

Department of Environmental Protection

Lawton Chiles Governor Twin Towers Office Building 2600 Blair Scone Road Tallahassee, Florida 32399-2400

Virginia B. Wetherell Secretary

May 14, 1997

Mr. Ashok K. Vyas Oakhill Cleaners 378 Bogey Point Longwood, Florida 32779

Re: Facility No. 0950335

Dear Mr. Vyas:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 1996.

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/jw

cc: Ms. Marie Driscole, Orange County

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

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Orange County Environmental Protection Department

PERCILLOROETHYLENE DRY CLEANERS

TUTLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST TYPE OF INSPECTION: AHNUAL. COMPLAINTYDISCOVERY RE-INSPECTION AURS 10#: 0950335 DATE: 5/20/97 TIME IN: 1:30 TIME OUT: 2,30 FACILITY NAME: _____ Cakhul Cleaners FACILITY LOCATION: 6650 Old winter Genden Rd Ovlando F1 32335 PART I: NOTHICATION (check appropriate box) 1. Existing facility notified DARM by 9/1/96 Ú 2. New facility notified DARM 30 days prior to startup \Box 3. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box) \Box 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/yr both types, x<140 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91) (constructed before 12/9/91) \Box 4. New large area source 3. Existing large area source dry-to-dry only, 140<x<2, 100 gal/yr dry-to-dry only, 140<x<2, 100 gal/yr transfer only, 200 < x < 1,800 gal/yr transfer only, 200<x<1,800 gal/yr both types, 140<x<1,800 gal/yr both types, 140<x<1,800 gal/yr (constructed on or after 12/9/91) (constructed before 12/9/91) IJΥ $\square N$ This is a correct facility classification If no, please check the appropriate classification: facility qualified for a general permit as number above \Box . facility exceeds above limits and is not eligible for a general permit

Revised 10/28/96

facility was 130 gallons.

B. The total quantity of perchloroethylene (perc) 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? 3. Closing and securing machine doors except during loading/unloading? MU Y UN 4. Draining cartridge filters in their housing or in scaled containers for at OY UN 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? UY UN MN// 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? AVAD AD YD 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 UN UN/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 basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the UA ON condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY ON 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?	ÜΥ	ÜN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	J
	Is the temperature differential equal to or greater than 20° F?	ĽΙΥ	ПN	
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ПΥ	ON ON	//A
	Is the perc concentration equal to or less than 100 ppm?	ÜΥ	ШN	
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring pere 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?	ПY	טא	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY		1/V
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	אם אם	1\V

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	ON CIN
2. Maintained rolling monthly averages of perc consumption?	DY UN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 lus? or;	שאי בוא
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
4. Maintained calibration data? (for direct reading instruments only)	מאַעם אים אים
5. Maintained exhaust duct monitoring data on perc concentrations?	אן א מם צם
6. Maintained startup/shutdown/malfunction plan?	LLY ON
7. Maintained deviation reports?	ON CIN
Problem corrected?	OX ON
8. Maintained compliance plan, if applicable?	אלאבט אנט צנט

Problem corrected?	QX	ПN	
8. Maintained compliance plan, if applicable?	ÜΥ	UN UM	1 _N
PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly leak detection and repair inspection?		UN UN	iiq (q

2. Which method of detection is used by t	he respons	sible officia			
Visual examination (condensed s	•		•		
Physical detection (airflow felt th	rough gas!	kcts)	•		
Odor (noticeable perc odor)				U	
Use of direct-reading instruments	ation (FID	/PHD/calori	metric (ubes)	\Box	
If using direct-reading instrum	entation, i	is the equip	oment:		
a. Capable of detecting	pere vapor	r concentra	tions in a range of 0-500 ppm?	UY U	M
b. Calibrated against a (PID/FID only)?	standard g	as prior to	and after each use	UY U	IN
c. Inspected for leaks a	nd obvious	s signs of w	car on a weekly basis?	CA C	114
d. Kept in a clean and s	secure area	n when not	in use7	ם א כ	111
e. Verified for accuracy	by use of	duplicate s	amples (calorimetric only)?	בוץ ב	JN
3. Has the facility maintained a leak log?	,		·	ON C	ИI
4. Does the responsible official check the	: following	; areas for l	caks?		
Hose connections, fittings, couplings, and valves	CVY	ПN	Muck cookers	ΞÝ	ПN
Door gaskets and scating	CY	ПN	Stills	CZY	ÜИ
Filter gaskets and seating	CIY	ПИ	Exhaust dampers	ĽΥ	ПN
Pumps	UX	ПN	Diverter valves	ďΥ	ПИ
Solvent tanks and containers	CAY	ПN	Cartridge filter housing	s ay	ПИ
Water separators	CTY.	מט		· · · · · · · · · · · · · · · · · · ·	····
			:		
Name of Responsible Offi Todd Fletcher	CIAI				
Inspector's Name (Please I	Print)		Date of In	spection	·
*	•		·		
Inspector's Signature			Approximate Date	of Next I	nspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMPLAINT/DIS	COVERY	RE-INSPECTION
TIME IN: 130	TIME OUT:	230	AIRS/ID#	0950335
TYPE OF FACILITY:	Dry Clack	ev	for the same	
FACILITY NAME:	Oak hill	1 leaners		DATE: 5/20/97
FACILITY LOCATION:	6650 012	(ernter (ocvden R	
	Ovlande	F1 32	235	
RESPONSIBLE OFFICIAL:	Ashor Vyas	>	PHONE NUMBER:	865-7937
	the compliance requirements Rule 62-213.300, Florida Adır	-	•	ility is found to be in
•	the compliance requirements			owing compliance
COMPLIANCE REQU	UIREMENT/PROBLE	M FOL	LOW-UP ACTI	ON REQUIRED
Hazardous (Container Not 9	Saled	/	V/A
· · · · · · · · · · · · · · · · · · ·			. /	
		·	1	
		RECEI	VED /	· · ·
		MAY 3 0	1997	
	/	Bureau of Air I	Monitoring	
	e e e e e e e e e e e e e e e e e e e			/
	:	·	,	
				1
COMMENTS:				. Vr.
				ne de la companya de
	· 4	p . p.		
The Annual Compliance Certific	cation form has been properly	certified and submi	tted to the inspector	YES NO
DATE OF NEXT INSPECTIO)N:	<u> 198 </u>		
INSPECTION CONDUCTED	BY: TON	(Approximate) F/C+ (Please Print)	cheu	·
INSPECTOR'S SIGNATÜRE	LDBCT !	// /	HONE NUMBER	836 9524

Page of .

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

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TITLE V GENERAL	PER	RMIT	١.			
MPLIANCE INSPECTIO	N C	THE	'KI	TZI.	•	

	TY	PE	OF	INSP	ECTI	ON:
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JAUNNAL

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS 10#: 0950335 DATE: 6/4/9	•	t: <u>10130</u>
FACILITY NAME: OGK hill	Legners	
FACILITY LOCATION: 6650	Old Winter Garden	Rd 7
Ovland	60 F	B
RESPONSIBLE OFFICIAL :	PHONE:	& M
CONTACT NAME:	PHONE:	JUN 29 194 JUN 29 194 June 29 194
		Acnits
PART I: NOTIFICATION		is or in
(check appropriate box)		
1. New facility notified DARM 30 days prior to star	rtup	
2. Facility failed to notify DARM to use general per	rmit	ra r
PART II: CLASSIFICATION	. The service is a service of the second service of the service of	
Facility indicated on notification form that it is:	☐ No notification form	
(check appropriate box)	☐ Drop store/out of busine	ess/petroleum
A. 1. Existing small area source	2. New small area source	
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr	
transfer only, $x \le 200$ gal/yr	transfer only, $x \le 200$ gal/yr	
both types, x < 140 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	4. New large area source	
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	dry-to-dry only, $140 \le x \le 2,100$ 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, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800 \text{ gal/yr}$	
(constructed before 12/9/91)	(constructed on or after 12/9/91)	
5. This is a correct facility classification	☐Y □N □Can not determine	

facility qualified for a general permit as number

facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 180 gallons. This is one time thing. New tanks for Perc

If no, please check the appropriate classification:

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?	מאָר מא מאיע
2. Examining the containers for leakage?	מאל בוא בואיע
3. Closing and securing machine doors except during loading/unloading?	מא מא
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	איאם אם אם
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	בוא בוא באווע
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 refrience Λ below).	gerated 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 musinstalled prior to September 22, 1993	***
If classification 4 has been checked, the machine should be equipped with a refri (complete Λ and B below).	gerated 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?	מט צט
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	מ/אם אם או
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?	OY ON
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?	חס מא

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?	מט עט
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	בוא בו הואיע
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?	איאם אם אים
6. Routed airflow to the carbon adsorber (if used) at all times?	מא מח אמ

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	,
1. Maintained receipts for pere purchased?	CAY CIN
2. Maintained rolling monthly total of perc consumption?	DY ON
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or;	מא כוא כואיע
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)	OY ON ONA
5. Maintained exhaust duct monitoring data on pere concentrations?	אואם אם אוא
6. Maintained startup/shutdown/malfunction plan?	DAY ON
7. Maintained deviation reports?	מאֹס אם איע
Problem corrected?	אואם אם אם
8. Maintained compliance plan, if applicable?	EN EN EN/Y

Y/	ART VI: LEAK DETECTION AND R	REPAII	RS				
1.	Does the responsible official conduct a	weekly	(for s	mall sources, b	i-weekly) leak detection an	ıd repa	ir
	inspection?						מם
2.	Has the facility maintained a leak log?					ΠY	ПN
3.	Does the responsible official check the	followi	ng arc	eas for leaks?			
	Hose connections, fittings, couplings, and valves	СÍY	ШN	□N/A	Muck cookers	ΠY	ON ON/A
	Door gaskets and scating	ďΥ	ПΝ	□N/A	Stills		ON ON/A
	Filter gaskets and scating	ūΥ	ПN	□N/A	Exhaust dampers	αY	מאם אין
	Pumps	ďΥ	ПΝ	□N/A	Diverter valves	шy	טא טאיע
	Solvent tanks and containers	ŒΥ	ШN	ÜN/A	Cartridge filter housings	άY	
	Water separators	ŪΥ	ÜN	□N/A			,
4.	Which method of detection is used by the	he resp	onsib	le official?		,	
	Visual examination (condensed se	olvent	on ext	erior surfaces)		C3	l
	Physical detection (airflow felt the	rough g	gasket	ls)			
	Odor (noticeable perc odor)						
	Use of direct-reading instrumenta	ition (F	ID/PI	D/calorimetric	tubes)		
Ì	Halogen leak detector						
	If using direct-reading instr	unient	ation	, is the equipm	ent:	ØN/	٨
	a. Capable of detecting	perc va	por c	oncentrations in	n a range of 0-500 ppm?	ΠY	ПN
	b. Calibrated against a s (PID/FID only)?	standar	d gas	prior to and aft	ter each use	ΟY	Dи
	c. Inspected for leaks at	nd obvi	ous si	gus of wear on	a weekly basis?	ÜΥ	ПN
ì	d. Kept in a clean and s	secure a	irea w	hen not in use?	?	ΠY	ΠN .
	e. Verified for accuracy	by use	of du	plicate samples	s (calorimetric only)?	ΠY	ПN
			1				
	TOUD Flot	chi	eV_		6	<u> </u>	18
	Inspector's Name (Please Pri	int)	٨		Date of Insp	ection	
	Bolden	WC.	1		6 4	199	
-	Inspector's Signature		_		Approximate Date of	Next	Inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:00 TIME OUT: 10:	30 AIRS ID#:
TYPE OF FACILITY: DVY CLEANEY	
FACILITY NAME: Oakhill Cleaners	DATE: 6/4/98
FACILITY LOCATION: 6650 Old Win-	tre Garden Rd
	825
RESPONSIBLE OFFICIAL: AS HOK VYGS	PHONE NUMBER: \$65-7937
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	•
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	R
	Bureau of Ray
	30 2 Z
	A KAIT Monitoring
· · · · · · · · · · · · · · · · · · ·	o ine
	·
COMMENTS:	
Facility in Compli	an Ce
·	<u></u>
The Annual Compliance Certification form has been properly certification.	
DATE OF NEXT INSPECTION: 649	oproximate)
INSPECTION CONDUCTED BY: TODO 1-1	ease Print)
INSPECTOR'S SIGNATURE: Dela Thete	PHONE NUMBER: \$36-9524

Revised 10/96

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	VIBRO ENTERPRISER 94c
2.	Site Name (For example, plant name or number): 6650 OIL WINTER ZURD
	OBA. OAKHILI CLEANERS ORIAND FL32835
3.	Hazardous Waste Generator Identification Number:
	58-12-109778-49
4.	Facility Location: 6650 Old Winter Rayder Rosch Street Address:
	Court
	ORIANDO COUNTY: ORHUGE 10 ZIP COUR. J 2001
5.	Facility Identification Number (DEP Use):
	0950335

Responsible Official

6. Name and Title of Responsible Official:

ASHOK NYRE Plant MANGER (OPENGHON)

Responsible Official Mailing Address:
Organization/Firm:
Street Address: 374 Bogey Pt.
City: Longwood. County: STMNOI. Zip Code: 32775

8. Responsible Official Telephone Number:
Telephone: (407) 865-7937. Fax: (474) \$78.0011

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (Fo	or example, plant manager):	
ASHOK.IK. VYAS		
10. Facility Contact Address:		٨
Street Address: 6650 Old W	Jivitet? CTDN. Po County: OranyE	Zip Code: 32835
11. Facility Contact Telephone Number:		
Telephone: (407) 5 78- 77	702. Fax: (40)	0)578-001).

RECEIVED

SEP 3 1996

#0950335

	Oakhill Cleaners
	Spoke with Ashok Yvas-10/3/1996-
·	uses approx 800 gal/mon =
	spoke with Ashok Vyas-10/3/1996— uses approx 800 gal/mon = ~9,600 gal/yr.—under limits
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
D.13	7 add firm
D.15	4 mark out "X" and initial 5.(c) not required, mark out "X" and initial
	5.(c) not required, mark out
	"X" and initial
	5.(f) required
!	
1	
1	
 	

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		#2		instancu		02-MAR-92	
Dry-to-Dry Unit	0	Cr 1989		/					
(1) w/ ref. condenser		V							1
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		j	Transaction in the				. **.		The Book Co
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		2 1 3 4 4 5	1.00	211	1.1 100 1011		-	The state of the state of	nac yl sg aloc
(7) w/ ref. condenser	,	1	<u> </u>	<u></u> .				1	
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	."	1 - 2 - 2		1.11	i ng m				
(10) w/ ref. condenser								I	
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 mont Check why it is less	are re quanti gallo	equired to be ity of perchlons ons	installed [oroethylene (√ perc)					[]
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi urce [X_]	cation only.) Ne	ew sn	nitions found nall area sour	rce []	3) of	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

What control technology is required on machines po (Indicate with an "X".)	ursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser [X]
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
A facility which contains non-exempt emissions un to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	nits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following
All steam and hot water generating units on-site (1) ho boiler HP or less), and (2) are fired exclusively by nat during which propane or fuel oil containing no more t	
All steam and hot water generating units exempt No such units on-site	
Propo	mt Gus
Equipment Monitoring an	d Recordkeeping Information
Check all logs which are required to be kept on-site in	accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	[<u>*</u>]
(E) Refrigerated condenser temperature monitoring	(£)
(d) Carbon adsorber exhaust perc concentration monitor	oring NM.
(e) Instrument calibration	MA.
① Start-up, shutdown, malfunction plan	(MATA)

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

Surrender of Existing Air Permit(s)

Please indica	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in Acation. I hereby certify, based on information and belief formed after reasonable inquiry, that the Act 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 The ail terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	emptly notify the Department of any changes to the information contained in this notification.
C:	H-K.U1/18. 8/29/96

· #0950335 Oakhill Cleaners

	- spake will Mahak 2	woe-10/2/1991-	
1.	Taci Taci Taci Taci Taci Uses approx 800 gal No White Site Taci Ashok V 100 gal / Vr White	145-10/3/11/6	
	~ a loss on live - 200 l	mon	
2.	Site 7, WOO Gallyr Whole	er como (S)	intengaro
	- 712 701/A	1 This	-L32835
3.	Haze P. 13 7. add firm P. 15 4. mark out "X" and Faci Stre City "X" and initial	16.241.	
4	P. B. 4. mark out 'X" und	initial,	~- <u>·</u>
4.	Stre 5. CO not required, k	narkout	
'	City and Initial		335
5.		- - · · · · · · · ·	
	123456		
		do,	
6.	Nam 1997	9	18401760
	ATMINE S	12]	· 61 6 19,000)
1	Rest Orgi	14/2	
i	Stree City.	,93 ¹	32779
	26020		3 - 1
1	Rest Tele		
			,
9. 1	Name and Title of Facility Contact (For example, plant manager):		
10.1	ASHOKIK. VYAS		
10. 1	Facility Contact Address: Street Address: 6650 CIUUSINTER CTDN.	₹d)	
3	Street Address: 6650 CHOCK TO TO THE TOTAL TO THE STREET OF THE TOTAL TO	Zin Code: 20	06
			-8.35
1	Facility Contact Telephone Number: Telephone: (407) \$78-17702 Fax: (407) 578-0011	
	1 dx. (7011 2 10 - 0 - (1	

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SEP 15 1996

Page 13 of 16

Best Available Copy

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):								
	VIBRO Enterpriser Shc								
2.	Site Name (For example, plant name or number): 6650 OIL WINTER JARD								
	OBA. PAKHILI CLEANERS ORIGINO FL32835								
3.	Hazardous Waste Generator Identification Number:								
	58-12-109718-49								
4.	Facility Location: 6650 Old Winten Gayder Road								
٠.	City: ORIGINALO County: ORANGE_FL Zip Code: 32835								
5.	Facility Identification Number (DEP/Use):								
	0950335								

Responsible Official

6.	Name and Title of Responsible Official:
	ASHOK 15A8 Plant MANEGER (OPENGHON)
7.	Responsible Official Mailing Address: Organization/Firm: UIBro EnterPrises. Gr., Street Address: 378 Bogen Pt. City: Longwill. County: Simnol. Zip Code: 32775
8.	Responsible Official Telephone Number: Telephone: (407) 865-7937 Fax: (479) 578 001)

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact	ct (For example, plant manager):	
ASHOK.IK. VYA	19	
10. Facility Contact Address:	,	1
Street Address: 6650 01 City: CRLando	dwinter CTDN FU County: Orange	Zip Code: 32835
11. Facility Contact Telephone Numb)578-0011.

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date	Date]	Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
•		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	型 #1	· 03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	0	CF 1989		,					• • •
(1) w/ ref. condenser		V							
(2) w/ carbon adsorber									
(3) w/ no controls					-				
Washer Unit		1							
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit						•			
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit			•		٠.				
(10) w/ ref condenser							[
(11) w/carbon adsorber									
(12) w/ no controls					-				
(b) Control devices are (c) No control devices 2.(a) What was the total of the second secon	are re juanti gallo	equired to be ity of perchlons	installed [_	perc)	_	1 the latest 12	2 mor	nths?	
(b) If less than 12 mont Check why it is less3. What is the facility's so	than	12 months:	New owner:	[_			·	<u>[]</u>
(Indicate with an "X".	Selec	t one classifi	cation only.)	1			5) 01	raitii:	
Existing small are			Ne	ew sn	nall area sour	ce [J		
Existing large are	ea sou	irce []	Ne	w lai	ge area sour	ce []		

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 What control technology is required on machines pursuant to section (5) of P (Indicate with an "X".) 	art II of this notification form?
Existing large area source Carbon adsorber Refrigerated condenser	(X)
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 to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat input of 1 boiler HP or less), and (2) are fired exclusively by natural gas except for period during which propane or fuel oil containing no more than one percent sulfur is	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Proponé gus	
Equipment Monitoring and Recordkeeping Inform	nation
Check all logs which are required to be kept on-site in accordance with the required.	irements of this general permit:
(a) Purchase receipts and solvent purchases	<u>[X-]</u>
(b) Leak detection inspection and repair	
(c) Refrigerated-condenser temperature monitoring	J. J.K.
(d) Carbon adsorber exhaust perc concentration monitoring	- Fdu
(e) Instrument calibration	MA.
(f) Start-up, shutdown, malfunction plan	THE W

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

Surrender of Existing Air Permit(s)

st for the operation of the facility indicated in				
Responsible Official Certification				
official, as defined in Part II of this form, of the facility addressed on information and belief formed after reasonable inquiry, that true, accurate and complete. Further, I agree to operate and its and air pollution control equipment described above so as to this general permit as set forth in Part II of this notification for				
f any changes to the information contained in this notification.				
ij				

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL	V	COMPLAINT/DI	SCOVER	
	RE-INSPECTION	N 🗆		, K	
					<u>,</u>
AIRS 10#: <u>0950335</u>			n: 11:20 7	ME OUB_	1200
FACILITY NAME: <u>Oak</u>				10 1 15 15 15 15 15 15 15 15 15 15 15 15 1	
FACILITY LOCATION:(0650 Old	Winter	Garden R	Sold Strange	
	Orlando, F	L 32°	835	8 Tij	
RESPONSIBLE OFFICIAL :	Ashok K.	Vyas	_phone: <u>407</u>	-5 <u>78</u> -7	702
CONTACT NAME:			_ PIIONE:		
					
PART I: NOTIFICATION		·			
(check appropriate box)					
New facility notified DARM	· -	•			
2. Facility failed to notify DAR	M to use general per	ınit			
PART II: CLASSIFICATION					
Facility indicated on notificat			☐ No notification		roleum
Facility indicated on notificat (check appropriate box) A.	ion form that it is:		☐ Drop storc/out	of business/pct	rolcum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sour	ion form that it is:	2. New small	☐ Drop storc/out		rolcum
Facility indicated on notificat (check appropriate box) A.	ion form that it is: rce /yr		☐ Drop store/out area source , x < 140 gal/yr	of business/pct	roleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gall transfer only, x < 200 gal/yr both types, x < 140 gal/yr	ion form that it is: rce /yr	dry-to-dry only transfer only, x both types, x <	□ Drop storc/out area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr	of business/pct	roleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gally transfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before 12/9/91)	ion form that it is: rce /yr	dry-to-dry only transfer only, x both types, x <	□ Drop store/out area source , x < 140 gal/yr < 200 gal/yr	of business/pct	roleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sour	ion form that it is: ree /yr ree	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large	□ Drop store/out area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr a or after 12/9/91) area source	of business/pel	roleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gally transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sound ry-to-dry only, 140 ≤ x ≤ 2	ion form that it is: rcc /yr rcc c.100 gal/yr	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only	☐ Drop store/out area source , $x < 140$ gal/yr < 200 gal/yr 140 gal/yr a or after $12/9/91$) area source , $140 \le x \le 2,100$ ga	of business/pel	rolcum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gally transfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before 12/9/91) (3.) Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,8	ion form that it is: rce /yr rce 2,100 gal/yr 00 gal/yr	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2	Drop storc/out area source , $x < 140$ gal/yr < 200 gal/yr 140 gal/yr a or after $12/9/91$) area source , $140 \le x \le 2,100$ gal/yr $100 \le x \le 1,800$ gal/y	of business/pel	roleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gally transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sound ry-to-dry only, 140 ≤ x ≤ 2	ion form that it is: rce /yr rce 2,100 gal/yr 00 gal/yr gal/yr	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140	☐ Drop store/out area source , $x < 140$ gal/yr < 200 gal/yr 140 gal/yr a or after $12/9/91$) area source , $140 \le x \le 2,100$ ga	of business/pel	rolcum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	ion form that it is: rce /yr rce 2,100 gal/yr 00 gal/yr gal/yr	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140	☐ Drop store/out area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr a or after 12/9/91) area source , 140 ≤ x ≤ 2,100 gal/yr $0 \le x \le 1,800$ gal/yr	of business/pel	roleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of the sound dry-to-dry only, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)	ion form that it is: rcc /yr rcc 2,100 gal/yr 00 gal/yr gal/yr) classification	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or TY	□ Drop store/out area source , $x < 140$ gal/yr < 200 gal/yr 140 gal/yr a or after $12/9/91$) area source , $140 \le x \le 2,100$ gal/y $0 \le x \le 1,800$ gal/yr a or after $12/9/91$) □ Can not determ	of business/pel	rolcum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gally transfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of facil	ion form that it is: rce /yr rce 2,100 gal/yr 00 gal/yr gal/yr)	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or Y New large)	□ Drop store/out area source , $x < 140$ gal/yr < 200 gal/yr 140 gal/yr area source , $140 \le x \le 2,100$ gal/y $0 \le x \le 1,800$ gal/yr area fter 12/9/91) □ Can not determinated another 3	of business/pel	roleum

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? Y ON ON/A 2. Examining the containers for leakage? MY ON ON/A 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? 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 refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the Y DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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?	MY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON MINIA
	Is the temperature differential equal to or greater than 20° F?	OY ON ØN/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?	OY ON ONIA
	Is the perc concentration equal to or less than 100 ppin?	OY ON DAY/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 MIN/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?	EN ON		
2. Maintained rolling monthly total of perc consumption?	ray □n		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON BN/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 BANJA		
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A		
5. Maintained exhaust duct monitoring data on perc concentrations?	מ/אפט אם עם		
6. Maintained startup/shutdown/malfunction plan? ☑Y □N			
7. Maintained deviation reports?	OY ON ON		
Problem corrected?	OY ON DANIA		
8. Maintained compliance plan, if applicable?	OY ON ON/A		

PA	PART VI: LEAK DETECTION AND REPAIRS				
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			MY ON	
2.	Has the facility maintained a leak log	?		CTY ON	
3.	Does the responsible official check the	following areas for leaks	s?		
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	MY ON ON/A	
	Door gaskets and scating	DY ON ON/A	Stills	DY ON ON/A	
	Filter gaskets and scating	dy on on/A	Exhaust dampers	DY ON ON/A	
	Pumps	MY ON ON/A	Diverter valves	MY ON ON/A	
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A	
	Water separators	DY ON ON/A			
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed	solvent on exterior surfac	es)		
	Physical detection (airflow felt the	rough gaskets)			
	Odor (noticeable perc odor)				
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector	o			
If using direct-reading instrumentation, is the equipment:			□N/A		
	a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	חם אם	
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	אם אם	
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	מם עם	
		secure area when not in t	•	מצ מא	
	•	y by use of duplicate sam		OY ON	
	T11 7 1.				
_	Inspector's Name (Please Pr	int)	Date of Inspe	ection	
	inspector s traine (t lease F)	,	Date of hispo	74.10.1	
	Ilka Bund		6-3-2	CCC	
	Inspector's Signature		Approximate Date of	Next Inspection	

ADDITIONAL SITE INFORMATION:		
		·
·		
	•	
	i	

Orange County Environmental Protection Department

AIRS ID#: 0950335

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

				<u> </u>	
FACILITY NAME: Oak	hill Clear	ners		I	ATE: 6-3-99
FACILITY LOCATION:	650 Old 1	Winter	Garden	Rd.	
	Irlando, F	<u>L</u>			
<u>. </u>					
Annual Reporting Period:	J442		_19 <u>98</u> TO _	Jun 2	19 9 9
					189
Based on each term or condition 62-213.300, Florida Administrati	_	-	•	<u> </u>	rith DEP Rule NO
If NO, complete the following:					
#1. Term or condition of the gen	eral permit that has	not been in cor	ntinuous complianc	c during the reportin	g period stated above:
				· 	
Exact period of non-compliance:	from		to)	
Action(s) taken to achieve compl	iance:		 -		
Method used to demonstrate com	pliance:			_	
//a ==		. •		- 3 - 1 - 	
#2. Term or condition of the gen	eral permit that has	not been in cor	iunuous compiianc	e during the reporting	g period stated above:
	£	<u>-</u>			
Exact period of non-compliance:	irom		10_		
Action(s) taken to achieve compl	iance:		-		
Method used to demonstrate com	pliance:				
					
As the responsible official, I here					
made in this notification are true upon rolling averages of purchas					
year for transfer or combination		-,,,,,	i į y i i i y	- 0	3rd
RESPONSIBLE OFFICIAL:	BHORILEL	12 42		18 (m/s)	June 19.99
	Name (Please	e Print)		Signature	Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL 🗸	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1120 TIME OUT:	1200 AIRS ID#: 0950335
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Oakhill Cleaners	DATE: 6-3-99
l e e	linter Garden Rd.
Orlando FL	
RESPONSIBLE OFFICIAL: Ashok K. Vya	PHONE NUMBER: 407-578-7702
Based on the results of the compliance requirement compliance with DEP Rule 62-213.300, Florida	ents evaluated during this inspection, the facility is found to be in Administrative Code (F.A.C.).
Based on the results of the compliance requirement discrepancies were noted:	ents evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBI	LEM FOLLOW-UP ACTION REQUIRED
· 	
	,
COMMENTS:	
Facility in comf	pliance
The Annual Compliance Certification form has been prop	perly certified and submitted to the inspector. YES NOW
DATE OF NEXT INSPECTION:	(Approximate)
INSPECTION CONDUCTED BY:	Ika Bundy
· , e	(Please Print)
INSPECTOR'S SIGNATURE: Wha	Bundy PHONE NUMBER: 836-9524
	Page of Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKY TO

ARV	15 6-9-00 ys	
	Tlhora5	21

TYPE OF INSPECTION:

ANNUAL

 \mathbf{a}

COMPLAINT/DISCOVERY

RE-INSPECTION

	<u> </u>	<u> </u>
airs id#: <u>0950335</u> date: facility name: <u>Oakhill</u>	6-9-00 TIME IN: 1030	_ TIME OUT: 1055
FACILITY NAME: UGKNILL	CIEMITELS	·
	Old Winter Garden	Rd. P
0,10	ando, FL 32835	Burger
RESPONSIBLE OFFICIAL: Ash	ok K. Vyas PHONE: L	107-578-7702
CONTACT NAME:	PHONE:	lle Source Control
PART I: NOTIFICATION		ल
(check appropriate box)		
1. New facility notified DARM 30 days	prior to startup	<u> </u>
2. Facility failed to notify DARM to use	• •	

PART II: CLASSIFICATION		
Facility indicated on notification form that it is:	☐ No notification form	
(check appropriate box)	☐ Drop store/out of business/petroleum	
À.	-	
1. Existing small area source	2. New 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/yr	
both types, x < 140 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	4. New large area source	
dry-to-dry only, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2,100$ 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, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800$ gal/yr	
(constructed before 12/9/91)	(constructed on or after 12/9/91)	
	./	
5. This is a correct facility classification	☑Y ☐N ☐Can not determine	
If no, please check the appropriate classific		
facility qualified for a gen	-	
facility exceeds above lin	nits and is not eligible for a general permit	
1	urchased within the preceding 12 months by this dry cleaning	
facility was 155 gallons.		

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DN DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ON ON/A 2. Examining the containers for leakage? MY DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the / DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. 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 verifying that the coolant had been completely charged?

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?	DY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	MY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	DY 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 DON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON THIN/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 WN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON WN/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? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days MY ON ON/A and parts installed w/in 5 days of receipt? DY ON ON/A 4. Maintained calibration data? (for applicable direct reading instruments) OY ON EN/A 5. Maintained exhaust duct monitoring data on perc concentrations? MY ON 6. Maintained startup/shutdown/malfunction plan? DY DN DN/A 7. Maintained deviation reports? DY DN ØN/A Problem corrected? 8. Maintained compliance plan, if applicable? DY DN ØN/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?			DY DN		
2. Has the facility maintained a leak log?			ďy □N		
3. Does the responsible official check the	following areas for leaks	?	•		
Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	MY ON ON/A		
Door gaskets and seating	DY ON ON/A	Stills	MY ON ON/A		
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	EY ON ON/A		
Pumps	DY ON ON/A	Diverter valves	DY ON ON/A		
Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	MY ON ON/A		
Water separators	MY ON ON/A				
4. Which method of detection is used by t	he responsible official?				
Visual examination (condensed s	olvent on exterior surface	es)			
Physical detection (airflow felt th	rough gaskets)				
Odor (noticeable perc odor)					
Use of direct-reading instrumenta					
Halogen leak detector					
If using direct-reading instr	□N/A				
a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	OY ON		
b. Calibrated against a s (PID/FID only)?	standard gas prior to and a	after each use	OY ON		
c. Inspected for leaks ar	nd obvious signs of wear	on a weekly basis?	OY ON		
d. Kept in a clean and so	ecure area when not in us	e?	□Y □N		
e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	OY ON		
Ilka Bunda		6-9-00)		
Inspector's Name (Please Prin	nt)	Date of Inspection			
Ilka Bund		6-9-01			
Inspector's Signature	T	Approximate Date of l	Next Inspection		

ADDITIONAL SITE INFORMATION:

2000

4-13-00 19.5 2-11-00 19.5

1999 12-17-99 19,5 10-25-99 19.5 10-27-99 19.5 8-23-99 39.0 7-1-99 19.5 5-21 - 99 19.5 4-22 - 99 19.5 4-20 - 99 19,5 4-1 - 99 19.5 3-31 - 99 39.019.5 3-4-99 19,5 3-23-99 19.5

37

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

THE OF INSPECTION: ANNOAL COM	RE-INSPECTION
TIME IN: 1030 TIME OUT: 105	55 AIRS ID#: 0950335
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Oakhill Cleaners	DATE: 6-9-00
	rden Rd.
Orlando FL 32835	, , , , , , , , , , , , , , , , , , , ,
RESPONSIBLE OFFICIAL: HShok K. Vyas	PHONE NUMBER: 407-578-7702
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	_ ,
Based on the results of the compliance requirements evaluated discrepancies were noted:	ited during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	
· 	· · ·
·	
COMMENTS:	
Facility in compli	ance
The Annual Compliance Certification form has been properly certif	
DATE OF NEXT INSPECTION: 6-9-	
TIV	Bundy
(P)	ease Print)
INSPECTOR'S SIGNATURE: June Bur	PHONE NUMBER: 407-836-1400
Page /	Payised 10/0

AIRS ID#:	0950335	

BEST AVAILABLE COPY Mrévised 01/18/00 DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM Thura 5 6-9-00 J

FACILITY NAME: Oakhill (leaners			DATE: 6/9/00
FACILITY LOCATION: 6650		Garden	Rd.	
Orlando	FL 32835	5		
	1			
Annual Reporting Period: June 3	1999	20 dt то _	June	2000
Based on each term or condition of the Title	V general air permit, n	ny facility has rema	ined in compliance	e with DEP Rule
52-213.300, Florida Administrative Code (F.	A.C.), during the perio	d covered by this s	statement.	ES 🗆 NO
If NO, complete the following:	·			
\$1. Term or condition of the general permit	hat has not been in co	ntinuous compliand	ce during the repor	ting period stated above:
Exact period of non-compliance: from			to	·
Action(s) taken to achieve compliance:			·	·
Method used to demonstrate compliance:	· ·			
#2. Term or condition of the general permit t	hat has not been in co	ntinuous compliand	ce during the repor	ting period stated above:
Exact period of non-compliance: from		t	0	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, bein this notification are true, accurate and compurchase receipts, does not exceed 2,100 gall combination facilities. RESPONSIBLE OFFICIAL:	nplete. Further, my an ons per year for dry-to	nual consumption	of perchloroethyle	ne solvent, based upon

^{*}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.

#0950335

,	
	Oakhill Cleaners
	TSPOKE WITH AShok Yyas-10/3/1996-
	spoke with Ashok Vyas-10/3/1996— uses ~800gal/mon,=~9,600gal/yr.
	, , ,
	PM=3.84 lb.lyr.
	NOV=1.354 4. 16 Jun.
1 2	Nox=1,34.4.1b.lyr.
	TOC=4.8 lb./yr.
	1.00 10.191
	<u> </u>
-	
	-
	·
·	

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

RECEIVED MAIL ROOM

MAR 14 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#: 0950335 VIBRO ENTERPRISES INC ASHOK VYAS 378 BOGEY POINT LONGWOOD FL 32779

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

HAIL ROOM

TOTAL AMOUNT DUE: \$50.00 FEB 13 98

Do NOT Remove Label

AIRS ID#0950335

VIBRO ENTERPRISES INC ASHOK VYAS 378 BOGEY POINT LONGWOOD FL 32779

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

DATE	DESCRIPT		AMOUNT	AMOUNT DEDUCTIONS		
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1						
0						

VBRO ENTERPRISES, INC. DBA OAK HILL CLEANERS PLEASE DETACH AND RETAIN THIS STATEMENT-ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED ABOVE.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0356126

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 # 0950335

OAKHILL CLEANERS ASHOK VYAS 378 BOGEY POINT LONGWOOD FL 32779 FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390145

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

TOTAL AMOUNT DUE: \$5000

Do NOT Remove Label

AIRS ID # 0950335

OAKHILL CLEANERS ASHOK VYAS 378 BOGEY POINT LONGWOOD FL 32779 850:000 ROUTE ROUT

DATE	DESCRIPTION	AMOUNT	DEDUCTIONS	NET AMOUNT
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	for 1939			
n ,	PIRTO I 0950335			
	AIR ID II OI			1 ,
			\	

VBRO ENTERPRISES, INC. DBA OAK HILL CLEANERS PLEASE DETACH AND RETAIN THIS STATEMENT-ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED ABOVE.

VBRO ENTERPRISES, INC. DBA OAK HILL CLEANERS

1073

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 # 0950335

OAKHILL CLEANERS ASHOK VYAS **378 BOGEY POINT** LONGWOOD FL 32779

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

	Z 333 L	13	017	
	US Postal Service Receipt for Cert	ified	Mail	
:	VIBRO ENTERPRISES I ASHOK VYAS 378 BOGEY POINT LONGWOOD FL 32779	A NC	IRS ID 095033	
	Postage	\$	· 	
	Certified Fee			
	Special Delivery Fee			
	Restricted Delivery Fee			
199	Return Receipt Showing to Whom & Date Delivered			
April	Return Receipt Showing to Whom, Date, & Addressee's Address			
800	TOTAL Postage & Fees	\$		
PS Form 3800 , April 1995	Postmark or Date			

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form card to you. Attach this form to the front of the mailpiece, or on the b permit. Write "Return Receipt Requested" on the mailpiece below The Return Receipt will show to whom the article was defelivered.	if space does not 1. Addressee's Address a article number. 2. Restricted Delivery
3. Article Addressed to: AIRS ID 0950333	4a. Article Number Z 333 613 017
VIBRO ENTERPRISES INC ASHOK VYAS	4b. Service Type
378 BOGEY POINT	☐ Registered ☐ Certified
LONGWOOD FL 32779	☐ Express Mail ☐ Insured
	☐ Return Receipt for Merchandise ☐ COD
·	7. Date of Delivery
5. Received By: (Print Name)	Addressee's Address (Only if requested and fee is paid)
6. Signature: (Addressee or Agent)	
PS Form 3811 , December 1994	102595-97-B-0179 Domestic Return Receipt

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	Return Receipt Fee (Endorsement Required)			Postmark Here	R.
0200	Restricted Delivery Fee (Endorsement Required)				\$
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AIRS ID # 0950335001AG ASHOK VYAS OAKHILL CLEANERS 378 BOGEY POINT LONGWOOD FL 32779				60	
	PS Form 3800, Februa	ary 2000	See Revers	e for Instruc	tions

RIGHT OF RETURN ADDRESS. ALCOHOLOGY ALCO	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: AIRS ID # 0950335001AG ASHOK VYAS 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X
OAKHILL CLEANERS 378 BOGEY POINT LONGWOOD FL 32779	3. Service Type Certified Mail
Article Number (Copy from service label) 1000	48

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,		US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse)									
	AIRS ID#: 0950335 VIBRO ENTERPRISES INC ASHOK VYAS 378 BOGEY POINT LONGWOOD FL 32779										
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	<u>س</u>	Restricted	Delivery Fe	98							
	199		ceipt Showi								
	April		ipt Showing to essee's Addr								
	800,	TOTAL Po	stage & Fe	es \$							
	PS Form 3800 , April 1995	Postmark	or Date								

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional service Complete items 3, 4a, and 4b. Print your name and address on the reverse of card to you. Attach this form to the front of the mailpiece, or permit. Write 'Return Receipt Requested' on the mailpiece. The Return Receipt will show to whom the artic delivered.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.			
N ADDRESS completed c	3. Article Addressed to: AIRS ID#: 0950335 VIBRO ENTERPRISES INC ASHOK VYAS 378 BOGEY POINT LONGWOOD FL 32779		4b. Service 1 ☐ Registere ☐ Express I	302 2 Type ed Mail Seignio Merchandis	Certified Insured Se COD Con Roll No.
Is your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994	Vyrs	8. Addressee and fee is	Domestic Re	