

## Department of **Environmental Protection**

leb Bush Governor

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

David B. Struhs Secretary

February 3, 1999

Mr. Ronulo Gonzalez Perfection Dry Cleaners & Laundry Corp. 1216 North Mills Avenue Orlando, Florida 32803

Re: Facility No.: 0951203

Dear Mr. Gonzalez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 22, 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

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

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#### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY
RE-INSPECTIO	ом 🗖
7451203 OX 3/15/	99 TIME IN: 10:30 TIME OUT: 1100
•	
FACILITY NAME: Yertection by	Cleaners & Laundry Corp.
FACILITY LOCATION: 1216 North	Mills Avenue 2525 E. Such St.
<u>Orlando, F</u>	-L 32803
RESPONSIBLE OFFICIAL: Ronulo G	007a/ez PHONE: 894-7035
CONTACT NAME:	PHONE:
	, /
PART I: NOTIFICATION	P
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	tup 🚆 🥌 🗖 🗆
2. Facility failed to notify DARM to use general per	mit 300 PO
·	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	□ No notification form □ Drop store/out of business/petroleum
Facility indicated on notification form that it is:  (check appropriate box)  A. Permatic 1986 (Back-UP)	☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is:  (check appropriate box)  A. Permatic 1986 (Back-UP)  1. Existing small area source	☐ Drop store/out of business/petroleum  2. New small area source
Facility indicated on notification form that it is:  (check appropriate box)  A. Permatic 1986 (Back-UP)  1. Existing small area source dry-to-dry only, x < 140 gal/yr ~ 30 gal/transfer only, x < 200 gal/yr ~ percentage.	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr area source
Facility indicated on notification form that it is:  (check appropriate box)  A. Permatic 1986 (Back-UP)  1. Existing small area source dry-to-dry only, x < 140 gal/yr ~ 30 cg.	2. New small area source dry-to-dry only, x < 140 gal/yr  Drop store/out of business/petroleum  Aero-Tech
Facility indicated on notification form that it is:  (check appropriate box)  A. Permatic 1986 (Back-UP)  1. Existing small area source dry-to-dry only, x < 140 gal/yr, 30 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source
Facility indicated on notification form that it is:  (check appropriate box)  A. Permatic 1986 (Back-up)  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	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr
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Facility indicated on notification form that it is:  (check appropriate box)  A. Permatic 1986 (Back-up)  1. Existing small area source dry-to-dry only, x < 140 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)  5. This is a correct facility classification  If no, please check the appropriate classification facility qualified for a general source facility qualified facility facility facility facility facility facility facility facility facility	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ 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

Location of machines

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY ON ON/A
2. Examining the containers for leakage?	DY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	⊠Y □N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	o√y on on/a
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON OYVA
DADWAY PROCESS AMAIN CONTROLS	
PART IV: PROCESS VENT CONTROLS	
In Part II-A:  If classification 1 has been checked, no controls are required. Proceed to Part	
If classification 2 has been checked, the machine should be equipped with a ref (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with eithe condenser or a carbon adsorber (complete A and B below). Carbon adsorber m installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a ref (complete A and B below).	rigerated 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?	□Y □N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	□Y □N □N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY 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?	ΩY	ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΠY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?			□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	□N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A

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

PART VI: LEAK DETECTION AND F	REPAIRS		
1. Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection a	nd repair
inspection?			on or
2. Has the facility maintained a leak log?			on Ye
3. Does the responsible official check the	following areas for leak	s?	
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	⊠Y □N □N/A
Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A
Filter gaskets and seating	MY ON ON/A	Exhaust dampers	☑Y □N □N/A
Pumps	MY □N □N/₩	Diverter valves	DY ON ON/A
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	MY ON ON/A
Water separators	CY ON ON/A		
4. Which method of detection is used by the	ne responsible official?		
Visual examination (condensed so	olvent on exterior surfac	ees)	
Physical detection (airflow felt the	ough gaskets)		
Odor (noticeable perc odor)			
Use of direct-reading instrumenta	tion (FID/PID/calorime	tric tubes)	<u> </u>
Halogen leak detector	. Ar		
If using direct-reading instr	umentation, is the equi	pment:	©N/A
a. Capable of detecting p	erc vapor concentration	ns in a range of 0-500 ppm?	□Y □N
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	l after each use	OY ON
c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	OY ON
d. Kept in a clean and se	ecure area when not in t	ise?	□Y □N
e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	□Y □N
		<u> </u>	<u>.</u>
Ilka Bundy		3/15/99	
Inspector's Name (Please Prin	nt)	Date of Inspe	ction
Ilka Runch		3/15/20	(IO
Inspector's Signature	_	Approximate Date of	Next Inspection

#### ADDITIONAL SITE INFORMATION

Left 2 dry cleaning compliance calendars on 3-11-99 @ 1020. Will call for inspertion for 3+5-99.

Needs copy of Letter from DEP w/ AIRS ID It. E-mailed Sandy Bowman on this approximately. 3/15/99. As

Dry cleaning machines are actually located at 2525 E. South St.
Orlando, FL 32803

Aerotech is new, primary used machine.
Permatic is old, back-up used machine, rarely used.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 📝	COMPLAI	NT/DISCOVERY	RE-INSPEC	TION
TIME IN: 1030	TIME OUT:	1100	AIRS ID#:	0951203	
TYPE OF FACILITY: Dr.	Cleaner				
FACILITY NAME: Perf	7 ^	leaners	& Lounder Cor	D. DATE: 3/15	5/99
	16 North Mi		nue	<u> </u>	
		2803	1100		
				er: 896-70	25
RESPONSIBLE OFFICIAL:	Konulo (ron	zalez	PHONE NUMBE	ER: <u>070 - 70</u>	
	the compliance requireme Rule 62-213.300, Florida A			facility is found to be	in
Based on the results of discrepancies were note	the compliance requiremeed:	ents evaluated de	uring this inspection, the	following compliance	;
COMPLIANCE REQ	UIREMENT/PROBI	LEM	FOLLOW-UP AC	TION REQUIR	ED
		,			_
**					
COMMENTS:					
		c 0	••		
racilly	in complian	(6.			
The Annual Compliance Certifi	cation form has been prop	perly certified ar	nd submitted to the inspec	etor. YES	МОБ
DATE OF NEXT INSPECTION	DN:	$\frac{5}{400}$	imate)		
	T11	ka Buna	1 ′		
INSPECTION CONDUCTED	) RA: 7 ()	(Please	Print)		<u> </u>
INSPECTOR'S SIGNATURE	ē: <del>J</del> JJ	ker Bimo	PHONE NUMB	er: 836 - C	152Y
		Page of	1.		Revised 10/96

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
PerFection Dry Cleaners + LAUNDRY Corp.
2. Site Name (For example, plant name or number):
South st
3. Hazardous Waste Generator Identification Number:
FLD - 981-865-918  4. Facility Location: 2525 E. South ST
4. Facility Location: 2525 E. South 21. Street Address:
City: OFLANDO County: OFANGE Zip Code: 32803
5. Facility Identification Number (DEP Use):
095/203
Responsible Official
6. Name and Title of Responsible Official: RONULO GONZAlez. + PoesiDeNT.
7. Responsible Official Mailing Address:
Organization/Firm: Per Feet ion Dry eleaners + baundry corp. Street Address: 1216N. Mills Awe eleaners + baundry corp.
City: Or (ANDO County: Or ANGE Zip Code: 32803
8. Responsible Official Telephone Number:
Telephone: (407896 - 7035 Fax: ( —) - ————————————————————————————————
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: ( ) - Fax: ( ) -

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Bureau of Air Monitoring & Mobile Sources

0951203 1/28/99 Spoke to Ronalo Gonzalez and he stated that he has two machinesday toly Each machine has a refrig. condenser. 1.(a)(1) Odd dates of purchase for each machine. If same as control device date, then add some date. Should not be marked Mar Gout and enitial. Existing small area source should not be marked. Marbout and initial New single area source should be 4. New small area source should be marked. (7) Regimed. Should be marked Responsible Official signand date for changes made.

#### **Facility Information**

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NO1′-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	7		10-96	1		11-98			
(2) w/ carbon adsorber				-	<del>-</del>				
(3) w/ no controls		· ·		_					
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls					-				
Dryer Unit					•				
(7) w/ ref. condenser								1	
(8) w/ carbon adsorber									
(9) w/ no controls					-				
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber					-				
(12) w/ no controls								l- <del></del>	
<ul><li>(b) Control devices are</li><li>(c) No control devices</li><li>2.(a) What was the total q</li></ul>	аге ге	equired to be	installed [_	X	٦	the latest 12	mon	ıths?	
(b) If less than 12 mont Check why it is less	gallo	ns	<i>t</i> 1 the			We w	MAC	hive.	·· .
Check why it is less	tnan	12 months:	New owner:	l	_ New store:	Did i	not k	eep records:	LJ
3. What is the facility's son (Indicate with an "X".	irce o Selec	classification t one classifi	based on the cation only.)	defi	nitions found	l in section (3	) of	Part II?	
Existing small are	ea so	ırce 💢	Ne	w sm	nall area sour	ce			
Existing large are	a sou	irce []	Ne	w lar	ge area sour	ce []			

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<ol> <li>What control technology is requi (Indicate with an "X".)</li> </ol>	ired on machines	pursuant to section (5) of	Part II of this notification form?
Existing large area source Carbon adsorber		Refrigerated condenser	
New small area source Refrigerated condenser			
New large area source Refrigerated condenser	·.		
			<del>;</del>
5. A facility which contains non-ex to Rule 62-213.300, F.A.C. Verify exemption criteria or that no such up	that all steam and	i hot water generating unit	
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil col	exclusively by no	atural gas except for perio	ds of natural gas curtailment
All steam and hot water generating to No such units on-site	units exempt		
Equipme	nt Monitoring a	nd Recordkeeping Inform	nation
Check all logs which are required to	_		
(a) Purchase receipts and solvent pu	•		) / 1
			/1
(b) Leak detection inspection and re			/.
(c) Refrigerated condenser temperat	•		V
(d) Carbon adsorber exhaust perc co	oncentration mon	itoring	
(e) Instrument calibration		•	
(f) Start-up, shutdown, malfunction	plan		

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#### Surrender of Existing Air Permit(s)

	Danish of Danish (e)
Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
Æ	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 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	Date

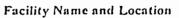
DEP Form No. 62-213.900(2) Effective: 6-25-96

- DD 1/25/	99 8 Cal # 1 1 03	BEST AVAILABLE COPY
	99 Spoke to Ronal So Stated that he has to Each machine has a	or machineday tal
1. Facility Ow P/4	were machine has	for each machine 1881
Per Fee 1.(a)(1) 2. Site Name Sout	I same as control of	for each machinities of 1990 viel Late, then Montes our cas mo
3. Hazardous	add some date. Should not be marked!	Mobile Source The
Street Ad	englial	- July
I The state of the	disting small area son at he marked. Marbout	
	when wed source.	should be
7. Respon Organi Street P16	ow small area source she fried Should be man	sed bry Corp.
City: Mes	forselle Official sign	and date = 32803
	i changes made	
	ntact (For example, plant manager)	
10. Facility Contact Address:		
Street Address: City:	County:	Zip Code:
11. Facility Contact Telephone No. Telephone: ( )	- Fax: (	) -
	FEB - 5 1989	RECEIVED
	ORANGE COUNTY EN 1900 CENTAL PREASES SEFE 6	JAN 2 2 1999
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Bureau of Air Monitoring & Mobile Sources

#### Perchloroethylene Dry Cleaning Facility Notification





	COMMON CONTRACTOR CONT
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner): ROTECTION DEPA
f	Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	South st
3.	Hazardous Waste Generator Identification Number:
	FLD - 981-865-918 Facility Location: 2525 E. South ST
4.	Street Address:
	City: OFLANDO. County: OFANGE Zip Code: 32803
,5.	Facility Identification Number (DEP Use):
	0.951203
	Responsible Official
	Name and Title of Responsible Official: RONULO GONZALEZ. + PresiDeNt.
7.	Responsible Official Mailing Address; Organization/Firm: Per Feet ion Dry elections of Aundry Corp. Street Address: 12/6 N. Mills Ave elections Tip Code: 35.803
	Street Address: 12/6 N. Mills Ave.
	City: OF (ANDO County: OFANGE Zip Code: 32803
8.	
	Telephone: $(407896 - 7035)$ Fax: $(-)$
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	·
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -

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Bureau of Air Monitoring & Mobile Sources

#### **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.

	$\overline{}$	Date	Date	T	Date	Date :		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Type of Wacinite	10	Fulchased	Instanco	10	ruiciaseu	instanco	10	r urchascu	Instance
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
		01	12-11()1-15	" ~	2	Ab.			<b>02</b>
Dry-to-Dry Unit	<del>                                     </del>	45				# <del>************************************</del>			
(1) w/ ref. condenser	7	110 - 96	10-96	1	11.58	11 78		1	
(2) w/ carbon adsorber		10 10	10-10	-	11-7-3	10			<del></del>
(3) w/ no controls				-	<del>}</del>	1		<del> </del>	
Washer Unit			<u></u>			J		1	<u>!</u>
(4) w/ rcf. condenser	<del>                                     </del>	1	1	1	<del></del>		-	T -	1
(5) w/ carbon adsorber									
(6) w/ no controls			<u> </u>		<u> </u>	-			<del></del>
Dryer Unit		<u> </u>			<del></del> ,				
(7) w/ ref. condenser	<del>-</del>		1	ī —	<del></del>	1		T	
(8) w/ carbon adsorber		<del> </del>		-				<u> </u>	
(9) w/ no controls		-			<del>                                     </del>	1			
Reclaimer Unit		<u> </u>	<u> </u>		<u> </u>				
(10) w/ ref. condenser				1		T			<del> </del>
(11) w/carbon adsorber	ļ ——			-	_	-		<del></del>	
(12) w/ no controls				-	<del></del>				
(12) W 110 CONTOIS			L	L					L
		•							
(b) Control devices are	requ	ired, but not	yet installed	ſ	1.				
	1	,		-					
(c) No control devices	are r	eauired to be	installed [	X	1 take				
• • • • • • • • • • • • • • • • • • • •					0				
			٤						
2.(a) What was the total of	juant	ity of perchlo	roethviene (	perc)	purchased in	n the latest 12	mor	iths?	
[ [10]			, , , , , , , , , , , , , , , , , , , ,	,	1				
	8					. ,		chirle	
(b) If less than 12 mont	hs. h	ow many? [	1 months			Wer!	MA	June C	
Check why it is less	than	12 months:	New owner:	ſ	l New store	:[X ] Did	not k	eep records:	[ ]
,						<b></b>		• .	
3. What is the facility's so	urce	classification	based on the	e defi	initions foun	d in section (	3) of	Part II?	
(Indicate with an "X".					-	`	,		
,		,	A - k	,					
Existing small ar	ea so	urce [ 1	AC NO	ew sn	nali area sou	rce [ 1/	]		
	- •		+7) "			<u></u>			
Existing large are	ea soi	urce [ ]	N.	ew la	roe area sour	ce ſ	1		

4. What control technol- (Indicate with an "X"		ines pursuant to section	(5) of Part II of this notification form?
Existing large a	area source	Refrigerated cond	enser []
New small area Refrigerated co		5	
New large area Refrigerated co			
		•	
		•	<i>;</i>
	C. Verify that all steam	and hot water generation	gible to use the general permit pursuant ng units on-site meet the following
	(2) are fired exclusively	by natural gas except for	out of 10 million BTU/hr or less (298 r periods of natural gas curtailment ulfur is fired.
All steam and hot water No such units on-site	generating units exempt		
	Equipment Monitori	ng and Recordkeeping	Information
Check all logs which are	e required to be kept on-	site in accordance with t	the requirements of this general permit:
(a) Purchase receipts and	d solvent purchases		
(b) Leak detection inspe	ction and repair		
(c) Refrigerated condens	ser temperature monitori	ng	
(d) Carbon adsorber exh	aust perc concentration	monitoring	
(e) Instrument calibratio	n		
(f) Start-up, shutdown,			

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

#### Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
Æ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will prod	mptly notify the Department of any changes to the information contained in this notification.  1-19-99.  Date Department of any changes to the information contained in this notification.

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION	YPE C	)F IN:	SPEC	TION	l:
--------------------	-------	--------	------	------	----

gallons.

facility was

**ANNUAL** 

COMPLAINT/DISCOVERY

RE-INSPECTION	ON 🗆				
AIRS ID#: 0951203 DATE: 4-12-0 FACILITY NAME: Perfection Dry FACILITY LOCATION: 2525 E.	Cleaners	& Laund	ry Cor		R
FACILITY LOCATION:	J0011	2002	·	THE SE	
Orlando,	PL S	2803	- 00.	7 125	
RESPONSIBLE OFFICIAL: Ronulo Ga	mzalez	PHONE: <u>40</u>	17-896-	1035	P 6
CONTACT NAME:		PHONE:		Sortics &	
				,	3
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 30 days prior to sta	rtup		,	ū	
2. Facility failed to notify DARM to use general pe	rmit				
PART II: CLASSIFICATION					
Facility indicated on notification form that it is:  (check appropriate box)  A.   (Permotic 1986)		☐ No notifica ☐ Drop store/	tion form out of business	S/petroleum →	See Additiona
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	dry-to-dry or transfer only both types, x	II area source nly, x < 140 gal/yr , x < 200 gal/yr < < 140 gal/yr on or after 12/9/91		Aero-Tech	Site Info.
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 $12/9/91$ )	dry-to-dry or transfer only both types, 1	e area source hly, $140 \le x \le 2,100$ $x \ge 1,800$ g $x \le 1,800$ gal/ on or after $12/9/91$	al/yr 'yr		
5. This is a correct facility classification	OY ON	☐Can not det	ermine		
If no, please check the appropriate classifice for a ge		number	above		

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

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

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

B.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	шү ши -
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	
	Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
	Is the perc concentration equal to or less than 100 ppm?	
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?	
ے ا		
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ÒY ON ON/A

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

PART	PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
insp	pection?				OY ON		
2. Has	the facility maintained a leak log?				OY ON		
3. Doe	s the responsible official check the f	follow	ing areas for leaks?				
	Hose connections, fittings, couplings, and valves	Πv	ON ON/A	Muck cookers	OY ON ON/A		
	couplings, and valves	<b>u</b> ,	div div/A		ar an ana		
	Door gaskets and seating	ΠY	□N □N/A	Stills	□Y □N □N/A		
	Filter gaskets and seating	ŪΥ	ON ON/A	Exhaust dampers	□Y □N □N/A		
	Pumps	ΠY	□N □N/A	Diverter valves	□Y □N □N/A		
	Solvent tanks and containers	·OY	□N □N/A	Cartridge filter housings	□Y □N □N/A		
	Water separators	ПY	□N □N/A				
4. Whi	ch method of detection is used by the	ne resp	ponsible official?				
	Visual examination (condensed so	lvent	on exterior surfaces)				
l	Physical detection (airflow felt thr	ough	gaskets)				
	Odor (noticeable perc odor)		•				
	Use of direct-reading instrumental	ion (F	FID/PID/calorimetric	tubes)			
	Halogen leak detector						
	If using direct-reading instru	ment	tation, is the equipm	ent:	□N/A		
	□Y □N						
	b. Calibrated against a st (PID/FID only)?	andar	d gas prior to and aft	er each use	מים עם		
	c. Inspected for leaks and	d obvi	ious signs of wear on	a weekly basis?	□Y □N		
	d. Kept in a clean and se	cure a	area when not in use?	, .	□Y □N		
	e. Verified for accuracy	by use	e of duplicate sample	es (calorimetric only)?	OY ON		
			•	•			
•	Ilka Bundy	•		4-12-00			
	Inspector's Name (Please Prin	t)		Date of Inspection			
	We Rund						
	Inspector's Signature			Approximate Date of	Next Inspection		

#### ADDITIONAL SITE INFORMATION:

4-12-2000 @~0920a.m.

July 1, 1999 New Owner .

Abdul R. Dawood

Left: Permit Notification Form, 2000 Dry Cleaner Compliance Calendar, and SBA Fact Sheet.

Ronulo Gonzalez sold the dry cleaning business to Abdul R. Dawood, but he still owns the property.

I will inspect 'new' facility when notification letter arrives. Who Burndy 418-00

# ASCH

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

Complaint # 5155 closed: 30-AUG-00 AB 30 days: 8-18-00

	$c_{i}$
TYPE OF INSPECTION: ANNUAL	☐ COMPLAINT/DISCOVERY ☐
RE-INSPECTI	ON D
	Q. PA
0951003 716	11 N3 84 52 13/10
ARS ID#: 095/203 DATE: 7-19-0	01, 1/2
FACILITY NAME: Parisian Clea	ners "Sollonia
FACILITY LOCATION: 2525 E.	South St. Conting
	<b>I</b> I.
Orlando	FL 32803
RESPONSIBLE OFFICIAL: Abdul L	Jawood PHONE: 407-894-1491
_ ′	PHONE: 407- 894-2655
CONTACT NAME: Kudy	PHONE: 101 211 2433
PART I: NOTIFICATION	
(check appropriate box)	
New facility notified DARM 30 days prior to sta	artup . 🚨
2. Facility failed to notify DARM to use general pe	ermit 💆
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
A.	130
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
both types, $x < 140$ gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800 \text{ gal/yr}$
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	□Y □N □Can not determine
If no, please check the appropriate classific	cation:
facility qualified for a ge	eneral permit as number above
facility exceeds above li	mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) p	urchased within the preceding 12 months by this dry cleaning
facility was gallons.	

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
Storing perchloroethylene in tightly sealed and impervious containers?	OY ON ON/A
2. Examining the containers for leakage?	□Y □N □N/A
3. Closing and securing machine doors except during loading/unloading?	□Y □N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	□Y □N □N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	<b>'</b> .
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mu prior to September 22, 1993	_
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	igerated condenser
A. Has the responsible official of all new sources and existing large area sources (check appropriate boxes)	3:
1. Equipped all machines with the appropriate vent controls?	OY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	QY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	· OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY 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	-DV	CDVI	
	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ЦY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ΠY	ΠN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly			
	at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ПΥ	ПN	□N/A
1				
	Is the perc concentration equal to or less than 100 ppm?	ПY	ΠИ	□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?	ПY	ΠN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
	condenser coils?	$\Box$ Y	$\square$ N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? DY DN 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; 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? DY DN DN/A 4. Maintained calibration data? (for applicable direct reading instruments) □Y □N □N/A 5. Maintained exhaust duct monitoring data on perc concentrations? OY ON ON/A OY ON 6. Maintained startup/shutdown/malfunction plan? DY DN DN/A 7. Maintained deviation reports? OY ON ON/A Problem corrected? DY DN DN/A 8. Maintained compliance plan, if applicable?

	ART VI: LEAR DETECTION AND	KEPAIKS	<u> </u>		
1.	Does the responsible official conduct	a weekly (for small source	ces, bi-weekly) leak detection a	nd repair	
	inspection?	•		$\Box$ Y	ПN
2.	Has the facility maintained a leak log?	,		ΠY	Π̈́Ν
3.	Does the responsible official check the	e following areas for leak	ss?		,
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	OY O	in □n/a
	Door gaskets and seating	OY ON ON/A	Stills		N □N/A
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers		N □N/A
	Pumps	□Y □N □N/A	Diverter valves		N □N/A
	Solvent tanks and containers	□Y □N □N/A	Cartridge filter housings		n □n/a
	Water separators	OY ON ON/A			
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed s	solvent on exterior surfac	ces)		
	Physical detection (airflow felt the	hrough gaskets)		o ·	
	Odor (noticeable perc odor)				
	Use of direct-reading instrument				
	Halogen leak detector				
	If using direct-reading inst	□N/A			
	a. Capable of detecting		N.		
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	<u> </u>	N
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	OY O	N
	d. Kept in a clean and s	secure area when not in u	se?	OY O	N
	e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	OY O	N .
		•			
	Inspector's Name (Please Pri	nt)	Date of Inspection		
	•	•	•		
	T				
	Inspector's Signature		Approximate Date of I	next Insp	ection

7-19-00 Mba Burd?
Left 2 2000 Dry Cleaner Compliance
Calendars, I perc. notification form,
and I SBA Fact Sheet.
Given 30 days to submit to DEP.

#### PERCHLOROETHYLENE DRY CLEANERS

PERCHLOROETHYLENE DRY CLEANERS  TITLE V GENERAL PERMIT  COMPLIANCE INSPECTION CHECKLIST	1-31-01 /
TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION	
AIRS ID#: 095/203-002 DATE: 1-29-01 TIME IN: 1345 TIME OUTE #1150  FACILITY NAME: Parisian Cleaners  FACILITY LOCATION: 2525 East South Street  Orlando, FL 32803  RESPONSIBLE OFFICIAL: Abdul R. Dawood PHONE: 407-894-1491  CONTACT NAME: Rudy Kynoch PHONE: 407-894-2655	
PART I: NOTIFICATION  (check appropriate box)  1. New facility notified DARM 30 days prior to startup  2. Facility failed to notify DARM to use general permit  PART II: CLASSIFICATION	
Facility indicated on notification form that it is:  (check appropriate box)  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classification:  Gracility qualified for a general permit as number above facility exceeds above timits and is not cligible for a general permit  B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 134 gallons.	2 machines old - existing new thew (Aerotech)

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? OY ON WN/A 2. Examining the containers for leakage? DY DN 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 DN 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MN/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) 1. Equipped all machines with the appropriate vent controls? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after ØY □N 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?	Ο Y (	אכ
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	Дγ	אותם מ⊏
	Is the temperature differential equal to or greater than 20° F?	UY 0	אום מכ
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?	<b>□</b> γ (	ארם אב. אורם אב
	Is the perc concentration equal to or less than 100 ppm?	CIY (	אום אב
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?	□Y [	ח/א מר
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY (	A/ND NC
6.	Routed airflow to the carbon adsorber (if used) at all times?	ו אָם	ON ON/A

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

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a	weekly (for small source	s, bi-weekly) leak detection ar	id repair	
inspection?			DAY DIN	
2. Has the facility maintained a leak log?	,		OY ON	
3. Does the responsible official check the	following areas for leaks	?	,	
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	MY ON ON/A	
Door gaskets and scating	MY ON ON/A	Stills	DY ON ON/A	
Filter gaskets and scating	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	MY ON ON/A	Cartridge filter housings	DY ON ON/A	
Water separators	DY ON ONA			
4. Which method of detection is used by t	he responsible official?			
Visual examination (condensed se	olvent on exterior surface	es)		
Physical detection (airflow felt th	rough gaskets)		ü	
Odor (noticeable perc odor)				
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
Halogen leak detector			0/	
If using direct-reading instrumentation, is the equipment:			©N/∧	
a. Capable of detecting perc vapor concentrations in a range of 0-500 pptn?			OY ON	
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			OY ON	
c. Inspected for leaks ar	d obvious signs of wear	on a weekly basis?	OY ON	
d. Kept in a clean and so	ecure area when not in us	e?	QY QN	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON	
Inspector's Name (Please Prin				
Ma Sund.		1-29-02		
Inspector's Signature		Approximate Date of	Next Inspection	

#### ADDITIONAL SITE INFORMATION:

10-30-00 Sau Mr. Dawood & Rudy @ Parisian Dry (leaners on Mills. Said they are not using machines at 2525 E. South St. They removed all perc at site. I asked them to continue leak checks & perc consumption addition log until I find out from Tallahasse if they need to surrender. Permit.

1-29-01 The 400 gallons of perc in the 2 machines

(one existing, one new) has been removed from the machines and is being used at the other store on Virginia. They will keep their permit incase they start using machines again. (at the South St. location)

312 gal [2000]	
7-12-00 19.5	1-8-00 19.5
6-14-00 19,5	1-14-00 20.0
6-6-00 19,5	240
5-23-00 19.5	- 5.5
5-9-00 19.5	234.5
, ,	
19.5	
3-7-00 19.5	

AIRS ID#: 0951203-002

Revised 01/18/00

ASCOP

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ARMS 1-31-01 M

FACILITY NAME: Paris	ian Cleane	rs	DA^	TE: //3//0/
FACILITY LOCATION: 2	525 East	South Stree	27	
FACILITY NAME: Paris FACILITY LOCATION: 2	rlando FL	32803		
	1,5(1,00			
Annual Reporting Period:	September	20 <u>00</u> TO	JANUARY	20 0 (
Based on each term or condition 62-213.300, Florida Administrat			_ /	DEP Rule NO
	ive Code (F.A.C.), dur	ing the period covered by the	is statement. La IES	
If NO, complete the following:				
#1. Term or condition of the ger	neral permit that has no	ot been in continuous compl	iance during the reporting pe	riod stated above:
Exact period of non-compliance:	from		to	
Action(s) taken to achieve comp	liance:			
Method used to demonstrate con				
Wielliod used to demonstrate con				
#2. Term or condition of the ger	neral permit that has no	ot been in continuous compl	iance during the reporting pe	riod stated above:
Exact period of non-compliance:	from	·	to	
Action(s) taken to achieve comp	liance:			
Method used to demonstrate con	npliance:			
·	•			
As the responsible official, I here in this notification are true, accu purchase receipts, does not exce combination facilities.	irate and complete. Fi	urther, my annual consumpt	ion of perchloroethylene solv	ent, based upon
RESPONSIBLE OFFICIAL:	ANVER DAW	N (180		1/3:/01
			17	<u></u>

\*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.

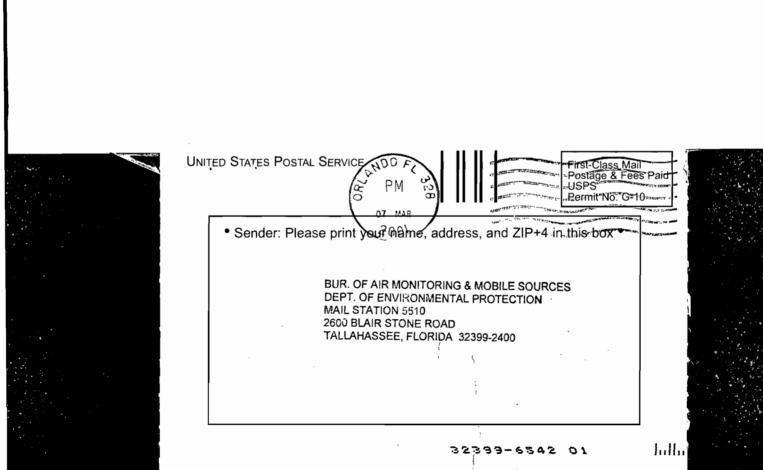
# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

Free who were the second of

TYPE OF INSPECTION: ANNUAL [V] COMPI	LAINT/DISCOVERY RE-INSPECTION
TIME IN: 1345 TIME OUT: 1415	AIRS ID#: 0951203-002
TYPE OF ENCILITY: Dry Cleaner	
FACILITY NAME: Parisian Cleaners	DATE: 1-29-01
FACILITY LOCATION: 2525 East South S	Street
Orlando, FL 32803	<u> </u>
RESPONSIBLE OFFICIAL: Abdul R. Dawood	PHONE NUMBER: 407-894-149/
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaluated discrepancies were noted:	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	d and submitted to the inspector.  YES  NO  NO
DATE OF NEXT INSPECTION: 1-29	
INSPECTION CONDUCTED BY:  INSPECTION CONDUCTED BY:  INSPECTION CONDUCTED BY:	roximate)
(Plea	se Print)
INSPECTOR'S SIGNATURE: Ma Bunch	PHONE NUMBER: 407-836-1400
Page_/	of

	U.S. Postal. GERTIFIE	MAILF		
0440	Jomestic Mail C	Only; No Insura	ance Coverage Provid	led)
4326	Postage Certified Fee	\$	Posture de	
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here	
0090			AIRS ID # 0951203	
7000	Street, ABDUL DA 2525 E SOU City, S. ORLANDO	TH STREET		
_	<b>PSFO</b>			siructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X Pantalla   Agent   Addressee  D. Is delivery address different from item 1?   Yes
AIRS ID # 0951203 AIRS ID # 09	If YES, enter delivery address below:
ORLANDO FL 32803	3. Service Type
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)   14/26	61996:1 11 111 1 111111 111
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789



### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 407059 MAR 9 2001

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 # 0951203

PARISIAN CLEANERS ABDUL DAWOOD 2525 E SOUTH STREET ORLANDO FL 32803 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

PARISIAN 701 VIRGINIA DR ORLANDO, FLA. 32803.

100





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

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389581

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 # 0951203

PERFECTION CLEANERS & LAUNDRY CORP

RONULO GONZALEZ 1216 N MILLS AVENUE ORLANDO FL 32803 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273