

# Department of **Environmental Protection**

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

Virginia B. Wetherell Secretary

May 14, 1997

Mr. Anis Armed Khan S & H Industries, Inc. 390 12th Street St. Cloud, Florida 34769

Re: Facility No. 0970058

Dear Mr. Khan:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 11, 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/jw

cc: Mr. Louis Nichols, Central District

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

TITLE V AIR QUALIT	Y GENERAL PERMIT BEST AVAILABLE COPY
INSPECTION SUM	
• TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:00 AM TIME OUT: 9:4	-0 AM AIRS ID#: 0970058
TYPE OF FACILITY: Dry Cleaners	
FACILITY NAME: STATE LA dustrice	SINC/DIXIECTEANERBATE:5/20/97
FACILITY LOCATION: 40.58 13Th 3	34769
RESPONSIBLE OFFICIAL: Duish A. KHMMI.	PHONE NUMBER: (407) 892-9411
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 evaluate	
discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
COMPLIANCE REQUIREMENTAL ROBLEM	FOLLOW-OF ACTION REQUIRED
<del></del>	
· ·	
	·
·	
COMMENTS:	
In compliar	
11) 000001140	
	FICATION SUBMITTED
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector.  YES  NO  O
DATE OF NEXT INSPECTION: // (Ap	oproximate)
INSPECTION CONDUCTED BY: Dettey	A. Kustin
/ / / 27/2-	ease Print) (407) 894-755
INSPECTOR'S SIGNATURE! Afficial Survey of the Survey of th	PHONE NUMBER: (40 / / 8 77 - / )
Page	L of $S$ . Revised 10/96

#### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<b>\$</b>	COMPLAINT	DISCOVERY	
AIRS 1D#: <u>0470058</u>	DATE:	TIME	IN:	TIME OUT:	
FACILITY NAME: DATE	Cleaners				
facility location: <u>4</u> 0				·C.	
II .	t. Cloud, FL				<u>·</u>
RESPONSIBLE OFFICIAL:	Anis Khan		PHONE ZY	07-892	-804
CONTACT NAME:	<del> </del>		_ PHONE: Ok	2.	<del></del>
DARKA NOTEKCATION			<u> </u>	<u> </u>	
PART I: NOTIFICATION					
(check appropriate box)	20 days prior to storbus				
<ol> <li>New facility notified DARM</li> <li>Facility failed to notify DARI</li> </ol>	-				
2. Pacifity failed to flottly DARI	vi to use general peritu	·			
PART II: CLASSIFICATION					NEWDWAL
Facility indicated on notification	on form that it is:		☐ No notificati		-
(check appropriate box)			Drop store	ut of business/pe	troleum
1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	r dr tra bo	ansfer only, : oth types, x <	/, x < 1'40 gal/yr x < 200 gal/yr	×	
3. Existing large area source dry-to-dry only, $140 \le x \le 2$ , transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$ )	l00 gal/yr dr 0 gal/yr tra al/yr bo	ansfer only, 2 oth types, 140	area source $y$ , $140 \le x \le 2,100$ $200 \le x \le 1,800$ ga $0 \le x \le 1,800$ gal/y on or after $12/9/91$ )	Vy'r	
5. This is a correct facility cla	assification $\square$	Y DN	□Can not deter	rmine	
	appropriate classification y qualified for a genera		number	above	
☐ facilit	y exceeds above limits			permit	· ]

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN GWA
2. Examining the containers for leakage?	OY ON <b>X</b> N/A
3. Closing and securing machine doors except during loading/unloading?	אם צם
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON CON/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V.	•
If classification 2 has been checked, the machine should be equipped with a refri (complete A 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 must installed prior to September 22, 1993	- 1
If classification 4 has been checked, the machine should be equipped with a refri (complete A 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?	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?	ם אואס אם אם אם
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	מם צם
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?	DΥ	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	DИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	DΥ	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box$ Y	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ПY	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?	ΩY	ΩΝ	□N/A

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

P.	ART VI: LEAR DETECTION AND	KELAUG		
1.	Does the responsible official conduct	a weekly (for small	sources, bi-weekly) leak detection ar	ıd repair
	inspection?			DY DN
2.	Has the facility maintained a leak log	?		□Y □N
3.	Does the responsible official check the	e following areas fo	r leaks?	
	Hose connections, fittings, couplings, and valves	OY ON ON!	A Muck cookers	OY ON ON/A
	Door gaskets and seating	אואם אם צם	A Stills	OY ON ON/A
	Filter gaskets and seating	אואם אם צם	A Exhaust dampers	OY ON ON/A
	Pumps	מאמם אם צם	A Diverter valves	□Y □N □N/A
	Solvent tanks and containers	חארם אם או	Cartridge filter housings	OY ON ON/A
	Water separators	OY ON ON/A	1	
4.	Which method of detection is used by	the responsible offi	cial?	
	Visual examination (condensed	solvent on exterior	surfaces)	
	Physical detection (airflow felt t	hrough gaskets)	•	
	Odor (noticeable perc odor)			
	Use of direct-reading instrument	tation (FID/PID/cale	orimetric tubes)	
	Halogen leak detector			
	If using direct-reading inst	rumentation, is the	e equipment:	DN/A
	a. Capable of detecting	perc vapor concent	rations in a range of 0-500 ppm?	OY ON
	b. Calibrated against a (PID/FID only)?	standard gas prior	to and after each use	OY ON
	c. Inspected for leaks a	nd obvious signs of	wear on a weekly basis?	OY ON
	d. Kept in a clean and	secure area when no	ot in use?	OY ON
	e. Verified for accuracy	y by use of duplicate	samples (calorimetric only)?	DY DN
	·			
	Inspector's Name (Please Pr	int)	Date of Inspe	ction
	Inspector's Signature		Approximate Date of N	Vext Inspection

ADDITIONAL SITE INFORMATION:		
·		
	-	
		· .

RECEIVED

#### Perchloroethylene Dry Cleaning Facility Notification

APR 11 1997

#### **Facility Name and Location**

DIVISION OF AIR

	RESOURCES MANAGE STATE OF THE PROPERTY OF THE	GEMENT
1.	Facility Owner/Company Name, (Name of corporation, agency, or individual owner):	
	S & H /NOUSTRES /NC RECEIV	/ P =
	O ( H /NDUSTRES /NC)	' E D
2.	Site Name (For example, plant name or number):  RECEIV	
		07
	DINE CLEWENS	9/
3.	Hazardous Waste Generator Identification Number:  APR 1 1 99	
٠.	7 0 17 1000	itoring
	Php 984-182-865	es
1	Parties I and an	
4.	Street Address: 4038-1357 City: St. Cland County: Osciala Zip Code: 34769	
	City of County O Zin Code: 2474	
	City: ST. Cloud County: Oscella Zip Code: 34769	
- m		
٥.	Facility Identification Number (DEP Use):	
	0940058	
	Responsible Official	
(re.)		
<b>(£)</b>	Name and Title of Responsible Official:	
	Paris Denies Van	
	Proposible Official Mailing Address:	
	Responsible Official Maining Address.	
	Organization/Firm	•
	Street Address: 390-12 ST	
	City: S7. Cloud County: Oscella Zip Code: 34789	
	City: ST. Cloud Oscella Zip Code: 34789	
(8)	Responsible Official Telephone Number:	
_	Telephone: (1/27) 957 - 9763 Fax: () -	
	<sup>10</sup> 137 7763	
	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:	
11.		
	Telephone: ( ) - Fax: ( ) -	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

# #0970058

	Dich Man
	Dixie Cleaners
	- spoke with the Owner-4/30/1997
P./3	6.add title - Manager 7.add firm 8.add business#-407/892-4411
	B. add business#-407/892-4411
P.14	1.(a) add date control device installed 1.(c) mark out "X" and install 3. Should be new small area
	1.(c) mark out "X" and inotial
	3. Should be new small area
D.15	Source 4. should be new small area Source W/refrig. con. 5.(f) required
	Source W/refrig. con.
· · · · · · · · · · · · · · · · · · ·	5.(f) required
-	V

#### **Facility Information**

(Ta) 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	Da
		Machine	Control		Machine	Control		Machine	C
		Initially	Device		Initially	Device		Initially	D
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	In
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	0
Dry-to-Dry Unit	18	Jan 93	3 :						
(1) w/ ref. condenser		<u> </u>							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									Т
(6) w/ no controls									
Dryer Unit	1.1-				1.1	1. 1.		1.	
(7) w/ ref. condenser		_							
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit					1 1	•			
							1		1
(10) w/ ref. condenser									
(10) w/ ref. condenser (11) w/carbon adsorber									†
(11) w/carbon adsorber	are ro	equired to be ity of perchlons	e installed [	yerc)	purchased i				

DEP Form No. 62-213.900(2)

Effective: 6-25-96

What control technology is required on machines pursuant to (Indicate with an "X".)	section (5) of Part II of this notification form?
Existing large area source Carbon adsorber Refrigerate	ed 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 to Rule 62-213.300, F.A.C. Verify that all steam and hot water gexemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total boiler HP or less), and (2) are fired exclusively by natural gas eduring which propane or fuel oil containing no more than one page 1.	xcept for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Record	keeping Information
Check all logs which are required to be kept on-site in accordance	ee with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	[Xeg]
(b) Leak detection inspection and repair	(Xeg)
(c) Refrigerated condenser temperature monitoring	(Yeg)
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

#### Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ſΧJ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pron	nptly notify the Department of any changes to the information contained in this notification.  Date

DEP Form No. 62-213.900(2)

Effective: 6-25-96

# BEST AVAILABLE COPY

# #0970058 Dixie Cleaners

## RECEIVED

	- spoke with the Owner-4/30/199	APR 11 1997  DIVISION OF AIR RESOURCES MANAGEMENT
1.	P.13 6. add title - Manager 7. add firm	RECEIVED
2.	7. add tirm 8. add business#-407/892-44/1	APR 1 1 1997
3.		Bureau of Air Monitoring & Mobile Sources
4.	P.14 1.(a) add date control device installed	2/2.0
.5.	1.(c) mark out "X" and initial 3. Should be new small area	37/69
	Source	2058
6.	p.15 4. should be new small area Source Wrefrig. con. 5.(4) required	
<i>g</i> :	5.4) required	
		lode: 34769
(8.		·
-		
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

#### Perchloroethylene Dry Cleaning Facility Notification

APR 11 1997

**Facility Name and Location** 

DIVISION OF AIR
RESOURCES MANAGEMENT

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
	S & H /NOUSTRES INC RECEIVE	Γ
2.	Site Name (For example, plant name or number):  KECEIVE	Ļ
	APR 1 1 1997	
3.		
٥.	Vipnitorir	)g
	FLD 984-182-865 & Mobile Sources	
4.	Facility Location:	
	Street Address: $\frac{4038-1357}{\text{City:}}$ County: Ocanonic Zip Code: $\frac{34769}{169}$	
	City: St. Cland County: Oscala Zip Code: 34769	
<b>45.</b>	Facility Identification Number (DEP Use):	
	- M. M. 2005B	
	Name and Title of Responsible Official:  Ahmed  Responsible Official Mailing Address: Organization/Firm: Sand H Industries, Inc / Dixie Cleaners	
- C	Name and Title of Responsible Official:	
6.	Name and The of Responsible Official.	
	AMIS AMMED KAMIN, Manager VA	u.
7.	Responsible Official Mailing Address: Organization/Firm: Sand H Industries, Inc/Dixie Cleaners Street Address: 390-1257	11.
	Street Address: 1390-12 Cz	
	City: C Zip Code: 2/22	
	37. Cloud Uschala 37767	
8.	Responsible Official Telephone Number:  Telephone: (407)892-4488	
	11 /J4 9 1/2	
Æ	Facility Contact (If different from Responsible Official)	
	Facility Contact (If different from Responsible Official)	
9.	Name and Title of Facility Contact (For example, plant manager):	
	· · · · · · · · · · · · · · · · · · ·	
10	To The Control of the	
10.	Facility Contact Address:	
	Street Address:	
	City: Zip Code:	
1 1	Facility Contact Tolophone Number	
11.	Facility Contact Telephone Number:  Telephone: ( ) - Fax: ( ) -	
	1 u.v. ( )	

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

#### **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
		lnitially	Device		Initially	Device		Initially	Device
Type of Machine	lD	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91	or	#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit	15	Jan 93	18-7/	<i>-</i> ₩-	93	<del>\\-</del>			
(1) w/ ref. condenser	70.		, <u>, , , , , , , , , , , , , , , , , , </u>	<del>"</del>	<del>, 2 ·</del>				1
(2) w/ carbon adsorber	_						_		
(3) w/ no controls		-	_	<del> </del>					
Washer Unit						L			
(4) w/ ref. condenser									
(5) w/ carbon adsorber			_	<del> </del>					
(6) w/ no controls			-						
Dryer Unit				1		-L		L	
(7) w/ ref. condenser		_							
(8) w/ carbon adsorber		-						-	
(9) w/ no controls				<del> </del>				-	<del>                                     </del>
Reclaimer Unit				1				1	
(10) w/ ref. condenser		<u> </u>							
(11) w/carbon adsorber			_		7			_	
(12) w/ no controls		1		1				_	
<ul> <li>(b) Control devices are</li> <li>(c) No control devices</li> <li>2.(a) What was the total of the control devices</li> <li>(b) If less than 12 montrol Check why it is less</li> </ul>	are ro	equired to be ity of perchlo ons ow many? [	installed [A	ARK (perc)					
3. What is the facility's so (Indicate with an "X".  Existing small ar  Existing large are	Selec MAI ea so	et one classifi RK OUT ource	cation only.	) ew sn	initions found nall area sour	rce 🔀	3) of	Part II?	
LAISTING TOTAL	Ju 301		140	C ** 1a	i pe ai ca soui	· L	J		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pur (Indicate with an "X".)	suant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber R	efrigerated condenser MARK OUT
New small area source Refrigerated condenser	MAKKOUI
New large area source Refrigerated condenser	-
•	·
5. A facility which contains non avamnt emissions unit	s shall not be eligible to use the general permit pursuant
to Rule 62-213.300, F.A.C. Verify that all steam and he exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have boiler HP or less), and (2) are fired exclusively by natural during which propane or fuel oil containing no more the	ral gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and	Recordkeeping Information
Check all logs which are required to be kept on-site in a	ccordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	[Xeg]
(b) Leak detection inspection and repair	[Xeg]
(c) Refrigerated condenser temperature monitoring	[Yes]
(d) Carbon adsorber exhaust perc concentration monitor	ring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	Yes

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

#### Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
<u>×</u> 1	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the
aintain	ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
aintain omply w	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
aintain omply w	ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.

PAGE 2 OF 5

#### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

X

COMPLAINT/DISCOVERY

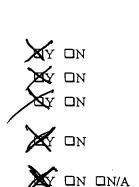
RE-INSPECTION

AIRS ID#: 0970058 DATE: 5/20/9	77 time in: <u>9:00</u> time out:
FACILITY NAME: S+ H Indus	tries, Inc/Dixie Cleaners
facility location: <u>4038</u>	13th Street
St. Clou	d, FL 34769
PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	$\boldsymbol{\times}$
2. New facility notified DARM 30 days prior to start	tup
3. Facility failed to notify DARM to use general period	mit
D. D. W. GY I CONTROL MICH.	
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 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,>
This is a correct facility classification	UY UN
If no, please check the appropriate classification:	
facility qualified for a general perm facility exceeds above limits and is	
B. The total quantity of perchloroethylene (perc) pu facility was <b>50</b> gallons.	rchased within the preceding 12 months by this dry cleaning

#### PART III: GENERAL CONTROL REQUIREMENTS

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

- 1. Storing perchloroethylene in tightly sealed and impervious containers?
- 2. Examining the containers for leakage?
- 3. Closing and securing machine doors except during loading/unloading?
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?



#### PART IV: PROCESS VENT CONTROLS

#### In Part II-A:

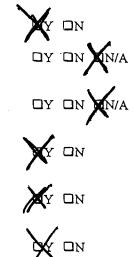
If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

- A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)
- 1. Equipped all machines with the appropriate vent controls?
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?



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 location on dry-to-dry, reclaimer, and dryer machines on a weekly basis? **D**Y □N 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? UY UN Is the temperature differential equal to or greater than 20° F? UY UN 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? QY QN QN/A Is the perc concentration equal to or less than 100 ppm? QY QN 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? DY DN 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? QY QN QN/A 6. Routed airflow to the carbon adsorber (if used) at all times? DY DN DN/A

#### PART V: RECORDKEEPING REQUIREMENTS

#### Has the responsible official:

(check appropriate boxes)

- 1. Maintained receipts for perc purchased?
- 2. Maintained rolling monthly averages of perc consumption?
- 3. Maintained leak detection inspection and repair reports for the following:
  - a. documentation of leaks repaired w/in 24 hrs? or;
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?
- 4. Maintained calibration data? (for direct reading instruments only)
- 5. Maintained exhaust duct monitoring data on perc concentrations?
- 6. Maintained startup/shutdown/malfunction plan?
- 7. Maintained deviation reports?

Problem corrected?

8. Maintained compliance plan, if applicable?

# a 2 days OY ON OY OY ON OY

#### PART VI: LEAK DETECTION AND REPAIRS

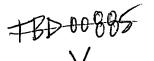
1. Does the responsible official conduct a weekly leak detection and repair inspection?

Y ON

PAGE SOFS

	<u>.</u>				
2. Which method	d of detection is used by	the respon	nsible official?		
Visual e	xamination (condensed	solvent or	exterior surfaces	)	
Physical	detection (airflow felt t	through ga	iskets)		
Odor (n	oticeable perc odor)				
Use of d	irect-reading instrumen	tation (FII	D/PID/calorimetri	c tubes)	′ 0
If using	direct-reading instrun	nentation,	, is the equipmen	t:	
	a Capable of detecting	g perc vape	or concentrations	in a range of 0-500 ppm	? DY DN
	b. Calibrated against a (PID/FID only)?	standard	gas prior to and a	fter each use	оч ом
1 N/	c. Inspected for leaks a	and obviou	is signs of wear or	n a weekly basis?	Y DN
$\mathbb{N}/\mathcal{I}$	d. Kept in a clean and	secure are	a when not in use	?	XY DN
1 2 11 1	e. Verified for accurac	y by use o	f duplicate sample	es (calorimetric only)?	OY ON
3. Has the facilit	y maintained a leak log	?			DY X
4. Does the resp	onsible official check the	e followin	g areas for leaks?		
	nnections, fittings,				/ <u>^</u>
11	igs, and valves	XY	□и	Muck cookers	A DY DN
Door ga	skets and seating		□N	Stills MA	NO YO
Filter ga	skets and seating	<b>X</b>	□и	Exhaust dampers	<b>X</b> Y □N
Pumps			□И	Diverter valves	DN □N
Solvent	tanks and containers	XX	□и	Cartridge filter housi	ngs ON
Water s	eparators	XX	ПИ		
Jeff Deff	me of Responsible Office Property's Name (Please Property's Signature	us	to	5/5	aspection / 9 8

ADDITIONAL SITE INFORMATION:		
<i>:</i>		
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## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<u> </u>	COMPLAINT DISCOVERY	1
AIRS ID#: 0970058  FACILITY NAME:	DATE: 1/10/47 DIXIE CLEAN	_	N: 1135 TIME OUT: 214	<u> </u>

51. CLOWS, FL 34771

FACILITY LOCATION: 438 /374 ST

#### PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate 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 INSTALLED 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) 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 before 12/9/91) (constructed on or after 12/9/91) $\Box Y$ $\square N$ This is a correct facility classification If no, please check the appropriate classification: facility qualified for a general permit as number \_\_\_\_\_ above facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 100 gallons. ESTIMATE

#### 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? NO STORAGE 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? □Y □N **X**IN/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 prior to September 22, 1993 installed If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? MY ON ON/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 condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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?	OY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
Is the temperature differential equal to or greater than 20° F?	□Y □N
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	□Y □N □N/A
Is the perc concentration equal to or less than 100 ppm?	□У □И
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
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?	<b>A</b> Y □N
2. Maintained rolling monthly averages of perc consumption?	ĎΥ <b>¼</b> Ν
3. Maintained leak detection inspection and repair reports for the following:	1
a. documentation of leaks repaired w/in 24 hrs? or;	DA <b>X</b> N
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 MY
4. Maintained calibration data? (for direct reading instruments only)	AVA NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON `
6. Maintained startup/shutdown/malfunction plan?	XY DN
7. Maintained deviation reports?	'OY XN
Problem corrected?	□Y MN
8. Maintained compliance plan, if applicable?	DY DN DN/A

PART VI: LEAK DETECTION AND REPAIRS	
	<u> </u>
1. Does the responsible official conduct a weekly leak detection and repair inspection?	NO Y

				_		
2. Which method of detection is used by	the respon	sible offici	ial?			
Visual examination (condensed solvent on exterior surfaces)				×		
Physical detection (airflow felt the	Physical detection (airflow felt through gaskets)					
Odor (noticeable perc odor)				<b>/X</b>		
Use of direct-reading instrument	tation (FII	)/PID/calor	rimetric tubes)	<b>'</b>		
If using direct-reading instrun	entation,	is the equi	ipment:	,		
a. Capable of detecting	perc vapo	or concentra	ations in a range of 0-500 ppm?		אב	
b. Calibrated against a (PID/FID only)?	standard g	gas prior to	and after each use		מכ	
c. Inspected for leaks a	nd obviou	s signs of v	wear on a weekly basis?	OY ON		
d. Kept in a clean and	secure are	a when not	t in use?		מב	
e. Verified for accurac	y by use of	duplicate	samples (calorimetric only)?		אב	
3. Has the facility maintained a leak log	?			OY 5	N	
4. Does the responsible official check the	e following	g areas for	leaks?	,		
Hose connections, fittings, couplings, and valves	þγ	□N	Muck cookers	<b>X</b> Y	ПN	
Door gaskets and seating	YY	□N	Stills	χY	ПN	
Filter gaskets and seating	$\not\!$	ПN	Exhaust dampers	ΩY	ΩИ	
Pumps	<b>\</b> Y	М	Diverter valves	$\mathbf{Y}_{\mathrm{Y}}$	ПΝ	
Solvent tanks and containers	$\not\not\!$	ΠN	Cartridge filter housings	/Y	□N	
Water separators	$\not\!$	□N				
NAZIR AHMED OWNE Name of Responsible Office Louis A. NICHON Inspector's Name (Please Province of Machael Inspector's Signature	ial		Date of Insper		spection	
	DIXIE ( 89: SHIPPIN	374 ST CLEANE 2-4411 IG RECE	EIPT	· -:		
PHONE #			DATE			

#### ADDITIONAL SITE INFORMATION:

- BUSINESS WAS SOLD TO PRESENT OWNER AN DEPTEMBER 1996. OWNER NOT PRESENT DURING-INSPECTION BUT ADVISORY WAS LEFT WITH MILDRED WEBB —
- SAFETY KLEEN PLUSUP WASTE
- ARROTECH 400 40 LB
- HAS CONTAINMENT PAN
- USING CARBON FILTERS IN MACHINE

ANNUAL COMPLIANCE CER	Y GENERAL PI		1100
ANNOTE CONFIDENCE CEN			_
FACILITY NAME: DIXIR CHAMMERS		DATE: <u>/</u>	12/2/90
FACILITY LOCATION: 4038- 13STREET			/ /
St. Cloud Ph 34	1769	_	
	<del>, ,</del>		
Annual Reporting Period:	то	[2]	19 9
		_/	
Based on each term or condition of the Title V general air permit, my fac			_
22-213.300, Florida Administrative Code (F.A.C.), during the period cov	vered by this statement.	YES	NO
f NO, complete the following:			
1. Term or condition of the general permit that has not been in continu	ous compliance during t	he reporting period	stated above:
<u> </u>			
Exact period of non-compliance: from	to		
-	to		
Action(s) taken to achieve compliance:	to		
Exact period of non-compliance: from  Action(s) taken to achieve compliance:  Method used to demonstrate compliance:	to		
Action(s) taken to achieve compliance:  Method used to demonstrate compliance:		he reporting period	stated above:
Action(s) taken to achieve compliance:  Method used to demonstrate compliance:		he reporting period	stated above:
Action(s) taken to achieve compliance:  Method used to demonstrate compliance:  2. Term or condition of the general permit that has not been in continu	ous compliance during t		
Action(s) taken to achieve compliance:  Method used to demonstrate compliance:  2. Term or condition of the general permit that has not been in continue.  Exact period of non-compliance: from	ous compliance during t	he reporting period	
Action(s) taken to achieve compliance:  Method used to demonstrate compliance:  2. Term or condition of the general permit that has not been in continue  Exact period of non-compliance: from	ous compliance during t	RECEL	
Action(s) taken to achieve compliance:	ous compliance during t	RECEI	VED

\*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.

Name (Please Print)

Page \_\_\_\_\_ of \_\_\_\_.

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#### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE O	F INSPE	ECTION:
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ANNUAL

COMPLAINT/DISCOVERY

**RE-INSPECTION** 

	7	ı	
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		_	_

AIRS ID#: $97058$ DATE: $9707$ TIME IN: $2.25$ TIME OUT:	2:50
FACILITY NAME: Divie Cleavers	
FACILITY LOCATION: 4038 13th Street	
St. Clond, FL.	
RESPONSIBLE OFFICIAL: Ams VInam PHONE: 467-892-	4411
, , , , , , , , , , , , , , , , , , , ,	
CONTACT NAME:PHONE:	
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup	
2. Facility failed to notify DARM to use general permit	
	- · · · · · · · · · · · · · · · · · · ·
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:  (check appropriate box)  □ No notification form □ Drop store/out of business/p	otroloum
$\ \hat{\mathbf{A}}_{\cdot}\ $	euoieum
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, $200 \le x \le 1,800$ gal/yr	
transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ 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	
If no, please check the appropriate classification:	
facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this d facility was gallons.	ry cleaning

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? 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 ON ON/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 DY DN MN/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 □N □N/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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?		אב	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?		ו אב	□N/A
	Is the temperature differential equal to or greater than 20° F?		אב	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,		<b></b>	
	if machines are equipped with a carbon adsorber?			□N/A □N/A
4.	Is the perc concentration equal to or less than 100 ppm?  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,		⊒IA	UN/A
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY (	אכ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?		אכ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y (	ИС	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	·
1. Maintained receipts for perc purchased?	May □n
2. Maintained rolling monthly total of perc consumption?	AT □N
3. Maintained leak detection inspection and repair reports for the following:	, ,
a. documentation of leaks repaired w/in 24 hrs? or;	MY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	A'NO NO A'A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ÓWA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ZINA
6. Maintained startup/shutdown/malfunction plan?	DAX □N
7. Maintained deviation reports?	DY ON ON/A
Problem corrected?	A/MED YO
8. Maintained compliance plan, if applicable?	אוחם אם (אַעַ

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a	weekly (for small sources,	bi-weekly) leak detection ar	ıd repair		
inspection?			XY □N		
2. Has the facility maintained a leak log?	EXRAND		DY DN		
3. Does the responsible official check the	following areas for leaks?		•		
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	¹Y □N □N/A		
Door gaskets and seating	<sup>(1</sup> □Y □N □N/A	Stills	Y ON ON/A		
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY DN DN/A		
Pumps	DY ON ON/A	Diverter valves	Y ON ON/A		
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	□Y □N □N/A		
Water separators	¹Y □N □N/A				
4. Which method of detection is used by t	the responsible official?		/		
Visual examination (condensed s	olvent on exterior surfaces				
Physical detection (airflow felt th	rough gaskets)				
Odor (noticeable perc odor)		ز			
Use of direct-reading instruments	ation (FID/PID/calorimetric	tubes)			
Halogen leak detector		·			
If using direct-reading inst	nent:	EIN/A			
a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	□Y □N		
b. Calibrated against a (PID/FID only)?	standard gas prior to and a	iter each use	□Y □N		
c. Inspected for leaks a	nd obvious signs of wear or	a weekly basis?	□Y □N		
d. Kept in a clean and s	secure area when not in use	?	□Y □N		
e. Verified for accuracy	by use of duplicate sample	s (calorimetric only)?	□Y □N		
·					
Inspector's Name (Please Pri	DURESHI	Date of Inspe	7 ection		
$\mathcal{X}$					
12/98					
Inspector's Signature		Approximate Date of	Next Inspection		

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

TYPE OF INSPECTION:	annual 🗶	COM	PLAINT/DISCOVERY	RE-INSPECT	ION
TIME IN: 2:25	TIME OUT:	1:50	AIRS ID#:	D97-0058	<b>&gt;</b>
TYPE OF FACILITY: Dru	cleaning.		<u>.</u>		
FACILITY NAME: DIX	i Cleaners			DATE: 13/3	197
FACILITY LOCATION:	4638 13th St				
	3h Clords Fr				
RESPONSIBLE OFFICIAL:	Anis Khan		PHONE NUMB	ER: 407-893 -	4411
	the compliance requirement Rule 62-213.300, Florida A		ted during this inspection, the	a facility is found to be	in
Based on the results of discrepancies were not		nts evalua	ted during this inspection, the	e following compliance	
COMPLIANCE REQ	UIREMENT/PROBL	EM	FOLLOW-UP AC	CTION REQUIRE	D
	·				
٠.			,		
COMMENTS:  log were S  left him	uffizient - no with record	+ M	orough (homen	rade datas	sheet)
The Association Continue Conti	Carrier Carre has been man		and and submitted to the inco	ector. YES	моП
The Annual Compliance Certinate OF NEXT INSPECTS		12198	ned and submitted to the insp	COOL TESIX	NO
	SAAN	(Ap	proximate)		
INSPECTION CONDUCTE	D BY: OHPD	-	ease Print) /	111	
INSPECTOR'S SIGNATUR	E:	(17)	PHONE NUM	90+) BER: 894-7	4555
	U,	Doge	of "	,	Davised 10/0

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

S & H INDUSTRIES INC ANIS AHMED KHAN 4038 13 STREET ST CLOUD FL 34769 AIRS ID 0970058

Do NOT Remove Label

Annual Reporting Period:	19 <i>98</i> to	
_	neral air permit, my facility has remained in compliance), during the period covered by this statement.	/
If NO, complete the following:		
#1. Term or condition of the general permit that h	has not been in continuous compliance during the re	porting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:	, .	•
#2. Term or condition of the general permit that h	has not been in continuous compliance during the re	porting 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. Further	information and belief formed after reasonable inquiry, r, my annual consumption of perchloroethylene solvent, facilities or 1,800 gallons per year for transfer or combi	based upon purchase receipts,
RESPONSIBLE OFFICIAL: Name (Ple	ease Print) Signature	2/13/98 Date

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

#### INTEROFFICE MEMORANDUM

Sensitivity: COMPANY CONFIDENTIAL Date: 05-Aug-1999 05:01pm

From: Randall Cunningham ORL 407/894

CUNNINGHAM R@a1.deporl.dep.state.fl.us

Dept: Tel No:

To: Sandy Bowman TAL ( BOWMAN\_S@A1 )
CC: Rick Butler TAL ( BUTLER\_R@A1 )

Subject: New owner of dry cleaner

Hello,

0970058 Dixie Cleaners has a new owner. I spoke to new owner and will drop off a notification form for them on Monday.

I didn't inactivate them. Is there anything else for me to do??

--Randall Cunningham Central District

	Oraciolay(na in the long)			
on the reverse side?	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 so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write 'Return Receipt Requested' on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and delivered.	ce does not le number. nd the date	Addressee's Address     Restricted Delivery Consult postmaster for fee.	
ADDRESS completed	3. Article Addressed to:  AIRS ID 0970058  S & H INDUSTRIES INC AMIS AHMED KHAN 4038 13 STREET ST CLOUD FL 34769	4a. Article N  2 3 33  4b. Service  Registere  Express  Return Re  7. Date of De	Type  ed	red is
s your RETURN	5. Receive(I)By: (Print Name)  (Address@G)or)Agent)	8. Addressed and fee is	,	Thank
	PS Form 3811, December 1994		Domestic Return Rec	eipt

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1	JS Postal Service  Receipt for Cert  No Insurance Coverage F  Do not use for Internation	Provided	d.		_
1	Sent to				1
):	& H INDUSTRIES INC IIS AHMED KHAN 88 13 STREET CLOUD FL 34769	AIF	RS ]	ID 0970058	
L	Cerulleu noo				4
١	Special Delivery Fee				
	Restricted Delivery Fee				
Ì	Return Receipt Showing to Whom & Date Delivered				
ŀ	Return Receipt Showing to Whom, Date, & Addressee's Address				
	TOTAL Postage & Fees	\$			
	Postmark or Date				

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

AIRS ID # 0970058

DIXIE CLEANERS
ANIS AHMED KHAN
4038 13 STREET
ST CLOUD FL 34769

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

TOTAL Postage & Fees
Postmark or Date

ADDRESS completed on the reverse side?	©complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article with the Receipt will show to whom the article was delivered and delivered.  3. Article Addressed to:  AIRS ID # 0970058  DIXIE CLEANERS  ANIS AHMED KHAN  4038 13 STREET  ST CLOUD FL 34769	e front of the mailpiece, or on the back if space does not the mailpiece, or on the back if space does not the transfer on the mailpiece below the article number. Will show to whom the article was delivered and the date will show to whom the article was delivered and the date.  AIRS ID # 0970058  AIRS ID # 0970058  KERS  KHAN  EXPRESS  Registere			
Nautag		8. Address and fee	Delivery  see's Address (Only if requested is paid)  79 Domestic Return Receipt		

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	US Postal Service Receipt for C No Insurance Covera Do not use for Interna	<b>ertifi</b> ge Prov Itional N	<b>ed Mai</b> rided. Mail <i>(See re</i>	I ( ( ( ( ) )
4	DIXIE CLEANERS ANIS AHMED KHAN 038 13 STREET I CLOUD FL 34769	,	AIRS ID#	
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ril 199	Return Receipt Showing to Whom & Date Delivered			
₹	Return Receipt Showing to Whom, Date, & Addressee's Address			
8	TOTAL Postage & Fees	\$		
PS Form <b>3800</b> , April 1995	Postmark or Date			

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Is your RETURN ADDRESS completed on the reverse side?	■ Complete item ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we card to you. ■ Attach this form to the front of the mailpiece, or on the back if space permit. ■ Write "Return Receipt Requested" on the mailpiece below the article. ■ The Return Receipt will show to whom the article was delivered and delivered.	e also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	eceipt Service.	
	3. Article Addressed to:  AIRS ID # 0970058  DIXIE CLEANERS  ANIS AHMED KHAN 4038 13 STREET  ST CLOUD FL 34769	4b. Service   Registere   Express   Return Rec	Type ed   Mail   Insured ceipt for Merchandise   COD	you for using Return R
	5. Received By: (Print Name)  CLE'SE M BOLORIMO  6. Signature: (Andrewsee or Agent)  X DOCLA DOCUM	8. Addressee and fee is		Thank
_	PS Form <b>3811</b> , pecember 1994	2595-97-B-0179	Domestic Return Receipt	1

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0361098

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

DIXIE CLEANERS ANIS AHMED KHAN 4038 13 STREET

AIRS ID # 0970058

ST CLOUD FL 34769

LEB 1 3/

MAIL ROOM KECEINED

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.

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID # 0970058

DIXIE CLEANERS DEBORA B DAMASCENO **4038 13TH STREET** ST CLOUD FL 34769

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.

MAIL ROOM

**TOTAL AMOUNT DUE: \$50.00** 

FEB 20 98

Do NOT Remove Label

AIRS ID 0970058

S & H INDUSTRIES INC ANIS AHMED KHAN 4038 13 STREET ST CLOUD FL 34769

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273