

# Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

April 3, 1998

Mr. Minesh M. Patel Metro Cleaners 1220 East Vine Street Kissimmee, Florida 34744

Re: Facility No.: 0970065

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 23, 1998.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Fl 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Anatoliy Sobolevskiy, Central District

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

Corrected on 6/18/98

# Perchloroethylene Dry Cleaning Facility Notification

# Facility Name and Location

1.	Facility Owner/Company	y Name	(Name of cor	poration, agency	, or individual	owner):

# KUBER INC.

2. Site Name (For example, plant name or number):

# METRO CLEANERS

3. Hazardous Waste Generator Identification Number:

# 31787

4. Facility Location: OLD > 7154 W. COLONIAL DR. ORLANDO - ORANGE - 38818

Street Address: 1220 E. VINE ST.

City: KISSIMMEE

County: DSCEOLA

Zip Code: 34744

PRCK/LED

Facility Identification Number (DEP Use):

39287

0910065

## Responsible Official

6. Name and Title of Responsible Official:

MINESH MPATEL, PRESI

7. Responsible Official Mailing Address:

Organization/Firm: METRO CLEANERS

Street Address: 1220 E. VINE ST.

City: CISSIMMEE

County: OSCEOLA-

Zip Code: 34744

8. Responsible Official Telephone Number:

Telephone: (487

(487) 944 - 100/

Fax: (467) 944 - 1104

# Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):

MINESH M PATEL - PRESI.

10. Facility Contact Address:

Street Address: 1220 E. VINE ST.

City: KISSIMMEE

County: OSCEOLA

Zip Code: 34744

11. Facility Contact Telephone Number:

Telephone: (407) 944 - 1001

Fax: (407) 944 - 1104

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

Bureau of Air Monitoring & Mobile Sources

# Surrender of Existing Air Permit(s)

ease indicat	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)					
(X)	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 ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its 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.					
	mptly notify the Department of any changes to the information contained in this notification.  12-3-97					
Signature	Date  Date					
.`						

# **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.

		,	1		T	1			
		Date	Date		Date	Date		Date	Date
		Machine	Control	ĺ	Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DFC-91		#3	02-MAR-92	02-MAR-9
Lample	# <b>1</b>	03-061-73	12-1107 )5	۸.	00 020-51	<del></del> -	""	02	OZ MANI-)
Dry-to-Dry Unit			1 .	-(1				<u></u>	
(1) w/ ref. condenser	#1	NOV 96	NOY96	. \	26	1			
(2) w/ carbon adsorber	#T	NEV-96	NOV-96		140				
(3) w/ no controls			1		1				
Washer Unit		·							
(4) w/ ref. condenser									
(5) w/ carbon adsorber							_		
(6) w/ no controls				_					
Dryer Unit						l <u>- :-</u>	<u> </u>	l	
(7) w/ ref. condenser		1			,	1	Γ –	[	
(8) w/ carbon adsorber					<del>                                     </del>		<del>                                     </del>		<del>                                     </del>
(9) w/ no controls		1				1 .			
Reclaimer Unit		<del></del>					l	<u> </u>	J
(10) w/ ref. condenser		1	<del>i                                     </del>			T		T	T
(11) w/carbon adsorber	-	<u> </u>	-	<del>                                     </del>	<del> </del>	<del> </del>			
(12) w/ no controls	<del>                                     </del>		_	-		<del> </del>			
(12) W/ HO COHOUS				<u> </u>	<u></u>				
(b) Control devices are required, but not yet installed  (c) No control devices are required to be installed  2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  [] gallons									
(b) If less than 12 month Check why it is less	than	ow many:	New owner:	<u>[·</u>	New store	e: [] Did	not k	eep records:	
-	3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)								
Existing small as	ea so	ource []	Ne	ew sn	nall area sou	rce [X	]	•	
Existing large ar	ea so	urce []	No	ew la	rge area sour	rce [	]		

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

4. What control technology is requi (Indicate with an "X".)	red on machines p	oursuant to section (5) o	f Part II of this	notification form?
Existing large area source Carbon adsorber		Refrigerated condense	r []	
New small area source Refrigerated condenser				
New large area source Refrigerated condenser				
5. A facility which contains non-ex	cempt emissions u	nits shall not be eligible	e to use the gen	eral permit pursuant
to Rule 62-213.300, F.A.C. Verify exemption criteria or that no such u	that all steam and			
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co	d exclusively by na	tural gas except for per	iods of natural	
All steam and hot water generating No such units on-site	units exempt	(X)		
٠.				
Equipme	ent Monitoring a	nd Recordkeeping Inf	ormation	
Check all logs which are required to	o be kept on-site i	accordance with the r	equirements of	this general permit:
(a) Purchase receipts and solvent pu	urchases			
(b) Leak detection inspection and re	epair			
(c) Refrigerated condenser tempera	ture monitoring		LXI (	
(d) Carbon adsorber exhaust perc c	oncentration moni	toring		<b>*</b>
(e) Instrument calibration			ال	
(f) Start-up, shutdown, malfunction	n plan		文	to

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

# Perchloroethylene Dry Cleaning Facility Notification

# Facility Name and Location

l.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
	KUBER INC.	
2.	Site Name (For example, plant name or number):	
	METRO CLEANERS	
3.	Hazardous Waste Generator Identification Number:	
	<b>37037</b>	
4.	Facility Location: OLD > 7154 W. COLONIAL DR. ORLANDO - ORANGE - Street Address: 1220 E. VINE St.	<i>૩</i> ૨૪ ૧૬
	Street Address: 1220 E. VINE ST. City: KISSIMMEE  County: DSCEOLA Zip Code: 34744	
5.	Facility Identification Number (DEP Use):	
	79.87 0970065 D	

# Responsible Official

6.	Name and Title of Responsible Official:  MINESH M PATEL,	PRESI-	·
7.	Responsible Official Mailing Address: Organization/Firm: METRO CLE	ANERS	
	Street Address: IDDA F. VINE	ST. County: OSCEOLA	Zip Code: 34744
8.	Responsible Official Telephone Number: Telephone: (407) 944 - 100/	Fax: (467) 944 -	1104

# Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For examp MINESH M PATEL ~	ple, plant manager):  PRESI -
10. Facility Contact Address:	
Street Address: 1220 E. VINE ST City: KISSIMMEE Coun	nty: OSCEOLA Zip Code: 34744
11. Facility Contact Telephone Number: Telephone: (407) 944 - 1001	Fax: (407)944 - 1104

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4/1/98	Spoke to Minesh Patel and
	he stated that his dry cleaning
	and a land of the land
	refrigerated condeaser as control equipment.
	equipment.
p14/60	Mark out dates on Earlonabsorber
	Mark out dates on Earlonabsorber and add dates on (1) refrandenser Should not be marked
kc)	Should not be marked
ļ	
p15(f)	Required Should be marked.
p16	Responsible Official signand date for changes.
	for changes.

# **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 Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91	·	#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		_							
(1) w/ ref. condenser									
(2) w/ carbon adsorber	#1	NEV-96	NOV-96						
(3) w/ no controls									
Washer Unit	<u> </u>								
(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			:						•
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls							-		
		•	•					•	
<ul><li>(b) Control devices are</li><li>(c) No control devices</li></ul>	-					1			
2.(a) What was the total of the control of the cont	quant gallo		oroethylene (	perc)	purchased in	n the latest 12	? moi	nths?	
(b) If less than 12 mon Check why it is les					_] New store	:: [] Did	not k	eep records:	
3. What is the facility's so (Indicate with an "X".					initions foun	d in section (	3) of	Part II?	
Existing small a	rea sc	ource []	Ne	w sn	nall area sou	rce [X	]		
Existing large ar	ea so	urce []	Ne	w la	rge area sour	-ce [	]		

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(Indicate with an "X".)	1?
Existing large area source  Carbon adsorber	
New small area source Refrigerated condenser [X]	
New large area source Refrigerated condenser	
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursu to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:	ant
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.	<b>†</b>
All steam and hot water generating units exempt  No such units on-site	
Four and Manitaging and Decoudly on the York	
Equipment Monitoring and Recordkeeping Information	
Check all logs which are required to be kept on-site in accordance with the requirements of this general perm	iit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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)				
<b>X</b>	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 fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.				
I will pro	omptly notify the Department of any changes to the information contained in this notification.				
	to fall 12-3-97				



# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

March 23, 1998

Mr. Minesh M. Patel Metro Cleaners 1220 East Vine Street Kissimmee, Florida 34744

Dear Mr. Patel:

The Bureau of Air Monitoring and Mobile Sources recently received your Perchloroethylene Dry Cleaning Notification Form and check (#5229) in the amount of \$50.00.

We appreciate your submittal. However, your check is being returned to you since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation and subject to the requirements of the general permit. The Department will send you an invoice in time for the next payment cycle.

If you have any questions, please call me at 850/921-9583.

Sincerely,

Sandra Bowman

Environmental Manager

Mobile Source Control Section

Bureau of Air Monitoring

and Mobile Sources

METRO CLEANERS

1220 E. VINE STREET

5025 WEST COLONIAL DRIVE

KISSIMMEE, FLORIDA 34744

(407) 944-1001

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ORLANDO-FLORIDA 32808

(407) 944-1001

PAYTO Defortment of Environmental Doctect Pate 3-16-9-8

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Perchloroethylene Dry Cleaning Facility Notification

# Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
	KUBER INC.	
2.	Site Name (For example, plant name or number):	
	METRO CLEANERS	
3.	Hazardous Waste Generator Identification Number:	٠.
	<b>3728</b> 7	
4.	Facility Location: OLD -> 7154 W. COLONIAL DR. ORLANDO - ORANGE - 36 Street Address: 1220 E. VINE ST.	२८।८८
	City: KISSIMMEE County: DSCEDLA Zip Code: 34744	
5	Facility Identification Number (DEP Use): 9920065	

# Responsible Official

6.	Name and Title of Responsible Official:  MINESH MPATEL, PRESI-
7.	Responsible Official Mailing Address:  Organization/Firm: METRO CLEANERS  Street Address: IRRO E. VINE ST.  City: KISSIMMEE  County: OSCEOLA  Zip Code: 34744
8.	Responsible Official Telephone Number: Telephone: (487) 944 - 100/ Fax: (467) 944 - 1104

# Facility Contact (If different from Responsible Official)

9.	Name and Title of Facility Contact (For MINESH M PATEL	example, plant manager):		
 10.	Facility Contact Address:			
	Street Address: 1220 E. VINE City: KISSIMMEE	ST. County: OSCEOLA	Zip Code: <b>34744</b>	
11.	Facility Contact Telephone Number: Telephone: (407) 944 - 100	Fax: (407	1)944-1104	

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Return Check to Mutuo Cleaners 1220 E Vine St. Kissimmee, FL 34744 ATRS 1D#: 0970065

**P** Revised 09/15/97

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Annual Reporting Period:    Nov. 96	( <u>Y</u> )			
Annual Reporting Period:    No   No   No   No   No   No   No   N	FACILITY NAME: METR	O CLEANERS		DATE: <u>12-3-97</u>
Annual Reporting Period:    No   No   No   No   No   No   No   N	FACILITY LOCATION: 1220	E. VINE ST	•	
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES NO  If NO, complete the following:  #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  **RECEIVED**  Exact period of non-compliance: from  Action(s) taken to achieve compliance:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  Exact period of non-compliance: from  Action(s) taken to achieve compliance:  Method used to demonstrate compliance during the reporting period stated above:  Method used to demonstrate compliance during the reporting period sta	4		/	
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.    #YES	Annual Reporting Period:	Nov. 96 19	ro	No v 97 19
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  RECEIVED  Exact period of non-compliance: from				
Exact period of non-compliance: from	If NO, complete the following:			
Action(s) taken to achieve compliance:  Method used to demonstrate compliance:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #3. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #4. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #4. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #5. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #6. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #6. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #6. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #6. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #6. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #6. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #6. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #6. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #6. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #6. Term or cond	#1. Term or condition of the general permi	t that has not been in continuous con		
Action(s) taken to achieve compliance:  Method used to demonstrate compliance:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  Exact period of non-compliance: from  Action(s) taken to achieve compliance:  Method used to demonstrate compliance:  Method used to demonstrate compliance:  As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Mines H M Patel  A Mobile Sources  La Mobile Sources  La Mobile Sources  La Mobile Sources	Exact period of non-compliance: from	·	to	MAR 2 7 1998
Method used to demonstrate compliance:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  Exact period of non-compliance: from  Action(s) taken to achieve compliance:  Method used to demonstrate compliance:  As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  MINESH M Patel  RAMBER M	Action(s) taken to achieve compliance:	·		
Exact period of non-compliance: from	Method used to demonstrate compliance:			
Exact period of non-compliance: from	#2. Term or condition of the general permi	it that has not been in continuous con	mpliance during the repor	ing period stated above:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  MINESH M Patel  RESPONSIBLE OFFICIAL:	Exact period of non-compliance: from			
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  MINESH M Patel  RESPONSIBLE OFFICIAL:	Action(s) taken to achieve compliance:			•
made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  MINESH M Patel  12-3-97-	Method used to demonstrate compliance:	*		
made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  MINESH M Patel  12-3-97-				
RESPONSIBLE OFFICIAL: MINESH M Patel to 121 12-3-97	made in this notification are true, accurate upon purchase receipts, does not exceed 2,	and complete. Further, my annual	consumption of perchloro	ethylene solvent, based
Name (Please Print) Signature Date	M. ve	SH M Patel =	to full	12-3-97
	N:	ame (Please Print)	Signature	Date

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<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.

# PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTIO	COMPLAINT/DISCOVERY
FACILITY NAME: Hoto Ch	• 1
FACILITY LOCATION: 1220 E	
II	e FL 34744
RESPONSIBLE OFFICIAL: Minesh	Patal PHONE: 407-944-1007
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(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
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)  A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification	□Y □N □Can not determine
If no, please check the appropriate classific for a general facility exceeds above ling	- e- (1)

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# 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? □N □N/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 □N □N/A cendenser 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? □N □N/A 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:			
۱,	Measured and recorded the exhaust temperature on the outlet side of the condenser located			
∥¹.			<b></b>	
	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ШN	
∥2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	$\Box$ Y	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	$\Box$ Y	$\square N$	□N/A
<b>∥</b> 3.	Measured and recorded the perc concentration in the exhaust stream weekly			
<b>∥</b> ⁻ .	at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ЦY	ЦΝ	□N/A
]	Is the perc concentration equal to or less than 100 ppm?			□N/A
	is the perceptication education of less than 100 ppm?	<b>_</b> I	UIV.	UIV/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?	$\Box v$	ΠN	□N/A
	or expansion, and sownstream nom no other met:	<b>J</b> 1	<b>L</b>	WIWA.
_ ا				
٥.	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
	condenser coils?	$\Box$ Y	ΠИ	□N/A
6	Routed airflow to the carbon adsorber (if used) at all times?	$\Box \mathbf{v}$	ΠN	□N/A
∥ ॅ.		<b>_</b> 1	<b>—</b> 111	
4				

# PART V: RECORDKEEPING REQUIREMENTS

_					
	Tas the responsible official: check appropriate boxes)				
1.	Maintained receipts for perc purchased?	XY ON			
2.	Maintained rolling monthly total of perc consumption?	NO YX			
3.	Maintained leak detection inspection and repair reports for the following:	1.			
	a. documentation of leaks repaired w/in 24 hrs? or;	DN/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?	XY ON ON/A			
4.	Maintained calibration data? (for applicable direct reading instruments)	DY DN DAN/A			
5.	Maintained exhaust duct monitoring data on perc concentrations?	DY DN DXVA			
6.	Maintained startup/shutdown/malfunction plan?	XY DN			
7.	Maintained deviation reports?	AND N DOWN			
	Problem corrected?	OY ON MYA			
8.	Maintained compliance plan, if applicable?	DY DN DRIVA			

PART V	PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspe	ction?		٠		XX	□N
2. Has th	ne facility maintained a leak log?				ØŶ	ПN
3. Does	the responsible official check the t	following	areas for leaks?			
	Hose connections, fittings, couplings, and valves		N □N/A	Muck cookers	фү	□N □N/A
	Door gaskets and seating		N □N/A	Stills	ÞΥ	□N □N/A
	Filter gaskets and seating		N □N/A	Exhaust dampers	ÞΥ	□N □N/A
	Pumps	ום צם	N □N/A	Diverter valves	ÞΥ	□N □N/A
	Solvent tanks and containers	ום צם.	N/A	Cartridge filter housings	ЬΥ	□N □N/A
	Water separators	dy oi	N □N/A			
4. Which	h method of detection is used by th	ne respons	ible official?			
	Visual examination (condensed so	lvent on e	xterior surfaces)		X	
	Physical detection (airflow felt thr	ough gask	tets)	•	( <b>)</b>	
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector				X	
	If using direct-reading instru	ımentatio	n, is the equipme	ent:	□N/	Ά.
	a. Capable of detecting p	erc vapor	concentrations in	a range of 0-500 ppm?	ΠY	□и
	<ul><li>b. Calibrated against a st (PID/FID only)?</li></ul>	andard ga	s prior to and afte	r each use	ΠY	□N
	c. Inspected for leaks an	d obvious	signs of wear on	a weekly basis?	ΠY	□N
	d. Kept in a clean and se	cure area	when not in use?	•	ΩY	□N
	e. Verified for accuracy	by use of	duplicate samples	(calorimetric only)?	ΠY	□и
				•		
			,			
	, 5			•		
	Inspector's Name (Please Prin	t)		Date of Inspection		
	-			<del>-</del>		
						<b></b>
	Inspector's Signature			Approximate Date of 1	Next I	nspection

Real Star Pan? yes epoxy? yes

Panfor hazardous waste 2 yes MCF, nazardous waste. Nas Zero waste machini

INCOMPLIANCE

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 2.00 TIME OUT: 2:55	AIRS 10#: 09 70065
TYPE OF FACILITY: Drucleaners	
FACILITY NAME: Weto cleaners	DATE:
FACILITY LOCATION: 1220 E, Une 5	treet Vissimer FL 34744
RESPONSIBLE OFFICIAL: Nunesh Ruld	PHONE NUMBER: 407 944 100
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 evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	RECEIVED
	JUL - 6 1998
· .	JUL - 6 1998  Bureau of Air Monitoring  & Mobile Sources
· .	
· .	
	& Mobile Sources
comments: newmachine USing Calendar, record	& Mobile Sources
COMMENTS: New machine USing Calendar, Yocord  IN COMMENTS: The Annual Compliance Certification form has been properly certification.	Cepeng H. fixed notification form.
DATE OF NEXT INSPECTION: 6/9°	Ecepeng H. fixed notification form.  MPLIANCE  ied and submitted to the inspector. YES NOL
DATE OF NEXT INSPECTION:  (Application Conducted By:  (App	Cepeng H. fixed notification form.
DATE OF NEXT INSPECTION:  (Application Conducted By:  (App	Ecepeng W. fixed notification form.  MPLIANCE  ied and submitted to the inspector. YES NOL

Page\_\_\_of\_\_

	$\checkmark$	
PERCHLOROETH	IYLENE DRY CLEANERS	
DATE 1-30-99 TITLE V	GENERAL PERMIT	
COMPLIANCE	INSPECTION CHECKLIST	
TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY	-
Usciola 0970065 RE-INSPECTIO	N(	
The same of the same of	7/4	
AIRS ID#: $\frac{5/28}{2}$	3/99 TIME IN: 12:50 TIME OUT: 1:05	pm
FACILITY NAME: <u>Metro</u> C	leaners (Kuber Inc)	)
FACILITY LOCATION: 1220	E. Vine St.	_
K1551n	mee, TL	
RESPONSIBLE OFFICIAL: Minesh	Pate PHONE: (407) 944 -10	01
RESPONSIBLE OFFICIAL: 1 (1)	2 + 1 0 - 2001 10	<u>-</u> /
CONTACT NAME: MINESTY	916 PHONE: (407)747-100	31
PART I: NOTIFICATION		
(check appropriate box)		ļ
1. New facility notified DARM 30 days prior to sta	rtup	
2. Facility failed to notify DARM to use general pe	rmit $\square$	'l
PART II: CLASSIFICATION		
Facility indicated on notification form that it is:	☐ No notification form	
(check appropriate box)	☐ Drop store/out of business/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 < 200 gal/ут	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	77
dry-to-dry only, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr } \approx 8$	
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800$ gal/yr	77
both types, $140 \le x \le 1,800 \text{ gal/yr}$	both types, $140 \le x \le 1,800 \text{ gal/yr}$	
(constructed before 12/9/91)	(constructed on or after 12/9/91)	2
5. This is a correct facility classification	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )	177
If no, please check the appropriate classific	ná.	O
facility qualified for a ge	<b>→</b>	ı
	nits and is not eligible for a general permit	
II		ı
B. The total quantity of perchloroethylene (perc) p facility was 10 gallons.	urchased within the preceding 12 months by this dry cleani	ng

# PART III: GENERAL CONTROL REQUIREMENTS

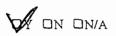
Is the responsible official of the dry cleaning facility: (check appropriate boxes)

- 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?

		□N/A
Y	ΩИ	□N/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?

CLOSED .

DY DN

2. Equipped dry-to-dry machines with a closed-loop

closed-loop vapor venting system?

AX DN DN/A

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

DN/A

- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?
- MY ON
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?
- AVY. ON ON/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

 $V/\Delta$ 

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
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
or expansion; and downstream from no other inlet?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	AVAC NO YC
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 averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: □N □N/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY ON ON/A and parts installed w/in 5 days of receipt? אם עם 🗹 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected? DY ON K 8. Maintained compliance plan, if applicable?

## PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair $\square N$ inspection? 2. Has the facility maintained a leak log? ПN 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, LOY ON ON/A DY DN M/A Muck cookers couplings, and valves Y DN DN/A UN DN/A Stills Door gaskets and seating DY DN M/A YOY ON ON/A Exhaust dampers Filter gaskets and seating AND NO YOU ON ON/A Diverter valves Pumps DN DN/A Cartridge filter housings □N □N/A Solvent tanks and containers ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) EXCESSIVE Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? DY BX e. Verified for accuracy by use of duplicate samples (calorimetric only)?

Inspector's Name (Please Print)

Johnsberger's Signature

5/28/99
Date of Inspection

5/30/2000
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATI	ON:		
	•		
		1	
·			

# PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

١'n	arms	6/19/198
(1)	El	ps

TYPE OF INSPECTION:

PART I: NOTIFICATION

(check appropriate box)

ANNUAL

COMPLAINT/DISCOVERY

**RE-INSPECTION** 

AIRS ID#: 098 0065 DATE: 6/19/98 TIM	E IN: <u>2'CO</u> TIME OUT: <u>2'55</u>
FACILITY NAME: 400 Changes	
FACILITY LOCATION: 1220 E. Vinne S	treet.
Vissimme. F	-634744
RESPONSIBLE OFFICIAL: Minesk Patel	PHONE: 407 -944-100)
CONTACT NAME:	PHONE:

( and appropriate date)	D == -	
1. New facility notified DARM 30 days prior to star	TUP RECEIVED 0	
2. Facility failed to notify DARM to use general per		
	NEC 4	
	20 1 4 1779	
PART II: CLASSIFICATION	Bureau of Air Monitoring	
Facility indicated on notification form that it is:	No Hother Action form	
(check appropriate box)	☐ Drop store/out of business/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 < 200 gal/yr	dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$	
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, $140 \le x \le 2,100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$	
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	
both types, $140 \le x \le 1,800 \text{ gal/yr}$	both types, $140 \le x \le 1,800 \text{ gal/yr}$	
(constructed before 12/9/91)	(constructed on or after 12/9/91)	
(	(-5.100.00.00.00.00.00.00.00.00.00.00.00.00	
5. This is a correct facility classification	□Y □N □Can not determine	
If no, please check the appropriate classific	ation:	
	neral permit as number above	
	nits and is not eligible for a general permit	
a latinty exceeds above in	and is not engine for a general permit	
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was <u>in logallons</u> .		

# 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 DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber

# PART IV: PROCESS VENT CONTROLS

beds according to the manufacturer's specifications?

### 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).

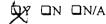
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993

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

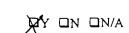
# A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls? □N □N/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/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?











D	Heads were sittle official of an existing to the site of the site	<del></del>	
D.	Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	□Y □N	
2.	Measured and recorded the washer exhaust temperature at the condenser		•
	inlet and outlet weekly?	□Y □N	□N/A
	Is the temperature differential equal to or greater than 20° F?	□Y □N	□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?	□Y □N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	□Y □N	□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?	□Y □N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON	□N/A

# PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: □N □N/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days XY DN DN/A and parts installed w/in 5 days of receipt? A/AXQ NO YO 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? ďY □N 6. Maintained startup/shutdown/malfunction plan? AYAQQ NO YQX 7. Maintained deviation reports? Problem corrected? A/M/A NO YO DY DN DXVA 8. Maintained compliance plan, if applicable?

PART	PART VI: LEAK DETECTION AND REPAIRS				
1. Doe	s the responsible official conduct a	weekly (for	small source	s, bi-weekly) leak detection a	nd repair
insp	pection?		•		DOT ON
2. Has	the facility maintained a leak log?				NO AN
3. Doe	es the responsible official check the t	following as	eas for leaks	?	
	Hose connections, fittings,	אם לִם		No also and an	the the the
	couplings, and valves	אטיעט	UN/A	Muck cookers	DY ON ON/A
	Door gaskets and seating	אם לְם	□N/A	Stills	DY ON ON/A
	Filter gaskets and seating	אם אם	□N/A	Exhaust dampers	DY DN DN/A
	Pumps	אם עם	□N/A	Diverter valves	DY ON ON/A
	Solvent tanks and containers	אם עם	□N/A	Cartridge filter housings	.DY DN DN/A
	Water separators	אם צם	□N/A		
4. Wh	ich method of detection is used by the	ne responsit	ole official?		
,	Visual examination (condensed so	lvent on ex	terior surface	s)	$\nearrow$
	Physical detection (airflow felt thr	ough gaske	ts)	•	<b>(</b>
Odor (noticeable perc odor)					
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector				<b>&gt;</b> <
	If using direct-reading instru	ımentation	, is the equip	ment:	□N/A
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			□Y □N		
	b. Calibrated against a standard gas prior to and after each use				
	(PID/FID only)?			11. 1. 1. 2	
	c. Inspected for leaks an		_	•	DY DN
	d. Kept in a clean and se				DY DN
	e. Verified for accuracy	by use of d	uplicate samp	oles (calorimetric only)?	DY DN
	S				
	Inspector's Name (Please Prin	t)		Date of Inspection	
·	Inspector's Signature			Approximate Date of	Next Increasion
	mapector a digitature			Approximate Date of	INCAL HISDCCHIOH

Real Star

Pan? yes

epoxy? yes

Pan For hazardous waste ? yes

MCF, hazardous waste.

Mas Zen waste macheni

INCOMPLIANCE

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL CO	MPLAINT/DISCOVERY RE-INSPECTION		
TIME IN: 2,00	TIME OUT: 2:55	AIRS 10#: 09 70065		
TYPE OF FACILITY:	ycleaners			
FACILITY NAME:	Kleto cleaners	DATE:		
FACILITY LOCATION:	1220 E. Une E	Frest Yessimer FL 34744		
RESPONSIBLE OFFICIAL:	Munesh Ruld	PHONE NUMBER: 407 944 100		
<u> </u>	the compliance requirements evalu Rule 62-213.300, Florida Administ	rative Code (F.A.C.).		
Based on the results of discrepancies were note	•	nated during this inspection, the following compliance		
COMPLIANCE REQU	UIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED		
<i>:</i>				
	,			
COMMENTS: NEW V	nachine Tender, Vocord IN CC	Keepeng ik. fixed notification form.  MPLIANCE  Gred and submitted to the inspector. YES NOW		
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES NO				
DATE OF NEXT INSPECTIO		9		
INSPECTION CONDUCTED BY:  SAADJA OULESII				
INSPECTOR'S SIGNATURE		Please Print) PHONE NUMBER: 893.3335		
	Page	of Revised 10/90		

# PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

MILINIO	Oi	DATED
DATE	12	-16-99
		1.

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

X

COMPLAINT/DISCOVER

**RE-INSPECTION** 

AIRS ID#: 1970065 DATE: 12-16-99 TIME IN: 11:30 TIME OUT: 12:00				
FACILITY NAME: Metro Clean 115	FACILITY NAME: Metro Clean 115			
FACILITY LOCATION: 1220 E. Vin	e St.			
Kissimmee, 1	$\sigma$			
RESPONSIBLE OFFICIAL: Minesh Patel PRONE: 407-944-(00/				
CONTACT NAME:PHONE				
	is fing			
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 30 days prior to sta	rtup · 🗀			
2. Facility failed to notify DARM to use general pe	rmit 🗆			
PART II: CLASSIFICATION				
Facility indicated on notification form that it is:	☐ No notification form			
(check appropriate box)	☐ Drop store/out of business/petroleum			
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)			
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )			
5. This is a correct facility classification	Y ON OCan not determine			
If no, please check the appropriate classification:  facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit  B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning				
D. The total quantity of percluoroethylene (perc) pr	menased within the preceding 12 months of this dry cleaning			

gallons.

facility was \_

# Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON DINA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN MANA 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 DY DN SON/A least 24 hours prior to disposal? Spindisk 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) AY DN 1. Equipped all machines with the appropriate vent controls? AY 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 אמם מם עלבלי 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 ZY ON ON/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?

PART III: GENERAL CONTROL REQUIREMENTS

B. Has the responsible official of an existing large or new large area source also:	•
Measured and recorded the exhaust temperature on the outlet side of the condenser loo on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY DN
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ראַ אין אם אם אין DN באין A
Is the temperature differential equal to or greater than 20° F?	AVAC NO YC
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?	A/NO NO YO
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	' OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	MA ON			
2. Maintained rolling monthly averages of perc consumption?	DAY ON			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	TAY ON ANIA			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days) $\int 0$	Itali Oy on Oyala			
4. Maintained calibration data? (for applicable direct reading instruments)	DY DNOMINA			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON SONA			
6. Maintained startup/shutdown/malfunction plan?	XY ON			
7. Maintained deviation reports?	OY ON ANA			
Problem corrected?	AVA <b>X</b> NO YO			
8. Maintained compliance plan, if applicable?	OY ON XNA			

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?			ØY □N	
2.	Has the facility maintained a leak log?			<b>∌</b> Y □N	
3.	Does the responsible official check the	following areas for le	aks?	•	
	Hose connections, fittings, couplings, and valves	A'NO NO YA	Muck cookers	ØY ON ON/A	
	Door gaskets and seating	DY ON ON/A	Stills	AY ON ONA	
 	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	MY ON ON/A	
	Pumps	AVO NO YA	Diverter valves	DY ON ON/A	
,	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	TY ON ON/A	
	Water separators	DY ON ON/A		,	
4.	Which method of detection is used by t	he responsible official	!?		
	Visual examination (condensed se	olvent on exterior sur	faces)	<b>A</b>	
Physical detection (airflow felt through gaskets)					
Odor (noticeable perc odor)			<b>*</b>		
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector			Ø.	
If using direct-reading instrumentation, is the equipment:			M/A		
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			MD AU		
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				
c. Inspected for leaks and obvious signs of wear on a weekly basis?			NO YO		
d. Kept in a clean and secure area when not in use?			OY ON		
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON		
Inspector's Name (Please Print)  Date of Inspection					
_	Inspector's Name (Please Prin	it)	Date of Inspe	ction	

Revised 8/11/97

12-2000

Approximate Date of Next Inspection

Inspector's Signature

ADDITIONAL SITE INFORMATION:	
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פס"ו	ID#:			
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## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ACC

00970065

FACILITY NAME: Met10 Clean	1115		DATE: 12-16-99
FACILITY LOCATION: 1220 F.	Vine St.		
	ice, PL 3474	4	
Annual Reporting Period: De Cem be	19 99	к то <u>ресе</u>	m b-ev 1999
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A.		•	<u> </u>
If NO, complete the following:		•	,
#1. Term or condition of the general permit th	nat has not been in continuou	s compliance during th	ne reporting period stated above:
Exact period of non-compliance: from		to	<u></u>
Action(s) taken to achieve compliance:		· · · · · · · · · · · · · · · · · · ·	
Method used to demonstrate compliance:			
#2. Term or condition of the general permit th	nat has not been in continuou	is compliance during th	ne reporting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:	· · · · · · · · · · · · · · · · · · ·		
Method used to demonstrate compliance:			
As the responsible official, I hereby certify, ba made in this notification are true, accurate an upon purchase receipts, does not exceed 2,100 combination facilities.  RESPONSIBLE OFFICIAL:  Name	nd complete. Further, my an	nual consumption of pe	erchloroethylene solvent, based gallons per year for transfer or 12/16/199

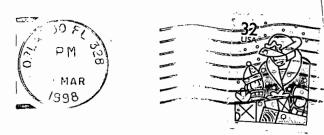
\*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

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

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANN	UAL COM	IPLAINT/DISCOVERY	] RE-INSPEC	CTION [		
TIME IN: 11:30	TIME OUT: 12,00	AIRS ID#:	0470065	<u>.</u>		
TYPE OF FACILITY: Dry Clea	ins19					
FACILITY NAME: Metro LI	seaners		DATE: <u>/ ) ~</u>	16-94		
FACILITY LOCATION: 1220 E	2. Vine St.	•				
MISSIM	nee, FL 3474					
RESPONSIBLE OFFICIAL: Mines	sh Patel	PHONE NUM	BER: 407-944	100/		
Based on the results of the comp compliance with DEP Rule 62-2	13.300, Florida Administra	ative Code (F.A.C.).	•			
Based on the results of the comp discrepancies were noted:	nance requirements evalua	ned during this inspection, th	ie following complianc			
COMPLIANCE REQUIREM	ENT/PROBLEM	FOLLOW-UP A	CTION REQUIR	ED		
				• ,		
•						
	(-1		<u>-</u>			
			•			
:						
:						
				•		
COMMENTS:						
In Complia	nce	·				
The Annual Compliance Certification for	m has been properly certif	ied and submitted to the insp	ector. YES	ио[		
DATE OF NEXT INSPECTION: 2-2000						
INSPECTION CONDUCTED BY: Andal (Unaingham)  (Please Print)  (Please Print)						
INSPECTOR'S SIGNATURE: W	view Cof	PHONE NUM	BEK: 401-07	2-0035		
	Page_	_of		Revised 10/96		

Fan: Metro Cleaners 7154, w colonlabor Oxlando 32818



To General Permits Section

Bureau of Alx Monitoring & mobile Sources.

Ms 5510

Defartment of Environmental protection

2600 Blair Stone Road

Tallahassee FL 32399-2400

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0391245

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

CEIVED

Do NOT Remove Label

AIRS ID # 0970065

METRO CLEANERS MINESH M PATEL 1220 E VINE STREET KISSIMMEE FL 34744

FOR COVERNMENT USE ONLY Zorg.: 37550101000=EO: BI 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 # 0970065

METRO CLEANERS MINESH M PATEL 1220 E VINE STREET KISSIMMEE FL 34744 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

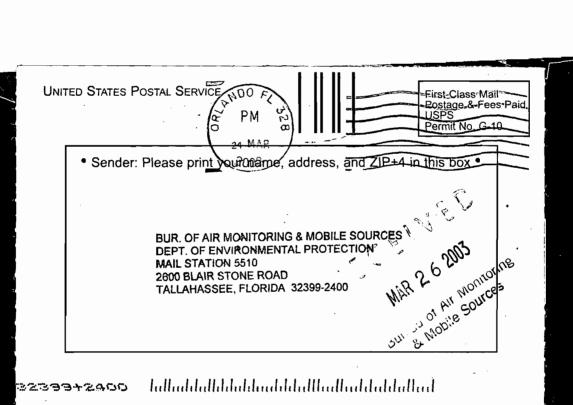
Obj.: 002273

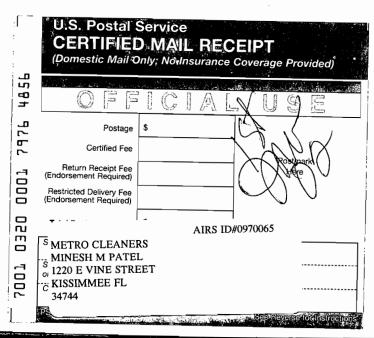
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9200	Restricted Delivery Fee (Endorsement Required)		
	Total F	AIR	S ID # 0970065
0100	Recipiei METRO CL MINESH M	[ PATEL	
000	Street, A 1220 E VIN KISSIMME	EE FL 34744	
12	PS Form 3800. Februar	y 2000y	See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  AIRS ID # 0970065  METRO CLEANERS MINESH M PATEL	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X Agent  Addressee  D. Isdelivery address different from item 1?  Yes  If YES, enter delivery address below:  No
1220 E VINE STREET KISSIMMEE FL 34744	3. Service Type
)	Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	40713938 111
PS Form 3811, July 1999 Domestic Re	eturn Receipt . 102595-99-M-1789
<u>+</u>	

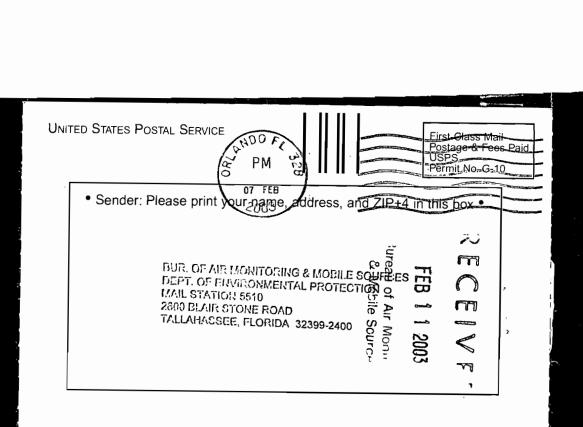
285	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
297E 3	Postage \$ Certified Fee	Postage \$ Certified Fee
000	Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)	Restricted Delivery Fee (Endorsement Required)
0320	Total Postas 10 AIRS ID# 1150100001AG  Sent To MARC'S CLEANERS, INC  MARC EISEMAN	Total Postage 8 10 AIRS ID# 0970065001AG  Sent To METRO CLEANERS  MINESH M PATEL  Street, Apt. No.; 1220 F. VIDE COMP.
7007	Street, Apt. No. PO BOX 13  City, State, Zii NOKOMIS FL 34274-13	Street, Apt. No.; or PO Box No.  City, State, ZiP+4  PS Form 3800, January 2000
	PS Form 3800, Panuary 2001 PS Form 3800, PS Form 3	See Reverse for Instructions
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Schure

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Screture  X
1. Article Addressed to:  10 AIRS ID# 0970065001AG METRO CLEANERS MINESH M PATEL	If YES, enter delivery address below:
1220 E VINE STREET KISSIMMEE FL 34744	3. Service Type  Certified Mail
2. A    ?	5
PS Form 3811, August 2001 Domestic Retu	urn Receipt 102595-02-M-1540





And according to many or with the second second or many or the second of the second or	- repair - repair -
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Egnature  Agent  Addressee  B. Repeived by (Printed Name)  D. Is delivery address different from item 1?
1. Article Addressed to:	If YES, enter delivery address below:
AIRS ID#0970065	
METRO CLEANERS MINESH M PATEL	
1220 E VINE STREET	
KISSIMMEE FL 34744	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	001 7976 4856 
PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-02-M-1035



on the reverse side?	Ol adolexue to dol Jako euri  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 spacepermit.  Write "Return Receipt Requested" on the mailpiece below the article and delivered.	can return this e does not e number.	i also wish to receive the following services (for an extra fee):  1.	יוליג ספו בייהפי
Is your RETURN ADDRESS completed o	3. Article Addressed to:  AIRS ID # 0970065  METRO CLEANERS MINESH M PATEL 1220 E VINE STREET KISSIMMEE FL 34744  5. Received By: (Print Name)  6. Signature: (Addressee or Agent)	7. Date of De	Type  If you will be a compared of the compare	au lina la man la mar
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	Special Delivery Fee		
	Restricted Delivery Fee		
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on the reverse side?						
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NE AD	(C)	7 Date of De	\ 1983 \ \			
s your RETUP	5: Received By: (Print Name)  6- Signature: (Addressee or Agent)	8.4Addressed andxfee is	e's Address (Only if requested paid)			
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### THIS PORTION MUST BE ATTACHED 10.

#### E 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 4

412493 JAN 22002

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Do NOT Remove Label

AIRS ID # 0970065

METRO CLEANERS MINESH M PATEL 1220 E VINE STREET KISSIMMEE FL 34744 1JAN - 4 2

Bureau of Air Work Corner Nent use only & Mobile Sources 550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423273 FEB202003

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

METRO CLEANERS MINESH M PATEL 1220 E VINE STREET KISSIMMEE FL 34744 AIRS ID#0970065

FEB 2 6 20 STREET OF & MODELLE SOURCE

FOR GOVERNMENT USE ONLY & Offg.: 37550101000 EO: A1

Find: 20-2-035001 Obj.: 002273



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

404839

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

