

Department of Environmental Protection

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

David B. Struhs Secretary

August 11, 2000

Mr. Arooj Ahmed Ritz Cleaners 911 North Orlando Avenue Winter Park, Florida 32789

Re: Facility No.: 0951233-001

Dear Mr. Ahmed:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 10, 2000.

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, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Ms. Marie Driscoll, Orange County

Bowman, Sandy

From: Ilka.Bundy@ocfl.net

Sent: Thursday, January 22, 2004 7:35 AM

To: Butler, Rick; Bowman, Sandy

Cc: John.Parker@ocfl.net; Marie.Driscoll@ocfl.net

Subject: Ritz Cleaners

Sandy and Rick:

For your information: Ritz Cleaners, AIRS ID#0951233 is no longer in business. The facility is already Inactive in ARMS.

Thanks!

Ilka Bundy <mailto:Ilka.Bundy@ocfl.net>
Environmental Specialist
800 Mercy Drive
Suite 4
Orlando, FL 32808
Phone 407-836-1476
Fax 407-836-1498

BEST AVAILABLE COPY

RS ID#: 0951233-001

Revised 01/18/00

ARMS 8-28-00 M

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| P. 12 (122 25 | 0/26/2 |
|---|--|
| CILITYNAME: Ritz Cleaners | DATE: 1/2 (25) |
| ACILITY LOCATION: 411 No Orlando Ave. | |
| Winter Park, FL 32 | 789 |
| | |
| nnual Reporting Period: Aug. 11 20 00 | TO Aug 25 20 00 |
| ased on each term or condition of the Title V general air permit, my facility | has remained in compliance with DEP Rule |
| 2-213.300, Florida Administrative Code (F.A.C.), during the period covered | by this statement. PYES INO |
| NO, complete the following: | |
| | |
| 1. Term or condition of the general permit that has not been in continuous of | compliance during the reporting period stated above: |
| | |
| xact period of non-compliance: from | to |
| ction(s) taken to achieve compliance: | |
| | |
| lethod used to demonstrate compliance: | |
| . 2. Term or condition of the general permit that has not been in continuous of | compliance during the reporting period stated above: |
| 8 | |
| | |
| xact period of non-compliance: from | to . |
| ction(s) taken to achieve compliance: | |
| lethod used to demonstrate compliance: | |
| | |
| | |
| s the responsible official, I hereby certify, based on information and belief f this notification are true, accurate and complete. Further, my annual con- urchase receipts, does not exceed 2,100 gallons per year for dry-to dry faci | sumption of perchloroethylene solvent, based upon |
| ombination facilities. | |
| ESPONSIBLE OFFICIAL: Name (Please Print) | Signature Date |
| Time (a rouge a rang) | |

Page _ l of _ l .

^{*}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.

Butler, Rick

file

From: Ilka.Bundy@co.orange.fl.us

Sent: Thursday, August 23, 2001 4:15 PM

To: Butler, Rick

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

Subject: Ritz Cleaners

Hello Rick!

During my annual inspection on 8/22/01, I discovered Ritz Cleaners, AIRS ID(#0951233, has new owners as of July 19, 2001.

Ilka Bundy Environmental Specialist Phone (407) 836-1400 Fax (407) 836-1498 Ilka.Bundy@ocfl.net

Bowman, Sandy

From: Ilka.Bundy@co.orange.fl.us

Sent: Thursday, August 23, 2001 4:15 PM

To: Butler, Rick

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

Subject: Ritz Cleaners

Hello Rick!

During my annual inspection on 8/22/01, I discovered Ritz Cleaners, AIRS ID #0951233, has new owners as of July 19, 2001.

Ilka Bundy Environmental Specialist Phone (407) 836-1400 Fax (407) 836-1498 Ilka.Bundy@ocfl.net

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Sureau of Air Monitoring

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.

| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): |
|--|
| 2. Site Name (For-example, plant name or number): |
| 2. Site Name (For example, plant name or number): |
| RITZ Cleaner |
| 3. Hazardous Waste Generator Identification Number: |
| FL 1984229 203 |
| |
| Street Address: City: 911 Nolland Whomey County: Olar Zip Code: 32789 |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in): |
| 6951233-001 |
| |
| Responsible Official |
| 6. Name and Title of Responsible Official: |
| Name: AROOL AHMED Title: (TRS) |
| |
| 7. Responsible Official Mailing Address: |
| Organization/Firm: 911 N. Ollando Aye |
| Organization/Firm: Street Address: 911 N. Ollando Ave |
| Organization/Firm: |
| Organization/Firm: Street Address: City: WINTER Pale County: Olange Zip Code: 32789 8. Responsible Official Telephone Number: |
| Organization/Firm: Street Address: City: WINTER Pala County: Olang, Zip Code: 32789 |
| Organization/Firm: Street Address: City: WINTER Pale County: Olang: Zip Code: 32789 8. Responsible Official Telephone Number: Telephone: (407) L44-9500 Fax: () |
| Organization/Firm: Street Address: City: WINTER PAIC County: Olange Zip Code: 32789 8. Responsible Official Telephone Number: Telephone: (407) A44-9500 Fax: () Facility Contact (If different from Responsible Official) |
| Organization/Firm: Street Address: City: WINTER Pale County: Olange Zip Code: 32789 8. Responsible Official Telephone Number: Telephone: (407) A44-9500 Fax: () Facility Contact (If different from Responsible Official) |
| Organization/Firm: Street Address: City: WINTER Pale County: Olang: Zip Code: 32789 8. Responsible Official Telephone Number: Telephone: (407) Lyy-9500 Fax: () Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): |
| Organization/Firm: Street Address: City: WINTER PAIC County: Olange Zip Code: 32789 8. Responsible Official Telephone Number: Telephone: (407) A44-9500 Fax: () Facility Contact (If different from Responsible Official) |
| Organization/Firm: Street Address: City: WINTER Pale County: Olang: Zip Code: 32789 8. Responsible Official Telephone Number: Telephone: (407) Lyy-9500 Fax: () Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): |
| Organization/Firm: Street Address: City: Winth Palk County: Olando Ave Responsible Official Telephone Number: Telephone: (407) A44-9500 Fax: () Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: |
| Organization/Firm: Street Address: City: Win In Palc County: Olang Zip Code: 32789 8. Responsible Official Telephone Number: Telephone: (407) Aug — 9500 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: |
| Organization/Firm: Street Address: City: WINTER Palk County: Olange Zip Code: 32789 8. Responsible Official Telephone Number: Telephone: (407) (444-9500) 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: |
| Organization/Firm: Street Address: City: Win In Palc County: Olang Zip Code: 32789 8. Responsible Official Telephone Number: Telephone: (407) Aug — 9500 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: |

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information

| 1.(a) DRY-TO-DRY M | ACHINES ONLY | • | |
|--|--|---|---|
| How many dry-to-dry m | achines do you hav | e on-site? | • |
| For each dry-to-dry mac | hine on-site, please | provide the following information | on: |
| 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") |
| APRIL 1992 | _ Existing Nev | RC/CA/None required | SAME |
| | Existing/Nev | w RC/CA/None required | · . |
| | Existing/Nev | w RC/CA/None required | · · · · · · · · · · · · · · · · · · · |
| | | | |
| *CONTROL DEVICE K | EY: $RC = ref$ | frigerated condenser CA = | carbon adsorber |
| L(b) TRANSFER MAC | HINES ONLY | | |
| How many washers do yo | | | , . |
| How many dryers/reclain | ners do you have oi | n-site? | |
| If the transfer machine w | | | |
| unit. If the transfer mach | ine was purchased a to units purchased a | from the manufacturer between I | December 9, 1991, it is an EXISTING December 9, 1991 and September 22, owed to operate under this general formation: |
| unit. If the transfer mach | ine was purchased to units purchased ter machine on-site, | from the manufacturer between I after September 22, 1993 are allo | December 9, 1991 and September 22, owed to operate under this general |
| unit. If the transfer mach 1993, it is a NEW unit (n permit). For each transfer Date Initially Purchased | ine was purchased to units purchased to units purchased ter machine on-site, Status (circle one) | from the manufacturer between I after September 22, 1993 are allow please provide the following inf Control Device Required* (circle one) | December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of |
| unit. If the transfer mach 1993, it is a NEW unit (n permit). For each transfer Date Initially Purchased | ine was purchased to units purch | from the manufacturer between I after September 22, 1993 are alloud please provide the following information Control Device Required* (circle one) RC/CA/None required | December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of |
| unit. If the transfer mach 1993, it is a NEW unit (n permit). For each transfer Date Initially Purchased | ine was purchased to units purch | from the manufacturer between I after September 22, 1993 are allowater September 22, 1993 are allowater please provide the following information Control Device Required* (circle one) RC/CA/None required RC/CA/None required | December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of |
| unit. If the transfer mach 1993, it is a NEW unit (n permit). For each transfer Date Initially Purchased | ine was purchased to units purch | from the manufacturer between I after September 22, 1993 are alloud please provide the following information Control Device Required* (circle one) RC/CA/None required | December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of |
| unit. If the transfer mach 1993, it is a NEW unit (need permit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE KI | ine was purchased to units purch | from the manufacturer between I after September 22, 1993 are alloud please provide the following information Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required RC/CA/None required Control Device Required* CA = Control Device Required* | December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber |
| unit. If the transfer mach. 1993, it is a NEW unit (n. permit). For each transfer mach | ine was purchased to units purch | from the manufacturer between I after September 22, 1993 are allow please provide the following information Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required Control Device Required* Circle one) RC/CA/None required RC/CA/None required CA = ave you used within the last 12 manufacturers | December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber |
| unit. If the transfer mach. 1993, it is a NEW unit (n. permit). For each transfer mach | ine was purchased to units purch | from the manufacturer between I after September 22, 1993 are alloud please provide the following infto Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = ave you used within the last 12 much his in) | December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber |
| unit. If the transfer mach. 1993, it is a NEW unit (r. permit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE K. 2.(a) How much perchlor [351] gallor (b) If less than 12 more | ine was purchased to units purch | from the manufacturer between I after September 22, 1993 are alloud please provide the following infto Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = ave you used within the last 12 much his in) | December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber months? |
| unit. If the transfer mach. 1993, it is a NEW unit (r. permit). For each transfer Date Initially Purchased From Manufacturer *CONTROL DEVICE K. 2.(a) How much perchlor [351] gallor (b) If less than 12 more | ine was purchased to units purchased to units purchased to units purchased the machine on-site, Status (circle one) Existing/New | from the manufacturer between I after September 22, 1993 are alloud please provide the following information Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = ave you used within the last 12 me his in) months | December 9, 1991 and September 22, owed to operate under this general formation: Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber nonths? |

DEP Form No. 62-213.900(2) Effective: 2/24/99

| 3. What is the facility's source claused indicate with an "X". Select | | on the definitions found in section (3) of Part II? only.) | |
|---|---|---|-----|
| Small Area Source | | AA | |
| Dry-to-dry mad Transfer only o Both machine t | | (used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year) | |
| Large Area Source | | • | |
| Dry-to-dry mad Transfer only o Both machine t | | (used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year) | |
| 4. What control technology is rec (Indicate with an "X".) | uired on machines | s pursuant to section (5) of Part II of this notification form? | |
| Existing machines at sm (NONE REQUIRED) | all area source | New machines at small area source Refrigerated condenser [] | |
| Existing machines at lar Carbon adsorber Refrigerated condenser | ge area source | New machines at large area source Refrigerated condenser | |
| Rule 62-213.300, F.A.C. Verify | that all steam and h | units shall not be eligible to use the general permit pursuan hot water generating units on-site meet the following e (see attached memo for the criteria). | t t |
| All steam and hot water generating No such units on-site | ng units exempt | OR | |
| How many boilers do you have or | n-site? | | |
| For each boiler, indicate its horse | power (HP) rating: | | |
| What type of fuel do you use? |] propane] No. 2 fue] No. 6 fue | | |
| 6. Equipment Monitoring and Re | cordkeeping Inforn | mation | |
| 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 a | addition log | |
| (b) Leak detection inspection and | repair | | |
| (c) Refrigerated condenser tempe | rature monitoring. | | |
| (d) Carbon adsorber exhaust perc | concentration mon | nitoring AA | |
| (e) Startup, shutdown, malfuncti | on plan | | |

DEP Form No. 62-213.900(2)

Effective: 2/24/99

| 7. 5 | Surrender o | of Existing DEP Air Permit(s) |
|------|--|---|
| Ple | ase indicat | e with an "X" the appropriate selection: |
| | | 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. |
| Res | sponsible (| Official Certification |
| | <u>. </u> | |
| | this notifi statement maintain | lersigned, 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. |
| | | mptly notify the Department of any changes to the information contained in this notification. |
| | Print nam | e of responsible official |
| : | | Dahner 5/28/00 |
| | Signature | Date |

PERCHLOROETHYLENE DRY CLEANERS

DEP# 5048

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: | ANNUAL RE-INSPECTION | <u> </u> | COMPLAINT/DIS | SCOVERY | 1 |
|--|---|----------------------------------|---|----------------|--|
| AIRS ID#: 095/233 FACILITY NAME: Ri- | | TIME I | n: <u>1325</u> ti | ME OUT: _ | 1333 |
| | | · \ \ \ | | | |
| FACILITY LOCATION: | MI N. Octa | ndo A | NC. | | |
| | Winter Parl | k, FL | 32189 | | |
| RESPONSIBLE OFFICIAL : | Mike Ahm | ed | _ PHONE :407. | -644-9 | 500 |
| CONTACT NAME: | | | PHONE: | | , |
| | | | | | |
| PART I: NOTIFICATION | | | | | |
| (check appropriate box) | | | | | |
| New facility notified DARM | I 30 days prior to startup | 1 | | | |
| 2. Facility failed to notify DAI | | | | | tz/ |
| | | | | · | |
| PART II: CLASSIFICATIO | N . | , | | | |
| Facility indicated on notificat | ion form that it is: | | ☐ No notification | | |
| (check appropriate box) A. | | | ☐ Drop store/out o | of business/pe | etroleum |
| 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) | /yr dr tra bo | ansfer only, x oth types, x < | , x < 140 gal/yr < 200 gal/yr | . 9 | JUL 2 4 2000 JUL 2 4 2000 Bureau of Air Monite Bureau Mobile Source |
| 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) | ,100 gal/yr dr 00 gal/yr tra gal/yr bo | ansfer only, 2 oth types, 140 | rea source , $140 \le x \le 2,100$ gal $00 \le x \le 1,800$ gal/yr $\le x \le 1,800$ gal/yr or after $12/9/91$) | /yr | nitoring Irces |
| 5. This is a correct facility of | lassification | IY DN | □Can not determin | ne | |
| ☐ facil | appropriate classificatio ity qualified for a genera ity exceeds above limits | al permit as mand is not eli | gible for a general per | rmit | |
| B. The total quantity of perchles facility was gallons | | ased within th | ne preceding 12 mont | hs by this dry | cleaning |

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

| _ | | | | |
|----|---|----|-----|------|
| 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? | QΥ | □N | |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | ΩY | □N | □N/A |
| | Is the temperature differential equal to or greater than 20° F? | ПY | ПN | □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 | □N | □N/A |
| | Is the perc concentration equal to or less than 100 ppm? | ΠY | ПN | □N/A |
| 4. | Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? | ΟY | ПN | □N/A |
| | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | | | □N/A |
| 0. | Routed airflow to the carbon adsorber (if used) at all times? | Y | UN- | □N/A |

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) I. Maintained receipts for perc purchased? OY ON 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 DY DN DN/A and parts installed w/in 5 days of receipt? OY ON ON/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? OY ON 6. Maintained startup/shutdown/malfunction plan? OY ON ON/A 7. Maintained deviation reports? DY DN DN/A Problem corrected? 8. Maintained compliance plan, if applicable? OY ON ON/A

| PART | VI: LEAK DETECTION AND R | EPAIRS | *** | | | |
|---|--|--------------|-------------------|---------------------------|--------------|---------|
| Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair | | | | | | |
| insp | pection? | | | | ПY | □и |
| 2. Has | 2. Has the facility maintained a leak log? | | | | ΠY | □N |
| 3. Doe | s the responsible official check the t | following ar | reas for leaks? | | | |
| | Hose connections, fittings, couplings, and valves | OY ON | □N/A | Muck cookers | Ο Υ (| □N/A |
| | Door gaskets and seating | □Y □N | □N/A | Stills | | DN □N/A |
| | Filter gaskets and seating | OY ON | □N/A | Exhaust dampers | | DN □N/A |
| | Pumps | □Y □N | □N/A | Diverter valves | | □N/A |
| | Solvent tanks and containers | OY ON | □N/A | Cartridge filter housings | | DN/A |
| | Water separators | □Y □N | □N/A | | | |
| 4. Whi | ch method of detection is used by the | ne responsib | ole official? | | | |
| | Visual examination (condensed so | lvent on ex | terior surfaces) | | | |
| Physical detection (airflow felt through gaskets) | | | | | | |
| Odor (noticeable perc odor) | | | | | | |
| Use of direct-reading instrumentation (FID/PID/calorimetric tubes) | | | | | | |
| Halogen leak detector | | | | | Q | |
| | If using direct-reading instru | ımentation | , is the equipme | ent: | □N/A | |
| | a. Capable of detecting p | erc vapor c | concentrations in | a range of 0-500 ppm? | □Y (| □N |
| | b. Calibrated against a st (PID/FID only)? | andard gas | prior to and afte | er each use | □Y (| □N |
| | c. Inspected for leaks an | d obvious s | igns of wear on | a weekly basis? | | ПN |
| | d. Kept in a clean and se | | | • | | ПN |
| | e. Verified for accuracy | | | (calorimetric only)? | ΟY (| ПN |
| | • | | | | | |
| | | | | | | |
| | | | | | | |
| | Ilka Bundy | | | 6-2-00 | | |
| | Inspector's Name (Please Prin | it) | | Date of Inspection | | |
| | Mke Bund To be determined. | | | | | |
| Inspector's Signature Approximate Date of | | | | | | |

ADDITIONAL SITE INFORMATION:

6-2-00 mike Ahmed - owner

(e-2-00 1375-1337) 1-1-00

In business for 9 yrs.

Has one machine - bought some time in 1991.

Buys approx. 10 gal/mo

Left Small Business Assistance Program Sheet

Permit Notification

Dry Cleaners Compliance Calendar

7/13/00

Complaint Investigated w/o Insp. (CPLI)

Entered into ARMS & Linked w/ AIRS ID #.

Perchloroethylene notification form submitted

to Tallahasse.

AIRS ID # 0951233

Annual Inspection to follow soon.



MINA Manager 911 N. Orlando Ave. Winter Park, FL 32789 (407) 644-9500

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

| ARMS 8-28-00 | H |
|-----------------|---|
| 0 - | |

| | COMPLIANCE INS | SECTION 6 | CHECKLIST | V | | V |
|---|---------------------------|----------------------------------|---|-------------------|---------------------------------------|-------|
| TYPE OF INSPECTION: | ANNUAL | Ø | COMPLAIN | T/DISCOVERY | a | |
| | RE-INSPECTION | | ·: | | | 80 |
| AIRS ID#: 0951233-001 D | ATE: 8-25-0 | O TIME | in: 1430 | TIME OUT: | 1520 | Mobi |
| facility name: <u>Ritz</u> | Cleaners | | | | | le So |
| FACILITY LOCATION: 9 | 11 N. Orl | ando | Ave. | | : | urces |
| $_{\omega}$ | inter Park | , FL | 32789 | | | 7 |
| RESPONSIBLE OFFICIAL: | Arooj (mike) | Ahmed | d phone: 4 | 07-644- | 9500 | |
| CONTACT NAME: | | | _ PHONE: | | · · · · · · · · · · · · · · · · · · · | _ |
| | | - <u> </u> | | <u> </u> | | |
| PART 1: NOTIFICATION | | | | | | |
| (check appropriate box) | | | | | | |
| 1. New facility notified DARM 3 | 0 days prior to startup |) , | | | | |
| 2. Facility failed to notify DARM | I to use general permit | Ľ | | · | ū | |
| | | | | | | |
| PART II: CLASSIFICATION | | · · | | | | |
| Facility indicated on notification | ı form that it is: | | ☐ No notifica | | | |
| (check appropriate box) A. | | | ☐ Drop store | out of business/p | petroleum | |
| 1. Existing small area source | 2. | New small | area source | a | | |
| dry-to-dry only, x < 140 gal/y | | | y, x < 140 gal/yr | | | |
| transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr | | anster onty, z oth types, x < | k < 200 gal/yr | | | |
| (constructed before 12/9/91) | | | n or after 12/9/91 |) | | |
| (************************************** | | • | | | | |
| 3. Existing large area source | | New large | | UZÍ | | |
| dry-to-dry only, $140 \le x \le 2,1$ | · · | | y, $140 \le x \le 2,10$ | | | |
| transfer only, $200 \le x \le 1,800$ | | | $200 \le x \le 1,800 \text{ g}$ | | | |
| both types, $140 \le x \le 1,800$ ga (constructed before 12/9/91) | - | | 0 ≤ x ≤ 1,800 gal n or after 12/9/91 | | | |
| (50000000000000000000000000000000000000 | (0 | | 12//// | , | | |
| 5. This is a correct facility class | sification • • • • • | NO N | □Can not det | ermine | | |
| If no, please check the ap | opropriate classification | | | above | | |

Revised 9/15/97

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

facility was 195 gallons.

| PART III: GENERAL CONTROL REQUIREMENTS | |
|---|---------------------|
| Is the responsible official of the dry cleaning facility: (check appropriate boxes) | , |
| 1. Storing perchloroethylene in tightly sealed and impervious containers? | MY ON ON/A |
| 2. Examining the containers for leakage? | DIY ON ON/A |
| 3. Closing and securing machine doors except during loading/unloading? | DY ON |
| 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? | OY ON DANA |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | OY ON UN/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 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 mapping to September 22, 1993 | |
| If classification 4 has been cheeked, the machine should be equipped with a refr (complete A and B below). | rigerated condenser |
| A. Has the responsible official of all new sources and existing large area source (check appropriate boxes) | es: |
| 1. Equipped all machines with the appropriate vent controls? | MY ON |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | DY ON ON/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | My ON ON/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | DY ON |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | DY ON ON/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | MY ON |

| B. Has the responsible official of an existing large or new large area source also: | | | A |
|--|------------|---------|--------|
| 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? | UD/Y | ΩN | |
| 2. Measured and recorded the washer exhaust temperature at the condenser | | | |
| inlet and outlet weekly? | ΩY | ΠИ | □N/A |
| Is the temperature differential equal to or greater than 20° F? | ΩY | 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 | EDIVA |
| Is the perc concentration equal to or less than 100 ppm? | ŪΥ | ПИ | ØN/A |
| 4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? | D Y | _ DN | EŽIN/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? | ΩY | ПN | ØN/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? | MY ON |
| 3. Maintained leak detection inspection and repair reports for the following: | |
| a. documentation of leaks repaired w/in 24 hrs? or, | ETY 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? | אומם מם צוש |
| 4. Maintained calibration data? (for applicable direct reading instruments) | אום אם צם |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | UY ON GN/A |
| 6. Maintained startup/shutdown/malfunction plan? | ØY ON |
| 7. Maintained deviation reports? | OY ON DINJA |
| Problem corrected? | חא מו מו אם אם |
| 8. Maintained compliance plan, if applicable? | OY ON ON/A |

| PART VI: LEAK DETECTION AND REPAIRS | | | | | |
|--|----------------------------|---------------------------|-----------------|--|--|
| 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair | | | | | |
| inspection? | | | aλ □ν | | |
| 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 | OY ON ON/A | Muck cookers | DY ON ON/A | | |
| Door gaskets and scating | DY ON ON/A | Stills | MY ON ON/A | | |
| Filter gaskets and scating | DY ON ON/A | Exhaust dampers . | DY ON ON/A | | |
| Pumps | DY ON ONA | Diverter valves | DY ON ON/A | | |
| Solvent tanks and containers | DAY ON ON/A | Cartridge filter housings | DAY ON ON/A | | |
| Water separators | DY DN DN/A | | | | |
| 4. Which method of detection is used by the | e responsible official? | | / | | |
| Visual examination (condensed so | lvent on exterior surfaces | s) _. | , w | | |
| Physical detection (airflow felt the | ough gaskets) | | | | |
| Odor (noticeable perc odor) | • | | | | |
| Use of direct-reading instrumental | ion (FID/PID/calorimetri | c tubes) | | | |
| Halogen leak detector | | | | | |
| If using direct-reading instru | mentation, is the equip | ment: | EMN/A | | |
| a. Capable of detecting p | perc vapor concentrations | in a range of 0-500 ppm? | □Y □N | | |
| b. Calibrated against a st (PID/FID only)? | andard gas prior to and a | fter each use | OY ON | | |
| c. Inspected for leaks an | d obvious signs of wear o | n a weekly basis? | OY ON | | |
| d. Kept in a clean and se | cure area when not in use | ? | OY ON | | |
| c. Verified for accuracy | by use of duplicate samp | les (calorimetric only)? | DY DN | | |
| | • | | | | |
| | | | | | |
| Inspector's Name (Please Prin | 1) | Nate of Inspection | 00 | | |
| Ilka Bund | | 8-25 - | | | |
| Inspector's Signature |) | Approximate Date of | Next Inspection | | |

ADDITIONAL SITE INFORMATION:

| | • |
|----------|------|
| 1-6-99 | 19.5 |
| 1-27-99 | 39.0 |
| 2-17-99 | 19.5 |
| 3-3-99 | 39.0 |
| 3-30-99 | 39.0 |
| 4-23-99 | 19,5 |
| 6-3-99 | 19.5 |
| 6-30-99 | 19,5 |
| 8-4-99 | 19.5 |
| 9-8-99 | 19.5 |
| 9-16-99 | 19.5 |
| 10-27-99 | 19.5 |
| 11-10-99 | 19,5 |
| 12-15-99 | 19,5 |
| | 5 |

195.5

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: ANNUAL 🗸 C | OMPLAINT/DISCOVERY RE-INSPECTION |
|---|---|
| TIME IN: 1430 TIME OUT: 1 | 520 AIRS ID#: 0951233-001 |
| TYPE OF FACILITY: Dry Cleaner | |
| FACILITY NAME: Ritz Cleaners | DATE: 8-25-00 |
| FACILITY LOCATION: 911 N. Orlando AV | е, |
| Winter Park, FL | 32789 |
| RESPONSIBLE OFFICIAL: Arooj (Mike) Ahm | PHONE NUMBER: 407-644-9500 |
| Based on the results of the compliance requirements ev compliance with DEP Rule 62-213.300, Florida Admin | aluated during this inspection, the facility is found to be in istrative Code (F.A.C.). |
| Based on the results of the compliance requirements ev discrepancies were noted: | aluated during this inspection, the following compliance |
| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
| e e | |
| • | |
| | , |
| | |
| <u> </u> | |
| † | |
| | * * * |
| | |
| | , and the second of |
| | |
| | |
| COMMENTS: | · · |
| Facility in compliance | · · · · · · · · · · · · · · · · · · · |
| The Annual Compliance Certification form has been properly co | ertified and submitted to the inspector. YES NO |
| DATE OF NEXT INSPECTION: | 8-25-01 |
| | (Approximate) |
| INSPECTION CONDUCTED BY: | a Bundy (Please Print) |
| INSPECTOR'S SIGNATURE: Julia Bim | PHONE NUMBER: 407-836-1400 |

Page of .

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: | ANNUAL RE-INSPECTION | d | COMPLA | INT/DISCOVERY | , <u> </u> | & Mobil |
|---|---------------------------------------|--|--|--------------------------------------|-------------|----------------|
| AIRS ID#: 095/234-00 FACILITY NAME: Cap | | | | | . 1350 | Mobile Sources |
| FACILITY LOCATION: | 00 Lake | Ave. | | | : | c |
| RESPONSIBLE OFFICIAL: | Wayne Stat | ılman | PHONE: | 407-629 | - 7599 | |
| CONTACT NAME: | | | PHONE: | | | _ |
| PART I: NOTIFICATION | | | | | | |
| (check appropriate box) | | | | , | | |
| 1. New facility notified DARM | 30 days prior to startu | P _. | | | ū | |
| 2. Facility failed to notify DARI | M to use general perm | it' | | | 0 | |
| PART II: CLASSIFICATION | | | | | | |
| Facility indicated on notification (check appropriate box) A. | n form that it is: | | | fication form ore/out of busines: | s/petroleum | |
| 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) | zr d ti b | 2. New small a lry-to-dry only ransfer only, x ooth types, x < constructed on | , x < 140 gal < 200 gal/yr 140 gal/yr | . T | • | |
| 3. Existing large area source dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$) | 100 gal/yr d O gal/yr t al/yr b | 1. New large a lfy-to-dry only ransfer only, 20 both types, 140 constructed on | $0.05 \times 0.05 \times $ | 00 gal/yr gal/yr | | |
| 5. This is a correct facility cla | ssification (| MY ON | □Can not | determine | | |

Revised 9/15/97

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

facility qualified for a general permit as number ___

If no, please check the appropriate classification:

a

facility was 270 gallons.

| PART III: GENERAL CONTROL REQUIREMENTS | | | | | |
|--|---|--|--|--|--|
| Is the responsible official of the dry cleaning facility: (check appropriate boxes) | | | | | |
| 1. Storing perchloroethylene in tightly scaled and impervious containers? | MY ON ON/A | | | | |
| 2. Examining the containers for leakage? | DAY ON ON/A | | | | |
| 3. Closing and securing machine doors except during loading/unloading? | DAY CIN | | | | |
| 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? | אורם אום ציפו | | | | |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | DY ON ONIA | | | | |
| | | | | | |
| 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 refrige (complete A below). | rated condenser | | | | |
| | 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 refrige (complete A and B below). | erated 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? | ENY ON | | | | |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | DY ON ON/A | | | | |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | ery on on/a | | | | |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | egî on | | | | |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | QY ON ON/A | | | | |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | ONY 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? | ŪY □N |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | My ON ON/A |
| | Is the temperature differential equal to or greater than 20° F? | EY ON ON/A |
| 3. | Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, | / |
| | if machines are equipped with a carbon adsorber? | DY ON PANA |
| ٠ | Is the perc concentration equal to or less than 100 ppm? | OY ON DANIA |
| 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? | חא מו מו אמן |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | OY ON BIN/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | DY ON BN/A |

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: DY DN DNA 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 DY ON ON/A and parts installed w/in 5 days of receipt? DY DN DYNA 4. Maintained calibration data? (for applicable direct reading instruments) DY ON BIN/A 5. Maintained exhaust duct monitoring data on perc concentrations? DAY CIN 6. Maintained startup/shutdown/malfunction plan? DY ON DN/A 7. Maintained deviation reports? Problem corrected? DY ON DYNA DY ON ON/A 8. Maintained compliance plan, if applicable?

| PART VI: LEAK DETECTION AND REPAIRS | | | | | |
|--|----------------------------|---------------------------|-----------------|--|--|
| 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair | | | | | |
| inspection? | | | DY ON | | |
| 2. Has the facility maintained a leak log? | | | DY ON | | |
| 3. Does the responsible official check the | following areas for leaks: | ? | · | | |
| Hose connections, fittings, | | | | | |
| couplings, and valves | N/V ON ON/V | Muck cookers | MY ON ON/A | | |
| Door gaskets and scating | DY DN DN/A | Stills | DY ON ON/A | | |
| Filter gaskets and scating | DY ON ON/A | Exhaust dampers | DY ON ON/A | | |
| Pumps | ENY ON ON/A | Diverter valves | ETY DN DN/A | | |
| Solvent tanks and containers | DY ON ON/A | Cartridge filter housings | DY ON ON/A | | |
| Water separators | MY ON ON/A | | | | |
| 4. Which method of detection is used by t | he responsible official? | | | | |
| Visual examination (condensed s | olvent on exterior surface | es) | ল্ | | |
| Physical detection (airflow felt th | rough gaskets) | | D . | | |
| Odor (noticeable perc odor) | a | | | | |
| Use of direct-reading instrumenta | o · | | | | |
| Halogen leak detector | | | | | |
| If using direct-reading instr | EN/A | | | | |
| a. Capable of detecting | □Y □N | | | | |
| b. Calibrated against a s (PID/FID only)? | tandard gas prior to and a | after each use | OY ON | | |
| c. Inspected for leaks a | d obvious signs of wear | on a weekly basis? | OY ON | | |
| d. Kept in a clean and s | | | DY ON | | |
| e. Verified for accuracy | | | OY ON | | |
| | | | | | |
| | | | | | |
| Ilka Bundy 8-25-00 | | | | | |
| Inspector's Name (Please Prin | nt) | Date of Inspection | | | |
| Illia Bunch | Mrs Branch - 8-25-01 | | | | |
| Inspector's Signature | | Approximate Date of | Next Inspection | | |

ADDITIONAL SITE INFORMATION:

$$12-15-99$$
 $+5$, 30.0
 $1-2-2000$ 30.0
 $5-24-60$ 20.0
 $2-15-00$ 30.00
 $2-2000$ 80.00

8-20-99 300.00 (fill machine)

570

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: ANN | TUAL 🚺 C | COMPLAINT/DISCOVE | RY 🗌 | RE-INSPECTION |
|--|---|---------------------------|---------------------|---------------------|
| TIME IN: 1300 | тіме оит: 13. | 50 AII | rs 1D#: <u>095</u> | 1234-001 |
| TYPE OF FACILITY: Dry Clea | ner | | | |
| FACILITY NAME: Capri \$1. | 50 Cleaners | | | DATE: 8-25-00 |
| FACILITY LOCATION: 100 La | | | | |
| Maitla | nd . FL 32 | 2751 | | |
| | e Stahlman | PHON | E NUMBER: | 107-629-7599 |
| Based on the results of the compcompliance with DEP Rule 62-2 | • | - · | ection, the facilit | y is found to be in |
| Based on the results of the comparison discrepancies were noted: | oliance requirements ev | aluated during this inspe | ection, the follow | ving compliance |
| COMPLIANCE REQUIREM | 1ENT/PROBLEM | FOLLOW | -UP ACTIO | N REQUIRED |
| | | | _ | |
| | | | | |
| | | | _ | |
| | | | | |
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| | | | | |
| | | | | |
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| | | | • | |
| | | | | |
| | | | | |
| COMMENTS: | · · · · · · · · · · · · · · · · · · · | | | <u>-</u> |
| Facility | in compli | ance, | | |
| The Annual Compliance Certification fo | rm has been properly c | ertified and submitted to | the inspector. | YES / NO |
| DATE OF NEXT INSPECTION: | , | 8-25-01 | | |
| | ~^ <u>`</u> | (Approximate) | | |
| INSPECTION CONDUCTED BY: | 11 | (Blassa Bring) | | , |
| INSPECTOR'S SIGNATURE: | Mra Buno | (Please Print) | E NUMBER:_ | 407-836-1400 |
| | Z Pag | e of l | | Revised 10/9 |

BEST AVAILABLE COPY 1 0 2009 0951234-001 Air Monitoring 1(a) "RC" should be circled for each machine under Control Device Required. RC = represented condenser Sources Prior to m. Send your files. complete **Facility Nan** 1. Facility Hazardou 4. Facility L Street Ada City: M1 ORANGE COUNTY ENVIRONMENTAL PROTECTION DIVISION Responsible O: 6. Name and Name: 7. Responsible Organizatio Street Addr City: m Responsible Telephone: N Bureau of Air Monitoring & Mobile Sources Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: SAMCOUNTS ABOVE Street Address: Zip Code: City: 11. Facility Contact Telephone Number: Telephone: ()) Fax: (

KF'EIVED

EP Form No. 62-213.900(2)

Tective: 2/24/99

RECEIVED

JUL 1 0 2000

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring & 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): |
| Clivion W. STAHlman |
| 2. Site Name (For example, plant name or number): |
| 00.00. (16. 60 |
| CAPRI CEAUCIES 3. Hazardous Waste Generator Identification Number: |
| FL R000 059048 |
| |
| 4. Facility Location: CAPRI CLEANCRS Street Address: 100 LAKE AVE |
| City: MAITIANO County: ORANGE Zip Code: 32751 |
| 525 Facility Identification Number (DEP Use ONLY - do not fill in) |
| |
| 在中国的企業的企業的企業的企業的企業的企業的企業的企業的企業的企業的企業的企業的企業的 |
| |
| 6. Name and Title of Responsible Official: |
| Name: Clinton STAHLMAN WAMING OWNICK |
| 7. Responsible Official Mailing Address: |
| Organization/Firm: CAPR, Cluantes Street Address: 100 LAKE AVE |
| City: MA, MAND County: ORANGE Zip Code: 32751 |
| city. My 11410 county. Orepry ye zip code. 52/5/ |
| 8. Responsible Official Telephone Number: |
| Telephone: (407) 629- X99 Fax: (407) 629-6904 |
| |
| Facility Contact (If different from Responsible Official) |
| 9. Name and Title of Facility Contact (For example, plant manager): |
| CLINTON STAHLMAN WAYNE" |
| 10. Facility Contact Address: |
| Street Address |
| Street Address: City: Spricounty: ABWE Zip Code: |
| |
| 11. Facility Contact Telephone Number: |
| Telephone: () - Fax: () - |
| |
| EP Form No. 62-213 900(2) |

fective: 2/24/99

Bureau of Air Monitoring

N

Facility Information

| z women zamorania | | | · |
|--|--------------------------------------|--|---|
| 1.(a) DRY-TO-DRY M | ACHINES ONLY | • | |
| How many dry-to-dry ma | achines do you hav | e on-site? | |
| For each dry-to-dry mac | hine on-site, please | provide the following informat | ion: |
| 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") |
| 7/99 | Existing | Re/CA/None required | SAME |
| 7/99 | Existing/Nev | RCCA/None required | SAME SAME |
| | Existing/Nev | w RC/CA/None required | |
| *CONTROL DEVICE K | EY: $RC = re$ | frigerated condenser CA | = carbon adsorber |
| 1.(b) TRANSFER MAC | HINES ONLY | | |
| How many washers do ye | ou have on-site? | | • |
| How many dryers/reclain | ners do you have o | n-site? | |
| unit. If the transfer mach 1993, it is a NEW unit (r | ine was purchased to units purchased | from the manufacturer between | December 9, 1991, it is an EXISTING December 9, 1991 and September 22, lowed to operate under this general aformation: Date Control Device Installed |
| From Manufacturer | (circle one) | (circle one) | (if already included at time of purchase, write "SAME") |
| | Existing/New | RC/CA/None required | |
| NA | Existing/New | RC/CA/None required | ,1/A |
| · · · · · · · · · · · · · · · · · · · | Existing/New | RC/CA/None required | |
| *CONTROL DEVICE K | EY: $RC = re$ | frigerated condenser CA | = carbon adsorber |
| 2.(a) How much perchlo | roethylene (perc) h | ave you used within the last 12 | months? |
| [264] gallo | ns (You must fill t | his in) | |
| (b) If less than 12 mor | nths, how many? [| 10] months | |
| Check why it is les | ss than 12 months: | New owner: [] Did not ke | eep records: [] |
| | | New store: [\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | ne [1 |

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Unopened store [____] (date of expected opening _____)

| | ility's source classific an "X". Select one | | | d in section (3) of Part II? | |
|--|--|-----------------------------|-----------------------|---|-------------|
| Small A | rea Source | [] | | | |
| | Dry-to-dry machines Transfer only on-site Both machine types | 2 | (used less than 200 | gallons of perc per year) gallons of perc per year) gallons of perc per year) | |
| Large A | rea Source | | | | |
| | Dry-to-dry machines Transfer only on-site Both machine types | s only on-site | (used 200 - 1,800 ga | allons of perc per year) allons of perc per year) allons of perc per year) | |
| 4. What control to (Indicate with | | l on machines | pursuant to section (| 5) of Part II of this notificat | ion form? |
| | machines at small ar REQUIRED) [_ | rea source | | nes at small area source d condenser | |
| Carbon a | machines at large and dsorber [| ea source | | nes at large area source d condenser [] | |
| Rule 62-213.300, | F.A.C. Verify that a | ıll steam and l | ¥ | ible to use the general pern inits on-site meet the follow for the criteria). | • |
| All steam and hot No such units on- | water generating un | its exempt | OR | | |
| How many boilers | s do you have on-site | ? [] | | | |
| For each boiler, in | ndicate its horsepowe | er (HP) rating: | பயத | 1 | |
| What type of fuel | do you use? [| propane No. 2 fue No. 6 fue | | ral gas 4 fuel oil er (please list) | |
| 6. Equipment Mo | nitoring and Records | ceeping Inform | nation | | |
| Check all logs wh | ich are required to be | e kept on-site | in accordance with th | ne requirements of this gene | ral permit: |
| (a) Purchase recei | pts and solvent purch | nases/solvent | addition log | | |
| (b) Leak detection | n inspection and repa | ir | | $ \boxed{ \checkmark } $ | |
| (c) Refrigerated co | ondenser temperature | e monitoring | | | |
| (d) Carbon adsorb | er exhaust perc conc | entration mor | nitoring | | |
| (e) Startup, shutd | own, malfunction pl | an | | | |

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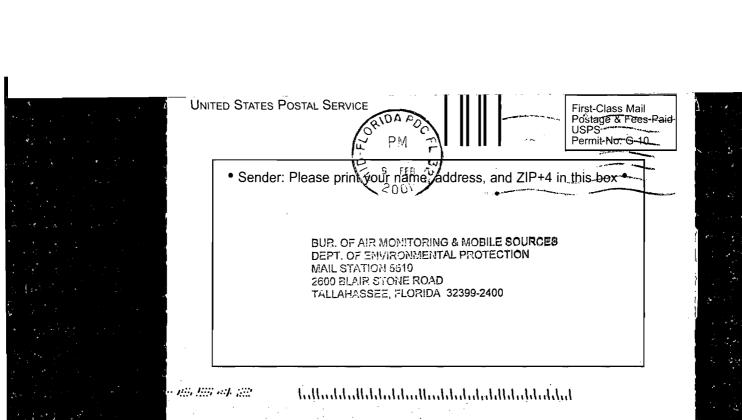
BEST AVAILABLE COPY

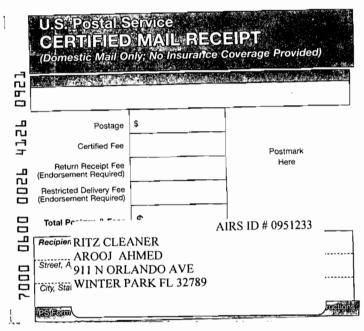
| 7. Surrender of Existing DEP Air Permit(s) | | | | |
|---|---|--|--|--|
| Please indicate with an "X" the appropriate selection: | | | | |
| | I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are | | | |
| ΓX | 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. Charles Spahlmand Print name of responsible official Signature Date 8/29/00 | | | | |

P Form No. 62-213.900(2) betive: 2/24/99

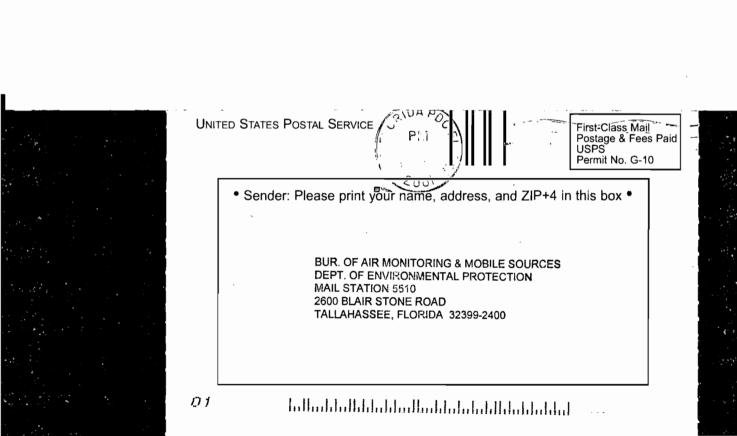
| 384F | Postal & Postal & CERTIFIED & | MAIL RE | GEIPT Coverage Provided |
|------|---|----------------------------|------------------------------|
| ۲ | Postage | \$ | |
| 4127 | Certified Fee | | Postmark |
| 먑 | Return Receipt Fee (Endorsement Required) | | Here |
| 005 | Restricted Delivery Fee (Endorsement Required) | | |
| 00 | Total Pos | | AIRS ID # 0951233 |
| 090 | RITZ CLI AROOJ A | AHMED | |
| | Street, Apt 911 N OR WINTER | LANDO AVE PARK FL 32789 | |
| 7000 | City, State | | |
| | PS Form 3300, February | 2000 | See Reverse for instructions |

| 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. 1. Article Addressed to: AIRS ID # 0951233 RITZ CLEANER | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X Agent Addressee D. Is delivery address different from item 1? If YES, enter delivery address below: | | | | |
| AROOJ AHMED 911 N ORLANDO AVE WINTER PARK FL 32789 | 3. Service Type Certified Mail | | | | |
| 2. Article Number (Copy from service label) 700011:01600100036141041384611111 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789 | | | | | |





| 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 |
| Article Addressed to: | D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No |
| AIRS ID # 0951233 RITZ CLEANER AROOJ AHMED 911 N ORLANDO AVE | |
| WINTER PARK FL 32789 | 3. Service Type Certified Mail |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| 2. Article Number (Copy from service label) 114126 | 692VIIII II IIII |
| PS Form 3811, July 1999 Domestic Ret | urn Receipt 102595-99-M-1789 |



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

407021 MAR 82001

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0951233

RITZ CLEANER AROOJ AHMED 911 N ORLANDO AVE WINTER PARK FL 32789 MAR - 9 2001
Bureau of Air Monitoring Monito

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

Rils qui Nollando AUC Winter Polk, FL 32782

CI MAR OF 2001

TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070 Rils cleaned 911 N. odlando AVE winter Palh FL-32789



3220 0002 4764

GENERAL TERMITE SECTION

Buleau of this Monitoring Depoltment of Environmental 72600 Blaid Stone Roal Tallaharner, FL 32399-2400

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