

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 29, 1997

Mr. Walter Edney WLE Enterprises, Inc. d/b/a Dryclean-USA 4250 Alafaya Trail, Suite 128 Oviedo, Florida 32765

Re: Facility I.D. No. 1170078

Dear Mr. Edney:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 4, 1996.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Fl 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

<sup>と</sup>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"

# Dryclean -USA BESTAN

BEST AVAILABLE COPY

1. Facility WL D/B  2. Site Na AB  3. Hazard FEB 1 9 1997 FL 0  4. Facility Street City:  5. Seacility  6. Name a  Corrections snade 2/b/97  WA  7. Respon Organiz Street A City:  2. Site Na  City:  City:  Corrections snade 2/b/97  WA  Corrections Snade 2/b/97  Which Sources  City:  City:  Corrections snade 2/b/97  Which Sources  City:  Corrections Snade 2/b/97  Which Sources  Corrections Snade 2/b/97	
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Street City:  5. Facility  6. Name a  Corrections snacle 2/b/97  WA  7. Respon Organiz Street A City:	
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7. Respon Organiz Street A	
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Organiz Street A	
Street A	
City:	
2769	,
8. Respon	
Telepho	
9. Name and Title of Facility Contact (For example, plant manager):	
LAURA B. EDNEY PLANT MANAGER  10. Facility Contact Address:	
10. Facility Contact Address:	
Street Address: 4250 ALAFAYA TR, STE 128	
City: OVIEDO County: SEMINOLE Zip Code: 3 2765	
11. Facility Contact Telephone Number:	
Telephone: (407) 365-9031 Fax: (407) 679-0246	

RECEIVED

SEP 4 1996

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):  WLE ENTERPRISES, INC
	DIBIA DRYCLEAN-USA
2.	Site Name (For example, plant name or number):
	NONE 9500310
3.	Hazardous Waste Generator Identification Number:
	FL0000908228
4.	Facility Location:
	Street Address: 4250 ALAFAYA TR., STE 128
	City: OVIEDO County: SEMINALE Zip Code: 32765
5	Facility Identification Number (DEP Use):
18.2	

### Responsible Official

6. Name and Title of Responsible Official:

WALTER EDNEY OWNER

7. Responsible Official Mailing Address:
Organization/Firm: WIE ENTERRISES, Inc. DIB/A DRYCLEAN-USA
Street Address: 4250 ALAFAYA TR., STE 128
City:
City:
County:
SEMINDLE

8. Responsible Official Telephone Number:
Telephone: (407) 365 - 903/
Fax: (407) 679-0246

## Facility Contact (If different from Responsible Official)

9.	Name and Title of Facility Contact (For example, plant manager):								
	LAURA B. EDNEY PLANT MANAGER								
10.	10. Facility Contact Address:								
	Street Address: 4250 ALAFAYA TR, STE 128								
	City: OVIEDD County: SEMINDLE Zip Code: 32765								
1,									
11.	11. Facility Contact Telephone Number:								
	Telephone: (407) 365-9031 Fax: (407) 679-0246								

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Bureau of Air Menitoring & Mobile Sources

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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.

		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	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit				_					
(1) w/ ref. condenser	,	NOV94	NOU. 94	(PC)	2-6-97				
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit			•			1		•	
(4) w/ ref. condenser		_							
(5) w/ carbon adsorber				l		_			
(6) w/ no controls						_			
Dryer Unit		·			. <del>' </del>		·		<b>L</b>
(7) w/ ref. condenser									
(8) w/ carbon adsorber				1					
(9) w/ no controls									-
Reclaimer Unit		L				1	l		
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices  2.(a) What was the total of [199.70]  (b) If less than 12 mont Check why it is less	are requanting gallo	equired to be ity of perchlo ons ow many? [_	installed [= proethylene (	perc)	purchased in				ſĵ
3. What is the facility's so (Indicate with an "X".  Existing small ar	urce ( Selec	classification t one classifi	based on the cation only.)	e defi		d in section (3			
Existing large are	28 501	irce [ ]	Ne	ew lar	ge area sour	ce [X	1		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is require (Indicate with an "X".)	ed on machines p	oursuant to section (5) of P	art II of this notification form?
Existing large area source Carbon adsorber	]	Refrigerated condenser	
New small area source Refrigerated condenser			
New large area source Refrigerated condenser	للا		
5. A facility which contains non-exert to Rule 62-213.300, F.A.C. Verify the exemption criteria or that no such unit	nat all steam and		
All steam and hot water generating uboiler HP or less), and (2) are fired eduring which propane or fuel oil cont	exclusively by na	tural gas except for period	ds of natural gas curtailment
All steam and hot water generating un No such units on-site	nits exempt	[X] []	
			·
Equipmen	it Monitoring a	nd Recordkeeping Inform	nation
Check all logs which are required to b	be kept on-site i	n accordance with the requ	uirements of this general permit:
(a) Purchase receipts and solvent purchase	chases		LX
(b) Leak detection inspection and rep	pair		[X]
(c) Refrigerated condenser temperatu	re monitoring		X
(d) Carbon adsorber exhaust perc con	ncentration moni	toring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunction p	plan		

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

# Surrender of Existing Air Permit(s)

	•							
Please indicat	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.								
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.								
I will promptly notify the Department of any changes to the information contained in this notification.								
Signature	Alle Carley 28 Aug 96 Tura Editey 6 Feb 97							

# Perchloroethylene Dry Cleaning Facility Notification

# **Facility Name and Location**

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):  WLE ENTERPRISES, INC
	DIBIA DRYCLEAN-USA
2.	Site Name (For example, plant name or number):
	NONE 9500310
3.	Hazardous Waste Generator Identification Number:
	FL000908228
4.	Facility Location:
	Street Address: 4250 ALAFAYA TR., STE 128
	City: OVIEDO County: SEMINALE Zip Code: 32765
<b>5</b> .	acility Identification Number (DEP Use):
2.725 2.751 2.752	2. The state of th

# Responsible Official

7.	Name and Title of Responsible Official:  WALTER EDNEY OWNER  Responsible Official Mailing Address:  Organization/Firm: WIE ENTERRISES,  Street Address: 4250 ALAFAYA TR.,  City:	THE DIRA DRICLES	
8.	Responsible Official Telephone Number: Telephone: (407) 365 - 9031	Fax: (407) 67	Zip Code: 32765

# Facility Contact (If different from Responsible Official)

9.	Name and Title of Facility Contact (For e	example, plant manager):							
	LAURA B. EDNEY PLAN Facility Contact Address:	T MANAGER							
10	Facility Contact Address:								
	Street Address: 4250 ALAFAYA TR, STE 128								
	City: OVIEDO	County: SEMINDLE	Zip Code: 32765						
11	Facility Contact Telephone Number:		•						
	Telephone: (407) 365 - 903)	Fax: (467)	679-0246						
			- n						

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SEP 4 1995

Bureau of Air Monitoring & Mobile Sources

# #1170078

Dryclean-USA
p.14 1 (a) add date control device installed
1.10) mark out "X" and initial

# **Facility Information**

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 Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	NDV94							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									•
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber		ı							
(12) w/ no controls									
(b) Control devices are  (c) No control devices  2.(a) What was the total of [199.96]  (b) If less than 12 mont Check why it is less	are ro	equired to be ity of perchlo ons ow many? [_	installed [_ oroethylene (] months	X perc)	purchased in				[]
3. What is the facility's so (Indicate with an "X".  Existing small ar	Selec ea so	et one classifi	cation only.) Ne	w sn	nall area sour	ce [	]	Part II?	
Existing large are	ea soi	urce []	Ne	w lai	rge area sour	ce [ <b>X</b>	J		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is requ (Indicate with an "X".)	ired on machines	pursuant to section (5) of F	Part II of this notification form?
Existing large area source Carbon adsorber		Refrigerated condenser	
New small area source Refrigerated condenser			
New large area source Refrigerated condenser	ĽX		
5. A facility which contains non-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such the such that the such t	that all steam and	d hot water generating unit	
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co	d exclusively by n	atural gas except for period	ds of natural gas curtailment
All steam and hot water generating No such units on-site	units exempt	<u>X</u>	
Equipm	ent Monitoring a	nd Recordkeeping Inform	nation
Check all logs which are required to	o be kept on-site	in accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent pu	urchases		<u>_X</u> _]
(b) Leak detection inspection and re	epair		[ <b>X</b> ]
(c) Refrigerated condenser tempera	ture monitoring		(X)
(d) Carbon adsorber exhaust perc c	oncentration mon	itoring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunction	n plan		

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

# Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:				
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)			
K	No air permits currently exist for the operation of the facility indicated in this notification form.			
	Responsible Official Certification			
this notific statements maintain i	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.			
I will pron	nptly notify the Department of any changes to the information contained in this notification.			
Signature	Alle Coduly 28 Aug 96			

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



# PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION
--------------------

ANNUAL



COMPLAINT/DISCOVERY

**RE-INSPECTION** 

AIRS ID#: //70078 DATE: 2/6/97 TIME IN: 12:00 TIME OUT: 12:30
FACILITY NAME: DRYCLEAN USA
FACILITY LOCATION: 4250 ALAFAYA TRAIL STE 128
OVIEDO, FZ 32765

### 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

# X

 $\Box$ 

### PART II: CLASSIFICATION

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

Α.

- 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)



If no, please check the appropriate classification:

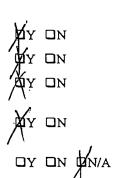
facility qualified for a general permit as number \_\_\_\_\_ above facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 160 gallons.

# PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility: (check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers?
- 2. Examining the containers for leakage?
- 3. Closing and securing machine doors except during loading/unloading?
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?



### PART IV: PROCESS VENT CONTROLS

### In Part II-A:

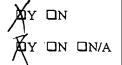
If classification 1 has been checked, no controls are required. Proceed to Part V.

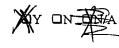
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

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

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

- A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)
- 1. Equipped all machines with the appropriate vent controls?
- 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?











<u> </u>				
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?	Y	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	□и	
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠN	
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПΝ	
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?	• • • • • • • • • • • • • • • • • • •	□и	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ΠN	□N/A
_				
$r_I$	ART V: RECORDKEEPING REQUIREMENTS			

# Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? EXPLAINED 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? фУ □и □Y □N □N/A 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? DY DN MY ON 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports?

Problem corrected?  8. Maintained compliance plan, if applicable?	DY ON ANIA
PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	Х ОИ
	,

2.	Which method of detection is used by	he respor	sible offic	cial?		
Visual examination (condensed solvent on exterior surfaces)					X	
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)				<b>^</b> #	
	Use of direct-reading instrument	ation (FII	D/PID/cald	primetric tubes)		
	If using direct-reading instrum	entation,	is the eq	uipment:		•
	a. Capable of detecting	perc vapo	or concent	rations in a range of 0-500 ppm?	ΩY	□и
	b. Calibrated against a (PID/FID only)?	standard g	gas prior t	o and after each use	ΟY	ПN
	c. Inspected for leaks as	nd obviou	s signs of	wear on a weekly basis?	ПY	ПΝ
	d. Kept in a clean and s	secure are	a when no	ot in use?	ПY	□и
	e. Verified for accuracy	by use of	duplicate	samples (calorimetric only)?	ΩY	□и
3.	Has the facility maintained a leak log?				XX	□и
4.	Does the responsible official check the	following	g areas foi	leaks?	/ \	
	Hose connections, fittings, couplings, and valves	Y	ПN	Muck cookers	XY	□и
	Door gaskets and seating	χY	ПΝ	Stills	X	□и
	Filter gaskets and seating	**	ΠN	Exhaust dampers	ΠY	ПN
	Pumps	<b>A</b> Y	_ □И	Diverter valves	ΠY	ΩИ
	Solvent tanks and containers	Y	□и	Cartridge filter housings	ĮΥ	ПN
	Water separators	XY	□и			

Name of Responsible Official

Lovis A. Nichers

Inspector's Name (Please Print)

Inspector's Signature

Approximate Date of Next Inspection

WALTER EDNEY, OWNER

(407) 365-9031



Come Across America

University Palms Shopping Center 4250 Alafaya Trail Suite #128 Oviedo, Florida 32765

# ADDITIONAL SITE INFORMATION:

- ARROTREH 410 402B MACH

- Ans containment pand & EPOXY AROUND

- HAS SECONDARY CONTRINMENT DAN

- SAFETY KLEEN PICKS UP WASTE

ATRS:1D#: 1170078

Revised 09/15/97

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: WEE - DRYCLEAN USA	
FACILITY LOCATION: 4250 ALAFAYA TR. StE. 128	,
Oviedo FLA. 32765	
UVIEOU, FEM. JATES	
<del></del>	
Annual Reporting Period: Dec 1996 TO Dec.	19 <i>9.</i> 7
Based on each term or condition of the Title V general air permit, my facility has remained in complian	ce with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	_
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the repx	orting period stated above:
	<i>y</i>
	<del>·</del>
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	<u>.                                    </u>
#2. Term or condition of the general permit that has not been in continuous compliance during the repo	orting period stated above:
Exact period of non-compliance: from	EIVED
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	IN 6 1998
	of Air Monitoring
<u> </u>	Mobile Sources
As the responsible official, I hereby certify, based on information and belief formed after reasonable in	
made in this notification are true, accurate and complete. Further, my annual consumption of perchlor	
upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallon combination facilities.	s per year jor transjer or
101100 = 1	dua 12/ /am
RESPONSIBLE OFFICIAL: LA HUR H LONGY () auna Go	Date 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

IN ARUS IDINGT

TYPE OF INSPECTION:	ANNUAL COM	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 10215	TIME OUT:(\',\textit{TOO}	AIRS ID#:	70078
TYPE OF FACILITY:	by leaning.		
FACILITY NAME:	Dry Clean VSA		DATE: 12/1/49
FACILITY LOCATION:	4257 Alatai	m Tr. Suite 12	X
TACILITI BOCATION	Died & D	77.5	
	100 5100	PHONE NUMBER:	
RESPONSIBLE OFFICIAL:	min zavaz	FHONE NUMBER	
	the compliance requirements evalu Rule 62-213.300, Florida Administr	ated during this inspection, the facil rative Code (F.A.C.).	ity is found to be in
Based on the results of discrepancies were not	· · · · · · · · · · · · · · · · · · ·	ated during this inspection, the follo	owing compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
	·		
	<u> </u>		<u> </u>
· · · · · · · · · · · · · · · · · · ·		1	
COMMENTS:			
Clean facili	ty good recor	d laping	
The Annual Compliance Certification	$\sim IGP$	fied and submitted to the inspector.	YET NO
DATE OF NEXT INSPECTI			
INSPECTION CONDUCTED	BY: SAAMA	oproximate).  WiltSHI	
INSPECTOR'S SIGNATUR		lease Print) l  PHONE NUMBER:	402 894-788
HISTOCION'S SIGNATUR	·.————————————————————————————————————	THORE HUMBER:	13.70.11.73
	Page	of	Revised 10/96

# PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY  RE-INSPECTION	
AIRS 10#: 1170078 DATE: 12/11/97 TIME IN: 10'15 TIME OUT: 1  FACILITY NAME: Dey Clean USA  FACILITY LOCATION: 4250 Alataya Tr. St. 128  Oviedo El. 32765  RESPONSIBLE OFFICIAL: Lawa Edvey PHONE: 407-365-90=  CONTACT NAME: PHONE:	
PART I: NOTIFICATION	
(check appropriate box)  1. New facility notified DARM 30 days prior to startup  2. Facility failed to notify DARM to use general permit	_ _
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:  (check appropriate box)  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	eum
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 general permit as number above facility exceeds above limits and is not eligible for a general permit	·
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cl facility was 102 gallons.	eaning

# 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 AVIO NO N/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? N/A UN D YX 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?

B. Has the responsible official of an existing large or new large area source also:	
Measured and resorded the exhaust temperature on the outlet side of the condenser leading on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ocated □Y □N
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
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 ppin2	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) 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: XY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days XY ON ON/A and parts installed w/in 5 days of receipt? DY DN DYNA 4. Maintained calibration data? (for applicable direct reading instruments) AY ON DY 5. Maintained exhaust duct monitoring data on perc concentrations? $\square N$ 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? XY ON ON/A OY ON DYNA Problem corrected? DY DN XN/A 8. Maintained compliance plan, if applicable?

# PART VI: LEAK DETECTION AND REPAIRS

1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?		,	M DN	
2.	Has the facility maintained a leak log?			YOY □N	
3.	Does the responsible official check the	following areas for lea	ks?		
	Hose connections, fittings, couplings, and valves	dy on on/a	Muck cookers	A'NO NO YO	
	Door gaskets and seating	ב/אם אם צף	Stills	DY ON ON/A	
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	אוחם אם צם	
	Pumps	DY ON ON/A	Diverter valves	אואם אם צם	
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	אואם אם ציף	
	Water separators	DY ON ON/A	,		
4.	Which method of detection is used by t	he responsible official?		,	
	Visual examination (condensed se	olvent on exterior surfa	aces)	×	
	Physical detection (airflow felt the	rough gaskets)		Ŕ	
	Odor (noticeable perc odor)		_	X	
	Use of direct-reading instrumenta	tion (FID/PID/calorim	etric tubes)		
	Halogen leak detector			<b>%</b>	
	If using direct-reading instr	umentation, is the eq	uipment:	CN/A	
	a. Capable of detecting	perc vapor concentration	ons in a range of 0-500 ppm?	OY ON	
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to a	nd after each use	OY ON	
	c. Inspected for leaks an	d obvious signs of wea	ar on a weekly basis?	□Y □N	
	d. Kept in a clean and s	ecure area when not in	use?	NO YES	
	e. Verified for accuracy	by use of duplicate sar	nples (calorimetric only)?	ио уп	

Inspector's Name (Please Print)

Date of Inspection

12/98

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:
Δ ( Δ
Aerotek USA 410
In compliance
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300006

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#1170078

WLE ENTERPRISES INC WALTER EDNEY 4250 ALAFAYA TRAIL STE 128 OVEIDO FL 32765

Do NOT Remove Label

Annual Reporting Period:	TANUAR)	<u>y</u>	19 <u>97</u>	то	31 DECEMBE	R	19 <u><b>97</b></u>
Based on each term or condition of 62-213.300, Florida Administration	<del>-</del>	-				_	Rule NO
If NO, complete the following:							
#1. Term or condition of the gene	eral permit that !	has not been in	n continuous o	complia	ance during the reporting	geriod s	stated above:
Exact period of non-compliance:	from				to	C	20.50 20.50
Action(s) taken to achieve compli						<u></u>	TE V
Method used to demonstrate comp	-					<u>0</u>	20
#2. Term or condition of the gene	eral permit that l	has not been in	n continuous c	complia	ance during the reporting	period s	stated above:
Exact period of non-compliance:	from	,			to_		
Action(s) taken to achieve complia	.ance:						
Method used to demonstrate comp	pliance:						
As the responsible official, I hereby notification are true, accurate and c does not exceed 2,100 gallons per ye	complete. Further	r, my annual co	ensumption of p	perchlor	roethylene solvent, based u	upon purc	
responsible official: <u>/</u> /	VALTERName (Pl	EDNEY lease Print)	<u>l</u>	Hal	Signature (	12,	San 98 Date

<sup>\*</sup>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.

### PERCE VERS

HLOROETHYLENE DRY CLEAN
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

ARM DAT	RUPDATED
BY_	RL

	COMPLIANCE IN	ASPECTION	LHECKLIST	
TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	v 0	COMPLAINTODISCOVERY	
AIRS ID#: 170078			. ( )	2180
facility name: <u>D</u> /y	Clean VS	ALWLE	Mora Do	
FACILITY LOCATION:	4250 Ala Fi	ay tc	5 te 17 8	
	Oviedo, FC	3 276	S	
RESPONSIBLE OFFICIAL :	Laura Edr	٦٧	_ PHONE: 407-365	-9031
CONTACT NAME:			PHONE:	<del> </del>
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	[ 30 days prior to starts	up		
2. Facility failed to notify DAR	M to use general pern	nit	·;	۵
PART II: CLASSIFICATIO	N .			
			☐ No notification form	
Facility indicated on notificat (check appropriate box)	10n 10rm that it is.		☐ Drop store/out of business	/petroleum
1. Existing small area soundry-to-dry only, x < 140 gallyr transfer only, x < 200 gallyr	/yr -	2. New small dry-to-dry only transfer only, x both types, x <	y, x < 140 gal/yr x < 200 gal/yr	
both types, x < 140 gal/yτ (constructed before 12/9/91)		• •	1 or after 12/9/91)	į
3. Existing large area sour dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before 12/9/91)	,,100 gal/yr 00 gal/yr gal/yr	transfer only, 2 both types, 140	area source $\Box$ 7, $140 \le x \le 2,100 \text{ gal/yr}$ $200 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ 1 or after $12/9/91$ )	
5. This is a correct facility of	lassification	NO YO	□Can not determine	
	ity qualified for a gene	eral permit as n	number above	

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 47.5 gallons.

# PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN (SAN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY/DN **Q**N/A 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 MY DN DN/A least 24 hours prior to disposal? Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN D(N/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the 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 are	ea source also:
Measured and recorded the exhaust temperature on the outlet side on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	of the condenser located  UY UN
2. Measured and recorded the washer exhaust temperature at the cond	
inlet and outlet weekly?	QY QN QN/A
Is the temperature differential equal to or greater than 20° F?	QY QN QN/A
3. Measured and recorded the perc concentration in the exhaust stream	•
at the end of the final drying cycle while the machine is venting to if machines are equipped with a carbon adsorber?	□Y □N □N/A
Is the perc concentration equal to or less than 100 ppm?	□Y □N □N/A
4. Assured that the sampling port on the carbon adsorber exhaust for a perc concentrations is at least 8 duct diameters downstream of any or expansion; is at least 2 duct diameters upstream from any bend, or	pend, 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?	AND MO YO
6. Routed airflow to the carbon adsorber (if used) at all times?	בואם אם צם

# 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? 3. Maintained leak detection inspection and repair reports for the following: Y ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days Y ON ON/A and parts installed w/in 5 days of receipt? DY DN DNA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN SXNA 5. Maintained exhaust duct monitoring data on perc concentrations? MA ON 6. Maintained startup/shutdown/malfunction plan? DY ON ONA 7. Maintained deviation reports? OY ON ØN/A Problem corrected? ANA NO YO 8. Maintained compliance plan, if applicable?

	•			
PA	RT VI: LEAK DETECTION ANI	D REPAIRS	м.	·
1.	Does the responsible official conduct	a weekly (for small source	es, bi-weekly) leak detection	on and repair
	inspection?			dy on
2.	Has the facility maintained a leak lo	g?		DY ON
3.	Does the responsible official check the	he following areas for leak	s?	
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	MY ON ON/A
	Door gaskets and seating	אוחם מם צם	Stills	ארם אם Y ב
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	By on on/a
	Pumps	AA ON ONVY	Diverter valves	MY ON ON/A
	Solvent tanks and containers	QA ON ON/Y	Cartridge filter housi	ngs Uy On On/A
	Water separators	Y ON ON/A	·	
4.	Which method of detection is used by	y the responsible official?		
	Visual examination (condensed	d solvent on exterior surfac	es)	<u>a</u>
	Physical detection (airflow felt	through gaskets)	·	۵
	Odor (noticeable perc odor)			
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
	Halogen leak detector			<b>★</b>
	If using direct-reading in	strumentation, is the equi	pment:	□N/A

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

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

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

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

(PID/FID only)?

Randall Lunningham	7-6-99
Inspector's Name (Please Print)	Date of Inspection
RAM I-A	7-2000
Incrector's Signature	Approximate Date of Next Inspection

NO YO

ND YD

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UA UN

 $\square$ Y  $\square$ N

ADDITIONAL SITE INFORMA	ATION:			
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,				

ATRS 1D#: 117 1078

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Ace

FACILITY NAME: Dry-Clean USA	DATE: 7-6-99
FACILITY LOCATION: 42500 Alafaya Fr. 5te. 128	
Oviedo, FL 32765	
Annual Reporting Period: July 1994 TO July	199
Based on each term or condition of the Title V general air permit, my facility has remained in compliant 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the re	porting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the re	porting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable made in this notification are true, accurate and complete. Further, my annual consumption of perchiupon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallombination facilities.	loroe:hylene solvent, based
RESPONSIBLE OFFICIAL: 6 HURA CONEY (/) Ourand Name (Please Print) Signature	Clase 1-6-49 Date

Page \_\_\_\_\_ of \_\_\_\_\_.

<sup>\*</sup>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

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TYPE OF INSPECTION: ANNUAL COMP	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 2: 30 pm TIME OUT: 2:30 pm	AIRS ID#: 1170078
TYPE OF FACILITY: Dry Cleuning	
FACILITY NAME: Dry Clean USA	DATE:
FACILITY LOCATION: 4250 Alafaya Tr. St	r. 128
Oviedo, FL 32765	
RESPONSIBLE OFFICIAL: Laura Edny	PHONE NUMBER:
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administrat	ive Code (F.A.C.).
Based on the results of the compliance requirements evaluate discrepancies were noted:	ed during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
COMMENTS	
COMMENTS:	
In Compliance	
The Annual Compliance Certification form has been properly certified	d and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: $2000$	
$\mathcal{D}$ $\mathcal{A}$ $\mathcal{A}$	roximate) N /
INSPECTION CONDUCTED BY: Randall Conn	so-Brint)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: <u>893-3333</u>
Page	of Revised 10/96

# PERCHLOROETHYLENE DRY CLEANERS

* TITLE V	GENERAL PE	ERMIT
COMPLIANCE	INSPECTION	CHECKLIST

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVER

ARMS UPDATED

RE-INSPECTION

1:00 AIRS 10#: 17007 & DATE: 420-00 TIME IN: 1000 TIME OUT: FACILITY NAME: Dr - Clean USA FACILITY LOCATION: 4250 Alatage Trail Ste 128 Oviedo, FL 32765 RESPONSIBLE OFFICIAL: Laura Edny PHONE: CONTACT NAME:

### PART I: NOTIFICATION

(check appropriate box)

- 1. New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use general permit
- ☐ No notification form
- ☐ Drop store/out of business/petroleum

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/yrtransfer only, x < 200 gal/yrboth types, x < 140 gal/yr(constructed before 12/9/91)
- 3. Existing large area source dry-to-dry only, 140 < x < 2,100 gaVyrtransfer 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)
- 5. This is a correct facility classification

- 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yrboth types, x < 140 gal/vr (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 < x < 1.800 gal/yr both types,  $140 \le x \le 1,800$  gal/yr (constructed on or after 12/9/91)
- $\square$ N Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number \_\_\_\_\_ above
- facility exceeds above limits and is not eligible for a general permit
- B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 97,5 gallons.

# Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing

### 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)

(check appropriate boxes)	·	
1. Equipped all machines with the appropriate v	ent controls?	AY ON
2. Equipped dry-to-dry machines with a closed-l	oop vapor venting system?	AND ND YEAR
3. Equipped the condenser with a diverter valve condenser upon opening the door?	so airflow will be directed away from t	the Tr on on/a
4. Measured and recorded the temperature of the condenser on a weekly/bi-weekly basis?	outlet exhaust stream of a refrigerated	dy on
<ol> <li>Repaired or adjusted the equipment within 24 condenser exceeded 45°F?</li> </ol>	hours if the exhaust temperature of the	e 👍 uo ya
6. Conducted all temperature monitoring after as verifying that the coolant had been completely		er day on

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 condense on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	r located OY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OÝ ON ON/A
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 mechine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	on,
of expansion, and downstream from no other finet?	OI ON ONA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	מאַם אם אַם 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)	
1. Maintained receipts for perc purchased?	AT ON
2. Maintained rolling monthly averages of perc consumption?	<b>ж</b> ¥ ои
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	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?	Oy on <b>A</b> n/a
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ANIA
6. Maintained startup/shutdown/malfunction plan?	AY ON
7. Maintained deviation reports?	OY ON ANA
Problem corrected?	OY ON MANA
8. Maintained compliance plan, if applicable?	ANNE 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? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, MY ON ONA HY ON ON/A Muck cookers couplings, and valves DY ON ON/A Stills Door gaskets and seating ΦY DN DN/A AVAD ND YD Filter gaskets and seating Exhaust dampers ON ON A DY ON ON/A Pumps Diverter valves DY ON ONA Solvent tanks and containers DY ON ON/A Cartridge filter housings AND ND YA 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 DEN/A If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? NO YO b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ND YD DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis?

Randal Cunningham
Inspector's Name (Please Print)

Pall Landingham
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)?

7-20-00 Date of Inspection

DY DN

ND YD

4-20-01

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:				
	-			
		<b>,</b>	A*	
		•		

Revised 01/18/00

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Dry Clean USA	DATE: 4-20-00
FACILITY LOCATION: 4250 Algtage Trail	DAIL
Oviedo, FL 32765	
Annual Reporting Period: April 20	M == A rest
Annual Reporting Period: April 20	TO # 2000
Based on each term or condition of the Title V general air permit, my facility l 62-213.300, Florida Administrative Code (F.A.C.), during the period covered	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous co	ompliance during the reporting 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 that has not been in continuous co	ompliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	<u> </u>
As the responsible official, I hereby certify, based on information and belief for in this notification are true, accurate and complete. Further, my annual consupurchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilit combination facilities.  RESPONSIBLE OFFICIAL: LAURA B. EDNey	mption of perchloroethylene solvent, based upon
Name (Please Print)	Signature Date

<sup>\*</sup>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 🔀	СОМ	PLAINT/DIS	COVERY [	] ·	RE-INSP	ECTION
TIME IN: 11,00	TIME OUT:	11:3	O .	AIRS ID#	:1170	1078	
TYPE OF FACILITY: Dry C	lean						
FACILITY NAME: DIV C	IPAN USA		•		D/	NTE: 04	1-20-00
FACILITY LOCATION: 42	50 Alatava	Trail	stp 124	<u> </u>			
	redu, FL 327	745	<del>- 01 6 - 1 1</del>				
RESPONSIBLE OFFICIAL:	Laura Edny	-V J		PHONE NUM	1BER: 40	7 -3	65-403/
	ne compliance requirement ule 62-213.300, Florida Ad		_	-	he facility i	is found to	be in
Based on the results of the discrepancies were noted	ne compliance requirement l:	ts evaluat	ted during thi	is inspection, t	he followin	ig complia	nce
COMPLIANCE REQU	IREMENT/PROBLI	EM	FOL	LOW-UP A	ACTION	REQUI	RED
			,				
				·			
COMMENTS:		•					
In Compliance							
The Annual Compliance Certification form has been properly certified and submitted to the inspector.							
DATE OF NEXT INSPECTION: 4-200							
INSPECTION CONDUCTED BY: Randal Comingham  (Please Print)							
INSPECTOR'S SIGNATURE: Rdall Compensation Phone Number: 407-893-3333							

Page\_\_\_of\_\_\_.

Revised 10/96

F 8 7			
52	Postage	\$	
m	rtified Fee		
Return Re	eceipt Fee Required)		Postma Here
Restricted De (Endorsement	elivary Fee Required)		
Total Pc		AIRS ID#11	70078001AG
Recipie W	ALTER	EDNEY	
D	RYCLEA 250 ALAI	IN USA FAYA TRAIL STE	E 128
Street, A; 42	VEIDO F	FL 32765	

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SENDER: COMPLETE THIS SECTION	PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS.				
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee  Dis delivery address different from item 1? Yes  If YES, enter delivery address below:				
10 AIRS ID # 1170078001AG WALTER EDNEY DRYCLEAN USA					
4250 ALAFAYA TRAIL STE 128 OVEIDO FL 32765	3. Service Type Certified Mail				
2005200020 9372 6810	4. Restricted Delivery? (Extra Fee) ☐ Yes				
Article Number (Copy from service label)					
PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952					

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

RECEIVED MAIL ROOM

**TOTAL AMOUNT DUE: \$50.00** 

JAN 14 97

Do NOT Remove Label

AIRS ID# 1170078

WLE ENTERPRISES INC WALTER EDNEY 4250 ALAFAYA TRAIL STE 128 OVEIDO FL 32765 FOR GOVERNMENT USE ONLY

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

Оы.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID#1170078

WLE ENTERPRISES INC WALTER EDNEY 4250 ALAFAYA TRAIL STE 128 OVEIDO FL 32765

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obi.: 002273 Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

Ken & Sonia Lee, inc. DBA/Dry Clean USA 4250 Alafaya Trail, #128 Oviedo, FL 32765



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

389240

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 # 1170078

DRYCLEAN USA WALTER EDNEY 4250 ALAFAYA TRAIL STE 128 OVEIDO FL 32765 MAIL ROOM

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0356112

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 # 1170078

DRYCLEAN USA WALTER EDNEY 4250 ALAFAYA TRAIL STE 128 OVEIDO FL 32765 66 4- NAL

MECEIVED

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273