

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

December 17, 1997

Mr. Patrick Sebastian Carriage Cleaners 967 West Highway 434 Longwood, Florida 32750

Re: Facility No.: 1170359

Dear Mr. Sebastian:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 13, 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

Mr. Anatoliy Sobolevskiy, Central District

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

| AIRS_ID | OWNER | FIRST NAME | LAST NAME: | ADDRESS AND | NO CITY OF COMME | ⊮ZIR4 ₫ | Comment 2 | |
|---------|---------------------------|------------|------------|---|-------------------|---------|--------------------------|------|
| | 0970062 | _ | | | | | | |
| 0970062 | FORMOSA GARDEN CLEANER | PAU | PHU | 7887 SAINT GILES PLACE | ORLANDO | 32835 | Does not exist | |
| 1170073 | RED BUG CLEANERS | JOONG | KIM | 5275 RED BUG LAKE ROAD #101 | WINTER SPRINGS | 32708 | Spoke to owner - same RO | |
| 1170359 | CARRIAGE CLEANERS | PATRICK | SEBASTIAN | 967 W HWY 434 | LONGWOOD | 32750 | Facility was sold | |
| 1170361 | PROFESSIONAL DRY CLEANING | DAVID | CHAN | 700 W SR 434 | LONGWOOD | 32750 | Drop store | |
| 1170391 | FIFTH AVENUE CLEANERS | SEAN | NICHOLS | 801 W STATE ROAD 436 STE 1001 | ALTAMONTE SPRINGS | 32714 | Facility was sold | ···· |
| | TOMOKA PLAZA COIN-O-MATIC | NICHOLAS | BISSELL | 715 S NOVA ROAD | ORMOND BEACH | 32174 | Facility was sold | |
| 1270145 | MONARCH DRY CLEANERS | EDWIN | CANDELARIA | 1382 HOWLAND BLVD | DELTONA | 32738 | Facility was sold | Inac |

v . . v

.



Department of Environmental Protection

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

David B. Struhs 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 32315-3070



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

14/10/02

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#1170359

CARRIAGE CLEANERS PATRICK SEBASTIAN 967 W HWY 434 LONGWOOD FL 32750 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

| # 1170359 |
|---|
| p13 4. add Street address. |
| 7. Add Organization/Firm |
| (c) Should be murked. |
| p 15 4. Existing large area source R.C. should not be marked. Mark out and initial. |
| |
| 5. Choose one. |
| Responsible official sign and date for changes. |
| |
| |
| |
| |

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| 1. | Facility Owner/Company Name (Name of corporation, agency, or individual owner): |
|----------|---|
| | PRIL INC |
| 2. | Site Name (For example, plant name or number): |
| | CARRIAGE CIEANERS |
| 3. | Hazardous Waste Generator Identification Number: |
| | |
| 4. | Facility Location: |
| | Street Address: City: LONGWOOD County: SEMINOLE Zip Code: 32750 |
| 5 | Facility Identification Number (DEP Use): |
| | |
| | Responsible Official |
| | |
| 6. | Name and Title of Responsible Official: |
| | PATRICK SEBASTIAN PRILINC (PRES) |
| 7. | Responsible Official Mailing Address: |
| | Organization/Firm: Street Address: 967 W. HWY 434 |
| | City: LONGWOOD County: SEMINOF Zip Code: 32750 |
| 8. | Responsible Official Telephone Number: |
| | Telephone: (407) 767-0926 Fax: () - |
| | Facility Contact (If different from Responsible Official) |
| | |
| 9. | Name and Title of Facility Contact (For example, plant manager): |
| | |
| 10. | Facility Contact Address: |
| | Street Address: |
| | City: County: Zip Code: |
| 11. | Facility Contact Telephone Number: |
| | Telephone: () - Fax: () - |
| L | |

RECEIVED

NOV 1 5 1997

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

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.

| | | I-n | In . | | In . | 15 | | 11. | ъ. |
|---|-------------------------|--|----------------------|-------|--|-----------|-----------------|-----------|-----------|
| · | | Date | Date | | Date | Date | | Date | Date |
| | | Machine | Control | | Machine | Control | | Machine | Control |
| | | Initially | Device | | Initially | Device | ٠., | Initially | Device |
| Type of Machine | ID | Purchased | Installed | ID | Purchased | Installed | עו | Purchased | Installed |
| Example | #1 | 03-OCT-93 | 12-NOV-93 | #2 | 08-DEC-91 | | #3 | 02-MAR-92 | 02-MAR-9 |
| Dry-to-Dry Unit | Ė | 001. | | | | | | | |
| (1) w/ ref. condenser | | 11989 | 00189 | | | | | | |
| (2) w/ carbon adsorber | | 1,,,, | , | | | | | | |
| (3) w/ no controls | | | | | | | | | |
| Washer Unit | | | | | • | | | 1 | |
| (4) w/ ref. condenser | | | | | | | | | |
| (5) w/ carbon adsorber | | | | | | | | | |
| (6) w/ no controls | | | | | | | | | |
| Dryer Unit | | | | | • | | | 1 | |
| (7) w/ ref. condenser | | | | | | | | | |
| (8) w/ carbon adsorber | | | | | | | | | |
| (9) w/ no controls | | | | | | | | | |
| Reclaimer Unit | | | | | | | | | |
| (10) w/ ref. condenser | T. | | | | 1 | | | | |
| (11) w/carbon adsorber | | | | | · | | - | | |
| (12) w/ no controls | | | _ | | | | | | |
| (b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 montrol of the control | are r quant gallo | equired to be ity of perchlons ow many? [_ | installed [| perc) | purchased in | | | | · · |
| 3. What is the facility's so (Indicate with an "X". Existing small ar Existing large ar | Selectrea so | et one classif | ication only.) Ne | ew sn | initions foun nall area sou: rge area sour | rce [| 3) of]] | Part II? | • |
| | | - — | - | - | _ | · | - | | |

DEP Form No. 62-213.900(2)

Effective: 6-25-96

| What control technology is required on machines (Indicate with an "X".) | pursuant to section (5) of l | Part II of this notification form? |
|---|------------------------------|------------------------------------|
| Existing large area source Carbon adsorber | Refrigerated condenser | [X]" NOT REQUIRED) |
| New small area source Refrigerated condenser | | |
| New large area source Refrigerated condenser | | |
| | | |
| | | |
| A facility which contains non-exempt emissions to Rule 62-213.300, F.A.C. Verify that all steam an exemption criteria or that no such units exist on-site | d hot water generating unit | |
| All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by a during which propane or fuel oil containing no mor | atural gas except for perio | ds of natural gas curtailment |
| All steam and hot water generating units exempt No such units on-site | | |
| | | |
| | | |
| Equipment Monitoring | and Recordkeeping Infor | mation |
| Check all logs which are required to be kept on-site | in accordance with the req | uirements of this general permit: |
| (a) Purchase receipts and solvent purchases | | \checkmark |
| (b) Leak detection inspection and repair | | |
| (e) Refrigerated condenser temperature monitoring | | |
| (d) Carbon adsorber exhaust perc concentration more | nitoring | |
| (e) Instrument calibration | | <u></u> |
| (f) Start-up, shutdown, malfunction plan | | <u> </u> |

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

Surrender of Existing Air Permit(s)

| Pleas | e 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) |
| [| ×ı | No air permits currently exist for the operation of the facility indicated in this notification form. |
| | | Responsible Official Certification |
| t. s n | his notific tatement, 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 smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form. |
| _ | Signature | Delastia |

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

1170359 BEST AVAILABLE COPY

| | # 11/0357 | RECEIVED | |
|----------------------|--|--|--------|
| p13 4. | add Street address. | DEC 9 199/ | |
| , | add Organization / Firm | Bureau of Air Monitori & Mobile Sources | ne |
| Facility P14 | | & Moone | |
| PA K |) I hould be murbed. | | |
| Site Na. (p. 15 4, | Existing large area source | e RC | \neg |
| Hazar | should not be muched. | much - | |
| | out and initial. | 150 | |
| Facili Stree | <i>p</i> | | |
| City: 5. | Clipose one. | | |
| Facil P/6 | 11-545 | 112 | - SOR |
| | Responsible official sign of for changes. | indolate | |
| | for charges. | | |
| . Nai | | | |
| | | | |
| 7. Re | | e: 3275 | O |
| St | | | |
| C | . ; | | |
| 8. R | | | |
| | | , | |
| | , and gerly | | |
| O Name and Title of | Facility Contact (For example, plant manager): | | |
| | | | |
| 10. Facility Contact | Address: | | |
| Street Address: | County: | Zip Code: | |
| City: | | | |
| | Telephone Number: Fax: (| ` - | |

RECEIVED

NOV 1 5 1997

Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

| , | Facility Name and Location | RECE | IVED |
|-----------|--|---------------------------------------|--------------|
| 1. | Facility Owner/Company Name (Name of corporation, agency, or individual owner): | | |
| | PRIL INC | DÉC 9 | 1997 |
| 2. | Site Name (For example, plant name or number): | Dumanu of A | ir Monitorin |
| | CARRIAGE CIEANERS | Bureau of A & Mobile | Sources |
| 3. | Hazardous Waste Generator Identification Number: | ٠ | |
| 4. | Facility Location: | | |
| | Street Address: City: LONGWOCK County: SEMINUTE Zip Code: | 32750 | |
| 5. | Facility Identification Number (DEP Use): | 1703A | |
| Zer (| | WYJ | |
| | Responsible Official | | |
| 6. | Name and Title of Responsible Official: | | |
| | | | |
| 7. | PATRICK SEBASTIAN FRILING (PRES) Responsible Official Mailing Address: Organization/Finn: PRTL INC DBA CARRIAGE CIEM Street Address: 967 W. HWY 434- City: LONGWOOD County: SEMINOLE Zip | Code: 327 | 150 |
| 8. | Responsible Official Telephone Number: Telephone: (407) 767-0926 Fax: () - | | |
| | Facility Contact (If different from Responsible Official) | | |
| 9. | Name and Title of Facility Contact (For example, plant manager): | | |
| | | | |
| 10. | Facility Contact Address: | | |
| | Street Address: | | |
| | City: County: Zip Code | : | |
| 11. | Facility Contact Telephone Number: | | |
| | Telephone: () - Fax: () - | | |
| | | · · · · · · · · · · · · · · · · · · · | |

RECEIVED

NOV 1 3 1997

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 13 of 16

Burgau of Air Monitoring & Mobile Sources

Facility Information

I.(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 |
| T 6) () ; | | Initially | Device | ,,, | Initially | Device | I | Initially | Device |
| Type of Machine | ID | Purchased | Installed | ID | Purchased | Installed | טו | Purchased | Installed |
| Example | #/ | 03-OCT-93 | 12-NOV-93 | `#2 | 08-DEC-91 | • | #3 | 02-MAR-92 | 02-MAR |
| Dry-to-Dry Unit | · | OÚÍ. | | | | | | | |
| (1) w/ ref. condenser | T | 11989 | 00189 | T | | T | | | |
| (2) w/ carbon adsorber | | 1 | 1 | Ī | - | | | | |
| (3) w/ no controls | | | | | | | | | |
| Washer Unit | | | <u> </u> | | | | | | |
| (4) w/ ref. condenser | - | | 1 | | | | | | |
| (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 | | 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? [100] gallons (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 | urce Selec | classification | n based on th | e def | | d in section (| | | |
| Existing large ar | ea so | urce [] | N | ew la | rge area sour | rce [|] | | |

DEP Form No. 62-213.900(2)

Effective: 6-25-96

| What control technology is required on machines (Indicate with an "X".) | pursuant to section (5) of I | Part II of this notification form? |
|---|------------------------------|------------------------------------|
| Existing large area source Carbon adsorber | Refrigerated condenser | M "Germananda" (Mari |
| New small area source Refrigerated condenser [] | | |
| New large area source Refrigerated condenser | | |
| | | |
| | | |
| 5. A facility which contains non-exempt emissions to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site: | d hot water generating unit | |
| All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by naduring which propane or fuel oil containing no more | atural gas except for perio | ds of natural gas curtailment |
| All steam and hot water generating units exempt No such units on-site | | |
| • | | |
| | | |
| | | |
| Equipment Monitoring a | , | |
| Check all logs which are required to be kept on-site | in accordance with the req | uirements of this general permit: |
| (a) Purchase receipts and solvent purchases | | <u></u> |
| (b) Leak detection inspection and repair | | |
| (c) Refrigerated condenser temperature monitoring | • | |
| (d) Carbon adsorber exhaust perc concentration mon | itoring | |
| (e) Instrument calibration | | |
| (f) Start-up, shutdown, malfunction plan | | \checkmark |

Surrender of Existing Air Permit(s)

| | l hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) |
|-------------------------|--|
| íΧ | 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 |
| staten maint | |
| staten maint comp | otification. I hereby certify, based on information and belief formed after reasonable inquiry, that the sents made in this notification are true, accurate and complete. Further, I agree to operate and ain the air pollutant emissions units and air pollution control equipment described above so as to |

TBD00886

PERCHLOROETHÝLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: | ANNUAL RE-INSPECTION | COMPLAINT/DISCOVE | CRY - | | | | | | |
|--|---|---|-------------------|--|--|--|--|--|--|
| <i>1170359</i> √ | | | · · | | | | | | |
| AIRS 1D#: D. | ATE: 1/17/9 | 7 TIME IN: 10155 TIME O | UT: ////5 | | | | | | |
| FACILITY NAME: CARRIAGE CLEANERS | | | | | | | | | |
| facility location: $\underline{\mathscr{G}}$ | 67 W Hav | 4 434 | | | | | | | |
| | onbrion, F | 2 32750 | | | | | | | |
| | | | | | | | | | |
| PART I: NOTIFICATION | · | | | | | | | | |
| (check appropriate box) | | identification of the state of | | | | | | | |
| 1. Existing facility notified DARI | M by 9/1/96 | · | ۵ | | | | | | |
| 2. New facility notified DARM 3 | 0 days prior to start | tup | | | | | | | |
| 3. Facility failed to notify DARM | to use general pen | mit | X | | | | | | |
| ** | | · · |] | | | | | | |
| PART II: CLASSIFICATION | | | | | | | | | |
| Facility indicated on notification (check appropriate box) | ı form that it is: | MACHINE INSTALLED 19 | 988 OR 89 | | | | | | |
| 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) | | | | | | | |
| 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="" galboth="" galby="" only,="" td="" transfer="" types,=""><td>gal/yr l/yr</td><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,> | gal/yr l/yr | 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,> | | | | | | | |
| This is a correct facility classification | ation | OY ON | | | | | | | |
| If no, please check the appropria | If no, please check the appropriate classification: | | | | | | | | |
| | d for a general perm above limits and is | nit as number above not eligible for a general permit | | | | | | | |
| B. The total quantity of perchlore facility was 100 gallons. | oethylene (perc) pu | rchased 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 OY 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 prior to September 22, 1993 installed 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? \Box Y \Box N 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? OY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? OY ON ON/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? \Box Y \Box N 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? \Box Y \Box 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? | ПY | □N . |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | ПY | חח |
| | Is the temperature differential equal to or greater than 20° F? | ПY | □N |
| 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? | ПY | ON . |
| 4. | Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? | D Y | пи |
| 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 |
| _ | | | |

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: 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 MN and parts installed w/in 5 days of receipt? DY DN ANA 4. Maintained calibration data? (for direct reading instruments only) DY DN 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? AND RECORD KEEPING REQUIREMENTS. ŬY ØN 7. Maintained deviation reports? DY N Problem corrected? DY DN ANA 8. Maintained compliance plan, if applicable?

| PART VI: LEAK DETECTION AND REPAIRS | |
|---|-------|
| 1. Does the responsible official conduct a weekly leak detection and repair inspection? | AY DN |

MAINTENANCE MAN ON CALL CAECKS MACHINE. ANG ONCE /MONTH

| _ | | | | | | |
|--|--|------------------|--------------------------------|----------------------|------------|--|
| 2. | Which method of detection is used by the resp | ponsible officia | al? | . 1 | | |
| | Visual examination (condensed solvent | on exterior su | rfaces) | X | | |
| | Physical detection (airflow felt through | gaskets) | • | ₽ | - | |
| | Odor (noticeable perc odor) | | | X | | |
| | Use of direct-reading instrumentation (| FID/PID/calori | imetric tubes) | | | |
| | If using direct-reading instrumentation | on, is the equi | pment: | | | |
| | a. Capable of detecting perc vi | apor concentra | tions in a range of 0-500 ppm? | ΩY | □и | |
| | b. Calibrated against a standar (PID/FID only)? | rd gas prior to | and after each use | □Y | N□ | |
| | c. Inspected for leaks and obvi | ious signs of w | ear on a weekly basis? | ΠY | ⊐и | |
| | d. Kept in a clean and secure a | ПY | ⊐и | | | |
| e. Verified for accuracy by use of duplicate samples (calorimetric only)? □Y | | | | | □и | |
| 3. | Has the facility maintained a leak log? | | | ПY | A N | |
| 4. | Does the responsible official check the follow | ring areas for l | eaks? | | 1 | |
| | Hose connections, fittings, couplings, and valves | □N | Muck cookers | ₩¥ | • □N | |
| | Door gaskets and seating | . DN | Stills | YY | ПN | |
| | Filter gaskets and seating | ND | Exhaust dampers | ďΥ | ПΝ | |
| | Pumps XY | ПИ | Diverter valves | ΠY | □и | |
| | Solvent tanks and containers Ψ_{Y} | ПП | Cartridge filter housings | $/\!\!\!\!\!\!/^{Y}$ | ПN | |
| | Water separators | N | · | | | |

PATRICK SUBASTIAN

Name of Responsible Official

Louis A. Nicaous Inspector's Name (Please Print)

Inspector's Signature

Approximate Date of Next Inspection



CARRIAGE CLEANERS

967 W. Hwy. 434 Longwood Village
(434 Center Next To Winn Dixie)
Longwood, FL 32750 1819 - Hwy. 434
Longwood, FL 32750
767-0926 332-5299
PATRICK & REHANA SEBASTIAN

ADDITIONAL SITE INFORMATION:

- · MCF PICKS UP WASTE
- WAS TOLD TO REMOVE ENVIROPURE MACRINE WATER WATER WASTE WATER ABOUT 1 QT/DAY RECOMMENDED BY NCA 1991
- , CONTAINMENT PANON CONTRACT WILL INSTALL IN FEBRUARY
- · RENZACCI CLEAN PRO 446

BLAKE INDUSTRIES INC NCA 116 R 271457 NEW YORK 10616

* ASKED MR SEBASTIAN TO CONTACT SMALL BUSINESS ASSISTANCE FOR GENL PERMIT NOTIFICATION.

| BEST AVAILABLE COPY INSPECTION SUM | IMARY REPORT |
|--|---|
| | PLAINT/DISCOVERY RE-INSPECTION 2 |
| TIME IN: 150 TIME OUT: 2:30 | AIRS ID#: |
| TYPE OF FACILITY: Uni cleaning FACILITY NAME: CONTRAGE CHEENEY | DATE: 3/10/98 |
| FACILITY LOCATION: 967 10. How 434 | |
| | 450 |
| RESPONSIBLE OFFICIAL: PUMMU Sekustran | PHONE NUMBER: 767 - 19926 |
| Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administration | ated during this inspection, the facility is found to be in rative Code (F.A.C.). |
| 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 |
| No logs kept | gave Calendar |
| | APR Bureau of & Mic |
| | APR 7 1998 Bureau of Air Monitoring 8 Mobile Sources |
| | ring |
| | |
| | |
| COMMENTS: | |
| | |
| The Annual Compliance Certification form has been properly cert | ified and submitted to the inspector. YES NO |
| DATE OF NEXT INSPECTION:(A | pproximate) |
| INSPECTION CONDUCTED BY: <u>hadia</u> O | Veshi Please Print) |
| INSPECTOR'S SIGNATURE: | |
| Page | _of Revised 10/9 |

| ATRS ID#: | 1170359 |
|-----------|---------|
| | |

Page of

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Revised 09/15/97

| FACILITY NAME: | A ARRUP | tci (| (cane | ns | DATE | :3/10/98 |
|--|-----------------------------------|-------------------------|-----------------------------------|--------------------|---|---------------------------------------|
| FACILITY LOCATION: | 967 | W- | Hy | 434 | · | |
| | LON | acons | AL | 327,0 | | |
| | | | | | | |
| Annual Reporting Period: | Νσ | V | 19 <u>17</u> | TO | 3/10 | 798 |
| Based on each term or condition of 62-213.300, Florida Administrativ | f the Title V g re Code (F.A.) | general air perm | nit, my facility period covere | has remained in co | ompliance with D | C C C C C C C C C C C C C C C C C C C |
| If NO, complete the following: | | | | | | 1 99 Z |
| #1. Term or condition of the gene | ral permit tha | t has not been i | in continuous | compliance during | the reporting per | iod ga gd above: |
| Record K | eeping | INCom | plete | <u> </u> | | |
| Exact period of non-compliance: | ' / | <i>Ν</i> Θ ₁ | • | to_ M A | RUH 98 | |
| Action(s) taken to achieve complia | ance: | wdl | Keep | Records | up to | date i |
| Method used to demonstrate comp | oliance: | giren | crie | nder To | A 35.5 1 | - 1 |
| #2. Term or condition of the gene | eral permit tha | | | | | |
| Exact period of non-compliance: | from | | | to | | |
| Action(s) taken to achieve compli | ance: | | | | | |
| Method used to demonstrate comp | pliance: | | | | | |
| As the responsible official, I here made in this notification are true upon purchase receipts, does not combination facilities. RESPONSIBLE OFFICIAL: | , accurate and exceed 2,100 | d complete. Fu | rther, my ann | ial consumption of | perchloroethylen 00 gallons per yed / | e solvent, based |
| | | • | | _ | | |

^{*}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.

XNOT IN ARMS > PERMIT MAILED - 11/97

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TVPF | OF | INCOL | CTION: |
|------|----|-------|--------|
| | | | |

ANNUAL

COMPLAINT/DISCOVERY

| | No. 1 |
|---|--|
| | a Cleaners |
| PART I: NOTIFICATION | |
| (check appropriate box) | |
| 1. New facility notified DARM 30 days prior to star | тир |
| 2. Facility failed to notify DARM to use general per | mit 🗆 |
| | |
| PART II: CLASSIFICATION | |
| Facility indicated on notification form that it is: | ☐ No notification form |
| | D Door to the contract of the |
| (check appropriate box) | ☐ Drop store/out of business/petroleum |
| | Drop store/out of business/petroleum 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) |
| 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 | 2. New small area source dry-to-dry only, x < 140 gal/vr |
| 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 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 on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,300 gal/yr |
| 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 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 classification facility qualified for a get | 2. New small area source dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed on or after $12/9/91$) 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 $12/9/91$) \mathbb{R}^7 \mathbb{C} |

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? | ΩY | □и | |
|----|---|----|----|------|
| 2. | Equipped dry-to-dry machines with a closed-loop vapor venting system? | ΩY | □и | □N/A |
| 3. | Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | ΩY | ПΝ | □N/A |
| 4. | Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | ΩY | ПИ | |
| 5. | Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? | ΩY | Пи | □N/A |
| 6. | Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | ΩY | ПИ | |

| 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 | ПN | |
| 2. | Measured and recorded the washer exhaust temperature at the condenser | | | |
| i | inlet and outlet weekly? | ЦY | UМ | □N/A |
| ľ | Is the temperature differential equal to or greater than 20° F? | ΩY | 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? | ΠY | ΠИ | □N/A |
| | Is the perc concentration equal to or less than 100 ppm? | ΩY | ΠN | □N/A |
| 4. | Assured that the sampling port on the carbon adsorber exhaust for measuring | | | |
| 1 | perc concentrations is at least 8 duct diameters downstream of any bend, contraction, | | | |
| | or expansion; is at least 2 duct diameters upstream from any band, contraction, or expansion; and downstream from no other inlet? | | | □N/A |
| | or expension, and downstream no state and | - | | LIVA |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual | | | |
| | condenser coils? | ΩY | ПΝ | □N/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | ΩY | ПИ | □N/A |

PART V: RECORDKEEPING REQUIREMENTS 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: MY 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 and parts installed w/in 5 days of receipt? AY ON ON/A 4. Maintained calibration data? (for applicable direct reading instruments) ANKO NO YO AND AND AND 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? $\square N$ AWD ND 7. Maintained deviation reports? ANAR ND YO Problem corrected? 8. Maintained compliance plan, if applicable? AYBAZ 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 | | | | |
| | inspection? □N | | | | |
| 2. | Has the facility maintained a leak log? | | | | |
| 3. | Does the responsible official check the following areas for leaks? | | | | |
| | Hose connections, fittings, couplings, and valves $\square Y \square N \square N/A$ Muck cookers $\square Y \square N \square N/A$ | | | | |
| | Door gaskets and seating | | | | |
| | Filter gaskets and seating OY ON ON/A Exhaust dampers OY ON ON/A | | | | |
| | Pumps | | | | |
| | Solvent tanks and containers | | | | |
| | Water separators QY QN QN/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: | | | | |
| | 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)? | | | | |
| | 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? | | | | |
| | e. Verified for accuracy by use of duplicate samples (calorimetric only)? | | | | |
| | | | | | |

Inspector's Name (Please Print)

Inspector's Eignature

Date of Inspection

-100

Approximate Date of Next Inspection

Rentacci: (1989)
Pan? yes

Chen pro 410

Choxy? yes

harardous waste MCF

Chean facility needs to keeplogs.

gave dry cleaning calendarWell bome back in 2 miths

to make sure it is deing

clene.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: ANNUAL | COM | APLAINT/DISCOVERY | RE-INSPECTION |
|---|--------------|--|------------------------|
| TIME IN: 1.2.15 TIME OUT: | 12: 4 | OAIRS ID#:_// | 70359 |
| TYPE OF FACILITY: Daycleaning | | | |
| FACILITY NAME: Carriag Clear | nevs | : | DATE: 7/15/98 |
| FACILITY LOCATION: 967 W. S. K | 2 434 | Longward Fr. | |
| RESPONSIBLE OFFICIAL: Patrizle. Sel | asta | PHONE NUMBER: | 7670926 |
| Based on the results of the compliance requires compliance with DEP Rule 62-213.300, Florid | | | lity is found to be in |
| Based on the results of the compliance require discrepancies were noted: | ments evalua | ated during this inspection, the follo | owing compliance |
| COMPLIANCE REQUIREMENT/PRO | BLEM | FOLLOW-UP ACTION | ON REQUIRED |
| | | | |
| | | - | P |
| | | Burg | The Car |
| | | Mobile Sc. | 14. K |
| | | · | To like |
| | | | |
| | | | |
| | | | |
| Using any cleaning Ca facility, Incomplian | lendo | zer, dorng week | - clean |
| facility, Incomplian | næ | · | |
| The Annual Compliance Certification form has been pro- | | | YES NO |
| DATE OF NEXT INSPECTION: | 7 | 199 | |
| INSPECTION CONDUCTED BY: | FADI A | proximate) CHESH1 ease Print) | |
| INSPECTOR'S SIGNATURE: | <u></u> | | 407-893-3333 |
| | Page | of | Revised 10/96 |

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: ANNUAL RE-INSPECTION | COMPLAINT/DISCOVERY A | |
|--|--|--|
| AIRS ID#: 1170359 DATE: 7/18/9 FACILITY NAME: <u>Carnage Clear</u> FACILITY LÒCATION: <u>967 W.S</u> | nere | TECE! |
| | <u> </u> | Pir Works Office of the Control of t |
| CONTACT NAME: | PHONE: | |
| PART I: NOTIFICATION | | |
| (check appropriate box) 1. New facility notified DARM 30 days prior to star 2. Facility failed to notify DARM to use general per | | a a |
| PART II: CLASSIFICATION | | |
| Facility indicated on notification form that it is: (check appropriate box) | ☐ No notification form ☐ Drop store/out of business/petro | ieum |
| 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 $12/9/91$) | |
| | Ication: eneral permit as number above mits and is not eligible for a general permit | |

Revised 9/15/97

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

facility was 100 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

1. Storing perchloroethylene in tightly sealed and impervious containers?

> PLIMPED

אואבט אום צם

P

2. Examining the containers for leakage?

Closing and securing machine doors except during loading/unloading?

ND Y

4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?

ZY ON ON/A

5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

DY DN DAVIA

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?

ND AC

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

Y ON ON!

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

Y ON ON/A

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weeklybi-weekly basis?

ZY ON

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?

ZY ON ONIA

6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

ZY □N

| PART V: RECORDKEEPING REQUIREMENTS | |
|--|--------------|
| Has the responsible official: (check appropriate boxes) | |
| 1. Maintained receipts for perc purchased? | ey on |
| 2. Maintained rolling monthly total of perc consumption? | אם אף |
| 3. Maintained leak detection inspection and repair reports for the following: | |
| a. documentation of leaks repaired w/in 24 hrs? or; | DY ON ON/A |
| b. documentation of parts ordered to repair leak and leak repaired win I days of and parts installed w/in 5 days of receipt? | OY ON PINA |
| 4. Maintained calibration data? (for applicable direct reading instruments) | OY ON ONA |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | AIND NO YO |
| 6. Maintained startup/shutdown/maiftunction plan? | AY ON |
| 7. Maintained deviation reports? | אַואם אם אַם |
| Problem corrected? | אואש אם צם |
| 8. Maintained compliance plan, if applicable? | |

PART VI: LEAK DETECTION AND REPAIRS

| . Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair | | | |
|---|----------------------------|----------------------------|------------|
| inspection? | | , | VZY ON |
| 2. Has the facility maintained a leak log? | | | NO UN |
| . Does the responsible official check the | following areas for leaks? | | |
| Hose connections, fittings, couplings, and valves | DY DN DN/A | Muck cookers | DY ON ON/A |
| Door gaskers and seating | אואם אם צף | Sulls | Y ON ONA |
| Filter gaskets and seating | אואם אם אים | Exhaust dampers | DY ON ON/A |
| Pumps | אואם אם צם | Diverter valves | DY ON ON/A |
| Solvent tanks and containers | באמם אם צם | Cartridge filter housings | AVAD NO YO |
| Water separators | DY ON ON/A | | |
| 4. Which method of detection is used by the responsible official? | | | |
| Visual examination (condensed solvent on exterior surfaces) | | | ,Z |
| Physical detection (airflow felt through gaskets) | | | A A |
| Odor (noticeable perc odor) | | | Ø |
| Use of direct-reading instrumentation (FID/PID/calorimetric tubes) | | ric tubes) | Q |
| Halogen leak detector | | | |
| If using direct-reading instrumentation, is the equipment: | | □N/A | |
| a. Capable of detecting | perc vapor concentration | s in a range of 0-500 ppm? | UY UN |
| b. Caliorated against a standard gas prior to and after each use (PID/FID only)? | | OY ON | |
| 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? | | se? | QY QN |
| e. Verified for accuracy by use of duplicate samples (calorimetric only)? | | QY QN | |
| · | | | |

ADIA QURESHI Inspector's Name (Please Print)

Inspector's Signature

Approximate Date of Next Inspection

7//8/9) Date of Inspection

4 of 5

-keinspechin - using calendar, god record keeping now

IN computation

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: - ANNUAL RE-INSPECTION | COMPLAINT/DISCOVERY |
|--|--|
| 7BD00886 1170359 | y |
| \wedge | 17 time in: 2'30 time out: 3'.10 |
| FACILITY NAME: <u>Carriage</u> Cte | twy 434 |
| Longwood, | , FL 32750 |
| RESPONSIBLE OFFICIAL: Patrick | PHONE: 407-767-0926 |
| CONTACT NAME: Same | PHONE: Sanu |
| | |
| PART I: NOTIFICATION | |
| (check appropriate box) | |
| New facility notified DARM 30 days prior to start Facility failed to notify DARM to use general pern | |
| 2. Pachity failed to houry DARW to use general peri | |
| PART II: CLASSIFICATION | · · · · · · · · · · · · · · · · · · · |
| Facility indicated on notification form that it is: | ☐ No notification form |
| (check appropriate box) | ☐ 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, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ | 4. New large area source \Box 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 $12/9/91$) | both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91) |
| | both types, $140 \le x \le 1,800 \text{ gal/yr}$ |
| (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a gen | both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91) TY \square N \square Can not determine ation: |

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? AMO NO YE 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?) Explained laws 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the OY AN ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after uz An 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? | ДY | ΩИ | |
| 2. | Measured and recorded the washer exhaust temperature at the condenser | | | |
| | inlet and outlet weekly? | \Box Y | ПN | □N/A |
| | Is the temperature differential equal to or greater than 20° F? | $\Box Y$ | ΠИ | □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? | ΩΥ | ΠN | □N/A |
| | Is the perc concentration equal to or less than 100 ppm? | ΠY | ПИ | □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, | | | |
| į | or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? | QY | ΩИ | □N/A |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual | | | |
| | condenser coils? | ПY | ΠИ | □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: | | | | |

| PART V: RECORDKEEPING REQUIREMENTS | |
|---|--------------------|
| Has the responsible official: (check appropriate boxes) | |
| 1. Maintained receipts for perc purchased? | MY ON |
| 2. Maintained rolling monthly averages of perc consumption? | DY MN |
| 3. Maintained leak detection inspection and repair reports for the following: | |
| a. documentation of leaks repaired w/in 24 hrs? or; | AY ON ON/A |
| b. documentation of parts ordered to repair leak and leak repaired win 2 days and parts installed w/in 5 days of receipt? | DY ON DAVA |
| 4. Maintained calibration data? (for applicable direct reading instruments) | OY ON ON/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | DY ON DANA |
| 6. Maintained startup/shutdown/malfunction plan? | Deg □n |
| 7. Maintained deviation reports? | DY DN X V/A |
| Problem corrected? | AIMS NO YO |
| 8. Maintained compliance plan, if applicable? | AND NO AX |

| 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? Typamel DY PN | | |
| 3. | Does the responsible official check the following areas for leaks? | | |
| | Hose connections, fittings, couplings, and valves DY DN DN/A Muck cookers DY DN DN/A | | |
| | Door gaskets and seating DY DN DN/A Stills DY DN DN/A | | |
| | Filter gaskets and seating OY ON ON/A Exhaust dampers OY ON ON/A | | |
| | Pumps OY ON ON/A Diverter valves OY ON ON/A | | |
| | Solvent tanks and containers QY QN QN/A Cartridge filter housings QY QN QN/A | | |
| | Water separators □Y □N □N/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: | | |
| | a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? | 1A | |
| | 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? | | |
| | d. Kept in a clean and secure area when not in use? | | |
| | e. Verified for accuracy by use of duplicate samples (calorimetric only)? | | |
| L | / | | |
| | | | |
| | | | |

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

5/5/98 Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Renzaeci 440

NO AUR PERMIT - BAVE IT TO ALM, ASKED HIM TO FUR ITOUT) EXPLAINED blead leiping Requirements.

TITLE V AIR QUALITY GENERAL PERMIT

| TITLE V AIR QUALITY INSPECTION SUM | | 1BD 00886 |
|--|------------------------------------|---------------------------|
| TYPE OF INSPECTION: ANNUAL COM | PLAINT/DISCOVERY D | RE-INSPECTION |
| TIME IN:TIME OUT: TYPE OF FACILITY: DYY Clares | AIRS ID#: | nne |
| FACILITY NAME: <u>Carriary Claners</u> FACILITY LOCATION: <u>969</u> W. Hung | 134 32750 | |
| RESPONSIBLE OFFICIAL: Patrice Sebastian | PHONE NUMBER | 2: 407 - 727-5924 |
| Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra | | acility is found to be in |
| Based on the results of the compliance requirements evaluation discrepancies were noted: | ated during this inspection, the f | following compliance |
| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACT | TION REQUIRED |
| NO AND PERMIT | GAVE | Foxen |
| NO LOGS | Garl + M | planid |
| | | |
| | | |
| | ì | |
| | | |
| comments: No control de regued | old malhie | |
| The Annual Compliance Certification form has been properly certication. DATE OF NEXT INSPECTION: (Ap | fied and submitted to the inspec | tor. YES NO |
| INSPECTION CONDUCTED BY: SANDIA | JULB371 | |
| INSPECTOR'S SIGNATURE: | ease Print) PHONE NUMBE | CR: 894-7535 |
| Page | _of | Revised 10/96 |

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: | RE-INSPECTION | v | COMPLAINIDIS | COVERI | u |
|--|--|--|---|---------------|--------------------|
| AIRS ID#: 1170357 FACILITY NAME: | 1 . | | | | 236 |
| FACILITY LOCATION: | 967 W | 434 | | | |
| | Lang wood | Pr | | | |
| RESPONSIBLE OFFICIAL : | Patrick So | sbashu | PHONE: 76 | 7-093 | 26 |
| CONTACT NAME: | | | PHONE: | | |
| PART I: NOTIFICATION | | | | | |
| (check appropriate box) | | | | | |
| 1. New facility notified DARM | | | | | |
| 2. Facility failed to notify DAR | M to use general per | mit | | | |
| DARTH CLASSIFICATION | N | | | | |
| PART II: CLASSIFICATIO | | | ☐ No notification | <u> </u> | |
| Facility indicated on notificat (check appropriate box) | don form that it is. | | ☐ Drop store/out | | erroleum |
| 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91 | Vут т | 2. New small a dry-to-dry only, transfer only, x both types, x < (constructed on | x < 140 gal/ут < 200 gal/ут | & Mobile | DEC 1 4 1999 |
| 3. Existing large area soudry-to-dry only, 140 ≤ x ≤ 1,800 transfer only, 200 ≤ x ≤ 1,800 (constructed before 12/9/91 | 2,100 gal/yr 800 gal/yr) gal/yr | transfer only, 2 both types, 140 | rea source $140 \le x \le 2,100 \text{ ga}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) | m àr 🖔 | 1999 Monitoring |
| 5. This is a correct facility | classification | ND YD | Can not determ | uine | |
| ☐ face | e appropriate classificity qualified for a ge ility exceeds above lit | meral permit as n | | | |
| B. The total quantity of perch facility was gallor | | ourchased within | the preceding 12 mo | onths by this | dry cleaning |

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? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers?

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)

| l. | Equipped all machines with the appropriate vent controls? | ΩY | ПD | |
|----|---|----|----|------|
| 2. | Equipped dry-to-dry machines with a closed-loop vapor venting system? | ΩY | ΩN | □N/A |
| 3. | Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | ΩY | ΩN | □N/A |
| 4. | Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | ΩY | ПN | |
| 5. | Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? | ΩY | Пи | □N/A |
| 6. | Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | ΩY | ПИ | |

| 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? | QY | ΩN | |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | ΟY | ПN | □N/A |
| | Is the temperature differential equal to or greater than 20° F? | ΩY | ΠN | |
| İ | 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? | ΩV | Ω\ <u>τ</u> | |
| | • • • | | | |
| | Is the perc concentration equal to or less than 100 ppm? | ĽΥ | ЦN | ON/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? | ΩY | ΠN | □N/A |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | ΩY | ÜМ | □N/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | ΩY | ПИ | □N/A |

| PART V: RECORDKEEPING REQUIREMENTS | | | |
|--|------------|--|--|
| Has the responsible official: (check appropriate boxes) | | | |
| Maintained receipts for perc purchased? | DY DN | | |
| 2. Maintained rolling monthly total of perc consumption? | DY DN | | |
| 3. Maintained leak detection inspection and repair reports for the following: | | | |
| a. documentation of leaks repaired w/in 24 hrs? or, | אואם אם צם | | |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | OY ON ON/A | | |
| 4. Maintained califoration data? (for applicable direct reading instruments) | OY ON ON/A | | |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | A'ND ND YD | | |
| 6. Maintained startup/shutdown/malfunction plan? | OY OX | | |
| 7. Maintained deviation reports? | ANAD ND YD | | |
| Problem corrected? | A/ND ND YD | | |
| 8. Maintained compliance plan, if applicable? | A/ND ND YD | | |

PART VI: LEAK DETECTION AND REPAIRS

| 1. | Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair | | | | |
|----|---|------------------------------|----------------------------|---------|------|
| | inspection? | | | A DI | И |
| 2. | Has the facility maintained a leak log | ? | | QY Q | N |
| 3. | Does the responsible official check the | e following areas for leaks? | | | |
| | Hose connections, fittings, couplings, and valves | TY ON ON/A | Muck cookers | AY ON O | ⊒N/A |
| | Door gaskets and seating | אואם אם אוא | Sulls | AX DN C | AWE |
| | Filter gaskets and seating | KY DY DYIA | Exhaust dampers | AN ON C | AWE |
| | Pumps | AND NO AND | Diverter valves | DY ON C | ⊃N/A |
| | Solvent tanks and containers | AND NO YO | Cartridge filter housings | DY DN C | IN/A |
| | Water separators | אואם אם אוא | | | |
| 4. | Which method of detection is used by | the responsible official? | | | |
| | Visual examination (condensed | solvent on exterior surface | s) · | × | |
| | Physical detection (airflow felt t | hrough gaskets) | • | àr∙ | |
| | Odor (noticeable perc odor) | | | A | |
| | Use of direct-reading instrumen | tation (FID/PID/calorimet | ric tubes) | | |
| | Halogen leak detector | | | | |
| | If using direct-reading ins | trumentation, is the equip | ment: | □N/A | |
| | a. Capable of detecting | g perc vapor concentrations | s in a range of 0-500 ppm? | MD AD | |
| | b. Caliorated against a (PID/FID only)? | standard gas prior to and | after each use | OY ON | |
| | c. Inspected for leaks | and obvious signs of wear | on a weekly basis? | OY ON | |
| | d. Kept in a clean and | secure area when not in us | se? | QY QN | |
| | e. Verified for accurac | ry by use of duplicate samp | les (calorimetric only)? | QY QN | |
| | | | | | |
| | | | | | |

| Edward Meyers | 4 130 195 |
|---------------------------------|-------------------------------------|
| Inspector's Name (Please Print) | Date of Inspection |
| SIL hy | 4/2020 |
| Inspector's Signature | Approximate Date of Next Inspection |

no records on s.k

cu donnate mater needs to have l'd

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: ANNUAL X COM | APLAINT/DISCOVERY RE-INSPECTION |
|---|---|
| TIME IN: 1300 TIME OUT: 14 | 00 AIRS ID#: (170359 |
| TYPE OF FACILITY: Dry cleaner | |
| FACILITY NAME: Couringe Clamery | AKM3 UPDATED DATE: |
| FACILITY LOCATION: | DATE 6-11 |
| | -D.D |
| RESPONSIBLE OFFICIAL: | BYPHONE NUMBER: |
| Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration | - · · · · · · · · · · · · · · · · · · · |
| Based on the results of the compliance requirements evaluated discrepancies were noted: | ated during this inspection, the following compliance |
| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
| | reinspection - to check recon |
| records not ans.le | · |
| condensate water not conved | reinspection to oberk. |
| wot convec | The success is consist. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| COMMENTS: | |
| • | |
| | |
| | |
| The Annual Compliance Certification form has been properly certif | ied and submitted to the inspector. YESM NO |
| DATE OF NEXT INSPECTION: April 26 | 7550 |
| | proximate) |
| INSPECTION CONDUCTED BY: Sward | Meyes |
| | ease Print) |
| INSPECTOR'S SIGNATURE: | PHONE NUMBER: 893-3331 |
| Page | of . Revised 10/96 |

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

| ARMS UPDATED |
|--------------|
| DATE 9-22-99 |
| BY RC |

ANNUAL

1. New facility notified DARM 30 days prior to startup

2. Facility failed to notify DARM to use general permit

COMPLAINT/DISCOVERY

RE-INSPECTION

| AIRS ID#: 1170359 DATE: 9/2/94 TIME IN: 1:45 TIME OUT: 2:15 |
|---|
| FACILITY NAME: Calliage Cleaners |
| FACILITY LOCATION: 967 Vest 434 |
| Longwood, FL |
| RESPONSIBLE OFFICIAL: Patricti Sebastain PHONE: 767-0926 |
| CONTACT NAME:PHONE: |
| |
| PART I: NOTIFICATION |
| (check appropriate box) |

| PART II: CLASSIFICATION | | |
|--|--|--|
| Facility indicated on notification form that it is: (check appropriate box) | ☐ No notification form☐ Drop store/out of business/ | petroleum |
| 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) | |
| 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 $12/9/91$) | RECEIVED |
| 5. This is a correct facility classification | □Y □N □Can not determine | 2 \$ 1999 |
| | cation: neral permit as number above nits and is not eligible for a general permit | Bureau of Air Monitoring & Mobile Sources |
| B. The total quantity of perchloroethylene (perc) pure facility was gallons. | urchased within the preceding 12 months by this | dry cleaning |

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN ZNA 1. Storing perchloroethylene in tightly sealed and impervious containers? pumped DY DN ZNA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ZNA 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 cliecked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY DN 1. Equipped all machines with the appropriate vent controls? Equipped dry-to-dry machines with a closed-loop vapor venting system? AVAD AD YD 3. Equipped the condenser with a diverter valve so airflow will be directed away from the OY 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? OY ON 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

PART III: GENERAL CONTROL REQUIREMENTS

| B. Has the responsible official of an existing large or new large area source also: | |
|--|------------|
| Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | 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 venting to the adsorber, if machines are equipped with a carbon adsorber? | OY ON ON/A |
| Is the perc concentration equal to or less than 100 ppm? | OY ON ON/A |
| 4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, | |
| or expansion; and downstream from no other inlet? | 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? | Ay □N | | | |
| 2. Maintained rolling monthly averages of perc consumption? | NO Y E | | | |
| 3. Maintained leak detection inspection and repair reports for the following: | | | | |
| a. documentation of leaks repaired w/in 24 hrs? or; | ø¥. □n □n/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? | ANO NO YÀ | | | |
| 4. Maintained calibration data? (for applicable direct reading instruments) | A/MAL NO YO | | | |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | OY ON ANIA | | | |
| 6. Maintained startup/shutdown/malfunction plan? | AY DN | | | |
| 7. Maintained deviation reports? | DY ON BUYA | | | |
| Problem corrected? | A/MS NO YO | | | |
| 8. Maintained compliance plan, if applicable? | AV A | | | |

| | | | | | | = 1 |
|---|---|------------------------------|-------------------------------|-------------|---------|----------------|
| PA | RT VI: LEAK DETECTION ANI | D REPAIRS | | | · | |
| 1. | Does the responsible official conduct | a weekly (for small source | es, bi-weekly) leak detection | and rep | pair | |
| | inspection? | | | PY | N | |
| 2. | Has the facility maintained a leak log | 3 , | | ZY | ND | |
| 3. | Does the responsible official check th | ne following areas for leaks | s? | | | |
| | Hose connections, fittings, couplings, and valves | ZY ON ON/A | Muck cookers |) | ON ON/A | |
| | Door gaskets and seating | YOY ON ON/A | Stills | ÆΥ | □N □N/A | . <u> </u> |
| | Filter gaskets and seating | AINO NO YA | Exhaust dampers | A Y | □N □N/A | |
| | Pumps | AINO NO YIE | Diverter valves | 16 Y | □N □N/A | |
| | Solvent tanks and containers | אומם מם צלא | Cartridge filter housings | Y | AVA NO | |
| | Water separators | ANO NO YE | · | | RE | LEIV |
| 4. | Which method of detection is used by | y the responsible official? | | | | |
| | Visual examination (condensed | l solvent on exterior surfac | es) | X | S | P 2 4 1999 |
| | Physical detection (airflow felt | through gaskets) | • | | Bureau | of Air Monito |
| | Odor (noticeable perc odor) | | | y | & N | pbile Sources |
| | Use of direct-reading instrumer | ntation (FID/PID/calorimet | tric tubes) | | | |
| | Halogen leak detector | | | | | |
| | If using direct-reading ins | trumentation, is the equi | pment: | - □N/ | 'A | |
| | a. Capable of detectin | g perc vapor concentration | is in a range of 0-500 ppm? | ΩY | N | 1 |
| | b. Calibrated against a (PID/FID only)? | a standard gas prior to and | after each use | ΟY | ПΝ | |
| | c. Inspected for leaks | and obvious signs of wear | on a weekly basis? | ΠY | ПN | |
| d. Kept in a clean and secure area when not in use? | | | | | | |
| | e. Verified for accurac | cy by use of duplicate samp | oles (calorimetric only)? | ΩY | □и | |
| | | | | | | |

Date of Inspection

Approximate Date of Next Inspection

| ADDITIONAL SITE INFORMATION: | | |
|------------------------------|-----|---|
| | | |
| · | | |
| | | |
| | • | |
| · | | |
| | | · |
| | • • | |
| | | |
| | | |
| | · | |
| | | |
| | | |
| | | |

| Rev | : | $\Delta \alpha I$ | 1 5 | 100 |
|-----|-------|-------------------|-----|-----|
| Rev | ISPA. | 0197 | רו | 141 |
| | | | | |

| ATRS ID#: | 117 0359 |
|-----------|-----------------------------|
| , | - 11 / () 3'\ '' |

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



| FACILITY NAME: Carriage Cleaners | DATE: 9/20/99 |
|---|---|
| FACILITY LOCATION: 967 W. State Roga | 434 |
| Longwood, FL 37:7 | |
| | |
| Annual Reporting Period: January | 1998 TO <u>Septembel</u> _1949 |
| Based on each term or condition of the Title V general air permit 62-213.300, Florida Administrative Code (F.A.C.), during the pe | |
| If NO, complete the following: | |
| #1. Term or condition of the general permit 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 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: | |
| As the responsible official, I hereby certify, based on information made in this notification are true, accurate and complete. Furth upon purchase receipts, does not exceed 2,100 gallons per year combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) | er, my annual consumption of perchloroethylene solvent, based |
| | |

Page _____ of ____.

^{*}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 | IPLAINT/DISCOVERY RE-INSPECTION |
|---|---|
| TIME IN: 1:45pm TIME OUT: 2:14 | pm AIRS ID#: 1170359 |
| TYPE OF FACILITY: Dry Cleaners | |
| FACILITY NAME: CHITTAGE Cleane 15 | DATE: 9/22/99 |
| FACILITY LOCATION: 967 W, State Road 439 | |
| Longwood PL 32760 | |
| RESPONSIBLE OFFICIAL: Patrion Sebastain | PHONE NUMBER: 767-0926 |
| Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra | ative Code (F.A.C.) |
| Based on the results of the compliance requirements evaluated discrepancies were noted: | ated during this inspection, the following compliance VED |
| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIREDA 1999 |
| | Bureau of Air Monitoring & Mobile Sources |
| | |
| Also when will we know | rn. - Randall vifallour cleaners |
| tor this year have b | een inspected. Thanks, |
| COMMENTS: Ln- Complianc | e |
| The Annual Compliance Certification form has been properly certif | ied and submitted to the inspector. YES NO |
| DATE OF NEXT INSPECTION: 9-2000 | |
| INSPECTION CONDUCTED BY: Randall Co | proximate) An ingham ease Print) (11 -) (12) 222 |
| INSPECTOR'S SIGNATURE: | PHONE NUMBER: (407) 893-5355 |
| Page | of Revised 10/96 |

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

YPE OF INSPECTION:

ANNUAL

RE-INSPECTION ----



COMPLAINT/DISCO

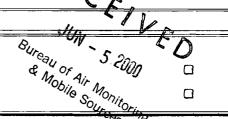
| VEKY | RA |
|------|----|
| i | - |

AIRS ID#: 1170359 DATE: 5/1/10 TIME IN: 11:30 TIME OUT: 12:00 FACILITY NAME: <u>Lassinge Cleuners</u> FACILITY LOCATION: 467 West SR 434 Lungwood, FL 32750 RESPONSIBLE OFFICIAL: Patrick Sebastian PHONE: 407-767-0926 PHONE: CONTACT NAME:

PART I: NOTIFICATION

(check appropriate box)

- 1. New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use general permit

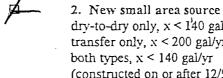


PART II: CLASSIFICATION

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

- ☐ No notification form
- ☐ Drop store/out of business/petroleum

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



- dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yrboth types, x < 140 gal/yr (constructed on or after 12/9/91)
- 3. Existing large area source dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before 12/9/91)
- 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, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91)
- 5. This is a correct facility classification
- DΝ □Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____
- facility exceeds above limits and is not eligible for a general permit
- B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 20 gallons.

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON MINA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON DINA 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 L ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN-GNLA 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? DY DN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/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? \Box Y \Box N 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

| 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? | ØÝ | מם | |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | ΟY | ПИ | □N/A |
| | Is the temperature differential equal to or greater than 20° F? | ΠY | ПN | □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? | | | |
| | if machines are equipped with a carbon adsorber? | _ | | □N/A |
| | Is the perc concentration equal to or less than 100 ppm? | ЦΥ | ΠN | □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? | ΠV | ΠN | □N/A · |
| | or expansion, and domisacam from no outer mice. | <u> </u> | -1. | UIVA |
| 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? | ΩY | ΠN | □N/A |

| PART V: RECORDKEEPING REQUIREMENTS | | | | |
|---|--------------|--|--|--|
| Has the responsible official: (check appropriate boxes) | | | | |
| 1. Maintained receipts for perc purchased? | ATY ON | | | |
| 2. Maintained rolling monthly averages of perc consumption? | MY ON | | | |
| 3. Maintained leak detection inspection and repair reports for the following: | | | | |
| a. documentation of leaks repaired w/in 24 hrs? or; No Leak S DY DN AN/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? | באראל, אם צם | | | |
| 4. Maintained calibration data? (far applicable direct reading instruments) | DY DN ZONA | | | |
| 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? | DY DN \$ N/A | | | |

| | | | PART VI: LEAK DETECTION AND REPAIRS | | | | |
|--|---|--|--|--|--|--|--|
| 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair | | | | | | | |
| inspection? | | | b ∕y □N | | | | |
| Has the facility maintained a leak log? | • | | EY ON | | | | |
| Does the responsible official check the | following areas fo | r leaks? | | | | | |
| Hose connections, fittings, couplings, and valves | מאס אם אם | A Muck cookers | אומם מם עם | | | | |
| Door gaskets and seating | אאם אם אא. | A Stills | DY ON ON/A | | | | |
| Filter gaskets and seating | מא סא סאי | Exhaust dampers | AVO NO YC | | | | |
| Pumps | אאם אם אם | A Diverter valves | אואם אם צם | | | | |
| Solvent tanks and containers | אואם אם צף | A Cartridge filter house | sings DY DN DN/A | | | | |
| Water separators | אואם אם אל | A | | | | | |
| Which method of detection is used by | the responsible offi | cial? | | | | | |
| Visual examination (condensed solvent on exterior surfaces) | | | | | | | |
| Physical detection (airflow felt through gaskets) | | | | | | | |
| Odor (noticeable perc odor) | | | Ø | | | | |
| Use of direct-reading instrument | ation (FID/PID/cal | orimetric tubes) | | | | | |
| Halogen leak detector | | | | | | | |
| . If using direct-reading inst | rumentation, is the | e equipment: | ▼ VA | | | | |
| 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? | | | | | | | |
| d. Kept in a clean and secure area when not in use? | | | מם צם | | | | |
| e. Verified for accuracy by use of duplicate samples (calorimetric only)? | | | OY ON | | | | |
| | | | | | | | |
| | Has the facility maintained a leak log? Does the responsible official check the Hose connections, fittings, couplings, and valves Door gaskets and seating Filter gaskets and seating Pumps Solvent tanks and containers Water separators Which method of detection is used by Visual examination (condensed seating) Physical detection (airflow felt the Odor (noticeable percodor)) Use of direct-reading instrument Halogen leak detector If using direct-reading instrument Halogen leak detector or Capable of detecting b. Calibrated against a (PID/FID only)? c. Inspected for leaks and d. Kept in a clean and seating | Has the facility maintained a leak log? Does the responsible official check the following areas for Hose connections, fittings, couplings, and valves Door gaskets and seating Filter gaskets and seating Pumps Solvent tanks and containers Water separators Which method of detection is used by the responsible offit Visual examination (condensed solvent on exterior Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/cale Halogen leak detector If using direct-reading instrumentation, is the a. Capable of detecting perc vapor concent b. Calibrated against a standard gas prior (PID/FID only)? c. Inspected for leaks and obvious signs of d. Kept in a clean and secure area when near the calibrate of the concent of the calibrate of the cali | Has the facility maintained a leak log? Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves Door gaskets and seating Filter gaskets and seating Pumps Pumps Solvent tanks and containers Water separators 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: a. Capable of detecting perc vapor concentrations in a range of 0-500 pp 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? d. Kept in a clean and secure area when not in use? | | | | |

Conjugham
ume (Please Print) Inspector's Signature

5///00 Date of Inspection

5-2001
Approximate Date of Next Inspection

| ADDITIONAL SITE INFORMATION: | |
|------------------------------|-----|
| | |
| • | |
| • | · |
| | |
| | |
| | |
| | |
| | |
| | |
| · | |
| | |
| | |
| | |
| | |
| | · . |
| · | |
| · . | |
| · | |
| | |
| | 1 |
| | |
| | |
| | |
| | |
| | |
| · | · |
| | |
| | |
| | |
| | |

Revised 01/18/00

AIRS ID#: 1170359

Ala

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| FACILITY NAME: CHITTAGE (Hantis | DATE: 5/1/40 |
|--|---|
| FACILITY LOCATION: 967 W. State Road 434 | |
| Lungwood, FL 32750 | |
| | |
| Annual Reporting Period: April 29 TO AP | 2000 |
| Based on each term or condition of the Title V general air permit, my facility has remained in | compliance with DEP Rule |
| 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement | nt. DYES DNO |
| If NO, complete the following: | |
| #1. Term or condition of the general permit that has not been in continuous compliance during | g the reporting period stated above: |
| Exact period of non-compliance: from | |
| Action(s) taken to achieve compliance: | |
| Method used to demonstrate compliance: | |
| #2. Term or condition of the general permit that has not been in continuous compliance during | g the reporting period stated above: |
| Exact period of non-compliance: from | |
| Action(s) taken to achieve compliance: | |
| Method used to demonstrate compliance: | |
| As the responsible official, I hereby certify, based on information and belief formed after reason in this notification are true, accurate and complete. Further, my annual consumption of perchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,80 | hloroethylene solvent, based upon llons per year for transfer or May 2000 |

^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: | ANNUAL 🔀 | СОМ | PLAINT/DISCO | VERY | RE-INSPECTION |
|---|------------------------------|---------------|---------------------|---------------------------------------|----------------------|
| TIME IN: 11:30 | TIME OUT: | 12:00 | > | AIRS 10#: 117 | 6359 |
| TYPE OF FACILITY: Dry C | | | | | • |
| FACILITY NAME: Callia | ge Cleaners | | | | DATE: 5/1/00 |
| FACILITY LOCATION: 967 | | | | | · |
| | | 750 | | | |
| RESPONSIBLE OFFICIAL: | atrick Sebast | ran | PHC | ONE NUMBER:_ | 407-767-0926 |
| Based on the results of | the compliance requireme | ents evaluat | ted during this ins | spection, the facili | ty is found to be in |
| compliance with DEP R | Rule 62-213.300, Florida | Administra | tive Code (F.A.C | .). | |
| Based on the results of discrepancies were note | the compliance requirements: | ents evalua | ted during this ins | spection, the follow | wing compliance |
| COMPLIANCE REQU | JIREMENT/PROB | LEM | FOLLO | W-UP ACTIO | N REQUIRED |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | <u> </u> |
| | | | | | |
| | 7 | | | <u> </u> | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | : | • | |
| | | | | · · · · · · | |
| | | | | | |
| COMMENTS: | | | | | , |
| | mpliance | 0 | | | |
| In Co. | ripiranc | | | | |
| The Annual Compliance Certific | eation form has been near | perly certifi | ed and submitted | to the inspector | YESE NOT |
| DATE OF NEXT INSPECTIO | <i>-</i> 30 · | / | ed and satirmed | to the inspector. | 73900 |
| Z DOI NEAT MOTECTIO | n. <u> </u> | , (Ap) | oroximate) | | |
| INSPECTION CONDUCTED | BY: Kanda | | Cognin | gham | |
| INSDECTODES SLOVE TO THE | DanM | Ple | ase Print) | | 417-442-772 |
| INSPECTOR'S SIGNATURE: | " JUJAN | | PHO | NE NUMBER:_ | WI O'S SI |
| | | | . 4 | | Davised 10/96 |

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

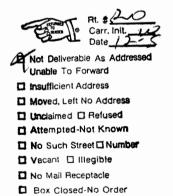
DEC 0 9 2003

A.I WORKOTING & Mobile Sources Buico.

> 1170359 PATRÍCK SEBASTIAN CARRIAGE CLEANERS 967 W HWY 434 LONGWOOD FL 32750







□ Returned For Better Address

Postage Due_



Department of Environmental Protection

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

David B. Struhs 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 32315-3070



(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

1170359 PATRICK SEBASTIAN CARRIAGE CLEANERS 967 W HWY 434 LONGWOOD FL 32750

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

| SENDER: COMPLETE TI SSENDER: ON PLAN SENDER: COMPLETE TI SSENDER: ON PLAN SENDER: COMPLETE TI SSENDER: COMPLETE TI | PLACE STICKER AT TOP |
|--|--|
| 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 # 1170359 CARRIAGE CLEANERS PATRICK SEBASTIAN | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below: |
| 967 W HWY 434 LONGWOOD FL 32750 | 3. Service Type Certified Mail |
| 2. Article Number (Copy from service label) | 24 314/9 |
| PS Form 3811, July 1999 Domestic Ret | urn Receipt 102595-99-M-1789 |

| or . | U.S. Postal S CERTIFIED (Domestic Mail O | MAIL REC | CEIPT Coverage Provided |) |
|------|--|--|----------------------------|---|
| 347 | | | i · | |
| 7 | Postage | \$ | | |
| 그 | Certified Fee | | Postmark | |
| 라 | Return Receipt Fee (Endorsement Required) | | Here | |
| 00 | Restricted Delivery Fee (Endorsement Required) | | | |
| = | Total | AIRS | ID# 1170359 | |
| 0600 | Recipi CARRIAGE C | LEANERS DASTIAN | - | |
| | PATRICK SE | DVO | | |
| 7000 | City, St. LONGWOOD | (1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 | See Reverse for Ins | |

| i - | Spanning address | المراجع فالماما | | |
|---------------------|---|---|--|--------------------------|
| Ċ: | SENDER: of adolavna to dof ravo | Fold at line | | |
| rse side? | ■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. | I also wish to receive the following services (for an extra fee): | ai ' | |
| reverse | Attach this form to the front of the mailpiece, or on the back if space permit. | e does not | 1. Addressee's Address | Š. |
| the | Write "Return Receipt Requested" on the mailpiece below the articl The Return Receipt will show to whom the article was delivered an | | 2. Restricted Delivery | 3. |
| on # | delivered. | d the date | Consult postmaster for fee. | elbt |
| N ADDRESS completed | 3. Article Addressed to: CARRIAGE CLEANERS PATRICK SEBASTIAN 967 W HWY 434 LONGWOOD FL 32750 | 4b. Service 1 4b. Service 1 Registere 1 Express 1 Return Rec | Type ed Certified Mail Insured ceipt for Merchandise COD elivery | you tor using Keturn Kec |
| s your RETUR | 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) | 8. Addressee and fee is | e's Address (Only if requested paid) | Inank |
| <u>~</u> | PS Form 3811 , December 1994 | | Domestic Return Receipt | |

| | Р | 174 | 058 | 2 | 770 | c (V | 1 |
|----------------------------------|--------------------------|-------------------------------|-----------------|-------|--------|----------|----|
| 1 [| JS Posta Recei | Service pt for | Cert | ifi | ed Mai | ا رمري | |
| CA PA | RRIAG TRICK W HW | E CLEA | NERS TIAN | ,,,,, | **** | # 11703. | 59 |
| | Postage | | | \$ | | | |
| | Certified I | -ee | | | | | |
| | Special D | elivery Fee | | | | | |
| | | d Delivery F | ee | | | | |
| 1995 | Return R | eceipt Shov Date Delive | ving to cred | | | | |
| April | Return Red Date, & Ad | eipt Showing dressee's Add | to Whom, | | | | |
| 800, | TOTAL | Postage & F | | \$ | | | |
| PS Form 3800 , April 1995 | Postmar | c or Date | | , | | | |



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422867 FEB122003

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#1170359

CARRIAGE CLEANERS PATRICK SEBASTIAN 967 W HWY 434 LONGWOOD FL 32750

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

| 1 | U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) | |
|------|---|---|
| 7 B | | |
| L878 | OFFICIAL USE | |
| . 80 | Postage \$ | |
| 3108 | Certified Fee | |
| E.1 | Return Receipt Fee (Endorsement Required) | |
| 0013 | Restricted Delivery Fee (Endorsement Required) | |
| 20 | Total Pc 10 AIRS ID # 1170359001AG | |
| 1670 | Sent To PATRICK SEBASTIAN | |
| 2000 | CARRIAGE CLEANERS Street, Ap 967 W HWY 434 | |
| 30(| LONGWOOD EL | |
| 7 | City, State 32750 | L |
| i | PS Form 3800, May 2000 |) |

| SE STICKER SEE SEESE SEE | |
|--|--|
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | A. Received by (Please Print Clearly) B. Date of Delivery S-5-0 Agent Addressee |
| 1. Article Addressed to: 10 AIRS ID # 1170359001AG PATRICK SEBASTIAN CARRIAGE CLEANERS | D. Is delivery address different from item 1? |
| 967 W HWY 434 LONGWOOD FL 32750 | 3. Service Type Certified Mail |
| 2. Article Number | 2 (12 (2) |
| (Transferifrom service label) 7 900 / 67 0 | 199113140816878 |
| PS Form 3811, March 2001 Domestic Retu | urn Receipt 102595-01-M-1424 |

UNITED STATES POSTAL SERVICE



Postage & Fees Paid USPS Permit No. G-10

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

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

AUG 0 7 90"

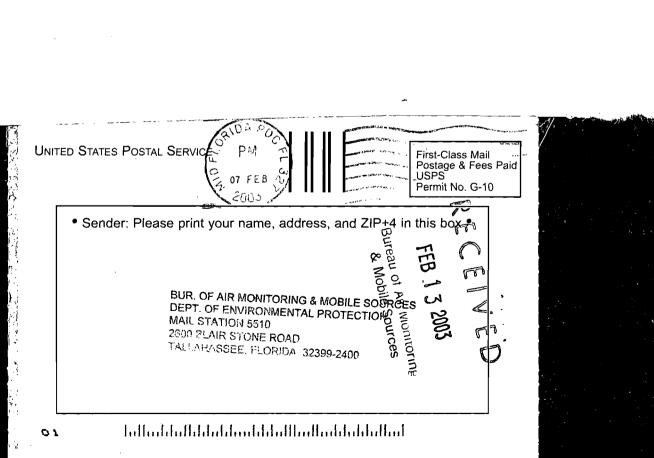
Bureau of Air Monitoring

- p- 185 185 145 122

3 Moste Sources

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) 5786 7975 Postage Certified Fee Return Receipt Fee (Endorsement Required) 0007 Restricted Delivery Fee (Endorsement Required) 20 Total r AIRS ID#1170359 03 Sent TC CARRIAGE CLEANERS Street, 967 W HWY 434 7007 City, S LONGWOOD FL 32750

| | 200 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A |
|--|--|
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Addressee D. Is delivery address different from item 1? Yes |
| Article Addressed to: | If YES, enter delivery address below: No |
| AIRS ID#1170359 CARRIAGE CLEANERS PATRICK SEBASTIAN 967 W HWY 434 LONGWOOD FL 32750 | 3. Service Type Id Certified Mail Express Mail ' Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes |
| 2. Article Number | 0 0 0 1 |
| | Return Receipt 102595-01-M-1424 |



| Complete items 3, 4a, and 4b. Print your name and address on the reverse of card to you. Attach this form to the front of the mailpiece, opermit. Write "Return Receipt Requested" on the mail | of this form so that we or on the back if spac piece below the articl | e does not e number. | | ces (for an ssee's Address |
|---|--|--|---|---|
| 3. Article Addressed to: AIRS CARRIAGE CLEANERS PATRICK SEBASTIAN 967 W HWY 434 LONGWOOD FL 32750 | S ID #*1170359 | 4b. Service 1 Registere Express I Return Rec | 76/34 Type ed Mail ceipt for Merchand | Certified □ Insured □ |
| 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994 | | | | |
| | Complete items 1 and/or 2 for additional service Complete items 3, 4a, and 4b. Print your narise and address on the reverse of card to you. Attach this form to the front of the mailpiece, permit. Write 'Return Receipt Requested' on the mail The Return Receipt will show to whom the art delivered. 3. Article Addressed to: AIR: CARRIAGE CLEANERS PATRICK SEBASTIAN 967 W HWY 434 LONGWOOD FL 32750 5. Received By: (Print Name) | ■ 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. 3. Article Addressed to: AIRS ID #=1170359 CARRIAGE CLEANERS PATRICK SEBASTIAN 967 W HWY 434 LONGWOOD FL 32750 5. Received By: (Print Name) | ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write *Return Receipt Requested* on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: AIRS ID #=1170359 CARRIAGE CLEANERS PATRICK SEBASTIAN 967 W HWY 434 LONGWOOD FL 32750 ■ Registere □ Express □ Return Receipt Requested Receipt will show to whom the article was delivered and the date delivered. 4a. Article N ■ Registere □ Express □ Return Receipt Receipt will show to whom the article was delivered and the date delivered. 8. Addressed and fee is | ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write *Return Receipt Requested* on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: AIRS ID #=1170359 CARRIAGE CLEANERS PATRICK SEBASTIAN 967 W HWY 434 LONGWOOD FL 32750 ■ Registered □ Express Mail □ Return Receipt for Merchand 7. Date of Delivery 5. Received By: (Print Name) 8. Addressee's Address (On and fee is paid) |

| | Z 333 6 | N, TEH E.E. | \ |
|----------------------------------|---|-------------|---|
| ĺ | US Postal Service Receipt for Cert No Insurance Coverage F | Provided. | 9 |
| P. 90 | ARRIAGE CLEANER ATRICK SEBASTIAN 67 W HWY 434 ONGWOOD FL 32750 | S N | |
| ļ | Certified Fee | · | |
| | Special Delivery Fee | | |
| | Restricted Delivery Fee | | |
| 1995 | Return Receipt Showing to Whom & Date Delivered | | |
| April | Return Receipt Showing to Whom, Date, & Addressee's Address | | |
| 900 | TOTAL Postage & Fees | \$ | |
| PS Form 3800 , April 1995 | Postmark or Date | . , | |

| Attach this form to the front of the mailpiece, or on the back if sp permit. Write "Return Receipt Requested" on the mailpiece below the art The Return Receipt will show to whom the article was delivered delivered. | icle number. 2. Restricted Delivery |
|--|--|
| AIRS ID 1170359 PRTL INC PATRICK SEBASTIAN 967 W HWY 434 LONGWOOD FL 32750 | 4a. Article Number 2 3 3 6 3 2 5 5 4b. Service Type Registered Express Mail Return Receipt for Merchandise 7. Date of Delivery |
| 5. Received By: (Print Name) SERATIAN 6. Signature: (Addressee or Agent) | 8. Addressee's Address (Only if fequested and fee is paid) |

| | Z 333 613 255 US Postal Service Receipt for Certified Mail | | | | | |
|----------------------------------|---|-----------------|--|--|--|--|
| P. 90 | RTL INC ATRICK SEBASTIAN 67 W HWY 434 ONGWOOD FL 32750 | AIRS ID 1170359 | | | | |
| Ì | Postage | \$ | | | | |
| | Certified Fee | | | | | |
| | Special Delivery Fee | _ | | | | |
| | Restricted Delivery Fee | | | | | |
| 1995 | Return Receipt Showing to Whom & Date Delivered | | | | | |
| April | Return Receipt Showing to Whorn, Date, & Addressee's Address | | | | | |
| 800, | TOTAL Postage & Fees | \$ | | | | |
| PS Form 3800 , April 1995 | Postmark or Date | | | | | |

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

405932 FEB222001₂(

Please include your AIRS 1D# 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 # 1170359

CARRIAGE CLEANERS PATRICK SEBASTIAN 967 W HWY 434 LONGWOOD FL 32750 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412656 JAN 72002

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 # 1170359

CARRIAGE CLEANERS PATRICK SEBASTIAN 967 W HWY 434 LONGWOOD FL 32750

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273





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

Latted delimited and the latter than the latte



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

301918

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

TOTAL AMOUNT DUE: \$50.00 98

Do NOT Remove Label

AIRS ID#1170359

PRTL INC PATRICK SEBASTIAN 967 W HWY 434 LONGWOOD FL 32750

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

This portion must be attached to remittance for proper handling 9389849

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 # 1170359

CARRIAGE CLEANERS PATRICK SEBASTIAN 967 W HWY 434 LONGWOOD FL 32750

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0363289

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 # 1170359

CARRIAGE CLEANERS PATRICK SEBASTIAN 967 W HWY 434 LONGWOOD FL 32750 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 MS# 5510 MC Acct # 5521

Department of Environmental Protection 2600 Blair Stone Rd Tallahassee FL 32399-2400



3275545546894**0**0

Complete items 1,72, and 3. Also complete item 4 if Restricted Delivery is desired. - D Addresse Print your name and address on the reverse so that we can return the card to you. C. Date of Delivery B: Received by (Printed Name) Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: If YES, enter delivery address below: PATRICESESASTIAN CARRIAGE CLEANERS 967.WJHWY 434 LONGWOOD, FL 32750 Registered - Return Receipt for Merchandise ☐ Insured Mail ☐ ☐ C.O.D. 2. Article Number-7003 0500 0004 0144 9874 (Transfer from service label) PS Form 3811, August 2001

551 TATE OF FLORIDA 5521
DEPARTMENT OF ENVIRONMENTAL PROTECTION TWIN TOWERS OFFICE BUILDING 2600 BLAIR STONE ROAD

TALLAHASSEE, FLORIDA 32399-2400

MIXIE

երիունահինականուների միանականունը հավ

ID# 1170359 PATRICK SEBASTIAN CARRIAGE CLEANERS 967 W HWY 434

LONGWOOD, FL 32750

| "SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| Gomplete:items:1, 2, and 3. Also complete | A-Signature |
| item 4 if Restricted Delivery is desired. | The second secon |
| Print your name and address on the reverse | □ Agent: |
| so that we can return the card to you. | ☐ Addressee. |
| Attach the cord to the destable of the land | B. Received by (Printed Name) C. Date of Delivery 1 |
| Attach this card to the back of the malipiece, | The state of the s |
| or on the front if space permits. | TAMENT AND A STATE OF THE STATE |
| 1. Article Addressed to: | Drils delivery address different from item 1? |
| The second secon | If YES, enter delivery address below: \(\square\) No |
| The second secon | |
| ID# 1170359 | |
| PATRICK SEBASTIAN | The same of the sa |
| CARRIAGE CLEANERS | الروال المراجعين حريب حريب في المراجع في المراجع المرا |
| | ر در این در در این این در br>در در د |
| 967 W HWY 434 | |
| LONGWOOD, FL 32750 | 3. Service Type |
| A Company of the Comp | Certified Mail |
| | Registered Return Receipt for Merchandise |
| Burner of the Control | □ Insured Mail □ C.O.D. |
| See See See See See See See See See See | The state of the s |
| And the second of the second o | 4 Restricted Dalivery? (Extra Fee) |
| 25/Att | |
| 7003 2260 0003 5651 | lon besterations of the same |
| 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m | 110 |
| PS-Form 381.1, August 2001 Domestic Ret | urn Receipt 102595-02-M-1540 |
| SECTION OF THE PROPERTY OF THE | |

े **१८**के लू

Department of Environmental Protection 2600 Blair Stone Rd Tallahassee FL 32399-2400



اسأأساما ماماسا أيركا الشاماما ماماما الماماسا أسألنا

| | SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|--|--|
| | Gomplete Items-1; 2; and 3; Also complete | A. Signature. |
| | Print your name and address on the reverse | ☐ Addressee |
| | so that we can return the card to you. | B. Received by (Printed Name) |
| | Attach this card to the back of the mailpiece, or on the front if space permits. | D. Is delivery address different from item 19. Yes |
| on Political de California. La prima de California | 1:-Article Addressed to- | If YES, enter delivery address below: |
| | GEARRIAGE CLEANERS | |
| | EPATRICK SEBASTIAN | |
| | ## 1967 WHWY 434 LONGWOOD, PL 32750 | 3. Service Type |
| | | Certified Mail El Express Mall |
| alter antique de la companya de la Companya de la companya de la compa La companya de la co | | Registered |
| | | 4 Restricted Delivery? (Extra Fee) Yes |
| | 2: Article Number 7001 11 | 40 0001 7556 3609 |
| | PS Form 3811 - August 2001 Domesic Re | ium Receipt |