

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

August 18, 1997

Mr. Ralph Ramdihal 2331 South Goldenrod Road Orlando, Florida 32822

Re: Facility No. 0950375

Dear Mr. Ramdihal:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 10, 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, Florida 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/iw

cc: Ms. Marie Driscole, Orange County

\$ 813-99 **Orange County Environmental Protection Department** 0950375 AIRS ID#: DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM R&R Cleaners FACILITY LOCATION: 2331 S. Goldensod Rd. 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 Administrativé Code (F.A.C.), during the period covered by this statement. ZYES 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 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 Action(s) taken to achieve compliance: Method used to demonstrate compliance:

RESPONSIBLE OFFICIAL:

Name (Please Print)

Signature

Date

year for transfer or combination facilities.

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per

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

Page of ____

1/8/49

PERCIILOROETHYLENE DRY CLEANERS TITLE Y GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION;	RE-INSPECTION		COMPLAINIDI	SCOVERT	
AIRS ID#: 0950375 FACILITY NAME:R	\$ R Dry Clea	aners	·		0940_
n .	Orlando, FL	328	822		
RESPONSIBLE OFFICIAL CONTACT NAME:	• 1				
PART I: NOTIFICATION	3,				
(check appropriate box) 1. New facility notified DARI 2. Facility failed to notify DA			: <u> </u>		a a
PART II: CLASSIFICATIO	N			•	
Facility indicated on notifier (check appropriate box) A.			□ No notification □ Drop store/out	of business/pe	trolenn
1. Existing small area sord dry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/9)	ll/yr dr yr tr bo	ansfer only, x oth types, x <	, x < 140 gal/yr : < 200 gal/yr		
3. Existing large area so dry-to-dry only, $140 \le x \le 1$ transfer only, $200 \le x \le 1$, both types, $140 \le x \le 1,800$ (constructed before 12/9/9)	2,100 gal/yr di 800 gal/yr tr 0 gal/yr bo	ry-to-dry only ansfer only, 2 oth types, 140	area source $140 \le x \le 2,100 \text{ ga}$ $100 \le x \le 1,800 \text{ ga}$ $10 \le x \le 1,800 \text{ ga}$ 10 or after 12/9/91		
☐ . fac	classification classification ac appropriate classification ility qualified for a generality exceeds above limits	al permit as n		bovc	
B. The total quantity of percl facility was	nloroethylene (perc) purcl	Υ.			y cleaning

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	MY ON ON/A
2. Examining the containers for leakage?	MY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	r on
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	DY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN DN/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 refu (complete ${f A}$ below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mainstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refu (complete ${\bf A}$ and ${\bf B}$ below).	rigerated 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 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/bi-weekly basis?	ОҮ ОИ
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A
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?	∵ □ Y	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	_. \square Y	Ωи	□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?	CΙΥ	□и	□n/a
	Is the perc concentration equal to or less than 100 ppm?	ΩY	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, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	·ΩΥ	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	מאַץ נווא
2. Maintained rolling monthly total of pere consumption?	ØY □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	MA CIN CIN/Y
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	dy on on/a
4. Maintained calibration data? (for applicable direct reading instruments)	איאס אם אס
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A
6. Maintained startup/shutdown/malfunction plan?	ory □n
7. Maintained deviation reports?	DY DN BNA
Problem corrected?	OY ON WN/A
8. Maintained compliance plan, if applicable?	OY ON ON/A

PA	RT VI: LEAK DETECTION AND R	EPAIRS	•			
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					air
	inspection?	100			CY	ПΝ
2.	Has the facility maintained a leak log?				ΦÝ	ПИ
3.	Does the responsible official check the f	following ar	cas for leaks?			
	Hose connections, sittings, couplings, and valves	ey on	□N/A	Muck cookers	ØΥ	□N □N/A
	Door gaskets and scatting	OÝ ON	□N/A	Stills	ΔÝ	□N □N/A
	Filter gaskets and seating	QÝ ON	□N/A	Exhaust dampers	ØY	□N □N/A
	Pumps	MY ON	□N/A	Diverter valves	ØΥ	□N □N/A
	Solvent tanks and containers	MO A DI	□N/A	Cartridge filter housings	۵Y	□N □N/A
	Water separators	OY ON	□N/A			
4.	Which method of detection is used by the	ne responsib	ole official?			
	Visual examination (condensed so	olvent on ex	terior surfaces)		1	
	Physical detection (airflow feit thr	rough gaske	ts)		Q	
	Odor (noticeable perc odor)			** 🔪	Q	
	Use of direct-reading instrumenta	tion (FID/P	ID/calorimetric	tubes)	а	
	Halogen leak detector				ū	
	If using direct-reading instra	umentation	, is the equipm	ent:	DZN.	/A
	a. Capable of detecting p	perc vapor c	concentrations in	n a range of 0-500 ppm?	ΠY	DИ
	b. Calibrated against a s (PID/FID only)?	tandard gas	prior to and aft	er each use	ΩY	ΩИ
	c. Inspected for leaks an	d obvious s	igns of wear on	a weekly basis?	ΩY	ПN
	d. Kept in a clean and so	ccure area y	vhen not in use?		ΩY	ΩΝ
	e. Verified for accuracy	by use of di	ipilicate samples	(calorimetric only)?	ΩY	ΩΝ
	: 	· :				
	·					
_	Ilka Bundy					
	Inspector's Name (Please Prin	nt)		Date of Inspe	ection	
	Ilka Bunda			1/6/20	∞	
_	Inspector's Signature			Approximate Date of	Next	Inspection

30.37

ADDITIONAL SITE INFORMATION:

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL 🗸 COM	PLAINT/DISCOVERY .	RE-INSPECTION
TIME IN: 0915	10AIRS ID#: 0950	375
TYPE OF FACILITY: Dry Cleaner		
FACILITY NAME: R&R Dry Cleaners	DA	TE: 1/6/7999
FACILITY LOCATION: 2331 S. Goldenrad F	₹d	
Orlando, FL 32822		
RESPONSIBLE OFFICIAL: Ralph Randihal	PHONE NUMBER: 40	7-282-6790
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra		found to be in
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the following	; compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION	REQUIRED
	•	
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	e de la companya del companya de la companya del companya de la co	÷
		2-**
		۸,
		•
COMMENTS:		<u> </u>
Facility in compliance		
The Annual Compliance Certification form has been properly certification	led and submitted to the inspector.	YES NOD
DATE OF NEXT INSPECTION: 1/6/200		,
	proximate)	
INSPECTION CONDUCTED BY: The Bi	And Lease Print)	
INSPECTOR'S SIGNATURE: Mea Bundy	PHONE NUMBER:	136-9524
V Page_1	_of <u>\</u> .	Revised 10/96

... V

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	ON G
AIRS ID#: 0950375 DATE: 1/12	2/98 TIME IN: 10:45 TIME OUT: 11:15
FACILITY NAME: R R INVY	Cleaners
FACILITY LOCATION: 7331 S	. Goldenvod Rd
Ovlanda	o F1
	Randchal MONE: 407-282-6790
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	artup Ü
2. Facility failed to notify DARM to use general pe	ermit U
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	
A. 1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	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 $12/9/91$) Ty $\square N$ \square Can not determine fication:
5. This is a correct facility classification	GY ON OCAN not determine Ources
If no, please check the appropriate classif facility qualified for a g facility exceeds above I	fication: general permit as number above imits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) facility wasQO_ gallons.	purchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? 2. Examining the containers for leakage? LIY UN UNIA DY UN Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at אאם אם אוא 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 UN GN/Y 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) UY UN 1. Equipped all machines with the appropriate vent controls? A'NE NE YE 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated UY UN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY UN UNIX condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after UY UN 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?	ŪΥ	UN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ÜΥ	ПN	ÜN∕∧
	Is the temperature differential equal to or greater than 20° F?	ШY	ИП	□N/A
3.	Measured and recorded the pere 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?	LIY	UN	UN/A
	Is the perc concentration equal to or less than 100 ppm?	ШΥ	ПN	□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?	ÜΥ	ÜN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ÜΥ	ÜN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ŪΫ́	ΠИ	עאַט
n.	PTV. DECORDING PROJUNGATION			
X'/	ART V: RECORDKEEPING REQUIREMENTS			

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	ON ON
2. Maintained rolling monthly total of perc consumption?	אט אבט אבט
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	עארח אים גים
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	0
4. Maintained calibration data? Gor applicable direct reading instruments)	OY ON ON
5. Maintained exhaust duct monitoring data on perc concentrations?	CIY UN CANIV
6. Maintained startup/shutdown/malfunction plan?	בא טא .
7. Maintained deviation reports?	רוא מא מאיע
Problem corrected?	בוא בוא באוא
8. Maintained compliance plan, if applicable?	טא טט פאיע

PART VI	: LEAK DETECTION AND RI	EPAIRS		
I. Does th	he responsible official conduct a w	eckly (for small source	s, bi-weckly) leak detection ar	nd repair
inspect	tion?		,	מט אט
2. Has the	c facility maintained a leak log?			OY ON
3. Does th	he responsible official check the fo	ollowing areas for leaks	?	
	Jose connections, fittings,			
	couplings, and valves	(A) (IN (IN/V	Muck cookers	EXY ON ON/A
E	Door gaskets and scating	GY ON ONIV	Stills	DY DN DN/A
F	ilter gaskets and scating	DY ON ONIA	Exhaust dampers	Q. UN UNIV
P	² umps	QA ON ONV	Diverter valves	Y UN UN/A
S	solvent tanks and containers	CA ON ONIV	Cartridge filter housings	DY ON ON/A
V	Vater separators	DY DN DN/A		
4. Which	method of detection is used by the	e responsible official?		/
7	Visual examination (condensed sol	vent on exterior surfac	cs)	C2/
P	Physical detection (airflow felt thro	ough gaskets)		
	Odor (noticeable perc odor)			
J	Jse of direct-reading instrumentat	ion (FID/PID/calorimet	tric tubes)	ü
Į-	lalogen leak detector			Ü
	If using direct-reading instru	mentation, is the equi	pment:	UNIA
	a. Capable of detecting p	ere vapor concentration	is in a range of 0-500 ppm?	מט אט
	b. Calibrated against a st (PJD/FID only)?	andard gas prior to and	l after each use	ÜY ÜN
	c. Inspected for leaks and	Lobvious signs of wear	on a weekly basis?	CIY ON
	d. Kept in a clean and se	cure area when not in a	ısc'?	LIY UN
	e. Verified for accuracy t	by use of duplicate same	ples (calorimetric only)?	UY UN
	Walter Control of the			
		1	l ,	
	Inspector's Name (Please Prin		Data (Clurch	<u>98</u>
	Inspector's tvalle (Flease Fine		. Date of map	20(10)1
	dollate	lc	1/12	199
	Inspector's Signature		Approximate Date of	Next Inspection

ADDITIONAL SITE INFORMATION:	
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMPLA	INT/DISCOVERY	RI	E-INSPECTION
TIME IN: 10: 45	TIME OUT:	11:15	AIRS I	D#: 0950	375
TYPE OF FACILITY:	Dry Clean	ivis	· .		
FACILITY NAME:	R+R Dry	Clear	Lers		E: 1/12/98
FACILITY LOCATION:	2331 S. G	oldenv	od Rd		
	Ovlando	<u> Fl.</u>			
RESPONSIBLE OFFICIAL:	Kalph Kand	hal	PHONE N	UMBER:(407	282-6790
compliance with DEP R		dministrative	Code (F.A.C.).	n, the following c	compliance
Leak Detect up to Dat	ion Not				
	: -				
<i>(</i>					
			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
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· · · · · · · · · · · · · · · · · · ·	*	•			
	·				
•					
·					
COMMENTS:					
1 /2					
e.			•		
The Annual Compliance Certific	eation form has been reco	arly partified a	ad submitted to the	inspector	YES NOW
•		erry certified at		mspector.	TESNO[p
DATE OF NEXT INSPECTIO	'N:		imate)		
INSPECTION CONDUCTED	BY:	ODD (Please	Fletc	hey	
INSPECTOR'S SIGNATURE	Add It	det		umber: 8	36-9524

Revised 10/96

0950375 P13

Perchloroethylene Dry Cleaning Facility Notification

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

· · · · · · · · · · · · · · · · · · ·
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
REIR CLEANERS INC
2. Site Name (For example plant/name or number):
SAME RER CLEANERS. THE
3. Hazardous Waste Generator Identification Number:
4. Facility Location: 2331 - S. Golden Rod Rd Street Address: 2331 - S. Golden Rd
4. Facility Location: Street Address: City: ORLANDO County: Count
5. Facility Identification Number (DEP Use ONLY - do not fill in):
Responsible Official
6. Name and Title of Responsible Official:
Name: RALPH RAMDIHAL. Title: OWNER.
7. Responsible Official Mailing Address:
Organization/Firm:
Street Address: City: ORLANDO J 33/-S-Jolo County: ORLANDO J 33/-S-Jolo County: ORLANDO J 33/-S-Jolo County: ORLANDO J 33/-S-Jolo County: County: ORLANDO J 33/-S-Jolo County: County: ORLANDO Sip County: Telephone: (40f - 282-6790 Fax: ()
OKLANIO of 311 (SEA ROOK) OKANIGO 38022
8. Responsible Official Telephone Number:
Telephone. (404 - 281-6776 Tax. (
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

JUL 1 0 1997

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 from the manufacturer, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ΙĐ	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
Dry-to-Dry Unit		109-1	72-87	30				refort in	
(1) w/ ref. condenser	(I)	Sintiffe	T RR. 6	5					
(2) w/ carbon adsorber			09-23-87						
(3) w/ no controls									
Washer Unit	3000		of street (th					9.8,8585, 57. J	
(4) w/ ref. condenser	<u> </u>								
(5) w/ carbon adsorber	<u> </u>			<u> </u>					
(6) w/ no controls		<u></u>	L						<u> </u>
Dryer Unit	湯鄉		Constant testina	MA			166		
(7) w/ ref. condenser				ļ					
(8) w/ carbon adsorber	ļ								
(9) w/ no controls							18 s. sau		1 200 1 200
Reclaimer Unit	district.	Selfentine e en la ci		製物	放性的有限/2010 安徽/	is in the second	2003 P	ktalikisen ei	SHOP BEAR
(10) w/ ref. condenser	ļ			<u> </u>					<u> </u>
(11) w/carbon adsorber	<u> </u>								
(12) w/ no controls		<u>L.</u>		ļ.,,			<u>. </u>		
(b) Control devices are (c) No control devices 2.(a) What was the total of the following formula (b) If less than 12 mon Check why it is less	are requant gallo	equired to be ity of perchlons (You mu ow many? [_	e installed (ex oroethylene (ust fill this in	xisting (perc)	g small area) purchased c	or consumed			
3. What is the facility's so (Indicate with an "X". Existing small an	Selec	ct one classif	ication only,)	initions foun nall area sou		3) of	Part II?	
Existing large ar	ea so	urce [}	N	ew la	rge area som	ce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required (Indicate with an "X".)	ired on machines	pursuant	to section (5) of Par	rt II of t	his notificat	ion form?
Existing large area source Carbon adsorber	[] ·	OR	Refrigerated cond	enser		
New small area source Refrigerated condenser						
New large area source Refrigerated condenser						
				·		·
5. A facility which contains non-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such the such that the such t	that all steam and	d hot wat				
All steam and hot water generating boiler HP or less) and are fired by sulfur.						
All steam and hot water generating No such units on-site	units exempt			·		
Equipm	ent Monitoring a	and Reco	rdkeeping Inform	ation		
Check all logs which are required t	o be kept on-site	in accord	ance with the requi	rements	of this gene	eral permit:
(a) Purchase receipts and solvent p	urchases			<u>[X</u>]		
(b) Leak detection inspection and r	epair					
(c) Refrigerated condenser tempera	ature monitoring					
(d) Carbon adsorber exhaust perc of	concentration mor	nitoring				
(e) Instrument calibration				[]		
(f) Start-up, shutdown, malfunction	n plan					

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

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)
\bigotimes	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen 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 is 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	amptly notify the Department of any changes to the information contained in this notification. The stand Late Date

<i>⇔</i> • •	-		GENERAL PERMIT MARY REPORT	\mathcal{V}
TYPE OF INSPECTION:	ANNUAL	СОМР	LAINT/DISCOVERY	RE-INSPECTION
TIME IN: 0930 TYPE OF FACILITY:	TIME OUT:	10 H	AIRS ID#: 09.	50375
FACILITY NAME:		eane olden Fl	1 6 1	DATE: 7/2/97
RESPONSIBLE OFFICIAL:	Ralph Ramd	راطم	PHONE NUMBER:_	282-6790
Based on the results of discrepancies were note	Rule 62-213.300, Florida Acthe compliance requiremented:	dministrati ts evaluate	d during this inspection, the follo	wing compliance
No Rolling Pe			FOLLOW-UP ACTIO	ON REQUIRED
No leak Detec	tion Log			
No Correctiv	e Action For	n		,
	. ·	× .		
			`	
				:, · · · · · · · · · · · · · · · · · · ·
COMMENTS:	\			
4				,
The Annual Compliance Certifi	cation form has been proper	ly certifie	d and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTIO	<u> </u>	1/2	198	

PHONE NUMBER: 836-9524

Please Print)

Orange County Environmental Protection Department

PERCHLOROETHYLENE DRY CLEANERS

TTULE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	U COMPLAIRTEDISCÒVER LI	r u
	ROR Duy 2331	7 TIME IN: 0930 TIME OUT Cleaners S. Goldenrod Rd Fl	
PARTI: NOTHICATION			
(check appropriate box)			
1. Existing facility notified D/	•		Ü .
2. New facility notified DARN		•	13/
3. Facility failed to notify DA	CM to use general peri	1111	ua J
PART II: CLASSIFICATIO			N. C.
Facility indicated on notifica		the control of the transfer of the control of the c	
(check appropriate box)			
A. 1. Existing small area so dry-to-dry only, x<140 gal transfer only, x<200 gal/y both types, x<140 gal/yr (constructed before 12/9/9	/yr r	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 so dry-to-dry only, 140 <x<2, (constructed="" 12="" 140<x<1,800="" 200<x<1,80="" 5<="" 9="" before="" both="" only,="" td="" transfer="" types,=""><td>, 100 gal/yr 00 gal/yr gal/yr</td><td>d. New large area source dry-to-dry only, 140 < x < 2, 100 gal/yr transfer only, 200 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr (constructed on or after 12/9/91)</td><td></td></x<2,>	, 100 gal/yr 00 gal/yr gal/yr	d. New large area source dry-to-dry only, 140 < x < 2, 100 gal/yr transfer only, 200 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr (constructed on or after 12/9/91)	
This is a correct facility clas	ssification	פאץ כזאו	
If no, please check the appr	opriate classification:		
☐ facility qui	allfied for a general perceeds above fimits and	init as minberabove is not eligible for a general permit	
B. The total quantity of per facility was <u>GO</u> gall	chloroethylene (perc) pons.	ourchased within the preceding 12 months by	this dry cleaning

Revised 10/28/96

PART III: GENERAL CONTROL REQUIREMENTS							
Is the responsible official of the dry cleaning facility: (check appropriate boxes)							
1. Storing perchloroethylene in tightly scaled and impervious containers?	LIS LIN PIA						
2. Examining the containers for leakage?	UY UN N/A						
3. Closing and securing machine doors except during loading/unloading?	LJY LIN						
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	WY UN						
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	UY UN WAIA						
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 refu (complete \hat{A} and B below).	rigerated 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?	LIY LIN						
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	בוץ בוא בוא/ג						
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	LIY LIN CINIA						
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	UY UN						
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	מץ כוא						
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	UY ÜN						

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?	CIY	ĽIN	۱۱۸
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	UY UY	ПИ	Alu
	Is the temperature differential equal to or greater than 20" F?	ÜΥ	ИN	N)r.
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?	ÜΥ	מט	VINE
	Is the pere concentration equal to or less than 100 ppm?	ШΥ	UN	Alm
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?	LIV	ИП	ه ا در
		٥.	٥١١	/ / ~
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ÜΥ	ПN	ſΨ(V
6.	Routed airflow to the carbon adsorber (if used) at all times?	ÜΥ	ÜN	ΩΨ/Λ

PART V: RECORDREEPING REQUIREMENTS	
Has the responsible official: ; (check appropriate boxes)	/
1. Maintained receipts for perc purchased?	מא אט
2. Maintained rolling monthly averages of perc consumption?	LIY LIM
3. Maintained leak detection inspection and repair reports for the following:	/
a. documentation of leaks repaired w/in 24 hrs7 or;	CIA RUM
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	. מאט אט
4. Maintained calibration data? For direct reading instruments only)	מא מא אוע אוט
5. Maintained exhaust duct monitoring data on perc concentrations?	אן א אט אט
6. Maintained startup/shutdown/malfunction plan?	UN LIN
7. Maintained deviation reports?	UY UN
Problem corrected?	UY BN
8. Maintained compliance plan, if applicable?	אואלים אנו אנו

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

PART VI: LEAK DETECTION AND REPAIRS

2.	Which method of detection is used by th	e responsi	ble offic	ial?						
	Visual examination (condensed so	ET.								
	Physical detection (airflow felt three									
	Odor (noticeable perc odor)				U					
	Use of direct-reading instrumental	ion (FHD/I	PID/calo	rimetrie tubes)		ì				
	If using direct-reading instrumentation, is the equipment:									
	a. Capable of detecting p	ere vapor	concent	rations in a range of 0-500 ppm?	CLX CIV	.				
	b. Calibrated against a st (PID/FID only)?	andard ga	s prior (o and after each use	מט ענז	1				
	c. Inspected for leaks and	anoivdo l	signs of	wear on a weekly basis?	מט אט					
d. Kept in a clean and secure area when not in use?						1				
	e. Verified for accuracy	CIY UN								
3.	3. Has the facility maintained a leak log?									
4.	Does the responsible official check the	following	areas for	r leaks?						
	Hose connections, fittings, couplings, and valves	σγ	ŪN	Muck cookers	ØY	ПΝ				
	Door gaskets and scating	CXX	ШΝ	Stills	LTY	LIM				
	Filter gaskets and scating	EZY.	ИU	Exhaust dampers	CY	ON				
	Pumps	ĽΥ	ПИ	Diverter valves	UY ,	ÜМ				
	Solvent tanks and containers	ЦХ	ПN	Cartridge filter housing	gs CIX	ON				
	Water separators	ĊΑ	UИ		The state of the s					

Name of Responsible Official

Todd Fletcher

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	AIRS ID#0950375 R & R CLEANERS INC RALPH RAMDIHAL 2331 S GOLDENROD ROAD ORLANDO FL 32822	JAN 2	EIVED 6 1998
	Do NOT Remove Label	Bureau of Ai & Mobile	•
Annual Reporting Period: / - /			
	V general air permit, my facility has remained A.C.), during the period covered by this statem	^	n DEP Rule
If NO, complete the following:			
#1. Term or condition of the general permit	that has not been in continuous compliance du	ing the reporting p	period stated above:
Exact period of non-compliance: from	to		2 AE
Action(s) taken to achieve compliance:	, 		N 22
Method used to demonstrate compliance:		·	VEI)
#2. Term or condition of the general permit	that has not been in continuous compliance dur	ing the reporting p	period stated above:
Exact period of non-compliance: from	to		
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
notification are true, accurate and complete. Fu	d on information and belief formed after reasonab orther, my annual consumption of perchloroethyle odry facilities or 1,800 gallons per year for transfe	ne solvent, based up	on purchase receipts,

Signature

Date

Name (Please Print)

RESPONSIBLE OFFICIAL:

^{*}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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	a	COMPLAINT/DIS	SCOVERY •
	RE-INSPECTION	_ 		N
	·			o m
AIRS ID#: <u>0950375</u> FACILITY NAME:R FACILITY LOCATION: RESPONSIBLE OFFICIAL CONTACT NAME:	\$ R Dry 1 2331 S. C Orlando, F.	Cleaners Soldenro L 3282 nd; hal	5 od Rd. 22	MARODINE Sources 282 - 6790
PART I: NOTIFICATION		·		
(check appropriate box)				
I. New facility notified DARM	M 30 days prior to startup			o.
2. Facility failed to notify DA	RM to use general permit	1		<u> </u>
PART II: CLASSIFICATIO	N			
Facility indicated on notifica	tion form that it is:		☐ No notification	
(check appropriate box)			☐ Drop store/out o	of business/petroleum
A. 1. Existing small area soundry-to-dry only, x < 140 gastransfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	l/yr dr r tra bo	New small are y-to-dry only, x ansfer only, x < oth types, x < 14 onstructed on o	x < 140 gal/yr 200 gal/yr	
3. Existing large area sou dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1.8$ both types, $140 \le x \le 1.800$ (constructed before $12/9/91$	2,100 gal/yr dr 000 gal/yr tra 0 gal/yr bo	ansfer only, 200 oth types, $140 \le$	ea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$	
5. This is a correct facility of	classification 🗹	Y ON	☐Can not determine	ne

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON DYNA 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 QY QN QN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the OY ON ON/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 □Y □N 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?	ated 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?	ON PE
2. Maintained rolling monthly total of perc consumption?	eay □n
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ØY □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?	OY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON DAN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DAN/A
6. Maintained startup/shutdown/malfunction plan?	EN ON
7. Maintained deviation reports?	OY ON CHY/A
Problem corrected?	מאוצים אם צם.
8. Maintained compliance plan, if applicable?	OY ON ON/A

PART VI: LEAK-DETECTION AND REPAIRS

- 1	der vir beineserberton misk					•
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?				DZY.	ПN
2.	Has the facility maintained a leak log?			1	Ø Y	□N
3.	Does the responsible official check the f	ollowing ar	eas for leaks?			
	Hose connections, fittings, couplings, and valves	MA ON	□N/A	Muck cookers	N C	IN □N/A
	Door gaskets and seating	MY ON	□N/A	Stills	ely c	N □N/A
	Filter gaskets and seating	DY ON	□N/A	Exhaust dampers	DZY C	N □N/A
	Pumps	MA ON	□N/A	Diverter valves	GAX C	N □N/A
	Solvent tanks and containers	MO AM	□N/A	Cartridge filter housings	ery c	N/A □N/A
	Water separators	ØY ON	□N/A	•		
4.	Which method of detection is used by th	e responsib	le official?			•
	Visual examination (condensed so	lvent on ext	terior surfaces)		Œ	
	Physical detection (airflow felt thro	ough gasket	ts)			
Odor (noticeable perc odor)						
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector					
	If using direct-reading instru	mentation,	, is the equipme	ent:	©N/A	
	a. Capable of detecting po	erc vapor c	oncentrations in	a range of 0-500 ppm?		NE
	b. Calibrated against a sta (PID/FID only)?	ındard gas ı	prior to and afte	r each use		אנ
	c. Inspected for leaks and	l obvious si	gns of wear on a	a weekly basis?		אנ
	d. Kept in a clean and sec	ure area wl	hen not in use?			אנ
	e. Verified for accuracy b	y use of du	plicate samples	(calorimetric only)?		מב

Ilka Bundy	01-14-00		
Inspector's Name (Please Print)	Date of Inspection		
Illa Bundy	01-14-01		
Inspector's Signature	Approximate Date of Next Inspection		

 		CYMM	****	~ * * * *	
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ווועט	UNAL		TIAL OF	MATERIAL PROPERTY.	

Orange County Environmental Protection Department

RESPONSIBLE OFFICIAL:	Name (Please Print)	AMDIHAL	Jan Sig	nature		2000 ate
As the responsible official, I hereby cert made in this notification are true, accur upon rolling averages of purchase recei year for transfer or combination facilitie	ate and complete. F pts, does not exceed	urther, my annua	l consumption	of perchloroethy	ylene solvent,	based
Method used to demonstrate compliance	:	· 				
Action(s) taken to achieve compliance:						
Exact period of non-compliance: from			to			
#2. Term or condition of the general pe	rmit that has not bee	n in continuous c	ompliance du	ing the reporting	g period stated	i above:
Method used to demonstrate compliance	: :					
Action(s) taken to achieve compliance:						
Exact period of non-compliance: from			to			_
#1. Term or condition of the general pe	rmit that has not bee	n in continuous c	ompliance du	ring the reporting	g period stated	d above:
If NO, complete the following:				t		
Based on each term or condition of the 62-213.300, Florida Administrative Coo					ith DEP Rule	
Annual Reporting Period: JAN		19 <u>99</u>	то	JAN. 14		<u> </u>
Orlai	ndo, FL	32822				
FACILITY LOCATION: 2331). Gold	denrod 1	Kd.		•	
FACILITY NAME: R & R	Dry Clea	iners	n ,	D.	ATE:	14/20
DRY CLI	EANER AIR (UAL COMPLIA	QUALITY O	GENERAL FICATION	PERMIT FORM	ACC	1-20-00
AIRS ID#: <u>0950375</u>					Revise	2d 10/10/96 Λεης

^{*}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 V	APLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1305 TIME OUT: 13	35 AIRS ID#: 0950375
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: R & R Dry Cleaners	₹DATE: 01-14-00
FACILITY LOCATION: 2331 S. Goldenrod	
Orlando, FL 32822	
RESPONSIBLE OFFICIAL: Ralph Kamdihal	PHONE NUMBER: 407-282-6790
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administration	•
Based on the results of the compliance requirements evalu discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	. *
	.:
	•
0. 1.7	
Obj. C. C.	
	·
COMMENTS:	
Facility in compliance.	
The Annual Compliance Certification form has been properly certi	fied and submitted to the inspector. YES V NO
,	-14-01
(A)	pproximate) Rundy
INSPECTION CONDUCTED BY: Ika	00110 4
INSPECTOR'S SIGNATURE: Alla Bund	PHONE NUMBER: 836-1400
· · · · · · · · · · · · · · · · · · ·	/ 1
Page_	of . Revised 10/96



Department of Environmental Protection

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

David B. Struhs Secretary

January 25, 2000

Mr. Ralph Ramdihal R & R Cleaners 2331 South Goldenrod Road Orlando, Florida 32822

Dear Mr. Ramdihal:

Jier 345 \$0950345

Thank you for your January 21 telephone call at which time you requested verification of R & R Cleaners participation in the Title V air general permit program.

Under Rule 213.300, Florida Administrative Code (F.A.C.), perchloroethylene dry cleaning facilities may use the Title V air general permit provided the facility meets the eligibility criteria and, throughout the term of the general permit, maintains its eligibility to use the general permit and complies with all terms and conditions of the general permit.

Our records indicate that R & R Cleaners is currently in compliance with the terms and conditions of the Title V air general permit.

Invoices for the annual operation fee of \$50.00 were mailed to drycleaning facilities in early December. This fee is due and payable annually between January 15 and March 1 for the preceding year which the facility was in operation and subject to the requirements of the general permit.

For your convenience, I am enclosing a notification form in case you choose to open an additional drycleaning facility. If you need additional assistance or have any questions concerning the Title V air general permit program please contact me at 850/921-9583.

Sincerely,

Sandra Bowman

Mobile Source Control Section

Enclosure

SB\

PERCHLOROETHYLENE DRY CLEANERS

AKMS	<i>J</i> \$
2-1-01	dy

TVDE	OE	INSPECT	·IANI-
2 2 5 2		13301 66.1	11/11/

TITLEV	IYLENE DRY CLEANERS GENERAL PERMIT INSPECTION CHECKLIST	ARMS 1/5 2-1-01
TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY	•
RE-INSPECTIO	DN D	CIL
AIRS 10#: 0950375 DATE: 2-1-0	(6) //	De .
FACILITY NAME: R&R Dry	Cleaners Sunonia	
FACILITY LOCATION: 2331 S.	Goldenrod Road	%
Orlando	, FL 32822	
RESPONSIBLE OFFICIAL: Ralph Ray	mdihal PHONE: 407-282-6790	
CONTACT NAME:	PHONE:	
PART I: NOTIFICATION		
(check appropriate box)		IN
1. New facility notified DARM 30 days prior to star	**	
2. Facility failed to notify DARM to use general per	rmit O	
PART II: CLASSIFICATION	•	
Facility indicated on notification form that it is:	☐ No notification form	
(check appropriate box)	☐ Drop store/out of business/petrolem	en
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/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	
(constructed before 12/9/91)	(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	MY ON OCan not determine	
If no, please check the appropriate classific facility qualified for a get facility exceeds above lin	•	

gallons.

facility was

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

136 gallons

•	
PART III: GENERAL CONTROL REQUIREMENTS	·
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	DAY ON ON/A
2. Examining the containers for leakage?	OY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	DAY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	LEY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	CIY ON EMIA
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	v
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber maprior to September 22, 1993	~
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area source (check appropriate boxes)	Si
Equipped all machines with the appropriate vent controls?	ОУ ОИ
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	מ/אם אם עם
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
Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	מס אם
Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A
Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	מא מיט

<u></u>				
₽B i	. 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	ПЙ	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ŪΥ	ПN	UN/A
	Is the temperature differential equal to or greater than 20° F?	ЦY	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			,
	if machines are equipped with a carbon adsorber?	ÜΥ	ПN	DN/V
	Is the perc concentration equal to or less than 100 ppm?	·ΩΥ	ПΝ	UN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	QΥ	ПN	UN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	· (C) Y	ПN	□n/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Flas the responsible official:	. ,				
(check appropriate boxes)	,				
1. Maintained receipts for perc purchased?	ENY CIN				
2. Maintained rolling monthly total of perc consumption?	COY ON				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or,	DY DN DWA				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days					
and parts installed w/in 5 days of receipt?	CIY CIN COMIA				
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN CHY/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DINA				
6. Maintained startup/shutdown/malfunction plan?	OY ON				
7. Maintained deviation reports?	CIY ON UNIA				
Problem corrected?	DY DN GW/A				
8. Maintained compliance plan, if applicable?	מואבט אם צום				

PART VI: LEAR DETECTION AND I	CELVICO		
1. Does the responsible official conduct a	weekly (for small source	s, bi-weekly) leak detection ar	ad repair
inspection?			WY ON
2. Has the facility maintained a leak log?			UY ON
3. Does the responsible official check the	following areas for leaks	?	
Hose connections, fittings, couplings, and valves	מא טו טואיע	Muck cookers	er on ona
Door gaskets and seating	MY ON ON/A	Stills	DY ON ON/A
Filter gaskets and seating	MA ON ONIV	Exhaust dampers	EN ON ON/A
Pumps	EY ON ON/A	Diverter valves	BAY ON ON/A
Solvent tanks and containers	מאַם אם אַאַ	Cartridge filter housings	DY ON ON/A
Water separators	BY ON ON/A		•
4. Which method of detection is used by t	he responsible official?		
Visual examination (condensed solvent on exterior surfaces)			4
Physical detection (airflow felt th	rough gaskets)		a
Odor (noticeable perc odor)			۵
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			a
Halogen leak detector			Q
If using direct-reading instr	umentation, is the equip	pment:	MINIA
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			OY ON
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			OY ON
c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	OY ON
d. Kept in a clean and secure area when not in use?			OY ON
e. Verified for accuracy	by use of duplicate samp	ples (calorimetric only)?	DY ON
·			
Ilka Bundy		2-1-01	
Inspector's Name (Please Prin	<u></u>	Date of Inspection	
Ilka Bunch -		2-1-02	
Inspector's Signature		. Approximate Date of	Next Inspection

ADDITIONAL SITE INFORMATION:

$$2-27-00$$
 19.5
 $4-17-00$ 19.5
 $4-17-00$ 19.5
 $8-22-00$ 19.5
 $10-24-00$ 19.5
 $11-20-00$ 19.5
 117.0
 19.5

1/30-01 19.5

AIRS ID#: 0950375

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Arms of y

FACILITY NAME: R & R Dry Clea	iners	DATE:	2/1/01
FACILITY NAME: R & R Dry Clea FACILITY LOCATION: 2331 S. Gold Orlando, FL	denirod Road		
Oclando FL	3/822		
Annual Reporting Period: January	20 <u>0</u> 0 TO	January	20 01
Based on each term or condition of the Title V general air p			Rule NO
If NO, complete the following:			
#1. Term or condition of the general permit that has not be	cen in continuous compliand	ce 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 be	een in continuous compliand	ce during the reporting period	stated above:
Exact period of non-compliance: from	1	to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			÷ ;
As the responsible official, I hereby certify, based on informing this notification are true, accurate and complete. Further purchase receipts, does not exceed 2,100 gallons per year combination facilities. RESPONSIBLE OFFICIAL: Name (Please Principle)	er, my annual consumption for dry-to dry facilities or I	of perchloroethylene solvent,	based upon sfer or

^{*}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 V	COMPL	AIN I/DISC	OVERY [KE-INS	PECTION [
TIME IN: 1415	TIME OUT:	1435		AIRS ID#:	0950375	5
TYPE OF FACILITY: Dry						
,	R Dry Clear	ners			DATE:	1-1-01
FACILITY LOCATION: 23			Road			
_	ando . FL	32822				
RESPONSIBLE OFFICIAL:				IONE NUMBE	R: 407-28	2-6790
	the compliance requireme Rule 62-213.300, Florida		-	•	acility is found t	o be in
Based on the results of discrepancies were not	the compliance requirement	ents evaluated	during this i	nspection, the fo	ollowing compli	ance
COMPLIANCE REQ	UIREMENT/PROB	LEM	FOLL	OW-UP AC	TIỌN REQU	IRED
	•		·			
			,			
•.						
	,					
	~					
	• · · ·					
						••
COMMENTS:				,		
Facilit	1 in comp	liance	2 ,			
The Annual Compliance Certifi	ication form has been prop	perly certified	and submitte	ed to the inspect	or. YES	NO NO
DATE OF NEXT INSPECTION	ON:	2-1-	2002			
			oximate)			
INSPECTION CONDUCTED) BY:	Ika Bim	<u>M</u>			
INSPECTOR'S SIGNATURE	E: Mho Bu	(Pleas	se Érint)	IONE NUMBE	p. 407-	836 -1400
mar ector 3 signature	<u>***********************************</u>	1).		PONTE HOMBE	N. 10	<u> </u>
	·	Pageo	of			Revised 10/9

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)
AIRS ID # 0950375

R & R CLEANERS
RALPH RAMDIHAL
2331 S GOLDENROD ROAD
ORLANDO FL 32822

Certified Fee
Special Delivery Fee
Restricted Delivery Fee
Return Receipt Showing to Whom & Date Delivered
Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees
Postmark or Date

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 Agent Addressee D. Is delivery address different from item 1?
Article Addressed to:	If YES, enter delivery address below:
AIRS ID # 0950375	
R & R CLEANERS	
RALPH RAMDIHAL	
2331 S GOLDENROD ROAD	3. Service Type
ORLANDO FL 32822	Certified Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 7 3 3 3 267 2 70	
PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-99-M-1789

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300 642

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#0950375

R & R CLEANERS INC RALPH RAMDIHAL 2331 S GOLDENROD ROAD ORLANDO FL 32822 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0358323

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

RECEIVED

MAIL ROOM

TOTAL AMOUNT DUE: \$50.00 JAN 25 99

Do NOT Remove Label

AIRS ID # 0950375

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FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

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0392327

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

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AIRS ID # 0950375

R & R CLEANERS RALPH RAMDIHAL 2331 S GOLDENROD ROAD ORLANDO FL 32822 EB 18 00

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1



(cui nece)

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

TOTAL AMOUNT DUE: \$50.00

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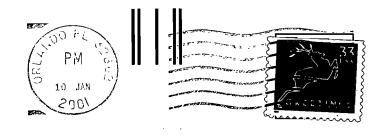
AIRS ID # 0950375

R & R CLEANERS RALPH RAMDIHAL 2331 S GOLDENROD ROAD ORLANDO FL 32822

FOR GOVERNMENT USE ONLY Org.: 37550101000 ECTA1 Fund: 20-2-035001

Obj.: 002273

R & R Cleaners
2331 S. GOLDENROD ROAD
ORLANDO, FLORIDA 32822
(407) 282-6790



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

3231543070 Idhahlalladhladhladadhaladhaladhaladh



(cui nere)

415609 JAN282002

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 # 0950375

R & R CLEANERS RALPH RAMDIHAL 2331 S GOLDENROD ROAD ORLANDO FL 32822

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provide	ď
6930	OFFICIAL USE	
7975	Postage S Certified Fee	
1000	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	8
0350	Total Post 10 AIRS ID # 0950375 Sent To RALPH RAMDIHAL Street, Apr R & R CLEANERS	
7007	or PO Box 2331 S GOLDENROD ROAD City, State, ORLANDO FL 32822	
	PS Form 3800, January 2001	anvellons.