

Department of Environmental Protection

Lawton Chiles
Governor

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400
July 28, 1997

Virginia B. Wetherell
Secretary

Mr. Jose D. Orozco
American Cleaners
520 West Highway 436 #1118
Altmonte Springs, Florida 32714

Re: Facility No.: 1170355

Dear Mr. Orozco:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 5, 1997.

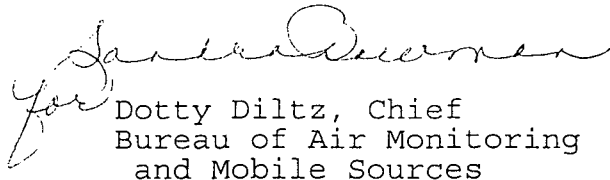
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Ms. Sheila Schneider, Central District

#170355

RECEIVED

JUN 5 1997

Bureau of Air Monitoring & Mobile Sources

American Cleaners of Alt. Spgs.

P. 14 1.(c) mark out "V"
P. 15 5. should be no such units on-site
5.(c) required
5.(f) required

1. Facility Name
2. Site
3. Hazardous
4. Facility Street City
5. Facility
6. Name
7. Role
8. Title

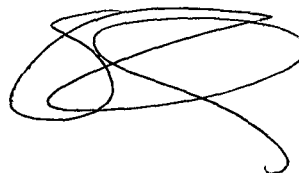
STORE WAS LOCKED UP AND EMPTY.

CLOSED

OUT OF BUS. ?

Phone # is out of service. 9/22/97
(CRB)

9/15/97



2714



262.

de:

Facility Contact (If different from Responsible Party)

9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address: Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - Fax: () -

RECEIVED

JUN 5 1997

Perchloroethylene Dry Cleaning Facility Notification Bureau of Air Monitoring & Mobile Sources
(keep a copy of the completed form on-site)
Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>ROLUZ ENTERPRISES, INC.</i>
2. Site Name (For example, plant name or number): <i>AMERICAN CLEANERS OF ALT. SPGS.</i>
3. Hazardous Waste Generator Identification Number: <i>FL 0000855262</i>
4. Facility Location: <i>520 W. HWY 436 # 1118</i> Street Address: City: <i>ALT. SPGS</i> County: <i>SEMINOLE</i> Zip Code: <i>32714</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>1170355</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>JOSE D. ORZCO</i> Title: <i>GEN. MGR.</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>SAME AS ABOVE</i> Street Address: City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: <i>(407) 785 9319</i> Fax: () <i>N/A</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address: Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - Fax: () -

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	#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		2/17/93	2/17/93						
(2) w/ carbon adsorber		2/17/93	2/17/93						
(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 (existing small area source)

2.(a) What was the total quantity of perchloroethylene (perc) purchased or consumed in the latest 12 months?
 gallons (You must fill this in)

(b) If less than 12 months, how many? months
 Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
 (Indicate with an "X". Select one classification only.)

Existing small area source New small area source

Existing large area source New large area source

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

OR

Refrigerated condenser

New small area source

Refrigerated condenser ALREADY IN PLACE

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site have a total heat input of 10 million BTU/hr or less (298 boiler HP or less) and are fired by natural gas, propane or fuel oil containing no more than one percent sulfur.

All steam and hot water generating units exempt
No such units on-site

ELECTRIC 2 TON UNIT

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

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____

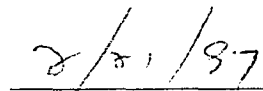
No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.


Signature


Date

#1170355

American Cleaners of Alt. Spgs.

p. 14 1. (c) mark out "V"

p. 15 5. should be no such units
on-site

5. (c) required

5. (f) required

RECEIVED

JUN 5 1997

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

Bureau of Air Monitoring
& Mobile Sources

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	ROLUZ ENTERPRISES, INC.		
2. Site Name (For example, plant name or number):	AMERICAN CLEANERS OF ALT. SPGS.		
3. Hazardous Waste Generator Identification Number:	FL 0000855262		
4. Facility Location:	520 W. HWY 436 # 1118		
Street Address:			
City:	ALT. SPGS	County:	SEMINOLE
		Zip Code:	32714
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1170355		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	JOSE D. OLIZCO	Title:	GEN. MGR.
7. Responsible Official Mailing Address:			
Organization/Firm:	SAME AS ABOVE		
Street Address:			
City:		County:	
		Zip Code:	
8. Responsible Official Telephone Number:			
Telephone:	407 788 9319	Fax:	() N/A

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):			
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2.(a) What was the total quantity of perchloroethylene (perc) purchased or consumed in the latest 12 months?
 gallons (You must fill this in)

(b) If less than 12 months, how many? months
 Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
 (Indicate with an "X". Select one classification only.)

- Existing small area source New small area source
 Existing large area source New large area source

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(Indicate with an "X".)

Existing large area source

Carbon adsorber OR Refrigerated condenser

New small area source

Refrigerated condenser ALREADY IN PLACE

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

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No such units on-site

ELECTRIC 2 TON UNIT

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(d) Carbon adsorber exhaust perc concentration monitoring

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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) _____

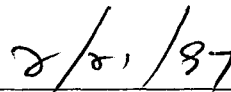
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I will promptly notify the Department of any changes to the information contained in this notification.


Signature


Date

TBD 00864

X

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 1170355 DATE: 2/20/97 TIME IN: 1:20 TIME OUT: 1:30
FACILITY NAME: AMERICAN CLEANERS
FACILITY LOCATION: 520 W. Hwy 436 # 1118
ALTAMONTE SPRINGS, FL 32714

PART I: NOTIFICATION

(check appropriate box)

1. Existing facility notified DARM by 9/1/96 ?

2. New facility notified DARM 30 days prior to startup

3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

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

A.

1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	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) <input checked="" type="checkbox"/>
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) <input type="checkbox"/>	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) <input type="checkbox"/>

This is a correct facility classification Y N

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 600 gallons. (FROM TELEPHONE CALL TO OWNER)

2. 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)

If using direct-reading instrumentation, is the equipment:

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

b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N

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

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

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

3. Has the facility maintained a leak log? Y N

4. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	<input type="checkbox"/> Y <input type="checkbox"/> N	Muck cookers	<input type="checkbox"/> Y <input type="checkbox"/> N
Door gaskets and seating	<input type="checkbox"/> Y <input type="checkbox"/> N	Stills	<input type="checkbox"/> Y <input type="checkbox"/> N
Filter gaskets and seating	<input type="checkbox"/> Y <input type="checkbox"/> N	Exhaust dampers	<input type="checkbox"/> Y <input type="checkbox"/> N
Pumps	<input type="checkbox"/> Y <input type="checkbox"/> N	Diverter valves	<input type="checkbox"/> Y <input type="checkbox"/> N
Solvent tanks and containers	<input type="checkbox"/> Y <input type="checkbox"/> N	Cartridge filter housings	<input type="checkbox"/> Y <input type="checkbox"/> N
Water separators	<input type="checkbox"/> Y <input type="checkbox"/> N		

LADY AT COUNTER REFUSES ADMISSION AND REFUSED TO GIVE NAME

Name of Responsible Official

LOUIS A. NICHOLS

Inspector's Name (Please Print)

Louis A. Nichols

Inspector's Signature

2/20/97

Date of Inspection

Approximate Date of Next Inspection

520 W. Hwy. 436 # 1118
Altamonte Springs, FL 32714

FOR FIRST TIME IN 125 YRS REFUSED ADMISSION TO A FACILITY.

American Cleaners

JOSE D. OROZCO
General Manager

(407) 788-9319

ADDITIONAL SITE INFORMATION:

NEEDS TO BE FOLLOWED UP TO SEE IF HE SUBMITS NOTIFICATION FOR A GENERAL PERMIT, WHICH WAS LEFT WITH HIS EMPLOYEE ON THE COUNTER. EXPLAINED PURPOSE OF PERMIT, LEFT INSTRUCTIONS AND A SAMPLE RECORDS FORM. OWNER, JOSE D. OROZCO, CALLED TO SAY AN APPOINTMENT MUST BE MADE TO GET INTO HIS SHOP AND THAT HE MUST BE PRESENT.

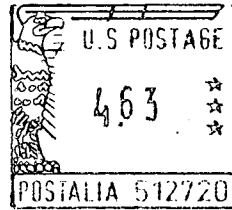
PHONE CALL							
FOR	Lou		DATE	2/20	TIME	3:07	AM P.M.
M	Rovszo (?)						
OF	American Cleaners			<input checked="" type="checkbox"/>	TELEPHONED		
PHONE	AREA CODE	NUMBER	EXTENSION	<input type="checkbox"/>	RETURNED YOUR CALL		
FAX#				<input type="checkbox"/>	PLEASE CALL		
MESSAGE	You stopped by + employee refused to let you on premise			<input type="checkbox"/>	WILL CALL AGAIN		
	You must make appointment			<input type="checkbox"/>	CAME TO SEE YOU		
	He has to be there.			<input type="checkbox"/>	WANTS TO SEE YOU		
				SIGNED	dy		
				Adams SC 1154-2D			

CALLED HIM BACK AND HE SAID HE HAD SUBMITTED APPLICATION FOR GENERAL PERMIT 11/29/95 - EXPLAINED THAT PROGRAM STARTED SEPT. '96. HE IS TO FILL OUT APPLICATION AND SUBMIT IT TO TALLAHASSEE.

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399 2400



7001 0320 0001 7975 8664



RECEIVED

APR 23 2002

Bureau of Air Monitoring
& Mobile Sources



- Not Deliverable
As Addressed
Unable To Forward
- Insufficient Address
- Moved, Left No Address
- Unclaimed Refused
- Attempted - Not Known
- No Such Street Number
- Vacant Illegible
- No Mail Receptacle
- Box Closed - No Order
- Returned For Better Address
- Postage Due _____

10 AIRS ID # 1170355
JOSE D OROZCO
AMERICAN CLEANERS OF ALT SPGS
520 W HWY 436 #118
ALTAMONTE SPRINGS FL 32714

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

10 AIRS ID # 1170355
 JOSE D OROZCO
 AMERICAN CLEANERS OF ALT SPGS
 520 W HWY 436 #1118
 ALTAMONTE SPRINGS FL 32714

2. Article Number (Conv from service label)

7001 0320 0001 7975 8664

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

499 5262 1000 0220 1001 7001

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Receipt

Total Pos 10 AIRS ID # 1170355

Sent To JOSE D OROZCO
 Street, Apt. AMERICAN CLEANERS OF ALT SPGS
 or PO Box 520 W HWY 436 #1118
 City, State, ALTAMONTE SPRINGS FL 32714

PS Form 3800, January 2001

See Reverse for Instructions