

Department of **Environmental Protection**

1170060

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

Virginia B. Wetherell Secretary

August 28, 1996

Mr. Michong Codrington Fantastic Cleaners 124 West 2nd Street Sanford, Florida 32771

Dear Mr. Codrington:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 13, 1996.

Please note that in November 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 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

cc: Mr. Louis Nichols, Central District



Department of **Environmental Protection**

Jeb Bush Governor

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

David B. Struhs Secretary

June 25, 2001

Mr. Leonard Codrington Fantastic Cleaners 124 West 2nd Street Sanford, Florida 32771

Dear Mr. Codrington:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on June 22.

In reviewing your submittal, it was noted that Fantastic Cleaners elected to surrender its existing Title V air general permit (AIRS ID 1170060). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

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

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

Thank you for your attention to this matter and I applogize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 840/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring

and Mobile Sources

SB/ Enclosure

cc: Mr. John Turner, Central District

"More Protection, Less Process"

Printed on recycled paper.

6 41460

Facility Name and Location

Perchloroethylene Dry Cleaning Facility Notification

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1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Mi change Codestata
2. Site Name (For example, plant name or number):
Fantastic Joan US 3. Hazardous Waste Generator Identification Number:
7. Nazardous waste delierator identification indifficient.
FLD781021078
4. Facility Location: 124 West 3 ST. Street Address:
City: Santord, Fl County: Semmole Zip Code: 3277/
5. Facility Identification Number (DEP Use):
37550304 MS# 5510 1170060
Responsible Official
6. Name and Title of Responsible Official:
xowner-milated
7. Responsible Official Mailing Address:
Organization/Firm: Fantustic, C/2010H Street Address: 124 w 22 57.
City: Sanford, F1 County: 52m1N/k Zip Code: 3277)
8. Responsible Official Telephone Number:
Telephone: 407)322 - 1112 Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
1 conard Codrugton - plant Manager
10 Facility Contact Address:
Street Address: 124 w 2 Nd
Street Address: 124 w 2nd City: SantorRel, Fl County: Seminole Zip Code: 3277/ E
11. Facility Contact Telephone Number:
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Bureau of Air Monitoring & Mobile Sources

DEP Form No. 62-213.900(2)

Page 13 of 16

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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.

Machine Control Machine Device Initially			Date	Date		Date	Date		Date	Date
Type of Machine ID Purchased Installed ID Purchased ID Purchased Installed ID Purchased ID Purcha			Machine	Control		Machine	Control		Machine	Control
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(b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [] gallons (b) If less than 12 months, how many? [] months [] Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: [] 3. What is the facility's source classification based on the definitions found in section (3) of Part II?	(11) w/carbon adsorber									
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(Indicate with an "X". Select one classification only.) Existing small area source [New small area source []	(Indicate with an "X".	Selec	t one classifi	cation only.)				3) of	Part II?	
Existing large area source [] New large area source []	-			Ne	w lai	ge area sour	ce [Ì		

DEP Form No. 62-213.900(2)

 What control technology is required on mad (Indicate with an "X".) 	chines pursuant to section (5) of F	Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser	ι X ı
New small area source Refrigerated condenser []		·
New large area source Refrigerated condenser []		
5. A facility which contains non-exempt emis to Rule 62-213.300, F.A.C. Verify that all ste exemption criteria or that no such units exist of	am and hot water generating unit	
All steam and hot water generating units on-st boiler HP or less), and (2) are fired exclusived during which propane or fuel oil containing n	ly by natural gas except for period	ds of natural gas curtailment
All steam and hot water generating units exem No such units on-site	apt [X]	
Equipment Monito	oring and Recordkeeping Inform	nation
Check all logs which are required to be kept o	n-site in accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent purchases		لگا
(b) Leak detection inspection and repair		ι <u>X</u> ı
(c) Refrigerated condenser temperature monitor	oring	$_{1}\times_{1}$
(d) Carbon adsorber exhaust perc concentration	n monitoring	
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction plan		(λ)

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

Surrender of Existing Air Permit(s)

Please indica	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
×	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	Simply notify the Department of any changes to the information contained in this notification. $2.29 - 86$

DEP Form No. 62-213.900(2)

This Goes to Dept of Air - \$50.

WAS Sent to Acct. & Credited to Dry Cleaning

Registration ON CASH Listing 7354.

I Will tell them to Soudit BACK.

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Lida Schwetz 488-3753

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Corrections made 11/26/96	
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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

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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):					
Fantastic Cloaners					
3. Hazardous Waste Generator Idéntification Number:	,				
FLD98/027048 4. Facility Location: 124 West 2nd St.					
4. Facility Location: 124 West of ST.					
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City Santor of the County: Stranger Zip Code:	32/11/				
5 Facility Identification Number (DEP Use):					
37550304 pg 45610 + 1/700	260				
Responsible Official					
6. Name and Title of Responsible Official:) A.C.				
xowner-nilalades					
7. Responsible Official Mailing Address:					
Organization/Firm: Fantustic, Chanell Street Address: 124 2 2 2 57.					
Street Address: 124 6 7 70 01	Cada 2 A A A				
City: Sanford, Fl County: Siminak Zipa	Code: 3277]				
8. Responsible Official Telephone Number:					
Telephone: (407)322 - 1/12 Fax: () -					
Facility Contact (If different from Responsible Official)					

9. Name and Title of Facility Contact (For example, plant manager):		
120 ward Codragton-Plant Manager		
10'. Facility Contact Address:		
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11. Facility Contact Telephone Number:	<u>~</u> ⊒	ਹ ;
Telephone: (407) 322- 1112 Fax: () -	3 1	֝֟֝֟֝֟֝֟֝֟֝֟֟֝֟֝֟֟֟֝֟֟֟֝֟֟֟֟֟֝֟֟֟֝֟֟֟֝
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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

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(b) Control devices are required, but not yet installed (c) No control devices are required to be installed 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [Solution of perchloroethylene (perc) purchased in the latest 12 months? [Solution of perchloroethylene (perc) purchased in the latest 12 months? [Solution of perchloroethylene (perc) purchased in the latest 12 months? [Solution of perchloroethylene (perc) purchased in the latest 12 months? [Solution of perchloroethylene (perc) purchased in the latest 12 months? [Solution of perchloroethylene (perc) purchased in the latest 12 months? [Solution of perchloroethylene (perc) purchased in the latest 12 months? [Solution of perchloroethylene (perc) purchased in the latest 12 months? [Solution of perchloroethylene (perc) purchased in the latest 12 months? [Solution of perchloroethylene (perc) purchased in the latest 12 months? [Solution of perchloroethylene (perc) purchased in the latest 12 months? [Solution of perchloroethylene (perc) purchased in the latest 12 months? [Solution of perchloroethylene (perc) purchased in the latest 12 months? [Solution of perchloroethylene (perc) purchased in the latest 12 months? [Solution of perchloroethylene (perc) purchased in the latest 12 months? [Solution of perchloroethylene (perc) purchased in the latest 12 months? [Solution of perchloroethylene (perc) purchased in the latest 12 months? [Solution of perchloroethylene (perc) purchased in the latest 12 months? [Solution of perchloroethylene (perc) purchased in the latest 12 months? [Solution of perchloroethylene (perc) purchased in the latest 12 months? [Solution of perchloroethylene (perc) purchased in the latest 12 months? [Solution of perchloroethylene (perc) purchased in the latest 12 months? [Solution of perchloroethylene (perc) purchased in the latest 12 months? [Solution of perchloroethylene (perc) purchased in the latest 12 months? [Solution of perchloroethylene (perc) purchased in the latest	(10) w/ ref. condenser									
(b) Control devices are required, but not yet installed [(11) w/carbon adsorber						1			
(b) Control devices are required, but not yet installed [(12) w/ no controls								_	
(Indicate with an "X". Select one classification only.) Existing small area source New small area source [X] mc/ll. 26-96	(c) No control devices are required to be installed 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [b) If less than 12 months, how many? [] months									

DEP Form No. 62-213.900(2)

4. What control technology is required on machines pursua (Indicate with an "X".)	ant to section (5) of Part 11 of this notification form?
Existing large area source Carbon adsorber [] Refr	igerated condenser
New small area source Refrigerated condenser	16.96
New large area source Refrigerated condenser []	
 A facility which contains non-exempt emissions units sl to Rule 62-213.300, F.A.C. Verify that all steam and hot v 	
exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a boiler HP or less), and (2) are fired exclusively by natural during which propane or fuel oil containing no more than	gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Re	cordkeeping Information
Check all logs which are required to be kept on-site in acco	ordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	ιΧ̈́J
(b) Leak detection inspection and repair	ι <u>Χ</u> ι
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	<u> </u>
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	· · · · · · · · · · · · · · · · · · ·

DEP Form No. 62-213.900(2)

Surrender of Existing Air Permit(s)

ease indica	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 notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	emptly notify the Department of any changes to the information contained in this notification.
Signature	1600 - 29-8h

DEP Form No. 62-213.900(2)

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY D
AIRS ID#: <u>//7 0060</u> DATE: <u>//26 /</u> FACILITY NAME: <u>FANTASTIC</u> (46 TIME IN: 2150 TIME OUT: 3417
II • • • • • • • • • • • • • • • • • •	
FACILITY LOCATION: 124 W. 24	70 ST
SÄNFORD Fi.	3277/
PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	/ 💥
2. New facility notified DARM 30 days prior to sta	rtup \Box
3. Facility failed to notify DARM to use general pe	rmit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	
A. 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	□Y XN
If no, please check the appropriate classification:	NEW SMALL AREA SOURCE
facility qualified for a general per facility exceeds above limits and i	
B. The total quantity of perchloroethylene (perc) profacility was	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? 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? OY ON PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON ,
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
Is the temperature differential equal to or greater than 20° F?	OY ON
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON
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
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Has the responsible official:	DYY □N
Has the responsible official: (check appropriate boxes)	DY DN
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	DY DN NAT YOU
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	DY DN DY DN DY DN
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:	07 kn 07 kn 07 kn 07 kn
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	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?	□Y Q N
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)	OY ON ON/A
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?	OY ON ON/A
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?	OY DON OY ON ON/A OY ON
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?	OY DON OY ON ON/A OY ON OY ON OY ON
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?	
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?	

2.	Which method of detection is used by the	e respo	nsible offic	ial?		
	Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)				X	
	Use of direct-reading instrumental	ion (FI	D/PID/calo	rimetric tubes)	à	
	If using direct-reading instrume	ntation	, is the equ	ipment:		
	a. Capable of detecting p	erc vap	or concent	rations in a range of 0-500 ppm?	\Box Y	ŮИ
	 b. Calibrated against a st (PID/FID only)? 	andard	gas prior t	o and after each use	ΠY	ПИ
	` *	l obvio	us signs of	wear on a weekly hasis?	ΩY	
c. Inspected for leaks and obvious signs of wear on a weekly basis?					DY DN	
 d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? 					DY DN	
_	•	•	. •	• • •	٠.	
3.	Has the facility maintained a leak log?	/	NO LEA	(K)		□N
4.	Does the responsible official check the f	ollowin	ig areas for	leaks?		
	Hose connections, fittings, couplings, and valves	∯ Y	ΩΝ	. , Muck cookers	X Y	□N
	Door gaskets and seating	*	ПN	Stills	*	□N
	Filter gaskets and seating	P Y	□N	Exhaust dampers	ΟY	ПN
	Pumps	ŶŶ	□N	Diverter valves	ΠY	□N
	Solvent tanks and containers	Y	ПN	Cartridge filter housings	Y	□N
	Water separators	Ø Y	ΠN			

MICHONG—CONRINGTON
Name of Responsible Official

Louis A. Wichols Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

11/26/16

Approximate Date of Next Inspection



"The Very Finest Dry Cleaning And Shirt Laundry Service"

Drop Off and Pick Up

FANTASTIC CLEANERS

Michong Codrington

Owner

124 W 2nd Street Sanford, FL 32771

(407) 322-1112

ADDITIONAL SITE INFORMATION:

- · ECONOMATIC AVANTI335 £ 3543
- A HAS CONTRINMENT PAN UNDER MACHINE
- FILTER DUT IN SEALED CONTRINER FOR PICKUP
 TWICE/YA

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1'30 = TIME OUT: 21.00	AIRS ID#: 170060
TYPE OF FACILITY: Dry Cleaning	
FACILITY NAME: Facility NAME: Facility NAME: Facility NAME: Part 125tic Clear	ners DATE: 11/4917
FACILITY LOCATION: 12 U V 2nd 5	<u></u>
Santon Fi. 3	
RESPONSIBLE OFFICIAL: Land Cody	25/11 PHONE NUMBER: 407-3)2-1112
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administration	•
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
minor problems	Keep receired to
no perc log, receipts but no ru	mainstructured +3+ap.
	· · · · · · · · · · · · · · · · · · ·
	•
·	
COMMENTS: Had all loss and re	cupts fut no
Had all loss and so	to tal. My Pleaned
The Annual Compliance Certification form has been properly certification for the properly certification for t	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: (Ar	oproximate)
\(\sqrt{n} = \)	DURESHI
INSPECTION CONDUCTED BY:	ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 407894-755
	%-7.
Page	of Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY ON			
FACILITY NAME: FANTASTIC CLEAR FACILITY LOCATION: 124 W. SANTASTIC CLEAR FACILITY NAME: FANTASTIC CLEAR FANTASTI	77 TIME IN: 1:30 TIME OUT: 2:00 ANDES 2rd St. IL 32711 1 Codrington PHONE: 407-302-1/12 PHONE:			
PART I: NOTIFICATION	<u> </u>			
(check appropriate box)				
· · · · · · · · · · · · · · · · · · ·				
1. New facility notified DARM 30 days prior to startup				
2. Facility failed to notify DARM to use general permit				
	·			
	<u> </u>			
PART II: CLASSIFICATION				
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr			
Facility indicated on notification form that it is: (check appropriate box) 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	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr			
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr			
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr			

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

PART IV: PROCESS VENT CONTROLS

beds according to the manufacturer's specifications?

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls?
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?



DY DN



- AND ND AND
- AVA ON ON/A
- / <
- AVED NO YA



В.	Has the responsible official of an existing large or new large area source also:			
	7.			
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?	$\square \nabla$	ΠN	
	on my totaly, reciminer, and myer indomines on a westay statis.	— 1	- 111	
_				
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	\Box Y	ΠИ	\square N/A
	Is the termoniture differential equal to or greater than 20° E2	(1) \$7		(T) \(\(\) \(\)
	Is the temperature differential equal to or greater than 20° F?	ΨY	UN	□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?	$\Box Y$	ΠN	□N/A
		_	_	_
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	\Box N	□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,			
ŀ	or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	$\Box x$		□N/A
	of expansion, and downsdeam from no other mier:	L I		UIWA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
	condenser coils?	\Box Y	ПΝ	□N/A
l				
6.	Routed airflow to the carbon adsorber (if used) at all times?	\Box Y	\square N	□N/A
	,			

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	AY ON
2. Maintained rolling monthly averages of perc consumption? Explained	DY XQ
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	AY 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?	באוא אם אם אם
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DXVIA
5. Maintained exhaust duct monitoring data on perc concentrations?	אואלם אם צם
6. Maintained startup/shutdown/malfunction plan?	MY DN
7. Maintained deviation reports?	AND AD AD
Problem corrected?	ON ON DENY
8. Maintained compliance plan, if applicable?	מיאָ אַ אם אַם

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? 2. Has the facility maintained a leak log?

۷.	has the facility maintained a leak log?			Ήx	L	NL
3.	Does the responsible official check the fo	llowing areas for leaks?		,		
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	ФY	ПN	□N/2
	Door gaskets and seating	DY ON ONA	Stills	dY	ΠN	□N/₄
	Filter gaskets and seating	אומם אם צב	Exhaust dampers	фY	ПΝ	
	Pumps	באתם אם צם	Diverter valves	φY	ПΝ	
	Solvent tanks and containers	אואם אם אוא	Cartridge filter housings	d'A	□N	
	Water separators	או סאו סאוא		·		
4.	Which method of detection is used by the	responsible official?				
	Visual examination (condensed sol	vent on exterior surfaces)		X		
	Physical detection (airflow felt thro	ugh gaskets)	1	Á		

Visual examination (condensed solvent on exterior surfaces)

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. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?

b. Calibrated against a standard gas prior to and after each use

(PID/FID only)?

c. Inspected for leaks and obvious signs of wear on a weekly basis?

d. Kept in a clean and secure area when not in use?

e. Verified for accuracy by use of duplicate samples (calorimetric only)?

Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

 $\square N$

ADDITIONAL SITE INFORMATION:

Economatic Avanti 335E

no perclog, explained rulei though has RECEIPTS

> Muck 15 gal/3-nths

IN COMPLIANCE & FOLLOW UP CALL

JO MAKE SURE PERC

LOG KATT

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

000

AIRS ID#1170060 ON

MICHONG ADRINGTON MICHONG ADRINGTON 124 WEST 2ND STREET SANFORD FL 32771

Do NOT Remove Label

Annual Reporting Period: 1 Jan	19 <u>W</u>	то _	1-80-	19 9 9
Based on each term or condition of the Title V gen 62-213.300, Florida Administrative Code (F.A.C.)			_/	with DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit that h	as not been in continuous o	compliance	e during the reportin	g period stated above:
Exact period of non-compliance: from		to	0	
Action(s) taken to achieve compliance:	,			
Method used to demonstrate compliance:				7E VEI V
#2. Term or condition of the general permit that ha	as not been in continuous c	compliance	e during the reportin	g period stated above:
Exact period of non-compliance: from		to_		
Action(s) taken to achieve compliance:	·			
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, based on in notification are true, accurate and complete. Further, does not exceed 2,100 gallons per year for dry-to dry fa	my annual consumption of	perchloroei	thylene solvent, based	upon purchase receipts,
RESPONSIBLE OFFICIAL: M, Chong (Ple	Codringth	n: 4	Signature 4	1-/2-98 Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

Revised 10/96

TYPE OF INSPECTION: ANNUAL COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1/10 TIME OUT: 2:00	AIRS ID#: // 70060
TYPE OF FACILITY: Drycleaning	·
FACILITY NAME: Fantastic Cleane	DATE: 11/5/98
FACILITY LOCATION: 124 V. 2195Tree	et Sanford FL. 32751
RESPONSIBLE OFFICIAL: Leonard Codning	PHONE NUMBER:
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration	· · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaluadiscrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
not keeping logs updated	Visit in 3 worths to Check paperwork
0 0 ,	Cherk paperwork
	· P
	Mobile River Stay
•	Sources .
comments: heeds to ugdate leak, one month to check [last	logs, will some back in
Corplensite water not covered, no godan	ey court for beizulate
The Annual Compliance Certification form has been properly certification	
DATE OF NEXT INSPECTION: 1/99	9
INSPECTION CONDUCTED BY: Caadia	proximate) Suestu case Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 833-333)

Page___of_

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

1 (NAPWS

TYPE OF INSPECTION:

ANNUAL

A

COMPLAINT/DISCOVERY

RE-INSPECTION

<u> </u>		
AIRS ID#: <u>1170060</u> DATE: 11/5/0	TIME IN: 1:10 TIME OUT:	2:00
FACILITY NAME: Fantastic Cle	aners	
FACILITY LOCATION: 124 W.	and Street & a	
Sanfr	d 377851 882 C	1
RESPONSIBLE OFFICIAL: Leonard		142
	PHONE: Register	
PART 1: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to sta	rtup ·	
2. Facility failed to notify DARM to use general pe	rmit	۵
PART II: CLASSIFICATION		
Facility indicated on notification form that it is:	□ No notification form	,
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form☐ Drop store/out of business/pa	etroleum
(check appropriate box)		etroleum bylars
(check appropriate box) 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	Drop store/out of business/posterior 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	etroleum bycars
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/posts 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	etroleum bycars
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a ge	Drop store/out of business/posterior dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □Y □N □Can not determine	etroleum bycars

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 DY DN PN/A beds according to the manufacturer's specifications? Condensor 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) ØY □N 1. Equipped all machines with the appropriate vent controls? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the cendenser upon opening the door? ON ON/A

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

6. Conducted all temperature monitoring after an appropriate cooldown period and after

condenser on a weekly/bi-weekly basis?

verifying that the coolant had been completely charged?

condenser exceeded 45° F?

ON ON/A

MO A CA

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	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	□и	□N/A
	ls the temperature differential equal to or greater than 20° F?	ΩY	ПΝ	□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	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	Πи	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΠY	ПN	□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?	ΠY	ΩΝ	□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 2 days DY DN DYNA and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) \square Y \square N DY DN SMIA 5. Maintained exhaust duct monitoring data on perc concentrations? $\square N$ 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? ZY UN UN/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?	2		אם אַל	
2. Has the facility maintained a leak log?		,	XY ON	
3. Does the responsible official check the fo	ollowing areas for leaks?			
Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	OY ON ON/A	
couplings, and valves			\	
Door gaskets and seating	DY DN DN/A	Stills	DY ON ON/A	
Filter gaskets and seating	DY DN DN/A	Exhaust dampers	DY ON ON/A	
Pumps	OY ON ON/A	Diverter valves	DY DN DN/A	
Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	OY ON ON/A	
Water separators	OY ON ON/A			
4. Which method of detection is used by th	e responsible official?			
Visual examination (condensed so	vent on exterior surfaces)		7	
Physical detection (airflow felt through gaskets)			<u></u>	
Odor (noticeable perc odor)	Odor (noticeable perc odor)			
Use of direct-reading instrumentati	on (FID/PID/calorimetric	tubes) /		
Halogen leak detector				
If using direct-reading instrumentation, is the equipment:				
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? □Y □N				
b. Calibrated against a sta (PID/FID only)?	andard gas prior to and afte	er each use	OY ON	
	Lobvious signs of wear on	a weekly basis?	מו שו	
c. Inspected for leak's and obvious signs of wear on a weekly basis?				
 d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? 			אם עם	
e. Verified for accuracy t	by use of duplicate satisfies	(catorinetric only):		
c = c				
DATATONG (MAGBAT) 1:15798				
Inspector's Name (Please Print) Date of Inspection				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Inspector's Signature		Approximate Date of	Next Inspection	

ADDITIONAL SITE INFORMATION:

2ndary antanment for hazwaste
2ndary antanment for hazwaste
no cover freshden stewaltin
well 4/98
keeping okay records (none sine April 98)
well check in two months to
make sure.

gave cabendar

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

ARMS UPDATED DATE<u>8-2549</u> BY RC

TUME	Δr	INSPE	CTI	O ST.
I I Pr.	()r	LINSPE.	t . I II	1 1+1:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION



AIRS ID#: 1170060 DATE: 8-25-99 TIME IN: 11:30 TIME OUT: 12:00			
FACILITY NAME: Fantastic (1	leanus		
FACILITY LOCATION: 124 W. 110			
Santard, 8	L 327751		
RESPONSIBLE OFFICIAL Leonard (2	dington PHONE: 407-322-1112		
CONTACT NAME:			
DADET. MORESTOATION			
PART I: NOTIFICATION			
(check appropriate box)	St. C		
1. New facility notified DARM 30 days prior to star	rtup & B CO		
2. Facility failed to notify DARM to use general per	rmit OF Z		
	8 3 M		
PART II: CLASSIFICATION	arce O		
Facility indicated on notification form that it is:	☐ No notification form		
(check appropriate box)	☐ Drop store/out of business/petroleum		
1. Existing small area source	2. New small area source		
dry-to-dry only, x < 140 gal/yτ	dry-to-dry only, x < 140 gal/yr		
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr		
both types, x < 140 gal/yr (constructed before 12/9/91)	both types, x < 140 gal/yr (constructed on or after 12/9/91)		
(constituted octors 1217172)	(constitution on or account to the constitution of the constitutio		
3. Existing large area source	4. New large area source		
dry-to-dry only, $140 \le x \le 2,100 \text{ gaVyr}$	dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$		
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$	both types, $140 \le x \le 1,800$ gallyr		
(constructed before 12/9/91)	(constructed on or after 12/9/91)		
(constructed before 12/9/91) 5. This is a correct facility classification	(constructed on or after 12/9/91) TY ON OCAN not determine		
 5. This is a correct facility classification If no, please check the appropriate classification □ facility qualified for a general facility qualified facility quali	☐Y □N □Can 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? XY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN D**X**VA PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DAY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after אם צלש 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	ΟN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	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?	ПY	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПИ	□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	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?			
2. Maintained rolling monthly averages of perc consumption? Cxplarad DY ØN			
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	AVO NO YÀ		
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 ANIA		
4. Maintained calibration data? (for applicable direct reading instruments)	A/MAG NO YO		
5. Maintained exhaust duct monitoring data on perc concentrations?			
6. Maintained startup/shutdown/malfunction plan?			
7. Maintained deviation reports?	אואס אם אם אם		
Problem corrected?	AWA NO YO		
S. Maintained compliance plan, if applicable?	אים אם צא ק.		

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ND 2. Has the facility maintained a leak log? ПN 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY ON ON/A Muck cookers DY ON ON/A couplings, and valves AVAD ND YD Stills Door gaskets and seating DY ON ON/A DY ON ONA Filter gaskets and seating Exhaust dampers A/NO NO YC Pumps DY ON ON/A Diverter valves DY ON ON/A DY ON ON/A Solvent tanks and containers Cartridge filter housings DY DN DN/A DY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Ø, Ø Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) \Box Halogen leak detector □N/A If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use NO YO (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? MD AD

Rdall Compidham	8-25-99
Inspector's Name (Please Frint)	Date of Inspection
Robell Co	8-2000
Inspector's Signature	Approximate Date of Next Inspection

e. Verified for accuracy by use of duplicate samples (calorimetric only)?

d. Kept in a clean and secure area when not in use?

DY DN

NO YO

ADDITIONAL SITE INFORMATION:	
·	
	1
•	

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Age	
-----	--

	C (feane/5 DATE: 8-55-44)
FACILITY LOCATION: 124	w, 2 nd Street
Santor	diFL
Annual Reporting Period:	embor 1998 to August 1999
	V general air permit, my facility has remained in compliance with DEP Rule 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 reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	<u> </u>
<u> </u>	
Method used to demonstrate compliance:	
Method used to demonstrate compliance:	that has not been in continuous compliance during the reporting period stated above:
Method used to demonstrate compliance: #2. Term or condition of the general permit	that has not been in continuous compliance during the reporting period stated above: to
Method used to demonstrate compliance:	
Method used to demonstrate compliance: #2. Term or condition of the general permit Exact period of non-compliance: from	

*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.

Dage		
Page	of	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COM	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 11:30 am	TIME OUT: 12:00	airs ID#: 1/7	0060
TYPE OF FACILITY: ρ_{fy}	Cleaner		
FACILITY NAME: Fan tas	tic Ulcaners		DATE: 8-25-99
FACILITY LOCATION: 124	W. 229 Str	eet	
	tord, FL 327	7751	000
RESPONSIBLE OFFICIAL:		PHONE NUMBER:	322-//) 2
compliance with DEP Rule	62-213.300, Florida Administr		
Based on the results of the c discrepancies were noted:	ompliance requirements evalu	ated during this inspection, the follow	ing compliance
COMPLIANCE REQUIR	EMENT/PROBLEM	FOLLOW-UP ACTION	N REQUIRED
-			
			•
			•
			
COMMENTS:		L.	
	ord Keepin	g [In Compi	iance
The Annual Compliance Certification	n form has been properly certif	fied and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION:_	4-2000		
INSPECTION CONDUCTED BY:	Randall	Cunninghan	
INSPECTOR'S SIGNATURE:	Phol ZZ	lease Print) PHONE NUMBER: 4	407 -843-3333
	Page	of	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

	<u> </u>
AIRS ID#: 1170060 DATE: 11/5/9	TIME IN: 1:10 TIME OUT: 2:00
FACILITY NAME: Fantastic Clea	Thers
FACILITY LOCATION: 124 W. J	
	-d 3277551
RESPONSIBLE OFFICIAL: LEGYAND	Codring TryPHONE: 407-312-1112
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	RECEIVED
1. New facility notified DARM 30 days prior to star	Tup DEC 1 4 1999
2. Facility failed to notify DARM to use general per	
	& Mobile Sources
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	Drop store/out of business/petroleum
A.	
1. Existing small area source	2. New small area source
1. Existing small area source ☐ dry-to-dry only, x < 140 gal/yr	dry-to-dry only, $x < 140 \text{ gal/yr}$
1. Existing small area source	· · · · · · · · · · · · · · · · · · ·
1. Existing small area source ☐ dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source □	dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed on or after 12/9/91) 4. New large area source
 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) Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr 	dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed on or after $12/9/91$) 4. New large area source \Box dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$
 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) Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr 	dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ 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, $200 \le x \le 1,800 \text{ gal/yr}$
 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) Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr 	dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed on or after $12/9/91$) 4. New large area source \Box dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$
 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) Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr 	dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ 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, $140 \le x \le 1,800 \text{ gal/yr}$
 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) Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 	dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ 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 $12/9/91$) $\square Y \square N \square Can \text{ not determine}$
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a ger	dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ 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 $12/9/91$) $\square Y \qquad \square N \qquad \square \text{Can not determine}$ ation: heral permit as number above
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a ger	dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ 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? DY DN **X**N/A Condences 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 □N 1. Equipped all machines with the appropriate vent controls? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the □N □N/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? □N □N/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after

verifying that the coolant had been completely charged?

MO A DA

				W 6
В.	Has the responsible official of an existing large or new large area source also:	1		/d
l.	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	DИ	□N/A
	Is 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	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	YZY ON
2. Maintained rolling monthly total of perc consumption?	אם אבל
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or;	AA ON ONVA
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 DAWA
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN XXVA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN MN/A
6. Maintained startup/shutdown/malfunction plan?	XIY ON
7. Maintained deviation reports?	YY ON ON/A
Problem corrected?	OY ON ANA
8. Maintained compliance plan, if applicable?	DY DN DN/A

						_		
PA	PART VI: LEAK DETECTION AND REPAIRS							
1.	Does the responsible official conduct a w	eekly	(for	small sources, b	i-weekly) leak detection ar	nd rep	air	
	inspection?	=				9X		מב
2.	Has the facility maintained a leak log?			•	,	ŹΥ	C	מב
3.	Does the responsible official check the fo	llow	ing ar	eas for leaks?				
	Hose connections, fittings, couplings, and valves	ΟY	Ωи	□N/A	Muck cookers	PΥ	ΩΝ	□N/A
	Door gaskets and seating	ΩY	ПΝ	□N/A	Stills	p ^A	ПΝ	□N/A
	Filter gaskets and seating	ΠY	ΠИ	□N/A	Exhaust dampers	ďΥ	ΠИ	□N/A
	Pumps	ΩY	ПΝ	□N/A	Diverter valves	ΠY	□и	□N/A
	Solvent tanks and containers	ΩY	ПИ	□N/A	Cartridge filter housings		ПΝ	□N/A
	Water separators	ΩY	ПΝ	□N/A		/		
4.	Which method of detection is used by the	resp	onsib	le official?				
	Visual examination (condensed solvent on exterior surfaces)							
	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. Capable of detecting pe	rc va	рог с	oncentrations in	a range of 0-500 ppm?	ΩY	ПИ	
	b. Calibrated against a sta (PID/FID only)?	ndaro	d gas	prior to and afte	r each use	ΩY	ПN	
	c. Inspected for leaks and	obvi	ous s	igns of wear on a	a weekly basis?	IJΥ	Пи	
	d. Kept in a clean and sec	ure a	rea w	hen not in use?		ΠY	Пи	
	e. Verified for accuracy b	y use	of d	uplicate samples	(calorimetric only)?	ΩY	ПN	

SMADIA QUASAN	11/5)98
Inspector's Name (Please Print)	Date of Inspection
and hi	<u> </u>
Inspector's Signature	Approximate Date of Next Inspection

2ndary antainment for hazwaste.

2ndary antainment for hazwaste.

no cover foronders stewater

the 4/98

Keeping Okay records (none sine April 98)

Will check in two months to

make sure.

Jave Cabendar

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 💹	СОМ	PLAINT/DISCOVERY	RE-INSPECTION		
TIME IN: 1:10	TIME OUT:	2:00	AIRS 1D#://	90 60		
TYPE OF FACILITY:	Incleaning	<u>- </u>	· 			
FACILITY NAME:	Fantastic (leane		DATE: 11.15/98		
FACILITY LOCATION:	24 W. 2ng	Stree	et Sanford FL	. 32751		
RESPONSIBLE OFFICIAL:	Leonard C	idning	PHONE NUMBER:			
	the compliance requirem Kule 62-213.300, Florida		ted during this inspection, the facility itive Code (F.A.C.).	y is found to be in		
Based on the results of the discrepancies were note		ents evalua	ted during this inspection, the follow	ving compliance		
COMPLIANCE REQU	JIREMENT/PROB	LEM	FOLLOW-UP ACTIO	N REQUIRED		
not Keepind log	5 Updated		Visit in 3 north	s to		
	,		Visit in 3 north	Dr7C		
			-			
			•	•		
COMMENTS: heads +	regale l	eak,	logo, mile come	back m		
one more a	one month to check (las uneps office 18)					
comments: heeds to ugdall leak logs, will come back in one month to check [last kept April 95) conclensule water not covered, no ordary court for pazaieste						
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NOTE:						
DATE OF NEXT INSPECTIO	N:	// // / (Api	proximate)			
INSPECTION CONDUCTED	ву:	adia	Justu'			
NSPECTOR'S SIGNATURE: Print) PHONE NUMBER: 833333						

Page___of___.

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

🤄 TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS	UPDATED
DATE	4-18-00
BY	Re

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

· 🗆

RE-INSPECTION

AIRS ID#: 1/70060 DATE: 4-19-00	TIME IN: [0:15] TIME OUT: [0:45]
FACILITY NAME: Funtastic Cleaners	
FACILITY LOCATION: 124 W, 2 hd 5th	ret .
Synford, FL	32771 m 5.1
RESPONSIBLE OFFICIAL: Leanard Lodging to	PHONE PHONE 2322 LILA
CONTACT NAME:	PHONE:
	S 5. E

P	A	\mathbf{R}	т	7.	N	Ω	TF	IC	A'	TI	O	N
	_,	~ `		٠.	11	\mathbf{v}	ж.	*~	(A .	~ ~	${}$	٠,

(check appropriate box)

- 1. New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use general permit

PART	и:	CLASS	TEIC	ATIC	N

Facility indicated on notification form that it is: (check appropriate box) A.

- ☐ No notification form
- ☐ Drop store/out of business/petroleum

1. Existing small area source dry-to-dry only, x < 140 gal/yrtransfer only, x < 200 gal/yrboth 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/yrboth types, x < 140 gal/yr (constructed on or after 12/9/91)

3. Existing large area source dry-to-dry only, 140 < x < 2,100 gal/yrtransfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before 12/9/91)

- 4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800$ 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
- ΩN □Can not determine $\Box Y$

If no, please check the appropriate classification:

- facility qualified for a general permit as number
- facility exceeds above limits and is not eligible for a general permit
- B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was gallons.

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

PART III: GENERAL CONTROL REQUIREMENTS

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	N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	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	ΠN	□N/A
	Is the perc concentration equal to of less than 100 ppm?	$\Box Y$	$\square N$	□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	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY,	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ND	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	ø£y □n				
2. Maintained rolling monthly averages of perc consumption? Thaird	o e y ⊡n				
3. Maintained leak detection inspection and repair reports for the following:	1				
a. documentation of leaks repaired w/in 24 hrs? or;	AND NO KE				
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 XVA				
4. Maintained calibration data? (for applicable direct reading instruments)	AM NO YO				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON X(N/A				
6. Maintained startup/shutdown/malfunction plan?	AY ON .				
7. Maintained deviation reports?	AM X NO YO				
Problem corrected?	DY DN ANA				
8. Maintained compliance plan, if applicable?	AWAZ NO YO				

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair $\square N$ inspection? 2. Has the facility maintained a leak log? ΠN 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY ON ON/A Muck cookers AYO NO YA couplings, and valves DIY ON ON/A Door gaskets and seating Stills DY ON ONA Filter gaskets and seating DY ON ONA Exhaust dampers ΦY □N □N/A DY ON ONA Diverter valves DY ON ON/A Pumps Solvent tanks and containers DY ON ON/A Cartridge filter housings DY ON ONA DY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) 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: -ØN/A DY DN a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? NO YO

Inspector's Signature

d. Kept in a clean and secure area when not in use?

e. Verified for accuracy by use of duplicate samples (calorimetric only)?

4-18-00
Date of Inspection

OY ON

DY DN

ADDITIONAL SITE I	NFORMATION:	
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AIKS ID#:	11 / 00 00	

- Re

Revised 01/18/00

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Funtastic	110-2015		4-19-00
FACILITY NAME: 9//10/5//	Thd Shand		DATE: 1 1 1 00
FACILITY LOCATION: 124 W.	2nd Street	<u> </u>	
Sanfala	d.FL 32771		
	19,4	9	- -
Annual Reporting Period:	36	TO HPri	20_00
Based on each term or condition of the Title V	general air permit, my facilit	y has remained in complian	with DEP Rule
62-213.300, Florida Administrative Code (F.A	A.C.), during the period covere	ed by this statement. 🏚 Y	res 🗆 no
If NO, complete the following:			
#1. Term or condition of the general permit th	nat has not been in continuous	compliance during the repo	rting period stated above:
 			
Exact period of non-compliance: from		to	· · · · · · · · · · · · · · · · · · ·
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
#2. Term or condition of the general permit th	nat has not been in continuous	compliance during the repo	rting period stated above:
Exact period of non-compliance: from _		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
As the responsible official, I hereby certify, ba in this notification are true, accurate and com purchase receipts, does not exceed 2,100 gallo combination facilities.	plete. Further, my annual cor	sumption of perchloroethyle	ene solvent, based upon
RESPONSIBLE OFFICIAL: / lo nov d	e (Please Print)	Signature	Date -4.18-00

^{*}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 🔀 C	OMPLAINT/DISCOVERY	RE-INSPECTION			
TIME IN:	TIME OUT:	AIRS ID#: [[7	7 0060			
TYPE OF FACILITY: Dry	Clean					
FACILITY NAME: Fanta	stic Cleaners	<u></u>	DATE: 4-18-00			
FACILITY LOCATION: 124	Wilna Stillet					
	ford, FL 32771	•	407 -322-1112			
RESPONSIBLE OFFICIAL:	-eonara Loarington	PHONE NUMBER:	401 -322 1112			
))	the compliance requirements ev Rule 62-213.300, Florida Admin	aluated during this inspection, the facil istrative Code (F.A.C.).	ity is found to be in			
Based on the results of discrepancies were not		aluated during this inspection, the follo	owing compliance			
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED			
COMMENTS: In Comp	1) jance					
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION:						
INSPECTION CONDUCTED BY: Randall Cunninghum						
INSPECTOR'S SIGNATURE	Pdull ty	(Please Print)PHONE NUMBER:_	407-843-3333			
	Page	e of .	Revised 10/96			

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. Article Addressed to: 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Addressee D. He-delivery address different from item 17 Yes
0 AIRS ID # 1170060001AG MICHONG CODRINGTON FANTASTIC CLEANERS	If YES, enter delivery address below: No
24 WEST 2ND STREET SANFORD FL 32771	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Copy from service label) 2.10 1602:1704:11 PS Form 3811, July 1999	turn Receipt 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
• •	•

Z 210 662 904

US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. No Insurance Coverage Mail (See reverse)

AIRS ID # 1170060001AG MICHONG CODRINGTON FANTASTIC CLEANERS 124 WEST 2ND STREET SANFORD FL 32771

ŀ	i wileyo	
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
PS Form 3800, April 1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
Ö	TOTAL Postage & Fees	\$
38	Postmark or Date	
For		
Sd		

Z, 333, 667, 207 US Postal Service Receipt for Certified Mail AIRS ID # 1170060 FANTASTIC CLEANERS MICHONG ADRINGTON 124 WEST 2ND STREET SANFORD FL 32771 Postage \$ Certified Fee Special Delivery Fee Restricted Delivery Fee PS Form 3800, April 1995 Return Receipt Showing to Whorn & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees \$ Postmark or Date

SENDER: COMPLETE Of again the again	
 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) C. Signature Agent Addressee D. Is delivery address different from item 1?
1. Article Addressed to: AIRS ID # 1170060 FANTASTIC CLEANERS MICHONG ADRINGTON	If YES, enter delivery address below:
124 WEST 2ND STREET SANFORD FL 32771	3. Service Type Certified Mail
Z333667209	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-99-M-1789

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spacepermit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.		
ADDRESS completed on	AIRS ID # 1170060 FANTASTIC CLEANERS MICHONG ADRINGTON 124 WEST 2ND STREET SANFORD FL 32771	4b. Service 1 Registere 1 Express I Return R	Article Number 2336/3434 Service Type Registered		
s your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	8. Addressee and fee is	e's Address (Only in paid)	- 7	
_	PS Form 3811 , December 1994	2595-97-B-0179	Domestic Retu	ırn Receipt	

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258234

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

MAIL ROOM
JAN 16 97

Do NOT Remove Label

AIRS ID# 1170060

FANTASTIC CLEANERS MICHONG ADRINGTON 124 WEST 2ND STREET SANFORD FL 32771 FOR GOVERNMENT USE ONLY

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

Оы.: 002273

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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. 0.360731

TOTAL AMOUNT DUE: \$50.00

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

<300015 V

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#1170060

MICHONG ADRINGTON MICHONG ADRINGTON 124 WEST 2ND STREET SANFORD FL 32771 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392674

Please include your AIRS 1D# 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 # 1170060

FANTASTIC CLEANERS
MICHONG ODRINGTON
124 WEST 2ND STREET
SANFORD FL 32771

FEB 25 00

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400556

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 # 1170060

FANTASTIC CLEANERS MICHONG CODRINGTON 124 WEST 2ND STREET SANFORD FL 32771

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

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

Z 333 667 247

US Postal Service Receipt for Certified Mail No Insurance Coversor Provided

AIRS ID # 1170060

FANTASTIC CLEANERS MICHONG ADRINGTON 124 WEST 2ND STREET SANFORD FL 32771

	Postage	\$
PS Form 3800 , April 1995	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to Whom & Date Delivered	,
	Return Receipt Showing to Whom, Date, & Addressee's Address	:
	TOTAL Postage & Fees	\$
PS Form 3	Postmark or Date	