

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

December 2, 1997

Mr. Park UI Nam Society Cleaners, Ltd. 2409 West S.R. 434 Longwood, Florida 32779

Facility No.: 1170358

Dear Mr. Nam:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 12, 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: Mr. Anatoliy Sobolevskiy, Central District

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

1170358

Spoke to Part Vi Nam and be stated that he will keep his "perc" usage at 120 yals or less. Add only one #. Marbout one not chosen.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Site Name (For example, plant name or number):
	Hazardous Waste Generator Identification Number:
	FLD 980846695
4.	Street Address: 2409 W. S.R. 434
	Facility Location: 2409 W. S.R. 434 Street Address: County: Seminals Zip Code: 32779
	Facility Identification Number (DEP Use):
	1140350
	Responsible Official
6.	Name and Title of Responsible Official:
	PARK, MI NAM DEOSIDANS, Responsible Official Mailing Address:
	Constitution of the consti
1	Organization/Firm: Street Address:
l	Street Address: Same County: Zip Code:
	Responsible Official Telephone Number: Telephone: (401) 862-3968 Fax: () -
	, , , , , , , , , , , , , , , , , , , ,
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	Same
10.	Facility Contact Address:
[Street Address:
	City: County: Zip Code:
	Englose.
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

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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	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		Noi	<i>y</i>						
(1) w/ ref. condenser	j	1992	Not ~92				T		
(2) w/ carbon adsorber	-		7,00						
(3) w/ no controls	_			-					
Washer Unit	_			-	·	1		- '	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit								•	,
(7) w/ ref. condenser]			
(8) w/ carbon adsorber					1				
(9) w/ no controls								l	
Reclaimer Unit			<u> </u>					•	• .
(10) w/ ref. condenser	,								
(11) w/carbon adsorber					·				
(12) w/ no controls									
(c) No control devices	(b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed []								
2.(a) What was the total of [128 -140]			oroethylene (perc)	purchased i	n the latest 1	2 moi	nths?	•
(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 ar	Existing small area source New small area source								
Existing large are	ea so	urce []	Ne	ew la	rge area sour	-ce [J		

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4. What control technology is required on machines pursuan (Indicate with an "X".)	t to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber [] Refrigo	erated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
	•
5. A facility which contains non-exempt emissions units sha to Rule 62-213.300, F.A.C. Verify that all steam and hot wa exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a to boiler HP or less), and (2) are fired exclusively by natural go during which propane or fuel oil containing no more than or	as except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	ar
·	
Equipment Monitoring and Reco	ordkeeping Information
Check all logs which are required to be kept on-site in accord	dance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	$[\mathcal{V}]$
(c) Refrigerated condenser temperature monitoring	[V]
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	<u>(</u>
(f) Start-up, shutdown, malfunction plan	$[\checkmark]$

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Surrender of Existing Air Permit(s)

	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifica statements n maintain the	rsigned, am the responsible official, as defined in Part II of this form, of the facility addressed ation. I hereby certify, based on information and belief formed after reasonable inquiry, that to made in this notification are true, accurate and complete. Further, I agree to operate and see air pollutant emissions units and air pollution control equipment described above so as to the hall terms and conditions of this general permit as set forth in Part II of this notification form
I will promp	ptly notify the Department of any changes to the information contained in this notification.

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

Facility Contact Address: Street Address: Street Address: County: Code: 11/17/97 Spoke to Park Vi Namand lie stated that he will keep his Perc usage at 120 gals or less. Perc usage at 120 gals or less. Perc 1997 Bureau of Air Monitoring & Mobile Sources Code: Same 2. Code: Since Address: County: County: Zip Code: County: Zip Code:	Fact pl4 2(2) and only one #. Manbout one Site Not whosen. RECEIVED 2778 Bureau of Air Monitoring & Mobile Sources 6. 7. Code: 8. 9. Name and Title of Facility Contact (For example, plant manager): Same 10. Facility Contact Address: Street Address: County: Zip Code:	SE21 MANIEWS	
Facility Contact Address: Site 1914 3(2) add only one #. Marbout one RECEIVED 2779 Bureau of Air Monitoring & Mobile-Sources Facility Contact (For example, plant manager). Same 10. Facility Contact Address: Street Address: County: County: Zip Code:	Facility Contact Address: Sire and Title of Facility Contact (For example, plant manager): Sireet Address: County: Code: Zip Code: County: Zip Code: County: Zip Code: Zip Code: County: Zip Code: Zip Code:	Part Vi Ham and be but he will beep his age at 120 yals or less	J.
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& Mobile-Sources 6. 7. Code: 8 8 9. Name and Title of Facility Contact (For example, plant manager): Samu 10. Facility Contact Address: Street Address: County: City: Code: Zip Code: City:	& Mobile-Sources 6. 7. Code: 8 8 9. Name and Title of Facility Contact (For example, plant manager): Samu 10. Facility Contact Address: Street Address: County: City: Code: Zip Code: City:	DEC-9 1997	
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10. Facility Contact Address: Street Address: City: Zip Code:	10. Facility Contact Address: Street Address: City: Zip Code:		
10. Facility Contact Address: Street Address: City: Zip Code:	10. Facility Contact Address: Street Address: City: Zip Code:	lar manager).	
10. Facility Contact Address: Street Address: City: Zip Code:	10. Facility Contact Address: Street Address: City: Zip Code:	et (For example, plant manager).	
10. Facility Contact Address: Street Address: City: Zip Code: Zip Code:	10. Facility Contact Address: Street Address: City: Zip Code: Zip Code:	ame.	
Street Address: County: City:	Street Address: County: City:		
Street Address: County: City:	Street Address: County: City:	·	Zip Code:
City:	City:	County:	
	LL Facility Contact Telephone Number: Fax: ()		_
Contact Telephone Nun	Facility Collider		Parts Vi Ham and be had be will beep his age at 120 gals on less by one #. Marbout on less. RECEIVED DEC 9 1997 Bureau of Air Monitoring & Mobile-Sources t (For example, plant manager): a m. O. County:

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Bureau of Air Monitoring & Mobile Sources

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

*•	Tacinty Owner/Company Name (Name of corporation, agency, or individual owner).
	Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	Society Coleaners LTD Hazardous Waste Generator Identification Number:
3.	·
	Facility Location: 2409 W. G.R. 434 Street Address: City: Longwood County: Seminal Zip Code: 32779
4.	Facility Location: 2 Kog W. GR. 434
	Street Address:
	City: Longwood County: Geminala Zip Code: 32779
	Eacility Identification Number (DEP.Use):
	110338
11.7	
	D. H. Office
	Responsible Official
6.	Name and Title of Responsible Official:
	DANK I WALL DE STANDE
	PARK. UI NAN President.
7.	Responsible Official Maining Address.
	Organization/Firm: Street Address: City: County: Zip Code:
	Street Address: Same. City: Zip Code:
	City. Zip code.
8.	Responsible Official Telephone Number:
	Telephone: $((0))$ 862-396 Fax: ()
	Telephone: (10) 862-3968 Fax: () - 407/862-3968
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	Same
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
	2y. 2y. 2y. 2y.
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

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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	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03- <i>OCT-</i> 93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit		Noi							
(1) w/ ref. condenser	1	1992	Not ~92	Τ					
(2) w/ carbon adsorber	-/		7						
(3) w/ no controls									
Washer Unit			'	-	A	•		_	
(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		1				<u> </u>			<u></u>
(10) w/ ref. condenser									
(11) w/carbon adsorber	-								
(12) w/ no controls									1
(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? (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 so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	ource []	cation only.)	ew sn	initions foun nail area sour rge area sour	rce [<i>V</i>	3) of	Part II?	
J J = -					~	•	-		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of Part (Indicate with an "X".)	Il of this notification form?
Existing large area source Carbon adsorber Refrigerated condenser	
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be eligible to us to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units or 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 n boiler HP or less), and (2) are fired exclusively by natural gas except for periods of during which propane or fuel oil containing no more than one percent sulfur is fire	of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping Information	tion
Check all logs which are required to be kept on-site in accordance with the require	ements of this general permit:
(a) Purchase receipts and solvent purchases	$ \underline{\nu}$
(b) Leak detection inspection and repair	$\nu_{\scriptscriptstyle m l}$
(c) Refrigerated condenser temperature monitoring	V
(d) Carbon adsorber exhaust perc concentration monitoring]
(e) Instrument calibration	$\frac{\nu}{\sqrt{1}}$
(f) Start-up, shutdown, malfunction plan	\checkmark

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Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
· [1]	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	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 pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
Signature	201/2010 11-5-87 Date 12-4-87

1 FBD OLDON

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY	4
1170358 / RE-INSPECTION		
AIRS ID#: DATE: 3/7/9	7 TIME IN: 3; 45 TIME OUT: 4	15
FACILITY NAME: SOCIETY C	CLANERS	
FACILITY LOCATION: 2409 W		
CONGWOOD,	R. 32779	
	-	
PART I: NOTIFICATION		
(check appropriate box)		
1. Existing facility notified DARM by 9/1/96		
2. New facility notified DARM 30 days prior to star	tup	
3. Facility failed to notify DARM to use general per	mit	
L		
PART II: CLASSIFICATION		
Facility indicated on notification form that it is:	EQUIP 4 YRS OLD	
(check appropriate box)	EGOIN + IK> OLD	
A.		
1. Existing small area source	2. New small area source	
dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr	dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr	
both types, x<140 gal/yτ	both types, x<140 gal/yr	
(constructed before 12/9/91)		
(constructed before 12/3/31)	(constructed on or after 12/9/91)	
3. Existing large area source	4. New large area source	
3. Existing large area source ☐ dry-to-dry only, 140 <x<2, 100="" gal="" td="" yr<=""><td>4. New large area source dry-to-dry only, 140<x<2, 100="" gal="" td="" yr<=""><td></td></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, 100="" gal="" td="" yr<=""><td></td></x<2,>	
3. Existing large area source dry-to-dry only, 140 <x<2, 100="" 200<x<1,800="" gal="" only,="" td="" transfer="" yr="" yr<=""><td>4. New large area source dry-to-dry only, 140<x<2, 100="" 200<x<1,800="" gal="" only,="" td="" transfer="" yr="" yr<=""><td></td></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, 100="" 200<x<1,800="" gal="" only,="" td="" transfer="" yr="" yr<=""><td></td></x<2,>	
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3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>	
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)="" a="" before="" both="" classification<="" correct="" facility="" gal="" is="" only,="" td="" this="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" after="" both="" gal="" of="" on="" only,="" or="" source="" state="" td="" the="" the<="" transfer="" ty="" types,="" yr=""><td>-</td></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" after="" both="" gal="" of="" on="" only,="" or="" source="" state="" td="" the="" the<="" transfer="" ty="" types,="" yr=""><td>-</td></x<2,>	-

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?

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IN COMPLIANCE ALL THE WAY

_			_	
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?	Y	ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ΠN	
	Is the temperature differential equal to or greater than 20° F?	\Box Y	ПN	
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	□и	□n/a
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠN	
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	,		
	or expansion; and downstream from no other inlet?	ΠY	ПN	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□N	_N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□N	□N/A
_				
PA	ART V: RECORDKEEPING REOUIREMENTS			

Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days MD YM and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) OY ON 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected? 8. Maintained compliance plan, if applicable?

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

PART VI: LEAK DETECTION AND REPAIRS

ďY □N

	Which method of detection is used by	the respon	nsible official	19		
۷.	Visual examination (condensed	-		,	\mathbf{Z}	
	Physical detection (airflow felt t					
	Odor (noticeable perc odor)				A	
	Use of direct-reading instrumen	tation (FII	D/PID/calorin	netric tubes)		
	If using direct-reading instrum	nentation,	, is the equip	ment:		
	a. Capable of detecting	gerc vapo	or concentrat	ions in a range of 0-500 ppm?	ПY	□N
	b. Calibrated against a (PID/FID only)?	standard	gas prior to a	and after each use	ΠY	□N
	c. Inspected for leaks a	ınd obviou	is signs of we	ear on a weekly basis?	\Box Y	□и
	d. Kept in a clean and	secure are	a when not i	n use?	\Box Y	ПN
	e. Verified for accurac	y by use o	f duplicate sa	imples (calorimetric only)?	\Box Y	□N
	Has the facility maintained a leak log	?			XY	ПИ
	Does the responsible official check th	e followin	g areas for le	aks?	/ \	
	Hose connections, fittings, couplings, and valves	YY	ПN	Muck cookers	Y	□N
	Door gaskets and seating	Y	□N	Stills	$\not\models_{\rm Y}$	□N
	Filter gaskets and seating	Y	ПN	Exhaust dampers	ΠY	ПИ
	Pumps	YY	□N	Diverter valves	ΔY	□N
	Solvent tanks and containers	YY	ПΝ	Cartridge filter housing	s AY	□N .
	Water separators	MY.	□N	•	'	

Inspector's Name (Please Print) Inspector's Signature

Approximate Date of Next Inspection



Specializing in Wedding Gown:

· Cleaning · Restoration

· Preservation

Uinam & Young Park

ADDITIONAL SITE INFORMATION:

- MIRACLEAN DVAL 345 HAS CONTAINMENT PAN
- BOILING-SEPARATOR WATER (SEND ADVISORY

- EPOXY OVER ENTIRE PLOOR
- MCF PICKS UP HARAMOUS WASTE
- & CLEANSHOP, KEEPING EXCELLENT RECORDS, IN COMPLIANCE ON EVENTHING, OWNER VERY KNOWLEDGEABLE, ABOUT MACHINE.
- · MAILED ADVISORY ON DISPOSAL OF SEPARATOR WATER.

acc

DRY CL	EANER AIR QUALITY GENERAL PERMIT
1	UIAL COMPLIANCE CERTIFICATION FORM
1 (V)	AIRS ID 1170358
	PARK UI NAM 2409 W SR 434
	LONGWOOD FL 32779 Cources Sources
	Do NOT Remove Label
	1990 10 TO FOLK - 1990 19
Annual Reporting Period: On —	1) 10
	e V general air permit, my facility has remained in compliance with DEP Rule F.A.C.), during the period covered by this statement. YES NO
62-213.300, Florida Administrative Code (I	F.A.C.), during the period covered by this statement. YES
If NO, complete the following:	
#1. Term or condition of the general permi	t that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit	t that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	<u>·</u>
notification are true, accurate and complete. It does not exceed 2,100 gallons per year for dry-leaves and complete. RESPONSIBLE OFFICIAL:	sed on information and belief formed after reasonable inquiry, that the statements made in this Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, to dry facilities or 1,800 gallons per year for transfer or combination facilities. DAPL UI NAM

^{*}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 COMPLA	INT/DISCOVERY X RE-INSPECTION
TIME IN: 3:15 TIME OUT: 3:45	AIRS ID#: 1170358
TYPE OF FACILITY: Dry cleaning	
FACILITY NAME: Society Cleaners	DATE:
FACILITY LOCATION: 2409 W. S.R. 434	
Longwood FC. 327	
RESPONSIBLE OFFICIAL: Uniam Park	PHONE NUMBER: 407 -862 -3960
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administrative	
Based on the results of the compliance requirements evaluated discrepancies were noted:	during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	1
	•
COMMENTS:	11
Coes not have Air permit	Though gave him
Goes not have Air permit form to fill out and ma	£ .
The Annual Compliance Certification form has been properly certified	
DATE OF NEXT INSPECTION: 11/98	- · · · · · · · · · · · · · · · · · · ·
(Appro	
INSPECTION CONDUCTED BY:	WIRTSHI
	Print) PHONE NUMBER: 407 893-333
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 10 + 672~25
Pageof	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<u> </u>	COMPLAINT/DISCOVER	d d
AIRS 1D#: <u>// 1/ 0/358</u> D				1,9
FACILITY NAME: 50	cety Cle	arex	+ Caundr	<u>~u</u>
FACILITY LOCATION:		St.		
. 	Longwood	1 1 (1 32-1-49	
RESPONSIBLE OFFICIAL:	Vinam Pa	VK_	PHONE: 2862-	3968
CONTACT NAME:			PHONE:	
PART I: NOTIFICATION				.
(check appropriate box)				
1. New facility notified DARM 3	0 days prior to startup			
2. Facility failed to notify DARM to use general permit				
DADE W. OX ACCEPTOATION				
PART II: CLASSIFICATION				
Facility indicated on notification	n form that it is:		□ No notification form	
Facility indicated on notification (check appropriate box)	n form that it is:		☐ No notification form ☐ Drop store/out of busines	ss/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source	e 🗆 2.	New small a	☐ Drop store/out of busines	ss/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	e 🗅 2./- r dry	y-to-dry only,	☐ Drop store/out of busines area source x < 140 gal/yr	ss/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	e 🗅 2'r dry tra	y-to-dry only, nsfer only, x	☐ Drop store/out of busines area source x < 140 gal/yr < 200 gal/yr	ss/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	e 🗅 2:'r dry tra boi	y-to-dry only, insfer only, x th types, x <	☐ Drop store/out of busines area source x < 140 gal/yr < 200 gal/yr	ss/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	e	y-to-dry only, x th types, x < onstructed on New large a y-to-dry only, th types, 140 th types, 140	Drop store/out of business area source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	ss/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga	e	y-to-dry only, ansfer only, x th types, x < onstructed on New large a y-to-dry only, ansfer only, 2 th types, 140 onstructed on	Drop store/out of business area source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	ss/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility clauding facility clauding facility	e 2./ r dry tra bot (cc e	y-to-dry only, ansfer only, x th types, x < onstructed on New large a y-to-dry only, ansfer only, 2 th types, 140 onstructed on Y \bigcup N	Drop store/out of business area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) Can not determine	ss/petroleum

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 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 DY ON MINA least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DNA 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 □N/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 AVED NO YX condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, restaimer, and dryer machines on a weekly basis?	OY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	QY QN QN/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 ppm?	□Y □N □N/A
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 □N □N/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?	/DY DN			
2. Maintained rolling monthly averages of perc consumption?	Øx □n			
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?	AVAG NO YO			
4. Maintained calibration data? (for applicable direct reading instruments)	ATY ON ON/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON BONA			
6. Maintained startup/shutdown/malfunction plan?				
7. Maintained deviation reports?	DY DN AWA			
Problem corrected?	AVIDE NO YO			
8. Maintained compliance plan, if applicable? [NCTUPL(ANCE)]	ANDRÉ 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, A/ND ND YE Muck cookers DY DN DN/A couplings, and valves Door gaskets and seating ФY □N □N/A Stills DY ON ON/A DY DN DN/A DY ON ON/A Exhaust dampers Filter gaskets and seating dy on on/a DY DN DN/A Diverter valves Pumps □¥ □N □N/A Cartridge filter housings DY ON ON/A Solvent tanks and containers □N □N/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 DN/A If using direct-reading instrumentation, is the equipment: ASKÝ □N a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)?

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

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

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

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

ØY □n

DY 🔊

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

IN COMPLIANCE.

I gave him Gen. ALR PERMIT FORM. WILL MAIL.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 💢	COMPL	AINT/DISCOVERY	RE-INSPECTION
TIME IN: 1 50	TIME OUT:	2:00	AIRS ID#:	1170358
TYPE OF FACILITY: FACILITY NAME: FACILITY LOCATION:	Jeleaning Lety clean 1409 West	ers S,R,	434	DATE: 1/6[98
	Longwood	£2.	32771	rn 8/n 29/N
RESPONSIBLE OFFICIAL:	Pare DING	LW!		ER: 862-3968
	ie compliance requiremen ule 62-213.300, Florida A		during this inspection, the e Code (F.A.C.).	facility is found to be in
Based on the results of the discrepancies were noted	•	its evaluated	during this inspection, the	following compliance
COMPLIANCE REQU	IREMENT/PROBL	EM	FOLLOW-UP AC	CTION REQUIRED
				^
	<u></u>		- -	
			•	& SILON STATE OF THE STATE OF T
				SOLITE SOLITION TO
COMMENTS:		an AhD	rough - Kernin	
good record not red re	Keying. V	ery in	ight region) Other
not regd re	evels (carbor	n ads.	et	<u> </u>
The Annual Compliance Certifica	tion form has been proper	rly certified	and submitted to the inspec	ctor. YES NO
DATE OF NEXT INSPECTION	l:	(Appro) 9 eximate)	
INSPECTION CONDUCTED E	iv:Sa	adio	Questi	,
INSPECTOR'S SIGNATURE:_	(82	2 (1 least	•	er: <u>893-3333</u>

Page___of___.

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

In Army	

TYPE OF INSPECTION:

ANNUAL.

M

COMPLAINT/DISCOVERY

RE-INSPECT	TION D		
AIRS ID#: 170358 DATE: 1/6/5	deaners Time out: 2:00		
FACILITY LOCATION: 2409 V	V. SR. 45 LI & C		
RESPONSIBLE OFFICIAL: Parks	PHONE: 2 15		
PART I: NOTIFICATION			
(check appropriate box)			
New facility notified DARM 30 days prior to s	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) A.	: □ No notification form □ Drop store/out of business/petroleum		
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 $12/9/91$)	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 $12/9/91$)		
5. This is a correct facility classification	□Y □N □Can not determine		
	fication: general permit as number above limits and is not eligible for a general permit		
B. The total quantity of perchloroethylene (perc) facility was gallons.	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? pumped in PN/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 □N □N/A 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 □N □N/A cendenser 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? MY ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? ØY □N

	·			
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	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	□N/A
3.	Meas: ired and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΠY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?		□N	
	is the perc concentration equal to or less than 100 ppin:	u i	U 14	UN/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?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	□N/A
PA	ART V: RECORDKEEPING REQUIREMENTS			
	as the responsible official: heck appropriate boxes)			

Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected? 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?					
2. Has the facility maintained a leak log?			ØY □N		
3. Does the responsible official check the	following areas for leaks?				
Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	DY DN DN/A		
couplings, and varves			1		
Door gaskets and seating	DY ON ON/A	Stills	DY DN DN/A		
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY DN DN/A		
Pumps	DY ON ON/A	Diverter valves	DY ON ON/A		
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A		
Water separators	DY ON ON/A				
4. Which method of detection is used by the	ne responsible official?	•			
Visual examination (condensed so	lvent on exterior surfaces)		A .		
Physical detection (airflow felt through gaskets)					
Odor (noticeable perc odor)					
Use of direct-reading instrumenta	tion (FID/PID/calorimetric	cubes)			
Halogen leak detector					
If using direct-reading instru	imentation, is the equipme	ent:	□N/A		
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				
•	_	a weekly basis?			
·	 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 				
e. Vermed for accuracy	by use of duplicate samples	(calorimetric omy):	OY ON		
\sim -0 $^{\prime}$	<u>-</u>	4			
_ Chadia Wivesh		11/6/98	:		
Inspector's Name (Please Prin	ii)	Date of Inspection	•		
		11/22	• ,		
Inspector's Signature	Inspector's Signature Approximate Date of Next Inspection				

epoky 7 ys.
no zen waste a disposes as harandors waste
no perc or pet. on spotting board.

Jave calendar.

AIRS ID#: 470358

Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Society	Chauncer S DATE: 11-6-98
FACILITY LOCATION: 2409 U.	S.R. 434
Longwood	Fla 32719
Annual Reporting Period:	1999 TO NOV- 1998
Based on each term or condition of the Title V general air po	ermit, my facility has remained in compliance with DEP Rule he period covered by this statement. YES NO
If NO, complete the following:	
#1. Term or condition of the general permit that has not bee	en in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to to the total to the total total to the total total total to the total
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been	en in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
made in this notification are true, accurate and complete.	mation and belief formed after reasonable inquiry, that the statements Further, my annual consumption of perchloroethylene solvent, based year for dry-to dry facilities or 1,800 gallons per year for transfer or Signature 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.

Page _____ of ____.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS	UPDATED
DATE	12-20-99

TYPE OF INSPECTION:

ANNUAL

4

COMPLAINT/DISCOVERTY_

- Al

RE-INSPECTION

AIRS ID#: 1170359 DATE: 12/20/94 TIME IN: 2!30 TO	ME OUT: 3:80
FACILITY NAME: Society Cleaners	·
FACILITY LOCATION: 2409 W, 58434	
Longrood, FL 32771	
RESPONSIBLE OFFICIAL: Park Vinam PHONE: 467	862-3968
CONTACT NAME:PRONE.T	n l
	- Land
PART I: NOTIFICATION Q = 5	L.
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup	□ .
2. Facility failed to notify DARM to use general permit	

PART	π.	CYA	227	TCA	TT	$\cap \mathbb{N}$	Ī
LAAL	11:		ω o π		717	ינט	ŧ

Facility indicated on notification form that it is: (check appropriate box)	☐ No notification for ☐ Drop store/out of b	
A.		
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)	, x
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 $12/9/91$)	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 $12/9/91$)	
5. This is a correct facility classification	DCan not determine	
	ation: neral permit as number above uits and is not eligible for a general permi	t
B. The total quantity of perchloroethylene (perc) pure facility was 417 gallons.	rchased within the preceding 12 months	by this dry cleaning

393 T17

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 MYA 2. Examining the containers for leakage? DY ON STNA 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at NON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ANIA 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:

(cl	neck appropriate boxes)			
1.	Equipped all machines with the appropriate vent controls?	Y	ПN	
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	MY.	ПN	□N/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	Æx	ПN	□N/A
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	×χ	ПИ	
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	XY	ŪЙ	□N/A
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	Ø¥.	u N	

verifying that the coolant had been completely charged?

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?	ПΥ	N'	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ПΥ	ΠN	□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 duet diameters downstream of any bend, contraction, or expansion; is at least 2 duet diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ПY	מם	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΠN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПΥ	ΠN	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	MO X
2. Maintained rolling monthly averages of perc consumption?	MO Y M
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or; No/eah	OY ON PANA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	AND אם אם אם
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DONA
6. Maintained startup/shutdown/malfunction plan?	AN ON
7. Maintained deviation reports?	AND YOU
Problem corrected?	AVA 😿 NO YO
8. Maintained compliance plan, if applicable?	OY ON ANIA

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? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, AND NO TA Muck cookers couplings, and valves AMO NO YO AND NO X Stills Door gaskets and seating KOY ON ON/A AVO NO YOU AVA NO YE Exhaust dampers Filter gaskets and seating AY ON ONA Diverter valves XY ON ON/A Pumps Cartridge filter housings YTY ON ON/A Solvent tanks and containers AVID ND YA AYMO NO YES 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 ZNA If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? 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? DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? UA UN

Randall Conningham
Inspector's Name (Please Print)

Mandall Conningham

Inspector's Signature

2-20-99
Date of Inspection

2-2000

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
· •••	

AIRS ID#:

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Socrety	Cleandi S		DATE:	12-20-99
FACILITY LOCATION: 2409 4	J. 5 R. 434			•
Long wood,	FL 32771	<u> </u>		
Annual Reporting Period:	1 ber	_19 <i>G</i> & TO	December	19 89
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.			X , = X	F Rule
If NO, complete the following:			•	•
#1. Term or condition of the general permit	that has not been in c	ontinuous compliance	e during the reporting perio	od stated above:
Exact period of non-compliance: from		tc		
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 c	ontinuous complianc	e during the reporting perio	od stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, made in this notification are true, accurate upon purchase receipts, does not exceed 2,1 combination facilities.	and complete. Furthe	r, my annual consum	ption of perchloroethylene	solvent, based
RESPONSIBLE OFFICIAL:	me (Please Print)	M. D	Signature	Date 99

*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	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 2130 TIME OUT: 3/6	00 AIRS 10#: 1170358
TYPE OF FACILITY: Dry Cleaning	
FACILITY NAME: Society Cleaners	DATE: 12-20 -89
FACILITY LOCATION: 2409 W. 58. 434	
Lungwood, FL 3277	
RESPONSIBLE OFFICIAL: Par H Uingm	PHONE NUMBER: 407-862-39 68
Based on the results of the compliance requirements e compliance with DEP Rule 62-213.300, Florida Admi	valuated during this inspection, the facility is found to be in nistrative Code (F.A.C.).
Based on the results of the compliance requirements e discrepancies were noted:	valuated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	1 FOLLOW-UP ACTION REQUIRED
In Compliand	C
The Annual Compliance Certification form has been properly of DATE OF NEXT INSPECTION: 12000	certified and submitted to the inspector.
INSPECTION CONDUCTED BY: Randal	(Approximate) Luninghum (Please Print)
INSPECTOR'S SIGNATURE: Dollar L	PHONE NUMBER: 407-893-33
Pas	geof Revised 10/90

· · · · · · · · · · · · · · · · · · ·	dof 19vo anil 1s blo A ey adt 10 tdbji ad
 Complete items 1, 2; and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X
AIRS ID # 1170358 SOCIETY CLEANERS PARK UI NAM 2409 W SR 434	3. Service Type
LONGWOOD EL 32779	Certified Mail
Z 333 667 212	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-99-M-1789

S P. 24	Z 333 US Postal Service Corl OCIETY CLEANERS ARK UI NAM 109 W SR 434 ONGWOOD FL 32779		
	Postage	\$	
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
1995	Return Receipt Showing to Whom & Date Delivered		
Return Receipt Showing to Whom, Date, & Addressee's Address			
900,	TOTAL Postage & Fees	\$	
PS Form 3800 , April 1995	Postmark or Date		

on the reverse side?	■Print your name and address on the reverse of this form so that we can return this card to you. ■Attach this form to the front of the mailpiece, or on the back if space does not permit. ■Write 'Return Receipt Requested' on the mailpiece below the article number. ■The Return Receipt will show to whom the article was delivered and the date delivered. Consult postmaster for fee.		following services (for an extra fee): 1.
ADDRESS completed of	3. Article Addressed to: AIRS ID 1170358 SOCIETY CLEANERS LTD PARK UI NAM 2409 W SR 434 LONGWOOD FL 32779	4b. Service, ☐ Registere ☐ Express I	Type ad Mail Deipt for Merchandise Dumber A Certified Dumber A Ce
Is your RETURN	6. Signature: (Addressee or Agent)		e's Address (Only if requested 본

Z 333 613 254 US Postal Service Receipt for Certified Mail AIRS ID 1170358 SOCIETY CLEANERS LTD PARK UI NAM 2409 W SR 434 LONGWOOD FL 32779 \$ Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees Postmark or Date

SENDEK: COV BENDEKS: COV SENDEKS: COV SENDEK	IDIH HILDY
■ 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: AIRS ID # 1170358 SOCIETY CLEANERS PARK UI NAM 2409 W SR 434	A. Received by (Please Print Clearly) C. Signature D. Is delivery address different from item 1? If YES, enter delivery address below: Agent Addressee
LONGWOOD FL 32779	3. Service Type Certified Mail
2. Article Number (Copy from service label)	127.13320. 1 11
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
3327	A San Andrews			
4127	Postage	\$		
} =	Certified Fee		Postmark	
4	Return Receipt Fee (Endorsement Required)		Here	
9200	Restricted Delivery Fee (Endorsement Required)			
	Tota	AIRS	ID# 1170358	
090	Recipi SOCIETY CL			
] [PARK UI NA Street: 2409 W SR 43			
7000	LONGWOOD City, S			
i	PS Form 3800, February 2	2000	See Reverse for	Instructions

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) 21,32 m Postage 937 Certified Fee Return Receipt Fee (Endorsement Required) Postmark 0020 Here Restricted Delivery Fee (Endorsement Required) 520 Total Postage & Face \$ AIRS ID # 1170358 R SOCIETY CLEANERS y maller) PARK UI NAM 2409 W SR 434 7000 LONGWOOD FL 32779

	Ces Mexages to Mistingtons
PLACE STICKER AT TOP OF ENVEL	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: AIRS ID # 1170358 SOCIETY CLEANERS 	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:
PARK UI NAM	
2409 W SR 434 LONGWOOD FL 32779	3. Service Type X Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7600 0520 0020 937.3 21.32	

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

UNITED STATES POSTAL SERVICE



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DARM/MOBILE SOURCE CONTROL PROGRAMP DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

Infludabilahahahallahahahahah



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414541 FEB282002

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 # 1170358 SOCIETY CLEANERS

PARK UI NAM 2409 W SR 434 LONGWOOD FL 32779

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436571 FEB192014

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

UINAM PARK SOCIETY CLEANERS 2409 W SR 434, LONGWOOD FL 32779



FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273 (cut here)



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 # 1170358

SOCIETY CLEANERS PARK UI NAM 2409 W SR 434 LONGWOOD FL 32779

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273



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#1170358

SOCIETY CLEANERS LTD PARK UI NAM 2409 W SR 434 LONGWOOD FL 32779

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392319

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

SOCIETY CLEANERS PARK UI NAM 2409 W SR 434 LONGWOOD FL 32779 AIRS ID # 1170358

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

Obj.: 002273

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1170358

SOCIETY CLEANERS PARK UI NAM 2409 W SR 434 LONGWOOD FL 32779 FOR GOVERNMENT USE ONLY

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

Fund: 20-2-03500) Obj.: 002273