

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

November 15, 1996

Mr. Albert Y Ko Pure Cleaners 954 West SR 434 Longwood, Florida 32750

Facility I.D. No. 1170072 Re:

Dear Mr. Ko:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 1996.

Please note that in November 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,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1	Tability Commence Name Oleman Securior account on individual comments
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Albert V La
2.	Site Name (For example, plant name or number):
۷.	Site Name (For example, plant name or number):
	Pure legners
3.	Hazardous Waste Generator Identification Number:
٥.	
4.	Facility Location:
	Facility Location: Street Address: 954 W SR 434 City: Longwood County: Seminole Zip Code: 32110
	City: / Zip Code: 32/1/0
5:	Facility/Identification Number (DEP/Use)
	我们可以解决。 第111年,1916年,1916年,1916年,1916年,1916年,1916年,1916年,1916年,1916年,1916年,1916年,1916年,1916年,1916年,1916年,1916年,1916年,1
	Responsible Official
	Responsible Official
6.	Name and Title of Responsible Official:
	111 & 11 11
ľ.	Name and Title of Responsible Official: Albert / Ko OWNER Responsible Official Mailing Address: Organization/Firm: Pure Cleaners Street Address: 954 W 58 434 City: Long Wend County: Seminale Zip Code: 32100
7.	Responsible Official Mailing Address:
ļ	Organization/Firm: Pure Cleaners,
	Street Address: 954 (4) 58 474
	City: / County: Zip Code: 3270
	City: Long Wood County: Semivle Zip Code: 3>750
8.	Responsible Official Telephone Number:
-	Telephone: (40) 339-855/ Fax: () -
	Facility Contact (If different form Description Contact D
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
\	realite and Thie of Fuerity Conduct (For example, plant manager).
10.	Facility Contact Address:
'.	
	Street Address:
	City: County: Zip Code:
	Zip Code.
11.	Facility Contact Telephone Number:
	Talanhone: ()
	rax. () -

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Bureau of Air Monitoring & Mobile Sources # 117.0072 9-30 Spoke to Albert Ko, he uses natural gas.

P.15 4. should not be marked 5. mark first box (f) should be marked

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-92
Dry-to-Dry Unit		June 91	<i>\$</i>	· .					
(1) w/ ref. condenser	7	Tune 9	Tune 84				_		
(2) w/ carbon adsorber	•	· · · · · · · · · · · · · · · · · · ·	•						
(3) w/ no controls									
Washer Unit		·							
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	130	Carrier Witte	and in the						
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls				,					
Reclaimer Unit	ing.	Graph.	Market Committee of the	, Full		<u> </u>			
(10) w/ ref. condenser									
(11) w/carbon adsorber				 					
(12) w/ no controls	· ·			1				· · · · · · · · · · · · · · · · · · ·	
 (b) Control devices are (c) No control devices 2.(a) What was the total (a) (b) If less than 12 mon Check why it is les 	are r quant gall ths, in	required to be tity of perchl ons	e installed [_ oroethylene ((perc)	_]) purchased i		•		
3. What is the facility's so (Indicate with an "X". Existing small a Existing large ar	Sele rea so	ct one classif	ication only.) ew si	initions foun mall area sou arge area sou	ırce [(3) of	Part II?	

Surrender of Existing Air Permit(s)

	,					
Please indicat	e with an "X" the appropriate selection:					
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)					
Ķ	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.					
] will pro	omptly notify the Department of any changes to the information contained in this notification.					
Signatur	Went of the 120/26					

- -		•	# 1170	(/4		
	•	9-30	Spoke	to A16	bert	
	P		he us			
		•	15.	J , , Q		
1	Facility Owner/					
1.	AIA	P.15			<i>1</i>	
2.	Site Name (For	4. Sh	ould not	be mo	ar Ked	
	Par	5. W	nark fir	st box	•	
3.	Hazardous Wa	_	Should			
4.	Facility Locati	(+)	Should	SE. PYTUI	r rue Ci	
٠.	Street Address City:					32010
3595	LOM Facility Identi			$\sim 10^{\circ}$		
						37/23
C. Santalana			/	<i>Y/</i>		
6.	Name and Tit	/				
3	Albe	L	orrections	nade III	7/97	>
7.	Responsible C		e Cleane	TAMuch .		
	Silect Addiess.	4 T/ /	S County:	34	7:	Cada D. A. C.
	City: Lon & C	0 + 6 Cl	_	Semio	le zip	Code: 32750
8.	Responsible Off	icial Telephone N 1407 339-		Fax: () -	
	·	6 / 37 /	<u> </u>			
		Facility Co	ontact (If different f	rom Responsible	Official)	
9.	Name and Title	of Facility Conta	ct (For example, plar	it manager):		
10						
10.	Facility Contact	Address:				
	Street Address: City:	•	County:		Zip Code:	,
11.	Facility Contact	Telephone Num		·	-	
		() -		Fax: () -	

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Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Albert V V
2.	Site Name (For example, plant name or number):
۵.	
	Pure Cleaners
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location:
	Street Address: 954 W SR 434 City: Longwood County: Seminole Zip Code: 32210
5	Facility Identification Number (DEP Use) (1) 1997 (1997) 1997
	工程工作是是是一个一个工作,一个工作,一个工作,一个工作,一个工作,一个工作,一个工作,一个工
	Responsible Official
	Kesponsible Official
6.	Name and Title of Responsible Official:
	Albert / Ko OWNER Responsible Official Mailing Address:
7.	Responsible Official Mailing Address:
	Organization/Firm: Pure Cleaners
	City: / City: / County: City: / Zip Code: 32750
	Responsible Official Mailing Address: Organization/Firm: Pure Cleaners Street Address: 954 W 52 434 City: Long We County: Seminale Zip Code: 32750
8.	Responsible Official Telephone Number:
-	Telephone: (40) 339-855/ Fax: () -
_	
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -
L	

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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.

		Date	Date		Date	Date		Date	Date
		Machine	Control	1	Machine	Control		Machine	Control
•		Initially	Device		Initially	Device		Initially	Device
Type of Machine	İD	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	•	June &	<i>*</i> -						
(1) w/ ref. condenser	7	Tune 96	Tunes						
(2) w/ carbon adsorber	,	7	,						
(3) w/ no controls									
Washer Unit			.,						
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls							1		
Dryer Unit	1.75 h. 7617	Aras, No.	No.	:			•		
(7) w/ ref. condenser	<u> </u>	1	Ι΄	Ι					
(8) w/ carbon adsorber	_			 					
(9) w/ no controls		-		Τ.	1				
Reclaimer Unit	Machine Control Initially Device Initially								
(10) w/ ref. condenser			T T	Ė	T	T	Τ		T
(11) w/carbon adsorber	+		 	┼		1	 	 -	
(12) w/ no controls	 		-	┼	+	 		 	
	•	-	•		 .				
110	gall	ons	·) purchased i	in the latest 1	2 mo	nths?	
] New store	e: [] Did	l not	keep records	:[]
79.1 1 ^{74.5} ,				٠.					
(Indicate with an "X".	Sele	ct one classi	fication only.	.)			(3) of	f Part 11?	
Existing large a	rea so	ource []	. N	lew la	arge area sou	rce [J		

(Indicate with an "X".)	of Part II of this notification form?
Existing large area source Carbon adsorber Refrigerated condense	(x) and ax 1-11-
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 Rule 62-213.300, F.A.C. Verify that all steam and hot water generating the 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 boiler HP or less), and (2) are fired exclusively by natural gas except for peduring which propane or fuel oil containing no more than one percent sulfu	riods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	(11-7)
Equipment Monitoring and Recordkeeping In	formation
Check all logs which are required to be kept on-site in accordance with the	
(a) Purchase receipts and solvent purchases	\boxtimes
(b) Leak detection inspection and repair	(X)
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	\bigcap_{m}
(e) Instrument calibration	\times
(f) Start-up, shutdown, malfunction plan	× of /vv

Surrender of Existing Air Permit(s)

Please indicate	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)
ιX	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 cation. 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 pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	Ment of Any changes to the information contained in this notification. Ment of Any Changes to the information contained in this notification. Date



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSP.	ECTI	ON:
------	----	-------	------	-----

ANNUAL

RE-INSPECTION

COMPLAINT/DISCOVERY

AIRS ID#: 1/70072 DATE: 1/17/97 TIME IN: 11:30 TIME OUT: 11:45
FACILITY NAME: PURE CLEANERS
FACILITY LOCATION: 954 W, SR 434
LONGWOOD, FZ 32750

PART I: NOTIFICATION

(check appropriate box)

- 1. Existing facility notified DARM by 9/1/96
- 2. New facility notified DARM 30 days prior to startup
- 3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:

(check appropriate box)

- - 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)
 - 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)

This is a correct facility classification

- 2. New small area source dry-to-dry only, x<140 gal/yr
- transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)
- 4. New large area source dry-to-dry only, 140<x<2, 100 gal/yr transfer only, 200<x<1,800 gal/yr both types, 140<x<1,800 gal/yr (constructed on or after 12/9/91)



ПN

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 120 gallons.

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 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? IN MACHINE 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 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 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 OY ON verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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?	□Y □N	
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OÝ 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?	□У □И	□N/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?	ОУ ОИ	
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON	□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)		
1. Maintained receipts for perc purchased?	M□ YK	
2. Maintained rolling monthly averages of perc consumption?	NO YO	
3. Maintained leak detection inspection and repair reports for the following:	,	
a. documentation of leaks repaired w/in 24 hrs? or;	Ö V Υ □N	
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	YY ON	
4. Maintained calibration data? (for direct reading instruments only)	ло и	N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	מם עם	
6. Maintained startup/shutdown/malfunction plan?	NO YK	
7. Maintained deviation reports?	NO YES	
Problem corrected?	MY ON	

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	NO DY

8. Maintained compliance plan, if applicable?

OY ON NA

2 117	ich method of detection is used by th		-:1-105-:-10			 -
2. Wh	M					
	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)					
	If using direct-reading instrumentation, is the equipment:					
	a. Capable of detecting p	erc vapo	r concentrations in	a range of 0-500 ppm?		מכ
	b. Calibrated against a st (PID/FID only)?	andard g	gas prior to and aft	er each use	□Y (מכ
	c. Inspected for leaks and	d obvious	s signs of wear on	a weekly basis?	□Y (⊇и
	d. Kept in a clean and se	сиге агеа	a when not in use?		□Y (וא⊏
	e. Verified for accuracy	oy use of	duplicate samples	(calorimetric only)?	□Y (אכ
3. Has	the facility maintained a leak log?				dry (א⊏
4. Do	es the responsible official check the f	following	areas for leaks?		1	
	Hose connections, fittings, couplings, and valves	X	ПИ	Muck cookers	¥Υ	ПИ
	Door gaskets and seating	XY	ПИ	Stills	ΔY	ПΝ
	Filter gaskets and seating	βY	ПИ	Exhaust dampers	ΩY	□N
	Pumps	Å Y	N	Diverter valves	□ Y⋅	ПN
	Solvent tanks and containers	ΔY	□и	Cartridge filter housings	YY	□N .
	Water separators	₩	ПN			

Name of Responsible Official

Louis A. Nichols

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

Ph (407) 339-8551

ALBERT-KO

PURE CLEANERS Laundry and Dry Cleaning

954 W. Hwy. 434 Longwood, FL 32750

ADDITIONAL SITE INFORMATION:

- · SAFETY KLEEN PICKS UP WASTE.
- · RENZACCI CLEAN PRO 440 40 LB
- , HAS CONTAINMENT PAN
- THERMO-TECH WASTEWACER RECYCLER
- · EPOXY AROUND SPOTTING BOARD THIS MONTH.
- · REVIEWED LEAR DETECTION & RECORD KREPING-

Revised 09/15/97

ACC

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Pure Cleaners	DATE: 12/4/9/1
FACILITY LOCATION: 954 W	SR 434
Longwood Fl	1 32750
	<u> </u>
Annual Reporting Period: Dec	1996 TO Dec 1997
Based on each term or condition of the Title V general air	permit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during	the period covered by this statement. YES
If NO, complete the following:	
#1. Term or condition of the general permit that has not b	een in continuous compliance during the reporting period stated above:
	· · · · · · · · · · · · · · · · · · ·
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
Method used to demonstrate compliance:	peen 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 be	peen in continuous compliance during the reporting period stated above: RECEIVED
Method used to demonstrate compliance: #2. Term or condition of the general permit that has not be	RECEIVED
#2. Term or condition of the general permit that has not b Exact period of non-compliance: from	to RECEIVED
#2. Term or condition of the general permit that has not b Exact period of non-compliance: from Action(s) taken to achieve compliance:	TAN 6 1998

*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.

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<u> </u>	COMPLAINT/DISCOVERY	
AIRS ID#:	Cleane 154-W Longwac Albert - K	Hwy F	434 C. 32750 PHONE: 407-3	· · · · · ·
PART I: NOTIFICATION				
(check appropriate box) 1. New facility notified DARM 3 2. Facility failed to notify DARM	_			o ;
PART II: CLASSIFICATION				
Facility indicated on notification (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)	e 2. r dr tra bo	ansfer only, x oth types, $x < x$	x < 140 gal/yr < 200 gal/yr	petroleum
Facility indicated on notification (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	e	y-to-dry only, ansfer only, x oth types, x < onstructed on New large a cy-to-dry only, ansfer only, 20 oth types, 140	Drop store/out of business/parea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	petroleum
Facility indicated on notification (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 2,1 transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	e	y-to-dry only, ansfer only, x oth types, x < onstructed on New large a cy-to-dry only, ansfer only, 20 oth types, 140 onstructed on	Drop store/out of business/parea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	petroleum
Facility indicated on notification (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 2,1 transfer only, 200 \le x \le 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility class of the second s	e 2. r dr. tra bo (co	y-to-dry only, ansfer only, x oth types, x < onstructed on New large a sy-to-dry only, ansfer only, 20 oth types, 140 onstructed on A Description of the constructed on the constructe	Drop store/out of business/parea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	petroleum

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON XNA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DXIA 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 AVA UN UN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MINA 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? 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 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

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?	ОУ ОИ
2. Measured and recorded the washer exhaust temperature at the condenser	
inlet and outlet weekly?	AVAC NO YC
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?	DY DN DN/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?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
Maintained receipts for perc purchased?	AY ON				
2. Maintained rolling monthly averages of perc consumption?	Ху ом				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	אואם אם צאל				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	AND ND Y				
4. Maintained calibration data? (for applicable direct reading instruments)	AV \mathbf{x}^{\prime} NO YO				
5. Maintained exhaust duct monitoring data on perc concentrations?	אואלם אם צם				
6. Maintained startup/shutdown/malfunction plan?	YY ON				
7. Maintained deviation reports?	A'Y ON ON/A				
Problem corrected?	OY ON X N/A				
8. Maintained compliance plan, if applicable?	AND ND YA				

_						
P.A	ART VI: LEAK DETECTION AND	REPAIRS	· ====================================			
1.	Does the responsible official conduct a	weekly (for	r small sour	ces, bi-weekly) leak detection as	nd rep	air
	inspection?				NY.	□N
2.	Has the facility maintained a leak log?				PA	□N
3.	Does the responsible official check the	following a	reas for lead	ks?	·	
	Hose connections, fittings, couplings, and valves	AY ON	I □N/A	Muck cookers	ĊΩΥ	□N □N/A
	Door gaskets and seating	מם צם	I □N/A	Stills	ФΥ	□N □N/A
	Filter gaskets and seating	dy on	A/ND I	Exhaust dampers	фУ	□N □N/A
	Pumps	dy or	I □N/A	Diverter valves	фY	□N □N/A
	Solvent tanks and containers	dy Ov	I □N/A	Cartridge filter housings	ф	\square N $_{,}\square$ N/A
	Water separators	φy ON	I □N/A			
4.	Which method of detection is used by	the responsi	ible official?			
	Visual examination (condensed s	solvent on e	xterior surfa	ices)	A	
	Physical detection (airflow felt th	ırough gask	ets)			
	Odor (noticeable perc odor)				À	
	Use of direct-reading instrument	ation (FID/	PID/calorim	etric tubes)		
	Halogen leak detector					
	If using direct-reading inst	rumentatio	n, is the equ	ripment:		'A
	a. Capable of detecting	perc vapor	concentratio	ons in a range of 0-500 ppm?	ΩY	□и
	b. Calibrated against a (PID/FID only)?	standard ga	s prior to an	nd after each use	ΟY	□N
	c. Inspected for leaks a	nd obvious	signs of wea	r on a weekly basis?	ΠY	N
	d. Kept in a clean and	secure area	when not in	use?	ΩY	□и
	e. Verified for accuracy	by use of d	uplicate san	nples (calorimetric only)?	ΩY	ПИ

SAADIA QUEBAH	
Inspector's Name (Please Print)	
Inspector's Signature	
albert of Lon	

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COM	PLAINT/D	ISCOVERY	RE-INSPECTION	אנ
TIME IN: 10:45	TIME OUT:_	11 2	5	AIRS ID#:	1170072	
TYPE OF FACILITY:	hi Cleaning				·	
FACILITY NAME: PLY	e cleaners				DATE:	
FACILITY LOCATION: Q	54 W. HW4	434				
	ongwood		3275	50		
RESPONSIBLE OFFICIAL:	Albert Ko	(Res)		_PHONE NUMBER	: 407-339.	- 8 5 5j
		/				·
Based on the results of compliance with DEP l	the compliance requiren Rule 62-213.300, Florida	ents evalua Administra	ted during ative Code	this inspection, the fa (F.A.C.).	acility is found to be in	
Based on the results of discrepancies were note	the compliance requirented:	nents evalua	ted during	this inspection, the fo	ollowing compliance	
COMPLIANCE REQ	UIREMENT/PROB	LEM	FO	LLOW-UP ACT	ION REQUIRED	
·						
		· ·				-
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COMMENTS:	•		.4			
Godd R	ecord Ke	epis	9			
The Annual Compliance Certif	ication form has been pro		fied and sul	omitted to the inspect	or. YES	NOL
DATE OF NEXT INSPECTI	ON:/	2/18				
INSPECTION CONDUCTED	BY: SAAR	(AP)	proximate WR	eshl		
		(Ple	ease Print)		r: 407 894	1. FX
INSPECTOR'S SIGNATURI				_PHONE NUMBE	R: 70+017	127
		Daga	-f	•	מ	ardend 10/C

0311271



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

APR -8 98

AIRS ID 1170072

ALBERT Y KO
ALBERT Y KO
954 W SR 434
LONGWOOD FL 32750

Do NOT Remove Label

	Do <u>NOT</u> Remov	e Labei	
Annual Reporting Period:	19	то	19
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (_
If NO, complete the following:			
#1. Term or condition of the general permi	t that has not been in continuou	s compliance during the re	porting 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 permi	t that has not been in continuous	s compliance during the re	porting period stated above:
Exact period of non-compliance: from	Essinos sin io Ag	d to	
Action(s) taken to achieve compliance:	Buildy, all 0,	, 3°	
Method used to demonstrate compliance:	t that has not been in continuous Saunoviron in 10 146 Saunoviron 10 146	<u> </u>	
As the responsible official, I hereby certify, bas notification are true, accurate and complete. I does not exceed 2,100 gallons per year for dry-	sed on information and belief forn Further, my annual consumption o	ned after reasonable inquiry, of perchloroethylene solvent,	based upon purchase receipts,
RESPONSIBLE OFFICIAL: Ale	me (Please Print)	Allust Signature	H-1-98 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.

PERCHLOROETHYLENE DRY CLEANER RECEIVED

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

FEB 0 5 1999

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	1	COMPLAINT/DISCON	VERY CONTROL Monitoring & Mobile Sources
AIRS ID#: 170072	DATE: 1/25/25	TIME I	N: / .'OO TIME	OUT: <u>/: 45</u>
FACILITY NAME: DIEVE	e cleaners			
FACILITY LOCATION:	954 W.S	E 434	4	
	Longwood	d 47	. 32750	
RESPONSIBLE OFFICIAL :	Altert X	0	PHONE:	
CONTACT NAME:			PHONE:	<u> </u>
				
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	30 days prior to startu	P	•	٥
2. Facility failed to notify DAR	M to use general permi	it		
PART II: CLASSIFICATION				
Facility indicated on notification			☐ No notification form	
Facility indicated on notification (check appropriate box)			☐ No notification form	
Facility indicated on notification (check appropriate box) A.	on form that it is:	. New small	☐ Drop store/out of ou	
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour	on form that it is:	. New small :	☐ Drop store/out of ou	· II
Facility indicated on notification (check appropriate box) A.	on form that it is:	lry-to-dry only ransfer only, x	Drop store/out of but area source \gamma' , x < 140 gal/yr < 200 gal/yr	
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	on form that it is:	try-to-dry only ransfer only, x ooth types, x <	Drop store/out of but area source \(\gamma \) \(x < 140 \) \(gal/yr \) \(200 \) \(gal/yr \) \(140 \) \(gal/yr \)	
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr	on form that it is:	try-to-dry only ransfer only, x ooth types, x <	Drop store/out of but area source \gamma' , x < 140 gal/yr < 200 gal/yr	· II
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour 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)	on form that it is:	iry-to-dry only ransfer only, x ooth types, x < constructed on	Drop store/out of our area source \(\times \) \(x < 140 \text{ gal/yr} \) \(< 200 \text{ gal/yr} \) \(140 \text{ gal/yr} \) \(\text{ or after } 12/9/91)	· II
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour	on form that it is:	iry-to-dry only ransfer only, x oth types, x < constructed on New large:	Drop store/out of our area source \(\times \) A < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	usiness/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour 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)	on form that it is: ce	iry-to-dry only ransfer only, x oth types, x < constructed on the New large:	Drop store/out of our area source \(\times \) \(x < 140 \text{ gal/yr} \) \(< 200 \text{ gal/yr} \) \(140 \text{ gal/yr} \) \(\text{ or after } 12/9/91)	usiness/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour 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 sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types. 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)	on form that it is: ce	iry-to-dry only ransfer only, x ooth types, x < constructed on i. New large a lry-to-dry only ransfer only, 2 ooth types, 140	Drop store/out of but area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) area source , 140 \le x \le 2,100 gal/yr 00 \le x \le 1,800 gal/yr \le x \le 1,800 gal/yr	usiness/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80	on form that it is: ce	iry-to-dry only ransfer only, x ooth types, x < constructed on i. New large a lry-to-dry only ransfer only, 2 ooth types, 140	Drop store/out of but area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) area source , 140 \le x \le 2,100 gal/yr 00 \le x \le 1,800 gal/yr	usiness/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour 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 sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types. 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)	on form that it is: ce	iry-to-dry only ransfer only, x ooth types, x < constructed on i. New large a lry-to-dry only ransfer only, 2 ooth types, 140	Drop store/out of but area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) area source , 140 \le x \le 2,100 gal/yr 00 \le x \le 1,800 gal/yr \le x \le 1,800 gal/yr	usiness/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 \le x \le 2, transfer only, 200 \le x \le 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility of	on form that it is: ce	iry-to-dry only ransfer only, x ooth types, x < constructed on i. New large a lry-to-dry only ransfer only, 2 ooth types, 140 constructed or	☐ Drop store/out of outerea source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) area source , 140 ≤ x ≤ 2,100 gal/yr 00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91)	usiness/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour 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 sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types. 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of facility of facility of facility of facility.	on form that it is: ce	iry-to-dry only ransfer only, x coth types, x < constructed on it. New large a lry-to-dry only ransfer only, 2 coth types, 140 constructed or IY IN	Drop store/out of our area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) area source , 140 ≤ x ≤ 2,100 gal/yr 00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91) Can not determine	esiness/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour 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 sour dry-to-dry only, 140 \le x \le 2, transfer only, 200 \le x \le 1,800 to types. 140 \le x \l	on form that it is: ce	iry-to-dry only ransfer only, x coth types, x < constructed on it. New large a lry-to-dry only ransfer only, 2 coth types, 140 constructed or IY IN	Drop store/out of our area source $x < 140 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ $x < 12/9/91$ $x < 140 < 14 < 14 < 14 < 14 < 14 < 14 < 1$	esiness/petroleum

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? AND NO YO mostored 2. Examining the containers for leakage? 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? Condenses PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after AZY ON 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			
ļ	· · · · /			
3	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ЦY	\Box N	
1				
∦2.	Measured and recorded the washer exhaust temperature at the condenser			
1	inlet and outlet weekly?	Ωv	\Box	□N/A
1	met and outlet weekly:	U 1	CIN.	UN/A
-	Is the temperature differential equal to or greater than 20° F?	ΠV		□N/A
1	is the temperature emercinal equal to or greater than 20 7.	— 1	<u> </u>	CINA
-				
.د إ	Measured and recorded the perc concentration in the exhaust stream weekly			
1	at the end of the final drying cycle, while the machine is venting to the adsorber,			
4	if machines are equipped with a carbon adsorber?	Πv	חאו	□N/A
	in manimas are equipped many various account	u i	<u> </u>	CHIA
Ħ	Is the perc concentration equal to or less than 100 ppm?	ΠY	$\square N$	□N/A
ď		٠.		Carry I
	Association of the second of t			
₫.	Assured that the sampling port on the carbon adsorber exhaust for measuring			
i	perc concentrations is at least 8 duct diameters downstream of any bend, contraction,			
	or expansion; is ay least 2 duct diameters upstream from any bend, contraction,			
j	or expansion; and downstream from no other inlet?			
i	or expansion, and downsteam non-no other lines:	ЦY		□N/A
Į Š.	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
il	condenser coils?	$\Box \lor$	$\square N$	□N/A
		٠,	-11	
o.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ע□	DN/A
<u>L</u>				

PART V: RECORDKEEPING REQUIREMENTS	.			
Has the responsible official:				
(check appropriate boxes)				
I. Maintained receipts for perc purchased?	אם אם			
2. Maintained rolling monthly total of perc consumption?	OY ON			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	DY 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? **D Call**	DY DN ZN/A			
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN BN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	מאש אם צם			
6. Maintained startup/shutdown/malfunction plan?	PY ÖN			
7. Maintained deviation reports?	DY DN ØN/A			
Problem corrected?	אואס אם אם			
8. Maintained compliance plan, if applicable?	DY DN ØN/A			

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a	weekly (for small sources	, bi-weekly) leak detection as	nd repair		
inspection?	*=		PY DN		
2 Mas the facility maintained a leak log?			□Y □N		
3. Does the responsible official check the	following areas for leaks?				
Hose connections, fittings, couplings, and valves	אואם אם צוּ	Muck cookers	אואם אם ציף		
Door gaskets and seating	אורם אם צם ,	Stills	DY DN DN/A		
Filter gaskets and seating	באם אם צם	Exhaust dampers	באום אם או		
Pumps	אואם אם צם	Diverter valves	אואם אם צף		
Solvent tanks and containers	אומם מם עם	Cartridge filter housings	אואם אם אים		
Water separators	אואם אם צם				
4. Which method of detection is used by the	ne responsible official?		,		
Visual examination (condensed so	lvent on exterior surfaces	·)	\d		
Physical detection (airflow felt the	rough gaskets)	,	Z		
Odor (noticeable perc odor)					
Use of direct-reading instrumental	tion (FID/PID/calorimetri	c tubes)			
Halogen leak detector			<u>.</u>		
If using direct-reading instru	imentation, is the equip	ment:	□N/A		
a. Capable of detecting p	perc vapor concentrations	in a range of 0-500 ppm?	ND YD		
b. Calibrated against a st (PID/FID only)?	andard gas prior to and a	fter each use	OY ON		
c. Inspected for leaks an	d obvious signs of wear o	n a weekly basis?	QY QN		
d. Kept in a clean and se	cure area when not in use	?	OY ON		
e. Verified for accuracy	by use of duplicate sampl	les (calorimetric only)?	מט עם		
			.*		
Inspector's Name (Please Prin	it)	Date of Inspection			
			•		
Inspector's Signature		Approximate Date of	Next Inspection		

the second state of the second

ADDITIONAL SITE INFORMATION:

Penzacci Chean pro 440

pun? yes.

no perc - showsh has epoky.

on spotting board:

Needed striker for haz waste

- found elphand dater!

heided par for haz waste

explained

explained

condensate vate.

[N COMPHANCE!

previous	busines	<u>s</u> ha	me
Pure	Clean	ers	
New	business	Nan	ne:
ORi	HIDS	Cleun	ers
954	w.	†34	Suita
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(/0//	swood	1 (76/7

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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.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#1170072

PURE CLEANERS JUN KIM 954 W 434 SUITE 3 LONGWOOD FL 32750

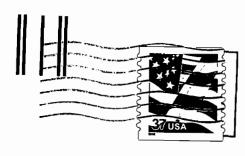
FOR GOVERNMENT USE ONLY Org.: 37550101000 EO; A1

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Fund: 20-2-035001 Obj.: 002273

Jun Kun Kim Sook Hee Kim 5800 Oak Lake Trail Oviedo, FL 32765





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

AH! MR. PICK BUTLER 850 - 921-95P6

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X				
10 AIRS ID # 1170072001AG ALBERT Y KO PURE CLEANERS 954 W SR 434 LONGWOOD FL 32750	3. Service Type Certified Mail				
2. Article Number (Copy from service label)	<u> </u>				
PS Form 3811, July 1999 Domestic Reta	urn Receipt 102595-99-M-1789				
Z 570 PP5 459					

	US Postal Service Receipt for Cer No Insurance Cove <u>r</u> age	tified Mail Provided.	
<i>F</i>	O AIRS I ALBERT Y KO PURE CLEANERS 54 W SR 434 ONGWOOD FL 3275	D # 1170072001AG	
	Postage	Ψ	
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
April 1995	Return Receipt Showing to Whom & Date Delivered		
April	Return Receipt Showing to Whorn, Date, & Addressee's Address		
800	TOTAL Postage & Fees	\$	
2 Form 3800	Postmark or Date		

OPI": 0075773 C F F F OVE SOURCE OVER SOUR

TONGWOOD FL 32750

A M SR 434

TOTAL AMOUNT DUE: \$50.00

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

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

TH YUKTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

259372

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RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

JAN 30 97

Do NOT Remove Label

AIRS ID# 1170072

PURE CLEANERS ALBERT Y KO 954 W SR 434 LONGWOOD FL 32750 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

ОЫ.: 002273

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 card to you. Attach this form to the front of the mailpiece, or on the be permit. Write 'Return Receipt Requested' on the mailpiece below The Return Receipt will show to whom the article was dedelivered.	ack if space does not v the article number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: AIRS ID# 1170072 PURE CLEANERS ALBERT Y KO 954 W SR 434 LONGWOOD FL 32750	4b. Service Register Express	Type ed Certified Mail Insured ceipt for Merchandise COD
6. Signature: (Addressee or Agent) PS Form 3811, December 1994	8. Addresse and fee is	e's Address (Only if requested paid)

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Z	333	660	391	
US Postal		Certifie	ed Mail	
PURE CLEA ALBERT Y I 154 W SR 4 ONGWOO	(O 134		RS ID# 1170	072
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Postage		\$		
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Certified Fee Special Deliv Restricted De Return Recei Whom & Date	ery Fee divery Fee pt Showing e Delivered Showing to W ee's Address	to Thom,		

Fold at line over top of envelope to				
SENDER: COMPLETE TI	HIS SECTION ON DELIVERY			
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery 2-26-00 C. Signature X			
PURE CLEANERS ALBERT Y KO 954 W SR 424	If YES, enter delivery address below:			
954 W SR 434 LONGWOOD FL 32750	3. Service Type Certified Mail Registered Insured Mail C.O.D.			
2 <i>333 667 248</i>	4. Restricted Delivery? (Extra Fee) ☐ Yes			
2. Article Number (Copy from service label)				
PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-99-M-1789			

	667 248
US Postal Service T	rtified Mail
PURE CLEANERS ALBERT Y KO 954 W SR 434 LONGWOOD FL 32	AIRS ID # 11
Postage	\$
	-
Certified Fee	
Certified Fee Special Delivery Fee Restricted Delivery Fee	
Special Delivery Fee	
Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to	
Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whor	

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in 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 can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.			I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	elpt Service.
ADDRESS completed on	ALBERT Y KO ALBERT Y KO 954 W SR 434 LONGWOOD FL 32	AIRS ID 1170072	4a. Article N 4b. Service Registere Express Return Red 7. Date of De	Type ed	Thank you for using Return Receipt Service
Is your RETURN	6. Signature: (Addre	ssee or Agent)	and fee is	e's Address (Only If requested paid) Domestic Return Receip	_
		Z 333 Ll3 US Postal Service Receipt for Certified ALBERT Y KO ALBERT Y KO 954 W SR 434 LONGWOOD FL 32750			
		Postage \$ Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address			

\$

PS Form **3800**,

TOTAL Postage & Fees
Postmark or Date

THIS PORTION MUST BE ATTACHED TO REMITTAL .. E FOR PROPER HANDLING

459665 FEB21 2006 Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

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AIRS ID# 1170072 1st ORCHID CLEANERS 954 W SR 434 LONGWOOD, FL 32750

Printed on recycled paper.

FLAIR ACCT. CODE 372020350013755010000 BENIFITTING OBJECT CODE 002000 BENIFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1 FUND: 20-2-035001 OBJECT: 002273

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TOTAL AMOUNT DUE: \$50.00

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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

12-16-00 pd

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AIRS ID # 1170072

PURE CLEANERS JUN KIM 954 W 434 SUITE 3 LONGWOOD FL 32750

T m Leau of Air Monitoring

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

EXECUTIVE SPEAKER FINANCIAL CONSULTING, INC. CPA, MST, ChFC, CLU, FLMI, HIA 936 Lake Sterling CL S. Casselberry, FL 32707





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