

# Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

December 8, 1998

Mr. Zi An Tempo Cleaners 223 Oxford Road Fern Park, Florida 32730

Re: Facility No.: 1170372

Dear Mr. An:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 19, 1998.

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 Environemntal 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, of if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

₹/Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Anatoliy Sobolevskiy, Central District

10 Should be marked.

# RECEIVED

### Perchloroethylene Dry Cleaning Facility Notification

### **Facility Name and Location**

NOV 1 9 1998

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):  & Mobile Source  Mobile Source
	Temps Cleaners
2.	Site Name (For example, plant name or number):
	same as above
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location: Street Address: 223 Oxford Rd. City: Fern Park County: Seminale Zip Code: 32730  Exceller Identification Number (DEP) Ison
5	Facility Identification Number (DEP Use) 114037&
	Responsible Official
6.	Name and Title of Responsible Official:
	2: An cowner)
7.	Responsible Official Mailing Address: Organization/Firm: Street Address:
	City: County: Zip Code:
8.	Responsible Official Telephone Number: Telephone: (407 834 94 91 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: ( ) -

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### **Facility Information**

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser									
(2) w/ carbon adsorber									
(3) w/ no controls			<del>-</del>						
Washer Unit					1			1,	
(4) w/ ref. condenser	•						<u> </u>		Π
(5) w/ carbon adsorber	7	1970							
(6) w/ no controls		17/4							
Dryer Unit		I	I	L	1	I	l	I	
(7) w/ ref. condenser	**********				l		Γ		T
(8) w/ carbon adsorber	. 1	1978							
(9) w/ no controls		1.18							<del>                                     </del>
Reclaimer Unit		I			I		<u> </u>		1
(10) w/ ref. condenser	************		<u> </u>				***************************************		T
(11) w/carbon adsorber		1920							<del>                                     </del>
(12) w/ no controls		1770							
<ul><li>(b) Control devices are</li><li>(c) No control devices</li></ul>	-								
2.(a) What was the total of the control of the cont	gallo	ons now many? [	// ] month	s 1	122			·	::
3. What is the facility's so (Indicate with an "X".  Existing small as	Selec	ct one classif	ication only.	)	initions foun		(3) <b>of</b> 1	Part II?	
Existing large ar					rge area sour	<u></u>	]		

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

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### Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:						
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
$ \swarrow $	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
this notifi statemeni maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in facilion. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.						
I will pro	mptly notify the Department of any changes to the information contained in this notification.						
	In Li 11139f						
Signature	Date						

DEP Form No. 62-213.900(2)

Effective: 6-25-96

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	СОМ	PLAINT DISCOVERY D	RE-INSPECTION [
	OUT: 2:15	AIRS ID#: NA	TB002621
	laners Start Rd	:	DATE: 11/13/58
Fern	Park	32737	
RESPONSIBLE OFFICIAL: LI AN		PHONE NUMBER:	834 949/
Based on the results of the compliance compliance with DEP Rule 62-213.300	-	•	ity is found to be in
Based on the results of the compliance discrepancies were noted:	requirements evalua	ted during this inspection, the follo	wing compliance
COMPLIANCE REQUIREMENT	T/PROBLEM	FOLLOW-UP ACTION	
- no permit		filled out perm	it gave to
-no leak logs		gave calenda	21-
- mas Start (Shot down ),	nal plan	Will call m for douen	echanic rents
		f •	Rico
			Service Control of the Control of th
			OF THE PROPERTY OF THE PARTY OF
transfer machin 50gal la year	ê 20 ye	ars old-	S III
The Annual Compliance Certification form has	been properly certific	ed and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION:	1/5	oroximate)	
INSPECTION CONDUCTED BY:	SAAD, A	DÜRLAY  ease Print)	
INSPECTOR'S SIGNATURE:	m	•	407-893- 2333

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Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DIS	COVERY	~
AIRS ID#: _N/A  FACILITY NAME:	DATE: N/13/98 Tempo (	TIME IN:		IME OUT:	2:16
FACILITY LOCATION:		ford load		36 ·	
RESPONSIBLE OFFICIAL		ln :	PHONE:	-9749 Y	60
PART I: NOTIFICATION				\$ (i)	
(check appropriate box)					
1. New facility notified DAR	M 30 days prior to start	aup			a
2. Facility failed to notify DA					0
PART II: CLASSIFICATION					
PART II: CLASSIFICATION	ОИ				
Facility indicated on notific (check appropriate box)			☐ No notification		petroleum
Facility indicated on notific	ation form that it is:	2. New small ar dry-to-dry only, stransfer only, x < both types, x < 1 (constructed on constructed on construct	Drop store/out ea source c < 140 gal/yr 200 gal/yr 40 gal/yr		petroleum
Facility indicated on notific (check appropriate box)  A.  1. Existing small area so dry to-dry only, x < 140 g transfer only, x < 200 gai both types, x < 140 gal/yr	ation form that it is:  ource  gallyt  91)  ource  < 2,100 gallyt 1,800 gallyt 00 gallyt	dry-to-dry only, stransfer only, x < both types, x < 1- (constructed on cd.)  4. New large and dry-to-dry only, transfer only, 20	Drop store/out rea source c < 140 gal/yr 200 gal/yr 40 gal/yr or after 12/9/91) rea source 140 \( \le \times \) \( \le \times \) \( \le \times \) 0 \( \le \times \) \( \le \tim	t of business/p	petroleum
Facility indicated on notific (check appropriate box)  A.  1. Existing small area so dry to-dry only, x < 140 gallyt (constructed before 12/9/5)  3. Existing large area so dry-to-dry only, 140 ≤ x transfer only, 200 ≤ x ≤ both types, 140 ≤ x ≤ 1,8	ation form that it is:  ource  gallyr  91)  ource  < 2,100 gallyr  1,800 gallyr  00 gallyr  91)	dry-to-dry only, y transfer only, x < both types, x < 10 (constructed on constructed on dry-to-dry only, transfer only, 20 both types, 140 dry-to-dry-to-dry-types, 140 dry-to-dry-types, 140 dry-to-dry-types, 140 dry-to-dry-types, 140 dry-types, 140 dry	Drop store/out rea source c < 140 gal/yr 200 gal/yr 40 gal/yr or after 12/9/91) rea source $140 \le x \le 2,100 \text{ gal}/yr$ $0 \le x \le 1,800 \text{ gal}/yr$	t of business/p	petroleum
Facility indicated on notific (check appropriate box)  1. Existing small area so dry-to-dry only, x < 140 gal/yr (constructed before 12/9/s  3. Existing large area so dry-to-dry only, 140 ≤ x stransfer only, 200 ≤ x ≤ both types, 140 ≤ x ≤ 1,8 (constructed before 12/9/s  5. This is a correct facility on please check	ation form that it is:  ource  gallyr  91)  ource  < 2,100 gallyr  1,800 gallyr  00 gallyr  91)	dry-to-dry only, a transfer only, a south types, a solution of the transfer only, a solution of transfer only, a solution of transfer only, a solution of transfer only and transfer only a solution of transfer only and transfer only a solution of transfer only a solution of transfer only and transfer only a solution on transfer only a solution of transfer only a solution on transfer only, a solution on transfer on transfe	Drop store/out  rea source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ or after $12/9/91$ ) $x < 1,800 \text{ gal/yr}$ or after $12/9/91$ )  Can not determine	t of business/p	petroleum

# 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
	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ΩY	ПΝ	□N/A
	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°7?	ΩY	ПN	□N/A
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ΩY	□и	

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official:				
(check appropriate boxes)				
1. Maintained receipts for perc purchased?	DY ON			
2. Maintained rolling monthly total of perc consumption?	□Y ÆÑ			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or,	AVA NO YOU			
b. documentation of parts ordered to repair leak and leak repaired with 2 days	,			
and parts installed w/in 5 days of receipt?	ANG NO YO			
4. Maintained calibration data? (for applicable direct reading instruments)	אועם אם צם			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN WWA			
6. Maintained startup/shutdown/malfunction plan?	OY 🌠			
7. Maintained deviation reports?	DY DY XVIA			
Problem corrected?	DY DN DWA			
8. Maintained compliance plan, if applicable? > will do	AND MAY 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? 2. Has the facility maintained a leak log? Does the responsible official check the following areas for leaks? Hose connections, fittings, $\square$ Y $\square$ W $\square$ WA couplings, and valves Muck cookers AYMO NO YO Door gaskets and seating DY ON ONA Stills ΦY ON ON/A Filter gaskets and seating DY DN DN/A Exhaust dampers ΦY ON ON/A DY ON ON/A Pumps Diverter valves DY ON ON/A DY ON ON/A Solvent tanks and containers Cartridge filter housings DY ON ON/A Water separators DY ON ON/A 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: □N/A a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ND YD b. Calibrated against a standard gas prior to and after each use (PID/FID only)? DY DN

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

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

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

Inspector's Name (Please Print)

And D. A. Guets H.

Inspector's Name (Please Print)

Date of Inspection

ND YD

 $\Box$ Y  $\Box$ N

UN CN

Approximate Date of Next Inspection

Solvo-miser ST 130 20 gears old transfer machine

has pan. 50 gal/year

Stores perc in pan 
No hatardors waste as Pyet
(hashit Changed Altro)

keeps perc recepts - n

- gave calendar

Is concurrently in the chean up program

Ctalked to Et - his man member is coming up



# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Tempo	Cleaners	DA:	TE: <u>2/23/99</u>
FACILITY LOCATION:	253	oxford Rd	. Frenn Park	
	FL	32730		
Annual Reporting Period:	Dec.	19 <b>9.</b>	TO Feb 2	3 19 <i>99</i>
Eased on each term or condition 62-213.300, Florida Administr			<b>.</b>	n DEP Rule NO
If NO, complete the following:	:			
#1. Term or condition of the g	general permit that b	as not been in continuous c	ompliance during the reporting	period stated above:
Exact period of non-compliant	ce: from	<del></del>	to	
Action(s) taken to achieve con	npliance:	·		
Method used to demonstrate c	ompliance:			
#2. Term or condition of the	general permit that l	has not been in continuous o	ompliance during the reporting	period statel above:
Exact period of non-complian	ice: from			
Action(s) taken to achieve co	mpliance:			Surrainer O
Method used to demonstrate	compliance:			cestoring
made in this notification are	nese, accurate and a snot exceed 2,100 g	complete. Further, my annu	formed after reasonable inquir al consumption of perchloroeth ry facilities or 1,800 gallons per MM M	ylene solvent, bazeć

\*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.

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# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL.	СОМ	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 12:30TIME	оит: <u>/:35</u>	AIRS ID#:	70372
TYPE OF FACILITY: Day()	caning		
FACILITY NAME: Tempo	Jeanos		DATE: 2/23/99
FACILITY LOCATION: 22	3 Oxford R	Told-	
Fcx	n Park x	z. 32730	·
RESPONSIBLE OFFICIAL:	Anhi	PHONE NUMBER:	834-9491
Based on the results of the compliance compliance with DEP Rule 62-213.300	· · · · · ·		lity is found to be in
Based on the results of the compliance discrepancies were noted:	requirements evalua	ted during this inspection, the foll	owing compliance
COMPLIANCE REQUIREMENT	7/PROBLEM	FOLLOW-UP ACTI	ON REQUIRED
		•	
			P
<u> </u>	_	<del>-</del>	
		¢.	St. B. Clay
			Solonia Company
			ice to the
		· · · · · · · · · · · · · · · · · · ·	
<u> </u>			
COMMENTS: USING Calendar-	OK. bun	get 40 gal of	er.
Voing Calendar-		SATE WATER U	S HAZARONS WATE
The Annual Compliance Certification form has	been properly certifi	ed and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION:	2100		<u></u>
		proximate)	
INSPECTION CONDUCTED BY:	SHADIA	QURESH1	
INSPECTOR'S SIGNATURE:		PHONE NUMBER:	407-893-3333
	2000		Revised 10/96
	Page	_of	VEA1260 10/30

### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 1176372 DATE: 2/23/ FACILITY NAME:	PHONE: 834 944
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	rup
2. Facility failed to notify DARM to use general per	· · · · · · · · · · · · · · · · · · ·
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/yr transfer only, x < 200 gai/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, $140 \le x \le 1,300$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification	□Y □N □Can not determine
	neral permit as number above nits and is not eligible for a general permit
facility was A gallons	urchased within the preceding 12 months by this dry cleaning  Re = 20 cml ( new low her)

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?	QY ON ON/A			
2. Examining the containers for leakage?	AND ND YO			
3. Closing and securing machine doors except during loading/unloading?	YEY DN			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Naght changed yet	OY ON COM/A			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON CON/A			
PART IV: PROCESS VENT CONTROLS				
In Part II-A:				
If classification 1 has been checked, no controls are required. Proceed to Part V	7.			
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated condenser			
If classification 3 has been exceeded, 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 refr (complete A and B below).	igerated condenser			
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)				
1. Equipped all machines with the appropriate vent controls?	OY ON			
2. Equipped dry-to-dry machines with a closed-loop vapor vanting 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?	QY QN QN/A			
Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY OM			
<ol> <li>Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?</li> </ol>	□Ү □И □И/А			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON			

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 QN,
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
Ĭ	Is the temperature differential equal to or greater than 20° F?	AVAD ND YD
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?	AVAD ND YD
	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?	QY QN QN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	QY QN QN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN DN/A

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

### PART VI: LEAK DETECTION AND REPAIRS

=							
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			,	ØY		N
2.	Has the facility maintained a leak log?			/	ΔY		N
3.	Does the responsible official check the fo	llowing a	reas for leaks?	,			
	Hose connections, fittings, couplings, and valves	ФY □И	N/A	Muck cookers	ÞΥ	ו אם	□N/A
	Door gaskets and seating	אם אם	AVA 1	Sulls	ÞΥ	מם	ON/A
	Filter gaskets and seating	dy ON	A/ND 1	Exhaust dampers	by	רום ו	□N/A
	Pumps	אם צא	AIND 1	Diverter valves	QY	ИП	□N/A
	Solvent tanks and containers	dy □N	A/ND 1	Cartridge filter housings	þΥ	ПΝ	□N/A
	Water separators	фy Ои	A/ND 1				
<del>1</del> .	Which method of detection is used by th	e responsi	ible official?		/		
	Visual examination (condensed solvent on exterior surfaces)						
	Physical detection (airflow felt through gaskets)						
	Odor (noticeable perc odor)						
	Use of direct-reading instrumentat	ion (FID/I	PID/calorimetric	tubes)			
	Halogen leak detector						
	If using direct-reading instru	ımentatio	n, is the equipm	lent:	עא⊡	'A	
	a. Capable of detecting p	erc vapor	concentrations is	n a range of 0-500 ppm?	QΥ	ПΝ	
	<ul><li>b. Calibrated against a st (PID/FID only)?</li></ul>	andard ga	ss prior to and afi	ter each use	QY	ΩИ	
	c. Inspected for leaks and	d obvious	signs of wear on	a weekly basis?	ΩY	Πи	
	d. Kept in a clean and se	cure area	when not in use?	?	QΥ	ПΝ	
	e. Verified for accuracy	by use of d	iuplicate samples	s (calorimetric only)?	ΩY	ПИ	
_							

Inspector's Name (Please Print)

Date of Inspection

2/3/95

Date of Inspection

Approximate Date of Next Inspection

Mas transfer machine
Says hasn't had any haz. waste yet
how pan for empty thru perspires
machine has pan \_\_

Keeping loop on DEP calerdan Ploor is gravel like -epoxy??

has been "vemoving perc" from kondensati water and thowing away remaining in drainexplained this is hat waste

Thus condensate water pale covered.

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

DATE 4-20-00

BY RL

TYPE OF INSPECTION:

ANNUAL

1

COMPLAINT/DISCOVERY-

RE-INSPECTION

,			
		)0 TIME IN: 12:30 TIME OUT: 110	0
Fab = 10	FACILITY NAME: TEMPO Clea	Ners	
Sep.44210	FACILITY LOCATION: 2230 A OXI		
	Fern Park, 1		
	RESPONSIBLE OFFICIAL: An L;	PHONE: 407=834=949	
	CONTACT NAME:		٠
		The Solution of the Solution o	
	PART I: NOTIFICATION	rce	
	(check appropriate box)	ing.	
,	1. New facility notified DARM 30 days prior to star	tup	נ
	2. Facility failed to notify DARM to use general per	mit C	נ
L			
	PART II: CLASSIFICATION		
	Facility indicated on notification form that it is: (check appropriate box)  A.	☐ No notification form☐ Drop store/out of business/petrolet	ım
	1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$ )	
	3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )	
	5. This is a correct facility classification	□Y □N □Can not determine	
		ation: eral permit as number above its and is not eligible for a general permit	
	B. The total quantity of perchloroethylene (perc) pur facility was <u>not</u> gallons.	rchased within the preceding 12 months by this dry clea	ning

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) AY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? <del>ZY</del> ON ONA 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 Y ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DX/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY DN 1. Equipped all machines with the appropriate vent controls? 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 DY DN condenser on a weekly/bi-weekly basis? 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 DY DN verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:	· · · · · · · · · · · · · · · · · · ·
Measured and recorded the exhaust temperature on the outlet side of the condenser loc on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	cated 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?	DY DN DN/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?	OM ¥M				
2. Maintained rolling monthly averages of perc consumption?	AY ON				
3. Maintained leak detection inspection and repair reports for the following:	,				
a. documentation of leaks repaired w/in 24 hrs? or;	ON ON/A				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	באולם אם צם				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ZIN/A				
5. Maintained exhaust duct monitoring data on perc concentrations?					
6. Maintained startup/shutdown/malfunction plan?	AX ON				
7. Maintained deviation reports?	OY ON PANA				
Problem corrected?	OY ON ZIN/A				
8. Maintained compliance plan, if applicable?	DY DN ZN/A				

### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair $\square N$ inspection? 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY ON ON/A couplings, and valves Muck cookers DY ON ONA DY ON ON/A Stills Door gaskets and seating DY ON ON/A DY ON ON/A Filter gaskets and seating Exhaust dampers DY ON ON/A AVAD AD YE Diverter valves DY ON ON/A Pumps AVAD AD AC Solvent tanks and containers DY ON ONA Cartridge filter housings DY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector DAMA If using direct-reading instrumentation, is the equipment: DY DN 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 DY DN (PID/FID only)?

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

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

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

, \

Inspector's Name (Please Print)

Inspector's Signature

H-20-00
Date of Inspection

DY DN

DY DN

MO AD

4-7001

Approximate Date of Next Inspection

Has Transfer Machine

AIRS ID#:	1	70	3	7	2	

Acc

Revised 01/18/00

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: 7 CMPU	Cleanes		<u>.                                    </u>	DATE: 4-20-00
FACILITY LOCATION:	30xford R	d,		
Fe/1	spark, FL.	32730		<u> </u>
<i>n</i>		19.49	- N a 5	<u> </u>
Annual Reporting Period:		20 TO _	Apri	20@
Based on each term or condition of the	Title V general air permit,	my facility has rema	nined in compliance w	vith DEP Rule
52-213.300, Florida Administrative Coo	le (F.A.C.), during the per	iod covered by this s	statement. YES	S □NO
If NO, complete the following:				
#1. Term or condition of the general pe	rmit that has not been in c	continuous compliand	ce during the reportin	g period stated above:
		·	· ·	
Exact period of non-compliance: from			to	
Action(s) taken to achieve compliance:				·
Method used to demonstrate compliance	e:	·		
#2 Town or condition of the general no			aa during tha nanautin	a namical stated above:
#2. Term or condition of the general pe	mmt that has not been in c	ontinuous compitant	ce during the reporting	g period stated above.
Exact period of non-compliance: from	· · · · · · · · · · · · · · · · · · ·		.0	
Action(s) taken to achieve compliance:				
_				
Method used to demonstrate compliance	·			
As the responsible official, I hereby cert in this notification are true, accurate an	d complete. Further, my o	annual consumption	of perchloroethylene	solvent, based upon
ourchase receipts, does not exceed 2,10 combination facilities.	U gallons per year for dry	-to dry facilities or 1,	,800 gallons per year	for transfer or
RESPONSIBLE OFFICIAL:	Li An		Alu W	Aprildo,d
· · · · · · · · · · · · · · · · · · ·	Name (Please Print)		Signature	Date !

<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL A COM	IPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 12:30	TIME OUT: / CO	AIRS ID#: 1170	372
TYPE OF FACILITY: $\mathcal{D}_{\mathcal{C}_{\mathcal{Y}}}$	Cleaning		
FACILITY NAME: Tempo	Cleaners	DA	ATE: 4:30-00
FACILITY LOCATION: 22	3 0 xford Rdy		
1-11	n Party, FL 32	730	
RESPONSIBLE OFFICIAL:	to Li	PHONE NUMBER:	27-834-9491
/ <b>/</b>	ne compliance requirements evaluale 62-213.300, Florida Administr	ated during this inspection, the facility ative Code (F.A.C.).	is found to be in
Based on the results of the discrepancies were noted	-	ated during this inspection, the following	g compliance
COMPLIANCE REQU	IREMENT/PROBLEM	FOLLOW-UP ACTION	REQUIRED
:			
•		·	•
<del></del>			
·			
COMMENTS:	-,		`
COMMENTS:			
	1-		
IN Com	pliance		
		ied and submitted to the inspector.	YES NOT
DATE OF NEXT INSPECTION	11	,	
= 02 Walk mor bello		pproximate)	
INSPECTION CONDUCTED I		Cung poham	
	2/11/	ease Print)	(17.062-7725
INSPECTOR'S SIGNATURE:	"MAN CF	PHONE NUMBER: 1	V/-412-3333
	Page	of (	Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

	ARMS	UPDATED
l	DATE	5-3-00
	BY R.	e —
7		

COMPLIANCE INSPECTION CHECKLIST ANNUAL TYPE OF INSPECTION: COMPLAINT/DISCOVERY RE-INSPECTION AIRS 10#: 1170072 DATE: 3///00 TIME IN: 12:00 TIME OUT: 12:30 FACILITY NAME: PULL ( LEGALIS FACILITY LOCATION: 954 RESPONSIBLE OFFICIAL: Jon Him PHONE: 407 - 339-8551 PHONE: CONTACT NAME: PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup Bureau of Air Monitoring 2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION Facility indicated on notification form that it is: ☐ No notification form (check appropriate box) ☐ Drop store/out of business/petroleum 2. New small area source 1. Existing small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr transfer only, x < 200 gal/yrboth types, x < 140 gal/yrboth types, x < 140 gal/vr (constructed before 12/9/91) (constructed on or after 12/9/91) 3. Existing large area source 4. New large area source dry-to-dry only,  $140 \le x \le 2,100$  gal/yr dry-to-dry only,  $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only,  $200 \le x \le 1,800$  gal/yr transfer only,  $200 \le x \le 1,800 \text{ gal/yr}$ both types,  $140 \le x \le 1,800 \text{ gal/yr}$ both types,  $140 \le x \le 1,800$  gal/yr (constructed on or after 12/9/91) (constructed before 12/9/91) 5. This is a correct facility classification  $\square$ N DCan not determine If no, please check the appropriate classification: facility qualified for a general permit as number \_\_\_\_\_ above facility exceeds above limits and is not eligible for a general permit

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

facility was 140 gallons.

Burder line

# 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)

verifying that the coolant had been completely charged?

(check appropriate boxes)
 Equipped all machines with the appropriate vent controls?
 Equipped dry-to-dry machines with a closed-loop vapor venting system?
 Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?
 Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?
 Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?
 Conducted all temperature monitoring after an appropriate cooldown period and after

NO WE

B.	Has the responsible official of an existing large or new large area source also:	<del>-</del> <del>-</del> -		
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?	ΔY	) On	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ΠN	□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,		<b>-</b>	
	if machines are equipped with a carbon adsorber?	ЦY	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box$ Y	ΠИ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПИ	□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?	NO VAC
2. Maintained rolling monthly averages of perc consumption?	⊅ <b>a</b> y □n
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 w/in 2 days and parts installed w/in 5 days of receipt?	OY ON PANA
4. Maintained calibration data? (for applicable direct reading instruments)	aya <b>d</b> no yo
5. Maintained exhaust duct monitoring data on perc concentrations?	oy on <b>ø</b> n/a
6. Maintained startup/shutdown/malfunction plan?	₩ DN
7. Maintained deviation reports?	AVÂ <b>X</b> NO YO
Problem corrected?	AVA <b>Q</b> NO YO
8. Maintained compliance plan, if applicable?	OY ON PANA

PA	ART VI: LEAK DETECTION AND	REPAIRS		
1.	Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection ar	ıd repair
	inspection?			DY ON
2.	Has the facility maintained a leak log?	)		MY DN
3.	Does the responsible official check the	following areas for leak	5?	
	Hose connections, fittings, couplings, and valves	dy on ona	Muck cookers	DY ON ON/A
	Door gaskets and seating	אואם אם אם	Stills	אואם אם צם
,	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	אואם אם צם
	Pumps	DY DN DN/A	Diverter valves	DY ON ON/A
	Solvent tanks and containers	ב/אם אם עם	Cartridge filter housings	DY ON ON/A
	Water separators	CY ON ON/A		
4.	Which method of detection is used by	the responsible official?		
	Visual examination (condensed s	solvent on exterior surfac	es)	
	Physical detection (airflow felt th	rough gaskets)		ر ۵
	Odor (noticeable perc odor)			<u>/</u>
	Use of direct-reading instrument	ation (FID/PID/calorime	ric tubes)	
	Halogen leak detector			
	If using direct-reading inst	rumentation, is the equi	pment:	ZN/A
	a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	DY DN
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON
	c. Inspected for leaks as	nd obvious signs of wear	on a weekly basis?	OY ON
	d. Kept in a clean and s	ecure area when not in u	se?	OY ON
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	OY ON
	Randall Cunning	hum	511100	
_	Inspector's Name (Please Pri	nt)	Date of Inspec	ction

5-200 | Approximate Date of Next Inspection

ADDITIONAL SITE INFOR	MATION:		
. •••			
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		•	
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Revised (	11/12	ደ/ሰረ

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#: 170072

FACILITY NAME: PULL Cleaning	DATE: 5///00
FACILITY LOCATION: 954 W. 5R 434	
Longwood, FL 32	750
Annual Reporting Period:	1499 TO April 2000
Based on each term or condition of the Title V general air permit, n	ny facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period	d covered by this statement. TYES NO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in co	ntinuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	<del></del>
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in co	ntinuous 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 as in this notification are true, accurate and complete. Further, my an purchase receipts, does not exceed 2,100 gallons per year for dry-to combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)	nual consumption of perchloroethylene solvent, based upon
Name (Flease Fillit)	Jace Date

<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔯	COMPLAIN	T/DISCOVER	XY 🔲 🕛	RE-INSPEC	LION 🔲
TIME IN: 12:03	IN: 12.03 TIME OUT: 12.30 AIRS ID#: 1170072  SOFFACILITY: Diff Cleaning DATE: 5///00  LITY NAME: Coll Cleaning DATE: 5///00  LITY LOCATION: 454 L. SR. 434  Lity Wood FC 32750  ONSIBLE OFFICIAL: 4555 Ton Kim Phone number: 407-334-8851  Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEF Rule 62-213.300, Florida Administrative Code (F.A.C.).  Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:  OMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED  MENTS:					
TYPE OF FACILITY: DIY	Clean					
2	leaning				DATE: 5//	100
FACILITY LOCATION: 954	W. SR. 434					
Long 0	wood, FC 327	50	:			
RESPONSIBLE OFFICIAL:	Host to J	un Kim	PHONE	NUMBER:	407-334	-8551
Based on the results of the	compliance requirements	evaluated duri	ng this inspec	tion, the facili	y is found to be	in
compliance with DEP Rul	e 62-213.300, Florida Adm	inistrative Co	de (F.A.C.).			
	-	evaluated duri	ng this inspec	tion, the follov	ving compliance	
COMPLIANCE REQUI	REMENT/PROBLE	M	FOLLOW-	UP ACTIO	N REQUIRI	ED
			• • •			
-					<del>"</del>	
		ı				
	•			<del></del>		
			4			
					•	
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· · · · · · · · · · · · · · · · · · ·						,
COMMUNICATION						,
InCompi	iance					
The Annual Compliance Certificati		certified and	submitted to the	ne inspector.	YES	по П
DATE OF NEXT INSPECTION:		·		•	فيسيني	
Or Mark Hot Dellon.		(Approxim	ate)			
INSPECTION CONDUCTED BY	x: Randall Con	ningha	M			
INSPECTOR'S SIGNATURE:	Odell 1-	Please Pr	=	NUMBER:_	407-89	3333
· · · · · · · · · · · · · · · · · · ·		1	/	-		Pavised 10/06
	Pa	$age_{-}^{-1}of_{-}^{-1}$	<u>.                                    </u>			Revised 10/96

(for now)

### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINT/D	ISCOVERY	
1/10372	RE-INSPECTION	1 🗆			
AIRS 10#: 19002621	DATE: 3/13/9	7 TIME :	IN: 2125 1	TIME OUT: _2	21,40
FACILITY NAME:	TEMPO CLEA.	NERS			
FACILITY LOCATION:					
_	FERN PARK,	F2. 3273	ð		
PART I: NOTIFICATION					
(check appropriate box)		HA	S EQUIPMENTS NOT IN OF	VY ZO YRS	025
1. Existing facility notified D					
2. New facility notified DARI	M 30 days prior to start	up CURREA	MLY, A DRO	POFF	
3. Facility failed to notify DA	RM to use general perm	nit LOCA T	10N.		
PART II: CLASSIFICATIO	N				
Facility indicated on notifica (check appropriate box)	tion form that it is:	IF OPER	ATION IS RE	esumes, h	INC
	B	BE ANE	45TING SM	ALL AREA	50URCE
A.  1. Existing small area soudry-to-dry only, x<140 gallyr both types, x<140 gallyr (constructed before 12/9/9)	/yτ ·	2. New small dry-to-dry only transfer only, x both types, x<1 (constructed or	, x<140 gal/ут :<200 gal/ут		
3. Existing large area soudry-to-dry only, 140 <x<2, (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 9)<="" before="" both="" g="" only,="" td="" transfer="" types,=""><td>100 gal/yr O gal/yr <sub>(</sub>al/yr</td><td>transfer only, 2 both types, 140</td><td>area source , 140<x<2, 100="" <br="" gal="">,00<x<1,800 gal="" yr<br="">,<x<1,800 gal="" yr<br="">, or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td>□ /yr</td><td></td></x<2,>	100 gal/yr O gal/yr <sub>(</sub> al/yr	transfer only, 2 both types, 140	area source , 140 <x<2, 100="" <br="" gal="">,00<x<1,800 gal="" yr<br="">,<x<1,800 gal="" yr<br="">, or after 12/9/91)</x<1,800></x<1,800></x<2,>	□ /yr	
This is a correct facility class	ification	OY ON			
If no, please check the approp	priate classification:				
☐ facility qual		it or number	ahove .		
☐ facility exce	ified for a general perm eds above limits and is				

2. Which method of detection is used by t	the respon	sible official?	)		
Visual examination (condensed s	olvent on	exterior surfa	aces)		
Physical detection (airflow felt th	rough gas	skets)	•		
Odor (noticeable perc odor)					
Use of direct-reading instrument	ation (FID	)/PID/calorim	etric tubes)		
If using direct-reading instrum	entation,	is the equip	nent:		·
a. Capable of detecting	perc vapo	or concentration	ons in a range of 0-500 ppm?	ΠY	□и
b. Calibrated against a (PID/FID only)?	standard g	gas prior to ar	nd after each use	ΠY	□N
c. Inspected for leaks ar	nd obviou	s signs of wea	r on a weekly basis?	ПY	ח□
d. Kept in a clean and s	secure area	a when not in	use?	ΠY	□И
e. Verified for accuracy	by use of	duplicate sar	nples (calorimetric only)?	ПY	□N
3. Has the facility maintained a leak log?				ПY	□N
4. Does the responsible official check the	following	g areas for lea	ks?		ľ
Hose connections, fittings, couplings, and valves	ΩY	ПN	Muck cookers	ΩY	□N
Door gaskets and seating	ΠY	ПN	Stills	ΠY	ПN
Filter gaskets and seating	QY	□и	Exhaust dampers	ΠY	ПΝ
Pumps	ФY	□N	Diverter valves	ПY	□и
Solvent tanks and containers	ПY	ПN	Cartridge filter housings	ПY	ПN
Water separators	ПY	ПN			
Name of Responsible Official Cours A. MicHols  This pector's Name (Please Principle)			3/3/97 Date of Inspe	ection	
Your a Michols		<u> </u>		<b>NT T-</b>	
Inspector's Signature			Approximate Date of		
T E TEMPO CLE	PH EANEI	ONE 834-9491	WINTER PAR 161 WEST FA WINTER PAR	K CARBOK, H	LZANERS ANKS AU L., 3278

223 OXFORD ROAD FERN PARK, FL 32730



Speaking

SOLVO MISER SP 130 DRYER

J&T WASHER MED BY FOUR STATE MACHINERY
SOPLIN MISSOURI
WITH SNIFF O MISER MOLI/MOLA

MACHINERY IS NOT PRESENTLY OPERATION - ALL CLOTHES SENT TO WINTER PARK LOCATION.

GAVE MR CHURL PERMIT NOTIFICATION AND EXPLAINED SUBMIT ONE NOW FOR WINTER PARK, ALSO IF THIS PLANT IS RURR STARTED UP AGAIN A GENERAL PERMIT WILL BE NEEDED.

SENDER: COMPLETE of adolavna to dof 1	ov perineux  ov perineux
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Addressee  D. Seelivery address different from item 1?   Yes
Article Addressed to:	If YES, enter delivery address below:
AIRS ID # 1170072 PURE CLEANERS ALBERT Y KO 954 W SR 434	
LONGWOOD FL 32750	3. Service Type  Certified Mail
2333 667 210	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Retu	ırn Receipt 102595-99-M-1789

	Z 333 6	67 210
<b>.</b>	IS Postal Service 3 Receipt for Cert	AID & 111 # 11 /1111/2
ALI 954	RE CLEANERS BERT Y KO W SR 434 NGWOOD FL 32750	7000
Ī	Postage	\$
	Certified Fee	
Ī	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800,	TOTAL Postage & Fees	\$
PS Form <b>3800</b> , April 1995	Postmark or Date	

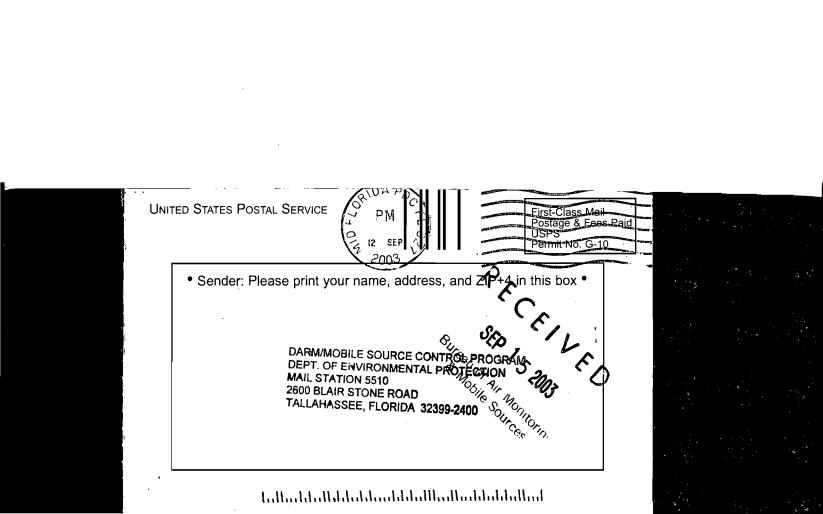


PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	A. Received by (Please Print Clearly) B. Date of Delivery
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.	C. Signature Agent Addressee
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
TO 1170372001AG TEMPO CLEANERS LI AN 223 OXFORD ROAD FERN PARK, FL 32730	
	3. Service Type  Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number [	

Domestic Return Receipt

102595-01-M-1424

PS Form 3811, March 2001





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

420827 DEC192002

7

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 1D#1170372

TEMPO CLEANERS LI AN 223 OXFORD ROAD FERN PARK FL 32730

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

Tempo Cleaners AIRSID# 1170372 2023 Oxford Rd Fern Park, FL3273D





Title V Air General Permits
Receipts
P.O. Box 3070
Tallahassel, FL 3-315-3070

32315+3070 99



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

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

### **TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID # 1170372

**TEMPO CLEANERS** 

223 OXFORD ROAD

FERN PARK FL

32730

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

Temps Cleaners 2023 Oxford Rd Fern Pouck, PL32730



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

399596

### 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

12/12/00

	AIRS ID # 1170372	
TEMPO CLEANERS		
ANI 71	•	
223 OXFORD ROAD FERN PARK FL 32730		

FOR GOVERNMENT USE ONLY:
Org.: 37550101000 FQ: A177 Fund: 20-2-035001
Obj.: 002273



389299

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

| NECEIVED | MAIL ROOM | Property | Nece |

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1170372

TEMPO CLEANERS

223 OXFORD ROAD FERN PARK FL 32730 BOR GOVERNMENT USE ONLY org.: 37550401000 EO: B1 Fund: 20-2-035001

Obj.: 002273