in continuous c	ompliance during the repo	rting 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 t	hat has not been in continuous c	ompliance during the repo	rting 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, be made in this notification are true, accurate an upon rolling averages of purchase receipts, d year for transfer or combination facilities.	nd complete. Further, my annua	l consumption of perchlor	oethylene solvent, based
RESPONSIBLE OFFICIAL: Nam	e (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	СОМ	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 0932 TIM	IE OUT: 1000	AIRS ID#:	0951202
TYPE OF FACILITY: Dry Cleane			
FACILITY NAME: White Swa	n Dry Clear	ners	DATE: 12-10-99
0.50 11	oma Av.		,
Winter F	Park, FL 3	32792	
RESPONSIBLE OFFICIAL: Marcus	Ivanov	РНОМЕ NUMBE	r: 407-671-2139
Based on the results of the compliant compliance with DEP Rule 62-213.3			acility is found to be in
Based on the results of the complian discrepancies were noted:	ce requirements evalua	ted during this inspection, the f	ollowing compliance
COMPLIANCE REQUIREMEN	T/PROBLEM	FOLLOW-UP AC	TION REQUIRED
			,
			. '
COMMENTS:			water week water to be a second of the secon
Facility in comp	liance.		
The Annual Compliance Certification form h	as been properly certifi	ied and submitted to the inspect	or. YES NO
DATE OF NEXT INSPECTION:		2000	
		proximate)	
INSPECTION CONDUCTED BY:	LIKA	Bundy	
INCDUCTORIC CLONE TUDE		ease Print) Bund PHONE NUMBE	n. 836 -1400
INSPECTOR'S SIGNATURE:	Ance	PHONE NOMBE	K: 0/0 //
	Page	of .	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

ARMS 1-17-01

TITLE V GENERAL PERMIT

X\0	COMPLIANCE IN	SPECTION CHECKLIST	• 1
TYPE OF INSPECTION:	ANNUAL	d COMPLAINT/DISCO	VERY D
	RE-INSPECTION	The state of the s	(\$),
AIRS 10#: 0951202			:00 y : 1550
FACILITY NAME: Wh	ite Swan D	ry Cleaners Surging	
FACILITY LOCATION: 3		'	The state of the s
!!		FL 32792	
RESPONSIBLE OFFICIAL:	: Marcus Iva	nov PHONE: 407-67	11-2139
CONTACT NAME:		PHONE:	
PART I: NOTIFICATION			
(check appropriate box)			
1. New facility notified DARM	I 30 days prior to starti	ip .	a
2. Facility failed to notify DAR	tM to use general perm	nit	
			•
PART II: CLASSIFICATION	N		
PART II: CLASSIFICATION Facility indicated on notification		☐ No notification for	
Facility indicated on notificati (check appropriate box)		☐ No notification forc ☐ Drop store/out of b	
Facility indicated on notificati (check appropriate box) A.	ion form that it is:		
Facility indicated on notification (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gal	ion form that it is: rce	☐ Drop store/out of but 2. New small area source dry-to-dry only, x < 140 gal/yr	
Facility indicated on notification (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 galatransfer only, x < 200 gal/yr	ion form that it is: rce /yr	Drop store/out of be 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr	
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr	ion form that it is: rce /yr	Drop store/out of but 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	
Facility indicated on notification (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 galatransfer only, x < 200 gal/yr	ion form that it is: rce /yr	Drop store/out of be 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr	
Facility indicated on notification (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gally transfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before 12/9/91)	ion form that it is: rce	☐ Drop store/out of but 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)	
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr	ion form that it is: rce	☐ Drop store/out of but 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)	usiness/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sourdry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80	ion form that it is: ree	Drop store/out of be 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	usiness/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sourdry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 goth types, 140 ≤ x ≤ 1,800 goth types,	ion form that it is: ree	Drop store/out of but 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	usiness/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sourdry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80	ion form that it is: ree	Drop store/out of be 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	usiness/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 goth types, 140 ≤ x ≤ 1,800 goth types,	ion form that it is: ree	Drop store/out of but 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	usiness/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 good (constructed before 12/9/91)	ion form that it is: ree	Drop store/out of but 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) $\square Y \qquad \square N \qquad \square Can not determine$	usiness/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility club facility of the check the check the check the facility of the check t	ion form that it is: ree	Drop store/out of be 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 (constructed on or after 12/9/91) □Y □N □Can not determine ion: ral pennit as number above	usiness/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility club facility of the constructed before 12/9/91)	ion form that it is: ree	Drop store/out of but 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 \(\leq x \leq 2,100\) gal/yr transfer only, 200 \(\leq x \leq 1,800\) gal/yr both types, 140 \(\leq x \leq 1,800\) gal/yr (constructed on or after 12/9/91) TY \(\text{IN}\) \(\text{ICan not determine}\)	usiness/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 south types, 140 ≤ x ≤ 1,800 south	ion form that it is: ree	Drop store/out of be 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 (constructed on or after 12/9/91) □Y □N □Can not determine ion: ral pennit as number above	usiness/petroleum

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

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

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

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PART VI: LEAK DETECTION AND R	EPAIRS				
1. Does the responsible official conduct a	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?			GIA ON		
2. Has the facility maintained a leak log?		•	EY ON		
3. Does the responsible official check the	following areas for leaks?				
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON ON/A		
Door gaskets and seating	MY ON ON/A	Stills	MY ON ON/A		
Filter gaskets and scating	DY ON ON/A	Exhaust dampers	OY ON ON/A		
Pumps	TOY ON ON/A	Diverter valves	GY ON ON/A		
Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	DY ON ON/A		
Water separators	DY ON ON/A				
4. Which method of detection is used by the	e responsible official?				
Visual examination (condensed so	lvent on exterior surfaces		(a)		
Physical detection (airflow felt the	ough gaskets)		a .		
Odor (noticeable perc odor)			O.		
Use of direct-reading instrumental	ion (FID/PID/calorimetri	tubes)			
Halogen leak detector			G ,		
If using direct-reading instru	unentation, is the equips	nent:	™N/A		
a. Capable of detecting p	erc vapor concentrations	in a range of 0-500 ppm?	OY ON		
b. Calibrated against a st (PID/FID only)?	andard gas prior to and af	ter each use	OY ON		
c. Inspected for leaks and	l obvious signs of wear or	a a weekly basis?	מם עם		
d. Kept in a clean and se	cure area when not in use	?	OY ON		
e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	OY ON		
·					

1-17-01
1-17-01
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of Inspection
12-17-01
roximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

58.5

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=1 "0951202

Date

Signature

RS ID#: UTJTAVA	Revised 01/18/00
DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM	Arm 1 /
ACILITY NAME: White Swan Dry Cleaners DATE	E: 1/17/01
ACILITY LOCATION: 3092 Aloma Avenue	
Winter Park, FL 32792	
inual Reporting Period: December 30 1999 TO December	20 00
sed on each term or condition of the Title V general air permit, my facility has remained in compliance with Di -213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	EP Rule NO
NO, complete the following:	
. Term or condition of the general permit that has not been in continuous compliance during the reporting period	od stated above:
act period of non-compliance: fromto	
tion(s) taken to achieve compliance:	· · · · · · · · · · · · · · · · · · ·
thod used to demonstrate compliance:	
Term or condition of the general permit that has not been in continuous compliance during the reporting period	od stated above:
nct period of non-compliance: from to	
tion(s) taken to achieve compliance:	
thod used to demonstrate compliance:	· · · · · · · · · · · · · · · · · · ·
the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solver rehase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transition facilities. SPONSIBLE OFFICIAL:	ıt, based upon

Name (Please Print)

^{*}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 \(\) COMPL	AINT/DISCOVERY RE-INSPECTION
TIME IN: 1525 TIME OUT: 1550	AIRS ID#: 095 1202
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: White Swan Dry Cleaner	DATE: 1-17-0/
FACILITY LOCATION: 3092 Aloma Avenue	
	792
RESPONSIBLE OFFICIAL: Marcus Ivanov	PHONE NUMBER: 407-671-2139
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administrative	· · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaluated discrepancies were noted:	d during this inspection, the following compliance
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 NO
DATE OF NEXT INSPECTION: 12-17	
(Appr	oximate)
INSPECTION CONDUCTED BY: Ika B	
INSPECTOR'S SIGNATURE: Alka Bund	se Prin't)PHONE NUMBER: 407 - 836 -/400
Page	

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Bureau of Air Monitoring

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Bureau of Air Monitoring

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location	
1. Facility Owner/Company Name (Name of corporation, agency, or	individual owner):
MARCUS IVANOV	
2. Site Name (For example, plant name or number):	
White Swan Cleaners	•
3. Hazardous Waste Generator Identification Number:	,
4. Facility Location: VNKNOWN	
Street Address: 3092 DLOMA DVE #225	7in Codo: 7 7 76 1
City: WINTER PARK County: ORANGE	Zip Code: 32791
5. Facility Identification Number (DEP Use ONLY - do not fill in):	
	095/202-001
Responsible Official	
6. Name and Title of Responsible Official:	OWNER
Name: What Vanov Title:	ONVER
7. Responsible Official Mailing Address:	
Organization/Firm: SAME AS DBOVE Street Address:	
City: County:	Zip Code:
,	
8. Responsible Official Telephone Number: Telephone: (407) 671 - 2139 Fax:	(407, 481-4866
receptione: (Q()) /B() - $\mathcal{L}(3)$	((o) op(- (o o
Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager):	
9. Name and Title of Facility Contact (For example, plant manager):	·
10. Facility Contact Address: SAME AS DBOVE	
Street Address:	• •
City: County:	Zip Code:
11 Facility Contact Telephone Number	-
11. Facility Contact Telephone Number: Telephone: () - 5 pm Fax:	(· ·) -
J Will	\ /

Effective: 2/24/99

14

Facility Information

1.(a) DRY-TO-DRY M	ACHINES ONL	Y	
How many dry-to-dry ma	achines do you hav	ve on-site?	
For each dry-to-dry macl	nine on-site, please	e provide the following information	ı:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
1996	Existing/Ne	w RCCA/None required	SAME
	Existing/Ne	w RC/CA/None required	
	Existing/Ne	w RC/CA/None required	
*CONTROL DEVICE K	EY: RC = re	efrigerated condenser CA = c	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?		Contract of the Contract of th
How many dryers/reclain	ners do you have o	on-site?	
1993, it is a NEW unit (r	no units purchased	after September 22, 1993 are allower, please provide the following info Control Device Required* (circle one)	
		· · · · · · · · · · · · · · · · · · ·	purchase, write SAME
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	 .
	Existing/New	RC/CA/None required	4 <u>23 (21.8)</u>
	roethylene (perc)	efrigerated condenser CA = chave you used within the last 12 mc this in)	carbon adsorber onths?
(b) If less than 12 mo	nths, how many? [] months	
Check why it is le	ss than 12 months	: New owner: [] Did not keep	records:
•			
		New store: New machine	

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.)
Small Area Source
Transfer only on-site (used less than 140 gallons of perc per year) Both machine types on-site (used less than 140 gallons of perc per year) (used less than 140 gallons of perc per year)
Large Area Source []
Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year) Transfer only on-site (used 200 - 1,800 gallons of perc per year) Both machine types on-site (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
New machines at small area source New machines at small area source
Existing machines at large area source Carbon adsorber Refrigerated condenser [] 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 (see attached memo for the criteria).
All steam and hot water generating units exempt OR No such units on-site
How many boilers do you have on-site?
For each boiler, indicate its horsepower (HP) rating: [10] []
What type of fuel do you use? [] propane [] No. 2 fuel oil [] No. 4 fuel oil [] Other (please list)
6. 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/solvent addition log
(b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring [] (e) Startup, shutdown, malfunction plan
(e) Startup, shutdown, malfunction plan

7. Surrender o	of Existing DEP Air Permit(s)		
Please indicat	te with an "X" the appropriate selection:	•	•
$[\lambda]$	I hereby surrender all existing DEP air pe this notification form; the permit number		y indicated in
	No DEP air permits currently exist for the form.	operation of the facility indicated in this	s notification
ı			
Responsible	Official Certification		
this notification of the statement of the statement of the state of th	dersigned, am the responsible official, as defication. I hereby certify, based on informations made in this notification are true, accurate the air pollutant emissions units and air powith all terms and conditions of this general pomptly notify the Department of any changes	ion and belief formed after reasonable in the and complete. Further, I agree to ope Ilution control equipment described about permit as set forth in Part II of this notifi	nquiry, that the erate and ve so as to îcation form.
Print nam	ne of responsible official	7/3/01	÷
Signature	e	Date	



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412179 DEC242001

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 # 0951202 WHITE SWAN DRY CLEANERS MARCUS IVANOV 3092 ALOMA AVENUE #225 WINTER PARK FL 32792

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

WHITE SWAN DRY CLEANERS 3092 Aloma Ave Ste 225 Winter Park, FL 32792



TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070 (cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400118

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 # 0951202 WHITE SWAIN DRY CLEANERS MARCUS IVANOV 3092 ALOMA AVENUE #225 WINTER PAFK FL 32792

FOR GOVERNMENT USE ONLY

Org.: 37550101000 (EO; A1 Fund: 20-2-035001 Obj.: 002273

MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

MAR - 6 00

Do NOT Remove Label

AIRS ID # 0951202

WHITE SWAN DRY CLEANERS MARCUS IVANOV 3092 ALOMA AVENUE #225 WINTER PARK FL 32792

ureau of Air Monitoring & Mobile Sources SA.

Co

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

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P 174 052 547

AIRS ID # 0951202

WHITE SWAN DRY CLEANERS MARCUS IVANOV 3092 ALOMA AVENUE #225 WINTER PARK FL 32792

PS Form 3800 , April 1995	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, & Addressee's Address	
	TOTAL Postage & Fees	\$
	Postmark or Date	
S Fo		
۵		

DER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
iomplete 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.	C. Signature Agent Agent Agent Agent Agent Addressee			
Article Addressed to: AIRS ID # 0951202 IITE SWAN DRY CLEANERS RCUS IVANOV 2 ALOMA AVENUE #225	D. Is dervery address different from item 1?			
WINTER PARK FL 32792	3. Service Type Certified Mail			
2. Acticle Number (Copy from service label)				
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789			

Z 333 667 301 US Postal Service
Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 0951202 WHITE SWAN DRY CLEANERS MARCUS IVANOV **3092 ALOMA AVENUE #225** WINTER PARK FL 32792 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered
Return Receipt Showing to Whom, Date, & Addressee's Address Form **3800**, \$ TOTAL Postage & Fees Postmark or Date

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1?		
1. Article Addressed to: AIKS ID # U9312U2 WHITE SWAN DRY CLEANERS MARCUS IVANOV 3092 ALOMA AVENUE #225	If YES, enter delivery address below:		
WINTER PARK FL 32792	3. Service Type Certified Mail		
2. Article Number (Copy from service label)			
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789		