

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 6, 1996

Mr. Jose Llama Springs Cleaners 2620 State Road 434 West Long Wood, Florida 32775

Re: Facility I.D. No. 1170081

Dear Mr. Llama:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 9, 1996.

Please note that in November of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and 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.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Springs Cleaners Inc.
2.	Site Name (For example, plant name or number):
	Springs Cleanons
3.	Hazardous Waste Generator Identification Number:
	5LD 984226522
4.	Facility Location: Street Address: 2620 SR 434 West City: Long wood Fl County: Seminole Zip Code: 32775
5.	Facility Identification Number (DEP Use): 120 98490 820 Z
	FLO 98417116 1170081
	Responsible Official

6)	Name and Title of Responsible Official:  Jose Llama
7.	Responsible Official Mailing Address:  Organization/Firm:  Street Address: 2620 SR 434 West  City: Long Wood FI County: Seminale  Zip Code: 32775
8.	Responsible Official Telephone Number: Telephone: (407) 682 7422 Fax: ( —) -

### Facility Contact (If different from Responsible Official)

9.	Name and Title of Facility Contact (Fo	r example, plant manager):	
	Same a	s above	
10	Facility Contact Address:		
	Street Address: Soume City:	as a boud County:	Zip Code:
11	Facility Contact Telephone Number:		_

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Bureau of Air Monitoring & Mobile Sources

# # 1170081

Springs Cleaners
-spoke with Jose Llama-10/9/96
p./3 6. add title - President/Owner
p.14 1.1a) add date control device
p.14 1.(a) add date control device installed, if any p.15 4. mark out, none required 5.(c)+5.(d) not required, mark out "V" and initial
out "Vs 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	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					· · · · · · · · · · · · · · · · · · ·				
(1) w/ ref. condenser		08 0ec9	1 58	F	VCER	2016		BII EI	ctric
(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									
(12) w/ no controls									
(b) Control devices are required, but not yet installed   (c) No control devices are required to be installed   2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?   [									
3. What is the facility's so (Indicate with an "X".	Selec	t one classifi	cation only.)		nitions found	·	3) of	Part II?	
Existing large are	ea sou	arce []	Ne	w lar	ge area sour	ce	]		

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### 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)							
ιX	No air permits currently exist for the operation of the facility indicated in this notification form.							
	Responsible Official Certification							
this notific statement. maintain comply w	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 s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.  Imply notify the Department of any changes to the information contained in this notification.  By 30 96  Date							

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# Springs Cleaners

1. Fa	-spoke with Jose Llama-10/9/96	
2. Si	·	
3. H	p.14 1.(a) add date control device	. ,
4. F	p.14 1.(a) add date centrol device installed, if any p.15 4. mark out, none required 5.(c)+5.(d) not required, mark out "V3 and initial	2775
5 P	out "vs and initial	170081
6, 1	Corrections	-
7.	12/5/455	
		ide: 32775
8.		
9.	Name and Title of Facility Contact (For example, plant manager):	
	Same as above	
10.	Street Address: Same as a boul City: Zip Code:	
11.	Facility Contact Telephone Number: Telephone: (407) 662-7422 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):	
Springs Cleanors Inc.	
2. Site Name (For example, plant name or number):	
Springs Cleanens	
3. Hazardous Waste Generator Identification Number:	
5LD 984226522	
4. Facility Location: Street Address: 2620 58 434 West	
Street Address: 2620 SR 434 West City: Long wood Fl County: Seminole Zip Code: 32775	
5 Facility Identification Number (DEP Use): 1/20 984908202	
FLO 984171/63 1170081	
Responsible Official	
6. Name and Title of Responsible Official:  Jose Llama Owner President  7. Responsible Official Mailing Address:	J-5 (
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 2620 SR 434 West City: Long Wood FI County: Seminale Zip Code: 32775	
8. Responsible Official Telephone Number: Telephone: (407) 68-2 7422 Fax: ( —) -	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
Same as above	
10. Facility Contact Address:	
Street Address: Same as a bout	
City: County: Zip Code:	
11. Facility Contact Telephone Number: Telephone: (407) 662-742 Fax: ( ) -	
l 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		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	lD	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	1) <sup>#2</sup>	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit			20	<i>y</i>					
(1) w/ ref. condenser		08 Oec9	1089154	E	VCER	2016		1711 1=16	1 +ric
(2) w/ carbon adsorber				<u> </u>				2.7.2.2.2.2	_
(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									
(12) w/ no controls									
<ul><li>(b) Control devices are</li><li>(c) No control devices</li></ul>	are re	equired to be	installed [_	4				d 0	
	gallo	ons			purchased if	i the latest 12	mor	iths?	
(b) If less than 12 mont Check why it is less	-				_] New store	: [] Did	not k	eep records:	
3. What is the facility's so (Indicate with an "X".					nitions found	d in section (3	3) of	Part II?	
Existing small ar	ea so	urce [X	Ne	ew sn	nall area sour	-ce []			
Existing large are	ea sou	arce []	Ne	w lai	ge area sour	ce []			

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

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### Surrender of Existing Air Permit(s)

Please indicat	Please indicate with an "X", the appropriate selection:								
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)  No air permits currently exist for the operation of the facility indicated in this notification form.								
ιX									
	Responsible Official Certification								
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.									
I will pro	mptly notify the Department of any changes to the information contained in this notification. $ \frac{8/30/96}{Date} $								

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### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NUAL NSPECTION		COMPLAINT/DISC	OVERY	
AIRS ID#: 1170081 DATE:  FACILITY NAME: 5 PRING  FACILITY LOCATION: 262	J Clean	TIME II 285 4 () 387		E OUT: /	10
PART I: NOTIFICATION			·	<del></del>	
(check appropriate box)					
1. Existing facility notified DARM by 9	/1/96				×
2. New facility notified DARM 30 days	prior to startup				۵
3. Facility failed to notify DARM to use	general permit				
PART II: CLASSIFICATION					
Facility indicated on notification form (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x<140 gal/yr	2. Ne		rea source x<140 gal/yr		
transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	transf both t	er only, x< ypes, x<14	200 gal/yr		
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>dry-to transf both t</td><td>-dry only, er only, 20 ypes, 140&lt;</td><td>rea source 140<x<2, 100="" gal="" yr<br="">0<x<1,800 gal="" yr<br="">(x&lt;1,800 gal/yr or after 12/9/91)</x<1,800></x<2,></td><td>· ·</td><td></td></x<2,>	dry-to transf both t	-dry only, er only, 20 ypes, 140<	rea source 140 <x<2, 100="" gal="" yr<br="">0<x<1,800 gal="" yr<br="">(x&lt;1,800 gal/yr or after 12/9/91)</x<1,800></x<2,>	· ·	
This is a correct facility classification	$ \not B_{Y} $	□N			
If no, please check the appropriate class	sification:				
facility qualified for a facility exceeds above	limits and is not eli	gible for a			
B. The total quantity of perchloroethyle facility was 40 gallons.	ene (perc) purchased	d within th	e preceding 12 month	s by this dry	cleaning

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

В.	Has the responsible official of an existing large or new large area source also:			1
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?	ØÝ	אם	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	
	Is the temperature differential equal to or greater than 20° F2	ΠY	ПΝ	
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?			□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	UN	
	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	□Y	ИΩ	
	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΩΝ	□N/A
				□N/A □N/A
	condenser coils?			
م ج	condenser coils?			
PA Ha	Routed airflow to the carbon adsorber (if used) at all times?			
PA Ha	Routed airflow to the carbon adsorber (if used) at all times?  ART V: RECORDKEEPING REQUIREMENTS  as the responsible official:			
PA Ha (ch	Routed airflow to the carbon adsorber (if used) at all times?  ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: neck appropriate boxes)		П	
PA Ha (ch	Routed airflow to the carbon adsorber (if used) at all times?  ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: neck appropriate boxes)  Maintained receipts for perc purchased?		ON	
PA Ha (ch	Routed airflow to the carbon adsorber (if used) at all times?  ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: neck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?	DY PY	ON	
PA Ha (ch	Routed airflow to the carbon adsorber (if used) at all times?  ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: neck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:	DY PY	о п п	
PA Ha (ch 1. 2.	Routed airflow to the carbon adsorber (if used) at all times?  ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: neck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	DY PY	ои Ои Ои	
PA Ha (ch 1. 2. 3.	Routed airflow to the carbon adsorber (if used) at all times?  ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: neck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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?	DY PY DY DY	ои Ои Ои	□N/A
PA Ha (ch 1. 2. 3.	Routed airflow to the carbon adsorber (if used) at all times?  ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: neck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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?  Maintained calibration data? for direct reading instruments only)	DY PY DY DY		□N/A
PA Ha (ch 1. 2. 3. 4. 5. 6.	Routed airflow to the carbon adsorber (if used) at all times?  RTV: RECORDKEEPING REQUIREMENTS  as the responsible official: neck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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?  Maintained calibration data? Gor direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?	TY YY Y		□N/A
PA Ha (ch 1. 2. 3. 4. 5. 6.	Routed airflow to the carbon adsorber (if used) at all times?  ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: neck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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?  Maintained calibration data? for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?	TY YY Y		□N/A

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

NO ASS

2.	Which method of detection is used by	the respon	nsible offi	cial?	\	
	Visual examination (condensed	<b>A</b>				
	Physical detection (airflow felt t	/ <b>X</b>				
	Odor (noticeable perc odor)	壑				
	Use of direct-reading instrument	tation (FII	D/PID/cal	orimetric tubes)		
	If using direct-reading instrun	nentation,	, is the eq	uipment:		
	a. Capable of detecting	g perc vapo	or concen	trations in a range of 0-500 ppm?	ΠY	□N
	b. Calibrated against a (PID/FID only)?	standard	gas prior	to and after each use	ΠY	חח
	c. Inspected for leaks a	ınd obviou	is signs of	f wear on a weekly basis?	ΠY	□N
	d. Kept in a clean and	secure are	a when n	ot in use?	ΠY	□N
	e. Verified for accurac	y by use of	f duplicat	e samples (calorimetric only)?	ПY	ŃΝ
3.	Has the facility maintained a leak log	?			ZY	חח
4.	Does the responsible official check the	e followin	g areas fo	r leaks?		
	Hose connections, fittings, couplings, and valves	BY	ΠN	Muck cookers	STY	□и
	Door gaskets and seating	ΣΥ	ΠN	Stills	X	□и
	Filter gaskets and seating	XY	ΠN	Exhaust dampers	AY	□и
-	Pumps	ZY	□N	Diverter valves	AY	□и
	Solvent tanks and containers	Y	□N	Cartridge filter housings	s YY	□N
	Water separators	ÆΥ	ΠN			
	Jose Llama Name of Responsible Office	ial				
	51 51 Jan			12/6/21		
_	Inspector's Name (Please Pr	int)		Date of Insp	ection	

Inspector's Signature

Approximate Date of Next Inspection

A	DDITIONAL SITE I	NFORMATION:		·	
	-				
				·	
	·	•			
	·				
			•		
		•			

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	APLAINT/DISCOVERY RE-INSPECTION
TIME IN: 12:20 TIME OUT: 1:30	AIRS ID#: 11 70081
TYPE OF FACILITY: Dry Cleaning.  FACILITY NAME: Springs Cleaners  FACILITY LOCATION: 2620 S.R. 434/W	DATE: 11/12/97
Longwood Ic.	1/12 (00 -1/0-
RESPONSIBLE OFFICIAL: JOS Jama	PHONE NUMBER: 467-682-7422
Based on the results of the compliance requirements evalu compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaludiscrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	
COMMENTS:	
The Annual Compliance Certification form has been properly certification	ified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: $11/98$	pproximate)
INSPECTION CONDUCTED BY: SAPPIA	Surcest 1 lease Print)
INSPECTOR'S SIGNATURE:	—
Page	of . Revised 10/96

### PERCHLO

	\ /	In Appenic
ROETHYLENE DRY CLEANERS	V	11/2/19
TITLE V GENERAL PERMIT		
LIANCE INSPECTION CHECKLIST		(D)
		- •

	NCE INSPECTION CHECKLIST	_
TYPE OF INSPECTION: ANNUAL RE-INSPE		
AIRS ID#: 117008   DATE: 11  FACILITY NAME: SPRINGS	12 /17 TIME IN: 12: 20 TIME OUT: 1:30	·
		-
FACILITY LOCATION: <u>26 20</u>	S.R 434 West	.
Long wood	L Fr.	
RESPONSIBLE OFFICIAL: 05e	L Fr. (407) LIGMA PHONE: 682-7422	
CONTACT NAME:	PHONE:	
<u> </u>		
PART I: NOTIFICATION		
(check appropriate box)		=
New facility notified DARM 30 days prior	to startup	
Facility failed to notify DARM to use gene		1
2. I actify failed to floury Dardyl to use gene		
PART II: CLASSIFICATION	<u> </u>	
	it in D. Na pariforming from	
Facility indicated on notification form that (check appropriate box)  A.	Spersar Selection of business/petroleum	
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	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 before 12/9/91)	both types, x < 140 gal/yr (constructed on or after 12/9/91)	
both types, x < 140 gal/yτ	both types, x < 140 gal/yr	
both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	both types, $x < 140$ gal/yr (constructed on or after $12/9/91$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	
both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate cl facility qualified fo facility exceeds about	both types, $x < 140$ gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91)	

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN WNA DY DN DXVA 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 AY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON 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) /ZNY □N 1. Equipped all machines with the appropriate vent controls? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the /say 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 A'NO NO YAD condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? NO YES

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?	OY ON
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 centing 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?	A/MO NO YO
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?	DA <u>d</u> M
2. Maintained rolling monthly averages of perc consumption?	MD YA
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	MY 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?	ØY On Ona
4. Maintained calibration data? (for applicable direct reading instruments)	BY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	AVNØK NO YO
6. Maintained startup/shutdown/malfunction plan?	<b>Ж</b> а пи
7. Maintained deviation reports?	A/NO NO YA
Problem corrected?	A/MQ NO YO
8. Maintained compliance plan, if applicable?	איאם אם צפֿל

### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? $\square N$ 2. Has the facility maintained a leak log? ΜY $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, /DY ON ON/A Muck cookers couplings, and valves DY ON ON/A DY ON ON/A Stills Door gaskets and seating DY ON ON/A DY ON ON/A Exhaust dampers Filter gaskets and seating DY DN DN/A DY ON ONA Diverter valves DY ON ON/A Pumps DY DN DN/A DY DN DNA Solvent tanks and containers Cartridge filter housings Water separators DY DN DN/A 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: □N/A a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? OY ON b. Calibrated against a standard gas prior to and after each use (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? $\Box Y \Box N$ e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN Inspector's Name (Please Print) Inspector's Signature

Perc receipts given to accountant, advised to Keep a copy for himself.



# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID#1170081 SPRINGS CLEANERS INC JOSE LLAMA 2620 SR 434 WEST LONGWOOD FL 32775

N

### Do NOT Remove Label

Annual Reporting Period:		_19	то	19
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	•	•	·	. —
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in co.	ntinuous	compliance during the 1	eporting 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 con	ntinuous	compliance during the r	eporting 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, bass notification are true, accurate and complete. F does not exceed 2,100 gallons per year for dry-t	urther, my annual consu	mption of	perchloroethylene solveni	t, based upon purchase receipts,
RESPONSIBLE OFFICIAL:				
	ne (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 COM	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 101, 00 TIME OUT: 14,00	) AIRS ID#:_ 117 008  -
TYPE OF FACILITY: Sorings Ge	'a nov
FACILITY NAME: 2620 SX 434	DATE: 11/6/98
FACILITY LOCATION: Long WOOD	52-779
	2
RESPONSIBLE OFFICIAL: JOSE GALLAMO	PHONE NUMBER: 682-7422
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administration	_ ,
Based on the results of the compliance requirements evalu discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	· · · · · · · · · · · · · · · · · · ·
	P. Co
	Burgar Strage
	Solit Monitoria
comments: good record keeping, in 17# Spenser pan 405.	compliance. MCF h97, Wash
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 11/99	
	pproximate)
INSPECTION CONDUCTED BY:	R Wwsh
X	lease Print) PHONE NUMBER: 893-3333
INSPECTOR'S SIGNATURE:	PRONE NUMBER:
Page	of Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

In spens

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TI	/P	F.	OF	INSP	EC	TIO	N:
		_	OI.	11101		110	11

facility was gallons.

ANNUAL

DC

COMPLAINT/DISCOVERY

**RE-INSPECTION** 

AIRS ID#: 1170081 DATE: 11/6/9		'.'00
FACILITY NAME: SPRINGS C	EANERS	<u> </u>
FACILITY LOCATION: 26 20 SK.	434	
Longwood	LFL. 32779 30 V	
RESPONSIBLE OFFICIAL: USC LIC	2ma PHÓNE: 68 28 342 2	6
	PHONE:	
	·	
The same of the sa		
PART I: NOTIFICATION		
(check appropriate box)		ļ
1. New facility notified DARM 30 days prior to sta	artup	٥
2. Facility failed to notify DARM to use general pe	ermit	<u> </u>
PART II: CLASSIFICATION		
Facility indicated on notification form that it is:	□ No notification form	
(check appropriate box)	☐ Drop store/out of business/pe	troleum
A		
1. Existing small area source ☐ dry-to-dry only, x < 140 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr	11-92
transfer only, x < 200 gal/yr	transfer only, $x < 200$ gal/yr	11-92 Tyears
both types, x < 140 gal/yr	both types, x < 140 gal/yr	Tuears
(constructed before 12/9/91)	(constructed on or after 12/9/91)	1300
3. Existing large area source	4. New large area source	
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$	
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr	
both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )	
(constructed corote 12/3/31)	(66131146164 611 61 41161 12 717 1)	
5. This is a correct facility classification	□Y □N □Can not determine	
If no, please check the appropriate classific	cation:	
facility qualified for a ge	eneral permit as number above	
facility exceeds above line	mits 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

### 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

A. Has the responsible official of all new sources and existing large area sources:

3. Equipped the condenser with a diverter valve so airflow will be directed away from the

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

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

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

(complete A and B below).

cendenser upon opening the door?

condenser exceeded 45°F?

condenser on a weekly/bi-weekly basis?

1. Equipped all machines with the appropriate vent controls?

verifying that the coolant had been completely charged?

2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

(check appropriate boxes)

DA DN

MY ON ON/A

□N □N/A

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
2. 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?	□Y □N □N/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?	□Y □N □N/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) I. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: AVA 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 ZY ON ON/A and parts installed w/in 5 days of receipt? DAY ON ON/A 4. Maintained calibration data? (for applicable direct reading instruments) A/N/A 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? AND ND YA 7. Maintained deviation reports? Problem corrected? DY DN DXV/A DY ON ON/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?	. <del></del>	,	NO DN	
2.	Has the facility maintained a leak log?	•		ØS □N	
3.	Does the responsible official check the	e following areas for leaks	s?		
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	אואם אם אם	
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A	
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	Y ON ON/A	
	Pumps	DY ON ON/A	Diverter valves	DY ON ON/A	
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	OY ON ON/A	
	Water separators	DY DN DN/A			
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed	solvent on exterior surfac	es)	<u>/</u> d	
	Physical detection (airflow felt t	hrough gaskets)	:	' Þ	
	Odor (noticeable perc odor)			K	
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
	Halogen leak detector	•			
	If using direct-reading instrumentation, is the equipment:			□N/A	
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			OY ON	
	<ul><li>b. Calibrated against a (PID/FID only)?</li></ul>	standard gas prior to and	after each use	□Y □N	
		and obvious signs of wear	on a weekly basis?	מם עם	
	•	secure area when not in u	•	OY ON	
	•	y by use of duplicate sam		OY ON	
		•	• •		
			· · · · · · · · · · · · · · · · · · ·		
			1.12100		
-	Inspector's Name (Please Print)  Date of Inspection				
			·		
	/hh		11/99	•	
	Inspector's Signature		Approximate Date of	Next Inspection	

ADDITIONAL SITE INFORM	ATION:		
•			
	· <del>~</del>		
	4		
			•
	•		
·			
	•	,	
		·	

### PERCHLOROETHYLENE DRY CLEANERS

	TITLE '	V GENERAL P	ERMIT
COME	LIANCE	<b>INSPECTION</b>	CHECKLIST

TYPE OF INSPECTION:

ANNUAL

**RE-INSPECTION** 

Ø-

COMPLAINT/DISCOVERY

DATE_	1-21-00
BY	Re

AIRS ID#: 1/76081 DATE: 1-20-00 TIME IN: 1,45 TIME OUT: 3	118
FACILITY NAME: Springs Cleaners	
FACILITY LOCATION: 2620 60 FRANCES SR434	
Longwood, FL 32779	
RESPONSIBLE OFFICIAL: Jose Vana PHONE: 407-682-742	2
CONTACT NAME:PHONE:	
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup	
	_

PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to sta	artup $\square$	
2. Facility failed to notify DARM to use general pe	ermit $\square$	
		-
PART II: CLASSIFICATION		-
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum	ı
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )  5. This is a correct facility classification	4. New large area source  dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$ )  TES  200  Constructed on or after $12/9/91$ )  Can not determine  cation:  neral permit as number above	
	cation:  neral permit as number above  nits and is not eligible for a general permit	3
B. The total quantity of perchloroethylene (perc) per facility was gallons.	urchased within the preceding 12 months by this dry cleanin	ng

Revised 8/11/97

ATRS TD#.\_\_\_\_\_

1170081

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Springs Cleaners	DATE: 1-20-00
FACILITY LOCATION: 2620 5R434	
Longwood, FL 32779	
	•
Annual Reporting Period: January 1949 TO January	7000
Based on each term or condition of the Title V general air permit, my facility has remained in compliance 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 repor	ting period stated above:
Exact period of non-compliance: fromto	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the repor	ting period stated above:
Exact period of non-compliance: fromtoto	·
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 inamade in this notification are true, accurate and complete. Further, my annual consumption of perchlore upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities of 1,800 gallons combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)  Signature  *This form is made available to you as an aid in order to meet your annual compliance certification requ	per year for transfer or    John O
discretion of the responsible official to use this form.	

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

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COM	APLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1:45	TIME OUT: 21/5		10081
	y Cleuning	· · · · · · · · · · · · · · · · · · ·	
FACILITY NAME:	Springs (	luners	DATE: 1-20-00
FACILITY LOCATION: 26	20 SR434		
Lo	15 wood, FL 32779		·
RESPONSIBLE OFFICIAL:	Jose Lloma	PHONE NUMBER:_	407-682-7422
7	f the compliance requirements evaluate Rule 62-213.300, Florida Administra		ty is found to be in
Based on the results o discrepancies were no	f the compliance requirements evaluated:	ated during this inspection, the follo	wing compliance
COMPLIANCE REC	UIREMENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
	<u> </u>	• .	·
· · · · · · · · · · · · · · · · · · ·			
			. ,
COMMENTS:	mpliance		
The Annual Compliance Certifi	ication form has been properly certifi	ied and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION	ON: 1-2001	proximate)	
INSPECTION CONDUCTED	DBY: Kandall Cu	nni ngham	
INSPECTOR'S SIGNATURE		PHONE NUMBER:_	407-893-3333
	Page	of	Revised 10/96

### Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DNA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ANA 2. Examining the containers for leakage? TERY DK 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at AY ON ONA 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? AKKAR NO YO 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? ZEY 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 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 XY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after QY ON verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

В.	. Has the responsible official of an existing large or new large area source also:			-
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПΥ	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ПΥ	Πv	□N/A
	Is the perc concentration equal to or less than 100 ppm?	_	_	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ΩΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	TAY ON		
2. Maintained rolling monthly averages of perc consumption?	WY-ON		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	ANO NO XET		
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON PRN/A		
4. Maintained calibration data? (for applicable direct reading instruments)	aya <b>z</b> no yo		
5. Maintained exhaust duct monitoring data on perc concentrations?	אאלם אם צם		
6. Maintained startup/shutdown/malfunction plan?			
7. Maintained deviation reports?	אואאל אם צם		
Problem corrected?	אוא על אום אם אם		
8. Maintained compliance plan, if applicable?	OY ON ONA		

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?	<b>~</b> 2.			<b>A</b> Y	ПΝ
2. Has the facility maintained a leak log?					ПN
3. Does the responsible	official check the fol	lowing areas for leaks?			
Hose connectio couplings, and		DY ON ON/A	Muck cookers	ום ציף	N DN/A
Door gaskets ar	nd seating	AVAD ND YC	Stills	מם צם	N □N/A
Filter gaskets a	nd seating	אואם אם צו	Exhaust dampers	ום צם	A/ND N
Pumps	τ	Y ON ON/A	Diverter valves	by or	A/ND N
Solvent tanks a	nd containers	DY ON ON/A	Cartridge filter housings	dy Di	A/ND N
Water separator	rs (	A/ND ND YE		'	
4. Which method of det	ection is used by the	responsible official?	•		
Visual examina	tion (condensed solv	ent on exterior surfaces)		$\not$	
Physical detecti	on (airflow felt throu	gh gaskets)	•	<b>&gt;</b>	
Odor (noticeabl	Odor (noticeable perc odor)				
Use of direct-re	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
Halogen leak de	Halogen leak detector				
If using direct-reading instrumentation, is the equipment:					
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					N
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					N
•	• •	bvious signs of wear on a	weekly basis?	OY O	
		re area when not in use?	,		
•		use of duplicate samples	(calorimetric only)?		N
		•	` ,		
·					
Kandall	Kandall Cuntingham 1-20-00				
Inspector's	Name (Please Print)		Date of Inspec	ction	

Revised 8/11/97

Approximate Date of Next Inspection

Inspector's Signature

ADDITIONAL SITE INFORMATION:	
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SENDER: COMPLETE THIS SECTION:	PLACE STICKER AT TOP OF ENVELOP 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  D. Is delivery address different from item 1?  If YES, enter delivery address below:
AIRS ID # 1170081001AG DSE LLAMA PRINGS CLEANERS 520 SR 434 WEST	•
ONGWOOD FL 32775	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
0520 00209372 6827	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	111 111 11 11 11 11 11
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-00-M-0952

	U.S. Postal Servi CERTIFIED M (Domestic Mail	AIL RECEIPT	e Coverage Provided)
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9372	Certified Fee		Postmark
	Return Receipt Fee (Endorsement Required)		Here . W
0020	Restricted Delivery Fee (Endorsement Required)		$\mathcal{F}_{i}$
	Total Postage 10	AIRS ID	# 1170081001AG
052	nocipient o	LLAMA NGS CLEANERS	12/
	Street, Apt. No 2620	SR 434 WEST	4
7000	LONG City, State, ZIP	GWOOD FL 32775	n.
	PS Form 3800 Febru	2000	See Reverse for Instructions

on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form scard to you.  Attach this form to the front of the mailpiece, or on the bac permit.  Write "Return Receipt Requested" on the mailpiece below:  The Return Receipt will show to whom the article was delired delivered.	following extra fee the article number. vered and the date	Addressee's Address Restricted Delivery postmaster for fee.
ADDRESS completed of	3. Article Addressed to:  AIRS ID 1170081  SPRINGS CLEANERS INC JOSE LLAMA 2620 SR 434 WEST "LONGWOOD FL 32775	4a. Article Number  4b. Service Type  Registered  Express Mail  Return Receipt for Me  7. Date of Delivery	Certified Insured
ls your RETURI	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form 3811. December 1994	8. Addressee's Addres and fee is paid)	s (Only if requested

US Postal Servic	33 FJ3 543 <sub>6</sub>
No Incurance Co	Certified Mail
PRINGS CLEANE DSE LLAMA 520 SR 434 WEST ONGWOOD FL 32	
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Whom & Date Deliver Return Receipt Showing to	Whom
Whom & Date Deliver	) Whom, ess

on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write 'Return Receipt Requested' on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and delivered.	e does not e number. d the date	□ Restrict     Consult postma	es (for an see's Address ted Delivery	Receipt Service.
ADDRESS completed	AIRS ID#: 1170081 SPRINGS CLEANERS INC JOSE LLAMA 2620 SR 434 WEST LONGWOOD FL 32775	4a. Article N  265  4b. Service  Registere  Express I  Return Rec  7. Date of De	Type  od  Mail  ceipt for Merchandis	<u> </u>	you for using Return
Is your RETURN	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X pulsuan multiplicatio  PS Form 3811, December 1994	8. Addressee and fee is	e's Address (Only paid)  Domestic Re		Thank

6 5P2 305 330

US Postal Service

Receipt for Certified Mail
No Insurance Coverage Provided. Do not use for International Mail (See reverse)

AIRS ID#: 1170081

SPRINGS CLEANERS INC JOSE LLAMA 2620 SR 434 WEST LONGWOOD FL 32775

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addresse's Address	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	-



# Department of **Environmental Protection**

304080

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

> Title V Air General Permits Receipts Post Office Box 3070 Tallahassee, FL 32399-2400



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#1170081

SPRINGS CLEANERS INC JOSE LLAMA 2620 SR 434 WEST LONGWOOD FL 32775

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Оы.: 002273

### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0357473

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

SPRINGS CLEANERS JOSE LLAMA 2620 SR 434 WEST LONGWOOD FL 32775 AIRS ID # 1170081

FOR GOVERNMENT USEONLY COrg.: 37550101000 EO: BI Fund: 20-2-035001 CObj.: 002273 COD

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

262590

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** 

HAR - 6 97

Do NOT Remove Label

AIRS ID#: 1170081 SPRINGS CLEANERS INC JOSE LLAMA 2620 SR 434 WEST LONGWOOD FL 32775

FOR GOVERNMENT USE ONLY

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

Оы: 002273



# Department of Environmental Protection

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

David B. Struhs Secretary

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Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

101446

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 # 1170081

SPRINGS CLEANERS JOSE LLAMA 2620 SR 434 WEST LONGWOOD FL 32775 MAIL ROOM

JAN-2 01

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389535

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

SPRINGS CLEANERS

JOSE LLAMA 2620 SR 434 WEST

LONGWOOD FL 32775

AIRS ID # 1170081

Obj.: 002273

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