

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

August 4, 1998

Mr. Anthony J. Forte Love Dry Clean 1125 East Vine Street Kissimee, Florida 34741

Re: Facility No.: 0970066

Dear Mr. Forte:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 1, 1998.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title $\mbox{\tt V}$ 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,

otty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Anatoliy Sobolevskiy, Central District

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

Perchloroethylene Dry Cleaning Facility Notification

(keep a copy of the completed form on-site)
Facility Name and Location

1. Facility Owner/Company Name (Name of	of corporation	Jagency) or individual owner):
2. Site Name (For example, plant name or no 1/25 E. U. n.e. S. Hazardous Waste Generator Identification	ر ا	Kiss, Fl. 3474
4. Facility Location: Street Address: City:	County:	Zip Code:
5 Facility Identification Number (DEP Use	ONLY - do r	ot fill in): 0916066
	Responsibl	e Official
6. Name and Title of Responsible Official: Name: Authory I Inte		Title: owner
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	County:	Zip Code:
8. Responsible Official Telephone Number: Telephone: 467) 870 57	7/	Fax: (40) 870 5079
Facility Contact	(If different	from Responsible Official)
9. Name and Title of Facility Contact (For e.	xample, plan	t manager):
10. Facility Contact Address:		
Street Address: City:	County:	Zip Code:
11. Facility Contact Telephone Number: Telephone: () -		Fax: () -

Facility Information

1 (a) DRY-TO-DRY MACHINES ONLY	
How many dry-to-dry machines do you have on-site?	
For each dry-to-dry machine on-site, please provide the follo	owing information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
1989	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	

*CONTROL DEVICE KEY:

RC = refrigerated condenser

CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? How many dryers/reclaimers do you have on-site?



If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a NEW unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	·
······	Existing/New	RC/CA/None required	
		•	

*CONTROL DEVICE KEY:

RC = refrigerated condenser

CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months? [
(b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] Did not keep records: [] New store: [] New machine [] Unopened store [] (date of expected opening)
3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)
Small Area Source
Dry-to-dry machines only on-site (used less than 140 gallons of perc per year) Transfer only on-site (used less than 200 gallons of perc per year) Both machine types on-site (used less than 140 gallons of perc per year)
Large Area Source []
Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year) Transfer only on-site (used 200 - 1,800 gallons of perc per year) Both machine types on-site (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing machines at small area source (NONE REQUIRED) New machines at small area source Refrigerated condenser
Existing machines at large area source Carbon adsorber
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).
All steam and hot water generating units exempt No such units on-site OR
How many boilers do you have on-site?
For each boiler, indicate its horsepower (HP) rating: []
What type of fuel do you use? propane

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

6. Equipment Monitoring and Recordkeeping Information Check all logs which are required to be kept on-site in accordance with the requirements of this general permit: (a) Purchase receipts and solvent purchases/solvent addition log (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring (d) Carbon adsorber exhaust perc concentration monitoring (e) Instrument calibration (f) Start-up, shutdown, malfunction plan 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 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. int name of responsible official

RECEIVED JUL 28 1998 Bureau of Air Monitorine Bureau Mobile Sources

BEST AVAILABLE COPY

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name, (Name of corporation, agency, or individual owner):
YAA	1) CDE of KIST The
2	Site Name (For/example, plant name or number):
2.	
	Same
3.	Hazardous Waste Generator Identification Number:
	Facility Location:
4.	Facility Location:
	Street Address: 1/25 E. V. ne St. City: Kissimmee County: Osceola Zip Code: 34744
	City: Kissimmee County: Osceola Zip Code: 34744
5.	Facility Identification Number (DEP Use):
	0970066
1881 21	
	Responsible Official
6.	Name and Title of Responsible Official:
	ANTHONY J-FORTE OWNER
7.	Responsible Official Mailing Address:
	Organization/Firm:
	Street Address:
	Organization/Firm: Street Address: City: County: Zip Code:
8.	Responsible Official Telephone Number:
	Telephone: (407) 870 - 277/ Fax: (467) 870 - 5079
L	To the Control William of the Property Control
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	Same
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -
1	

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

Facility Information

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

		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-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	,	9/1989						· -	
(1) w/ ref. condenser	1	9/89		T .		· .	_		
(2) w/ carbon adsorber		7/							
(3) w/ no controls									
Washer Unit		•	•			-		<u>-</u>	-
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			, 5		•	•		•	
(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									
 (b) Control devices are (c) No control devices 2.(a) What was the total of the control devices (b) If less than 12 montrol Check why it is less 	are r quant gallo	equired to be ity of perchloons ow many? [_	rinstalled [_ proethylene ([perc]	purchased i				
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large ar	Selec ea so	ource	ication only.)) ew sn	initions foun nall area sou rge area sour	rce [3) of] 1	Part II?	
Existing large ar	Ca 50	uice	ING	-w ia	ige alea soul	LE [J		•

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

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source Carbon adsorber [] Refrigerated condenser []
New small area source Refrigerated condenser []
New large area source Refrigerated condenser
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site
Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration
(f) Start-up, shutdown, malfunction plan

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

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
No air permits currently exist for the operation of the facility indicated in this notification form.
Responsible Official Certification
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form. I will promptly notify the Department of any changes to the information contained in this notification.
Signature $\frac{7/27/98}{Date}$

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name Name	of corporation	agency, or indivi	dual owner):	
799	Love Dry Clean				
2.	Site Name (For/example, plant name or	number):			
	Same				
3.	Hazardous Waste Generator Identificati	on Number:			
	Facility Location:				
4.	Facility Location:	_			
	Street Address: 1/25 E. Vin City: Kissiumee	e ST.	4	Zip Code:	34744
	Rissimmee		ceo/a	Lip Code.	34/44
5.	Facility Identification Number (DEP Us	e);			43 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4
		1 2 4 5 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
		Responsible	Official		
6.	Name and Title of Responsible Official				
	Anthony J. Fo	2.75		when	
7.	• • • • • • • • • • • • • • • • • • • •				
	Organization/Firm: Street Address:	-			
	City:	County:		Zip C	ode:
	5				
8.	1		Fax: (467)	0-24 - 52	7 Q
	Telephone: (\$67) \$70 - 277	7	(707)	870-50	<u>' / </u>
	Facility Contact	(If different fr	om Responsible (Official)	
9.	Name and Title of Facility Contact (For	example, plan	t manager):		
		Carr	1.0		
10	Facility Contact Address	SAVY			
10.	(asmy contact results)				
	Street Address:	_			
	City:	County:		Zip Code:	
11.	Facility Contact Telephone Number:				
	Telephone: ()		Fax: ()	-	

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Effective: 6-25-96

Page 13 of 16

Post-It brand fax transmittal memo 7671 # of pages.

To PUCK Butter From SAADIA QUEESH

Co. FDEP-AIR Co. FDEP-C.D

Dept. AIR Phone # 893-3333

Fax # 850-922-1362 Fax # 892-8263

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
İ		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	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-M4R-92	02-MAR-9
Dry-to-Dry Unit	1	9/1989		••		 -			
(1) w/ ref. condenser	7	14/89	Γ	1	1	T	<u> </u>	<u> </u>	
(2) w/ carbon adsorber	<u> </u>	1/ 4/		<u> </u>					
(3) w/ no controls					1	†			·
Washer Unit				·		1			
(4) w/ ref. condenser			T	ì	1			1	
(5) w/ carbon adsorber				1		 	-		
(6) w/ no controls				T					
Dryer Unit	_				<u> </u>		<u> </u>		
(7) w/ ref. condenser	<u> </u>	1							
(8) w/ carbon adsorber				1					
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser	 	1	1			T		1	
(11) w/carbon adsorber					1	 			
(12) w/ no controls				<u> </u>	1				
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the c	are requant	equired to be ity of perchlons ow many? [installed [_proethylene (perc)	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	urce Selec ez so	classification it one classifi urce	based on the cation only.)	e defi		d in section (
	50				P. T. 12 25 01	'	,		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

DEP Form No. 62-213.900(2)

(e) Instrument calibration

(b) Leak detection inspection and repair

(f) Start-up, shutdown, malfunction plan

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:
<u></u>	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to
	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.

Signature

TBD 00881



TITLE V GENERAL PERMIT				
COMPLIA	ANCE INSPECTION CHECKLIST			
TYPE OF INSPECTION: ANNUAL RE-INSP				
AIRS 1D#: 0970066 DATE: 1	$\frac{ 2 /97}{2!/95}$ TIME IN: $\frac{ 2 35}{2!45}$ TIME OUT: $\frac{ 2 50}{3!00}$			
FACILITY NAME:) RY CLEANERS			
FACILITY LOCATION: 1/25 E	. VINE ST.			
KISSIMMA	EL, Fr. 34741			
DADEL NOTESCATION				
PART I: NOTIFICATION				
(check appropriate box)	MACHINE IN 8 TO 0			
1. Existing facility notified DARM by 9/1/96	9 YRS			
2. New facility notified DARM 30 days prior	r to startup			
3. Facility failed to notify DARM to use gen	eral permit			
	-			
PART II: CLASSIFICATION				
Facility indicated on notification form that (check appropriate box)	t it is:			
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)			
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,>			
This is a correct facility classification	DY ON OWNER NOT IN TALKED TO MAINTENANCE MAN			
If no, please check the appropriate classification				
	eral permit as number above ts and is not eligible for a general permit			
B. The total quantity of perchloroethylene (pacific total quantity of perchloroethylene (pacific total quantity was 80 gallons.	perc) purchased within the preceding 12 months by this dry cleaning			

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

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?	ΠY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	□и	
	Is the temperature differential equal to or greater than 20° F?	ΠY	□N	
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	□Y	ם מם	N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	□N	
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	□Y	□N	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ם מם	N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY		N/A
_				
P	ART V: RECORDKEEPING REQUIREMENTS			
	as the responsible official: heck appropriate boxes)		_	
1.	Maintained receipts for perc purchased?	YY	ΠN	
2.	Maintained rolling monthly averages of perc consumption?	ŪΥ	MA	
3	Maintained leak detection inspection and repair reports for the following:	1	1	

Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: 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? 4. Maintained calibration data? for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected? 8. Maintained compliance plan, if applicable?

CHACKS BY MAINTENANCE MAN

1. Does the responsible official conduct a weekly leak detection and repair inspection?

PART VI: LEAK DETECTION AND REPAIRS

NO YE

2.	Which method of detection is used by the responsible offic	ial?			
	Visual examination (condensed solvent on exterior so	urfaces)	×		
	Physical detection (airflow felt through gaskets)	•	À	•	
	Odor (noticeable perc odor)		#		
	Use of direct-reading instrumentation (FID/PID/calo.	rimetric tubes)			
	If using direct-reading instrumentation, is the equ	ipment:			
	a. Capable of detecting perc vapor concentr	rations in a range of 0-500 ppm?	\Box Y	□и	
	b. Calibrated against a standard gas prior to (PID/FID only)?	and after each use	ΠY	□N	
	c. Inspected for leaks and obvious signs of	wear on a weekly basis?	ΠY	□N	
	d. Kept in a clean and secure area when no	t in use?	ΠY	□N	
	e. Verified for accuracy by use of duplicate	samples (calorimetric only)?	ΠY	ЙΟ	
3.	Has the facility maintained a leak log?		ΠY	MN	
4.	Does the responsible official check the following areas for	leaks?	/	1	
	Hose connections, fittings, couplings, and valves □N	Muck cookers	ΔY	□и	
	Door gaskets and seating ZY □N	Stills	#Y	□и	
	Filter gaskets and seating	Exhaust dampers	ΠY	ПN	
	Pumps Pumps Pumps	Diverter valves	$\Box Y$	\square N	
	Solvent tanks and containers	Cartridge filter housings	YY	□N	
	Water separators TY ON		·		and the original time
	Topy FORTA Name of Responsible Official				
	1 and 1 Marian	1. 1.	9 -		
_	Ipspector's Name (Please Print)	Date of Inspe	ection		



1125 E. Vine St. / Kissimmee, Florida 34741

TONY & GAIL FORTE

870-2771

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- . VITTO FERRARI DOES MAINTENANCE.
- · SUPREMA 750 52- SUPER W/REPRICENATED CONSENSER
- · SEND GANERAL PERMY NOTIFICATION _
- FAN PULLS AIR THROUGH DOOR & EXHAUSTS TO OUTSIDE AIR,
- · HAS CONTATIONENT PAN, EPONY FLOOR
- r WILL INSTALL EVAPORATOR FOR WASTE WATER

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINTIDISC	COVERY	
	RE-INSPECTIO	и 🗆			•
MATTERN / I					
			N: <u>12.45</u> TIM		
FACILITY NAME: LDC	. of Kiss	minie	Inc/d/b/A	Love 1	nyci.
	25 £.1		•		
	Mssini	ee 1=	L 347	41	
RESPONSIBLE OFFICIAL:	Anthony	1 Foods	PHONE: δ	70 27	7/_
CONTACT NAME:			PHONE:	-	
PART I: NOTIFICATION			,		
(check appropriate box)					
1. New facility notified DARM 3	0 days prior to star	tup			
2. Facility failed to notify DARM	I to use general per	mit			
PART II: CLASSIFICATION		,			
Facility indicated on notification	n form that it is:		☐ No notification f		
(check appropriate box)			☐ Drop store/out of	f business/petr	oleum
1. Existing small area source		2. New small a	rea source		
dry-to-dry only, x < 140 gal/yi	-	dry-to-dry only,		100	
transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$		transfer only, x both types, x <		1409	
(constructed before 12/9/91)			or after 12/9/91)		P
3. Existing large area source	. 🗀	4. New large a			
dry-to-dry only, $140 \le x \le 2,1$		_	$140 \le x \le 2{,}100 \text{ gal/y}$	yr &	\mathcal{A}
transfer only, $200 \le x \le 1,800$	gal/yr	transfer only, 20	$0.0 \le x \le 1,800 \text{ gal/yr}$	88	
both types, $140 \le x \le 1,800$ ga (constructed before $12/9/91$)	ll/yr		\leq x \leq 1,800 gal/yr or after 12/9/91)	Noo	2 6 2
5. This is a correct facility class	ssification	□Y □N	□Can not determin	e (II Mon
					<u>გ</u> გ
If no, please check the at	opropriate classific	ation:			18 J
	qualified for a ger	neral permit as nu		e .	JUL 6 1948
☐ facility	qualified for a ger	neral permit as nu	mber abov	ve . mit	de de la company
☐ facility☐ facility☐ facility☐ facility☐ facility☐ ☐ facility☐ f	qualified for a ger exceeds above lin	neral permit as nu nits and is not elig	ible for a general per	mit	
☐ facility ☐ facility	qualified for a ger exceeds above lin	neral permit as nu nits and is not elig	ible for a general per	mit	

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? punged 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 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 cheked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all nex sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY DN 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 DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated □Y □N condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after OY ON verifying that the coolant had been completely charged?

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	ПN	
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?	ΩY	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?	ΠY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПΝ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΩY	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	□N/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: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in \(\) days and parts installed w/in 5 days of receipt? DY DN DN/A 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected? DY DN PN/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?					X	□и
2.	Has the facility maintained a leak log?					ΠY	₩
3.	Does the responsible official check the fe	ollow	ing ar	eas for leaks?			
	Hose connections, fittings,						
	couplings, and valves	7Y	□N	□N/A	Muck cookers	□₩	□N □N/A
	Door gaskets and seating	dY	ΩN	□N/A	Stills		□N □N/A
	Filter gaskets and seating	ф	ΠN	□N/A	Exhaust dampers	-	□N □N/A
	Pumps	by	□N	□N/A	Diverter valves	dy.	□N □N/A
	Solvent tanks and containers	þγ	□N	¹ □N/A	Cartridge filter housings	PY	□N □N/A
	Water separators	ΔY	ΩN	□N/A		•	
4,	Which method of detection is used by the	e resp	onsib	le official?			
	Visual examination (condensed sol	vent	on ext	terior surfaces)			
	Physical detection (airflow felt thro	ugh	gaske	ts)		W	
	Odor (noticeable perc odor)					W	
	Use of direct-reading instrumentati	on (F	ID/PI	D/calorimetric t	ubes)		
	Halogen leak detector						
	If using direct-reading instru	ment	ation.	, is the equipme	ent:	□N/	/A
	a. Capable of detecting pe	erc va	ipor c	oncentrations in	a range of 0-500 ppm?	ΠY	□Ν .
	b. Calibrated against a sta	ındarı	d gas	prior to and afte	r each use		
	(PID/FID only)?				•	ΠY	□N
c. Inspected for leaks and obvious signs of wear on a weekly basis?					a weekly basis?	ΠY	□Ň
	d. Kept in a clean and sec	ure a	rea w	hen not in use?		ΠY	□и
	e. Verified for accuracy b	y use	of du	iplicate samples	(calorimetric only)?	ΠY	⊓א
	·						

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

4/1/98

Approximate Date of Next Inspection

Owner completed notification from.

+ gave to DEP Inspector

did not have any logs,

gave him calendar (DED)

machine is 1989,

refrigiald Condensor not

refrigiald condensor he is

required since he is

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

/

Revised 10/96

TYPE OF INSPECTION: ANNUAL COM	APLAINT/DISCOVERY RE-INSPECTION
TIME IN: 12:45 TIME OUT: 1115	AIRS ID#: N/A 09700 66
TYPE OF FACILITY: DYN CLAMENS.	
FACILITY NAME: hore cleaners	DATE:
FACILITY LOCATION: 1125 E. Vine St.	Kussmeer Fr 3174/
RESPONSIBLE OFFICIAL: Anthony Foste	PHONE NUMBER: 407 -870 277)
Based on the results of the compliance requirements evalu compliance with DEP Rule 62-213.300, Florida Administr	
Based on the results of the compliance requirements evalu discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Did not have permit	gave per mit, complete + mail to TAZ.
Did not keep logs, Unantere	gave Calendar
unawhere	
	RECEIVED
· .	JUL - 6 1978
	Bureau of Air Monitoring
	& Mobile Sources
Machene is 1899, nothing.	and monitoring requires
	· · · · · · · · · · · · · · · · · · ·
The Annual Compliance Certification form has been properly certif	Tied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 9/98 (A)	oproximate)
INSPECTION CONDUCTED BY: OPI (PI	lease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 407-893-333

Page___of___.

PERCHLOROETHYLENE DRY CLEANERS

/14 SQ

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPEC	CTION CTION
FACILITY NAME: LOVE CF FACILITY LOCATION: 1125 & KIBSLM RESPONSIBLE OFFICIAL: Tony F	E vine St.
PART I: NOTIFICATION	
(check appropriate box) 1. New facility notified DARM 30 days prior to 2. Facility failed to notify DARM to use general	
PART II: CLASSIFICATION	
Facility indicated on notification form that it (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	t is: No notification form 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, $x < 140 \text{ gal/yr}$ (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$) $\square Y \square N \square Can \text{ not determine}$

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? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked no controls are required. Proceed to Part V. If classification 2 has been checked, tha 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) DY DN 1. Equipped all machines with the appropriate vent controls? 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 DY DN DN/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 condenser exceeded 45° F? QY QN QN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after UN UN verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	□и	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	□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?	\Box Y	ПN	□N/A
	ls the perc concentration equal to or less than 100 ppm?	ΩY	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?	ΠY	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПN	□N/A

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

PART VI: LEAK DETECTION AND R	EPAIRS					
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?	~		MC □N			
2. Has the facility maintained a leak log?			M□ ME			
3. Does the responsible official check the f	following areas for leaks?					
Hose connections, fittings, couplings, and valves	TY ON ON/A	Muck cookers	DY ON ON/A			
Door gaskets and seating	DY ON ON/A	Stills	אומם אם צם			
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	ארם אם אר			
Pumps	אוחם אם עם	Diverter valves	DY ON ON/A			
Solvent tanks and containers	אואם אם צם	Cartridge filter housings	DY ON ON/A			
Water separators	DY ON ON/A					
4. Which method of detection is used by th	e responsible official?		4			
Visual examination (condensed so	lvent on exterior surfaces)	Æ			
Physical detection (airflow felt thr	ough gaskets)	/				
Odor (noticeable perc odor)		•				
Use of direct-reading instrumentat	ion (FID/PID/calorimetri	c tubes)	<u>َ</u> ص			
Halogen leak detector						
If using direct-reading instru	mentation, is the equip	ment:	□N/A			
 a. Capable of detecting p 	erc vapor concentrations	in a range of 0-500 ppm?	OY ON			
b. Calibrated against a st (PID/FID only)?	andard gas prior to and a	fter each use	QY QN			
c. Inspected for leaks and	d obvious signs of wear o	n a weekly basis?	DY DN			
d. Kept in a clean and se	cure area when not in use	?	OY ON			
e. Verified for accuracy	by use of duplicate sampl	es (calorimetric only)?	OY ON			
Saadie Questi 1215/78.115/19 Inspector's Name (Please Print) Date of Inspection						

Approximate Date of Next Inspection

Suprema

· 100 · 100

pan? yes FOR MACHINE ONLY] epoky) yos

no perc on spotting board.

Condensate water covered.

MCF takes wast

nas zero waste machine

told him about accumallation doto

win get pan for haz. Waste => + keep ms Do here

did not have pere receipts on site I had in office (Using Calendar) -> Keep log of leaker + uef. cond. Cunneeded

It is in the clean-up program - explained that 2 Mary. entaimment is a must for herz. waste.

IN compliance => willdrop by in Inth Domake sue recipts are in site

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ACILITY NAME: B/B/A LO	ssimme é Ju	a 11		DATE: 1/5/99
ACILITY LOCATION: 1125 E	· Vine St.			
Kissimn	Tee 71.	34743		
Annual Reporting Period: Dec		_19 <u>97</u> то _	Dec	1998
Based on each term or condition of the Title 52-213.300, Fiorida Administrative Code (F				
f NO, complete the following:				
#1. Term or condition of the general permit	that has not been in co	ontinuous complian	ce during the reporti	ng period stated above:
Exact period of non-compliance: from				
Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance:				
Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permi	t that has not been in c	ontinuous complian	ce during the report	ing period stated above:
Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit Exact period of non-compliance: from	t that has not been in c	ontinuous complian		ing period stated above:
Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permi	it that has not been in co	ontinuous complian		ing period stated above:

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COM	1PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 10:00 TIME OUT:	10:48		0066
TYPE OF FACILITY: Dry Cleaner	2		
FACILITY NAME: Love Clean	rence		DATE: 11579
FACILITY LOCATION: 1125 E. VIL	né St.		
Kissimm		. 32	
RESPONSIBLE OFFICIAL: Tony Forte		PHONE NUMBER:_	870-2771
Based on the results of the compliance requir compliance with DEP Rule 62-213.300, Flori		- · · · · · · · · · · · · · · · · · · ·	ty is found to be in
Based on the results of the compliance required discrepancies were noted:	ements evalua	ated during this inspection, the follow	wing compliance
COMPLIANCE REQUIREMENT/PRO	DBLEM	FOLLOW-UP ACTIO	N REQUIRED
			_
,			
			
			
1. Will get perc rec 2. 2 rdans containme	eipts	Conlyhad calenda	negupts in
	-0"		
The Annual Compliance Certification form has been p	properly certif	ied and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION:	12/	99	
INSPECTION CONDUCTED BY:	aadi	ease Print)	
INSPECTOR'S SIGNATURE:		ease Print)PHONE NUMBER:	407-893-333
	Page	of	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

MS	
Ma	

TYPE OF INSPECTION:	ANNUAL		COMPLAINTOISCOVERY	
	RE-INSPECTION	1 🗆		, , (
0970066			· 	
AIRS 10#: None D	ATE: 6/19/9/	TIME II	n: <u>/2/45</u> time out: <u>/</u>	(15
FACILITY NAME:D(Dryce.
FACILITY LOCATION:	•		- 2/17/11	
	Ussine	ee 1-	L 34741	
RESPONSIBLE OFFICIAL : _	Anthony	1 Forte	PHONE: 870 2	77/
CONTACT NAME:			PHONE:	<u>.</u>
				
PART I: NOTIFICATION	<u> </u>		•	
(check appropriate box)		RF	CEIVED	
1. New facility notified DARM 3	0 days prior to start			ت ا
2. Facility failed to notify DARM	to use general perr	nit	DEC 1 4 1999	٥
<u> </u>		Bur	eau of Air Monitoring	
PART II: CLASSIFICATION			& Mobile Sources	
Facility indicated on notification	form that it is:		☐ No notification form	
(check appropriate box) A.			☐ Drop store/out of business/	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)		2. New small a dry-to-dry only, transfer only, x both types, x < (constructed on	x < 140 gal/yr < 200 gal/yr \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	89
3. Existing large area source dry-to-dry only, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ ga (constructed before $12/9/91$)	00 gal/yr gal/yr	transfer only, 20 both types, 140	rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after 12/9/91)	
5. This is a correct facility clas	sification	□Y □N	□Can not determine	
If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning				
facility wasOtO gallons.	(approx)			J

Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
Storing perchloroethylene in tightly sealed and impervious containers?	DY DN DYNA
2. Examining the containers for leakage?	DY DN DW/A
3. Closing and securing machine doors except during loading/unloading?	MD ADK
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ער סע 🌦
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	איאם אם אם
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 refe (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 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 source (check appropriate boxes)	es:
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?	□Y □N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	□Y □N □N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON

PART III: GENERAL CONTROL REQUIREMENTS

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?	ΠY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly	ΠY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	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?	ΠY	ПN	□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?	ΠY	ΠN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	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? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in \(\frac{1}{2}\)days DY DN/A and parts installed w/in 5 days of receipt? DY DN DN/A 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? DY DN XIN/A Problem corrected? 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?					Ý	DИ
2.	Has the facility maintained a leak log?					ΩY) DAQ
3.	Does the responsible official check the	follow	ing ar	eas for leaks?			`
	Hose connections, fittings, couplings, and valves	ДY	ΠN	□N/A	Muck cookers	□₩	□N □N/A
	Door gaskets and seating	Y	ΠN	□N/A	Stills		□N □N/A
	Filter gaskets and seating	фч	ПΝ	□N/A	Exhaust dampers		□N □N/A
	Pumps	ÞΥ	□N	□N/A	Diverter valves	4	□N □N/A
	Solvent tanks and containers	þy	ПN	□N/A	Cartridge filter housings	PY	□N □N/A
	Water separators	ΔA	ΠN	□N/A			
4.	Which method of detection is used by t	he resp	onsib	ole official?			
	Visual examination (condensed se	olvent	on ex	terior surfaces)	,	42	
	Physical detection (airflow felt through gaskets)						
Odor (noticeable perc odor)							
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	Halogen leak detector						
	If using direct-reading instrumentation, is the equipment:					'A	
	a. Capable of detecting	perc va	por c	oncentrations in	a range of 0-500 ppm?	ΠY	□N
	b. Calibrated against a s (PID/FID only)?	tandar	d gas	prior to and afte	er each use	ΠY	ПN
	c. Inspected for leaks ar	ıd obvi	ous s	igns of wear on	a weekly basis?	ΠY	□N
	d. Kept in a clean and secure area when not in use?					□N	
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?					□N	
_							

VAADIA QURESHI	6/18/93
Inspector's Name (Please Print)	Date of Inspection
Shi	9/1/98
Inspector's Signature	Approximate Date of Next Inspection

Owner completed notification from.

+ gave to DEP Inspector

det not have any logs,

gave him calendar (DED)

machine is 1989,

refrigirated Condensor not

required since he is

a small area source

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY) RE-INSPECTION
TIME IN: 12:45 TIME OUT:	1:15 AIRS ID#: N/A
TYPE OF FACILITY: DYU CLEANERS	
FACILITY NAME: hore Cleaners	
FACILITY LOCATION: 1125 E. VIM	e St. Knosimer Fr. 3174/
RESPONSIBLE OFFICIAL: Anthron, E	PHONE NUMBER: 407 870 27)
Based on the results of the compliance requirem	nents evaluated during this inspection, the facility is found to be in a Administrative Code (F.A.C.).
Based on the results of the compliance required discrepancies were noted:	nents evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROI	
Did not have permit	gave per mit complete + mail to TAZ.
Did not keep logs, unankere	gave calendar
unankere	
,	
	·
COMMENTS: Machene 15 989, NO	temp. cond. monitoring required.
The Annual Compliance Certification form has been pro-	
DATE OF NEXT INSPECTION:	9/93
INSPECTION CONDUCTED BY:	(Approximate) A) A (VURESH) (Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 407 -893 - 33 3 3

Page___of___.

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS.

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS	UPDATED
DATE_	12-16-99
BY	Re

TYPE OF INSPECTION:

2. Facility failed to notify DARM to use general permit

ANNUAL

X

COMPLAINT/DISCOVERY

RE-INSPECTION

1 TIME IN: [U'.Ud TIME OUT: 10:30
f,
34744 P
PHONE: 407-270-277/
PHONE: E M
62 2
Service Control of the Control of th
es orin
ga 🖂 🖂

PART II: CLASSIFICATION	·
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/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)	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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	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 $12/9/91$)
5. This is a correct facility classification	□N □Can not determine
	cation: neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pu facility was gallons.	urchased within the preceding 12 months by this dry cleaning

. 🗆

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 DN PN/A DY ON SANA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY ON PONA 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) DY DN 1. Equipped all machines with the appropriate vent controls DY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/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 condenser exceeded 45°F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

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

PART V: RECORDREEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	X DN
2. Maintained rolling monthly averages of perc consumption?	XX ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or; no lahs	AVAN MO YO
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON DANA
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON XIN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON XVIVA
6. Maintained startup/shutdown/malfunction plan?	MY ON
7. Maintained deviation reports?	OY ON XVIA
Problem corrected?	אואאפל אם צם
8. Maintained compliance plan, if applicable?	AVAS NO YO

PA	PART VI: LEAK DETECTION AND REPAIRS				
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			DAY DN	
2.	Has the facility maintained a leak log	?		⊈ ¥ □N	
3.	Does the responsible official check th	e following areas for leaks	5?		
	Hose connections, fittings, couplings, and valves	AND NO A	Muck cookers	QY ON ON/A	
	Door gaskets and seating	AY ON ON/A	Stills	AY ON ONA	
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	AND NO YES	
	Pumps	AY ON ON/A	Diverter valves	AVO NO YA	
	Solvent tanks and containers	אומם מם צבל	Cartridge filter housings	אואם אם אא	
	Water separators	AND NO Y			
4.	Which method of detection is used by	the responsible official?	•		
	Visual examination (condensed	solvent on exterior surface	es)	۵	
	Physical detection (airflow felt t	through gaskets)	•	Ġ	
	Odor (noticeable perc odor)				
	Use of direct-reading instrumen	tation (FID/PID/calorimet	ric tubes)		
	Halogen leak detector		•	*	
	If using direct-reading inst	trumentation, is the equi	pment:	· □N/A	
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? □Y □N				
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				
	c. Inspected for leaks a	and obvious signs of wear	on a weekly basis?	OY ON	
	d. Kept in a clean and	secure area when not in u	se?	DY DN	
	e. Verified for accurac	y by use of duplicate samp	les (calorimetric only)?	OY ON	
	Randall Conningha	<u>n</u>	12-16-6	<u> </u>	
V	Inspector's Name (Please Pr	int)	Date of Inspe		
	Inspector's Signature		Approximate Date of	Next Inspection	

ADDITIONAL SITE INFORMATION:	

DRY CLEANER AIR QUALITY GENERAL PERMIT

FACILITY NAME: Love Cleaners	DATE: 12-16-99
FACILITY LOCATION: 1125 E. Vine St.	
Kissimmee, FL 34743	
Annual Reporting Period: Vecember 1998 TO Necem	ber 1999
Based on each term or condition of the Title V general air permit, my facility has remained in complicated and administrative Code (F.A.C.), during the period covered by this statement.	/ —
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the r	eporting period stated above:
Exact period of non-compliance: fromto	
Action(s) taken to achieve compliance:	·
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the r	eporting period stated above:
Exact period of non-compliance: fromto	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	·
As the responsible official, I hereby certify, based on information and belief formed after reasonable made in this notification are true, accurate and complete. Further, my annual consumption of perchapon purchase receipts, does not exceed 2,100 gallons per year for dry-to dryfacilities of 1,800 gallons per ye	hloroe!hylene solvent, based

Page _____ of _____.

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAIN	T/DISCOVERY	RE-	INSPECTION
TIME IN: 10:00	TIME OUT:	30	AIRS ID#	1: 097000	56
TYPE OF FACILITY:	(lantag				
FACILITY NAME: LOVE D	ry Cleaners			DATE:	12-16-99
FACILITY LOCATION: 1125	E. Vine St.				
	tissinmee,	FL 3474	3		
RESPONSIBLE OFFICIAL:	ny Faste		PHONE NUM	MBER: <u>407</u>	870-2771
Based on the results of the compliance with DEP Rule	-		•	the facility is fou	nd to be in
Based on the results of the discrepancies were noted:			ng this inspection,	the following co	npliance
COMPLIANCE REQUI	REMENT/PROBLEM	M I	OLLOW-UP	ACTION RE	QUIRED
·					· <u> </u>
COMMENTS:					-
In Compl	ignce		·	<u> </u>	·
The Annual Compliance Certification		certified and s	ubmitted to the ins	pector. YI	NO ON
DATE OF NEXT INSPECTION:	12-2000				
INSPECTION CONDUCTED BY	: Randall	(Approxima	ingham	(40)	7) 893-333
INSPECTOR'S SIGNATURE:	-vivil of		PHONE NUM	186K: 0 007	1 0 1 0 0 0
	. Pa	geof_	_,		Revised 10/96

Bowman, Sandy

From: Rice, Rodell

Sent: Monday, October 27, 2003 8:55 AM

To: Bowman, Sandy
Cc: Mulligan, Tom

Subject: RE: RE: Expired Entitlements

Hello Sandy,

Sorry for the delay. Yes, all these facilities are in operation. Only 0970064 has changed their name and is under new management. I provided them with the permit application. Central District Air Compliance section will take care of all the other facilities on the list.

We are currently one person short. I'm no longer doing the dry cleaners. I was promoted to another job, same section. Please forward any other Dry Cleaner or Small Business Program correspondence to Tom Mulligan, my supervisor. He should be able to help you.

Thanks for everything.

----Original Message-----From: Bowman, Sandy

Sent: Wednesday, October 22, 2003 9:11 AM

To: Rice, Rodell

Subject: RE: Expired Entitlements

Hi Rodell,

In looking through the ARMS database, I noticed that entitlements for the following facilities have expired. The last we heard from each facility was payment of their annual emissions fee.

Are these facilities still in operation? If so, they will need to submit another notification form for entitlement to operate for the next 5 years. If not, please let me know so that I may inactivate them.

Thanks for looking into this for me. If you have any questions, please give me a call.

AIRS ID DATE	EXPIRE DATE		FEE PAYMENT YEAR	R FEE PAYMENT
1270144	1/21/2003	2002		3/12/2003
0970064	1/29/2003	2002	·	2/20/2003
1170364	3/11/2003	2002	•	12/16/2002
1270147	4/1/2003	2002		2/6/2003
1170366	5/4/2003	2001		4/18/2002
0970066	7/28/2003	2002		2/13/2003
0090171	8/5/2003	2002		12/19/2002

2/3/2003

0090174 8/31/2003 2002 12/23/2002

2002

Thanks again,

1170369

Sandy Bowman

Sandy Bowman
Environmental Consultant
Division of Air Resource Management
850/921-9583 or sandy.bowman@dep.state.fl.us

8/31/2003

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING () 390662

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

LOVE DRY CLEAN ANTHONY J FORTE 1125 E VINE STREET KISSIMMEE FL 34741 AIRS ID # 0970066

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



860 Tourne Ctr. Br . Peineiana, FL 34758 · 935-1442 2334 Fertune Rd • Hissimmee, FL 34744 • 348-3500





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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

435470 JAN20 2004

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

970066 ANTHÔNY FORTE LOVE DRY CLEAN 1125 E VINE STREET KISSIMMEE FL 34741



FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



.. here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

112808 JAN 92002



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 # 0970066

LOVE DRY CLEAN ANTHONY J FORTE 1125 E VINE STREET KISSIMMEE FL 34741

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

402649

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

LOVE DRY CLEAN ANTHONY J FORTE 1125 E VINE STREET KISSIMMEE FL 34741 AIRS ID # 0970066

MAIL ROPE

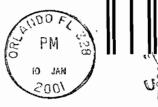
FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273



1125 E. Vine St. Kissimmee, FL 34744 • 870-2771 850 Towns Ctr. Dr. • Poinclane, FL 34758 • 935-1442 2004 Fortuna Rd. • reason trees. FL 34744 • 349-3500





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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0356428

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 # 0970066

LOVE DRY CLEAN ANTHONY J FORTE 1125 E VINE STREET KISSIMMEE FL 34741 FOR GOVERNMENT USE ONI Org.: 37550101000 EO: BEO Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50,00

422919 FEB132893

Do NOT Remove Label

AIRS ID#0970066

LOVE DRY CLEAN ANTHONY J FORTE 1125 E VINE STREET KISSIMMEE FL 34741

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

Obj.: 002273

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	Restricted Delivery Fee (Endorsement Required)	
100	Total Pos 10 AIR	S ID # 0970066001AG
m	Name (Plea ANTHO	NY J FORTE
<u>-</u>		KISSIMMEE INC VINE STREET
709		MEE FL 34741
i 1	PS Form 3800, July 1999	See Reverse for instructions

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 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. Signature X
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10 AIRS ID # 0970066001 AG ANTHONY J FORTE LDC OF KISSIMMEE INC	
1125 E VINE STREET KISSIMMEE FL 34741	3. Service Type Certified Mail
7099 3400000014532009	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Transfer from service label)	<u>:</u>
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