

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

September 24, 1996

Mr. Shaukat Kadibhai Wekiva Club Cleaners 3873 Wekiva Sp. Road Longwood, Florida 32779

Dear Mr. Kadibhai:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 23, 1996.

Please note that in November 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

Mr. Louis Nichols, Central District cc:

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

<u> </u>
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
KIREFU INC. DEA WERIVA CLUB CLEANE
2. Site Name (For example, plant name or number):
WEKIVA CLUB CLEANER
3. Hazardous Waste Generator Identification Number:
4. Facility Location:
Street Address: City: \ County: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
City: LONGWOOD County: SEMINOLE Zip Code: 32779
5. Facility Identification Number (DEP Use):
1170064
Responsible Official
6. Name and Title of Responsible Official:
SHAUKAT KADIBHAI - Manager
7. Responsible Official Mailing Address:
Organization/Firm: Weking Club Cleaners Street Address: 3873 weking Sp. Rd. City: County: County: County 2ip Code: 22779
Street Address: 3873 Weki va Sp. Rd.
City: Longwood County: FL Seminole Zip Code: 32779
8. Responsible Official Telephone Number:
Telephone: (407) 774-5157 Fax: $(-)$
11 114 3 13 1
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: Zip Code:
1). Facility Contact Telephone Number:
Telephone: () - Fax: () -
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RECEIVED

AUG 2 3 1996

Bureau of Air Monitoring & Mobile Sources

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

11-70064 9-10 Spoke to Shaukat Radibmai and the is the owner/manger.

P. 15 he uses 1200 gae/yr of suspane and Calculations Culle made.

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									
(3) w/ no controls	7	1983							
Washer Unit	T .					•		•	
(4) w/ ref. condenser	<u> </u>								
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit						-1			
(7) w/ ref. condenser									
(8) w/ carbon adsorber									_
(9) w/ no controls									
Reclaimer Unit						<u> </u>	<u> </u>	1	:
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls		 		 	1				_
 (b) Control devices are (c) No control devices 2.(a) What was the total of [122] (b) If less than 12 mont Check why it is less 	are requant gallo	equired to be ity of perchlo ons ow many? [_	installed [_oroethylene (perc)	_] purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi	cation only.)	ew sn	nitions found nall area sour	rce [3) of	Part II?	
Existing large are	a 50	uice []	INC	w Idl	ige aiea sour	LE [J		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source Carbon adsorber
New small area source Refrigerated condenser []
New large area source
New large area source Refrigerated condenser Existing Small Area
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuan 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:
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.
All steam and hot water generating units exempt No such units on-site
I have Propane Gas Boiler.
Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit
(a) Purchase receipts and solvent purchases
(b) Leak detection inspection and repair
(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)

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)
ر <u>X</u>	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain i	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 s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.
I will proi	nptly notify the Department of any changes to the information contained in this notification.
	Kadillai 8/19/96.
Signature	Date

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

BEST AVAILABLE	COPY # 1170064	
3 9-	Spoke to 5. Radibmai an is the awner of propane a Calculations (were made)	201
4. Facility I Street A City:	prections 12/11/96 SS	* 32779 /
Street Address: 387 City: Responsible Official Tele	2 king Club Cleaners 3 weking Sp. Rd. County: FL	Seminole Zip Code: 32779
	cility Contact (If different from Respo	·
10. Facility Contact Address: Street Address: City:	: County:	Zip Code:
11. Facility Contact Telephone: ()	ne Number: - Fax: (RECEIVED

AUG 2 3 1996

Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
KIREFY INC. DBA WERIVA CLUB CLEANER
2. Site Name (For example, plant name or number):
WEKINA CLUB CLEANER
3. Hazardous Waste Generator Identification Number:
4. Facility Location:
Street Address:
City: LONGWOOD County: SEMINOLE Zip Code: 32779
5. Facility Identification Number (DEP Use):
1/1/10064
一个一种的工作,只是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
Responsible Official
6. Name and Title of Responsible Official:
SHAUKAT KADIBHAI - Manager
Street Address: 2 mars 2010; in CO 201
Organization/Firm: Weking Club Cleaners Street Address: 3873 weking Sp. Rd. City: County: FL Seminole Zip Code: 32779
Longwood FL Seminole 27/11
8. Responsible Official Telephone Number:
Telephone: (407) 774-5157 Fax: $(-)$
11/73/31
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address:
Source Addition
Street Address: City: County: Zip Code:
City. Zip Code.
1). Facility Contact Telephone Number:
Telephone: () - Fax: () -
RECEIVED

AUG 2 3 1996

Bureau of Air Monitoring & Mobile Sources

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
<u>,</u>		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser							[
(2) w/ carbon adsorber									
(3) w/ no controls	7	1983	_						
Washer Unit						•		1	
(4) w/ ref. condenser							}		}
(5) w/ carbon adsorber							<u> </u>		
(6) w/ no controls									
Dryer Unit		•				1		•	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	-	•				1	J	, 1,	
(10) w/ ref. condenser									
(11) w/carbon adsorber		-					1		
(12) w/ no controls									
 (b) Control devices are (c) No control devices 2.(a) What was the total of 122 (b) If less than 12 mont Check why it is less 	are re luanti gallo	equired to be ity of perchlo ons ow many? [_	installed [_oroethylene (perc)	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small an Existing large are	Selec ea so	t one classifi	cation only.) Ne	ew sm	nitions found nall area sour ege area sour	-ce [3) of]	Part II?	
Daising mige are			110		5- 4.04 3041		J		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source Carbon adsorber [] Refrigerated condenser []
New small area source Refrigerated condenser []
New large area source Refrigerated condenser [] Existing Small Area.
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant 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:
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.
All steam and hot water generating units exempt No such units on-site
I have Propane Gas Boiler.
Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases
(b) Leak detection inspection and repair
(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)

Please 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)
ιX	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement 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 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.
I will pro	amptly notify the Department of any changes to the information contained in this notification.
	Kadistai 8/19/96.
Signature	Date

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	N	COMPLAINT/DISCO	OVERY 🗅
AIRS ID#: 1170064 I FACILITY NAME: De FACILITY LOCATION: 3	kiva CluB		RJ.	E OUT: //:33
PART I: NOTIFICATION				
(check appropriate box) 1. Existing facility notified DAR 2. New facility notified DARM 3. Facility failed to notify DARM	30 days prior to star	-		
PART II: CLASSIFICATION	· ·			
Facility indicated on notification (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	ce 🔀	2. New small a dry-to-dry only, transfer only, x both types, x<1	x<140 gal/ут <200 gal/ут	
(constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 10="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" g="" gal="" only,="" td="" transfer="" types,=""><td>0 gal/ут al/ут</td><td>4. New large a dry-to-dry only, transfer only, 20 both types, 140 (constructed on</td><td>or after 12/9/91)</td><td></td></x<2,>	0 gal/ут al/ут	4. New large a dry-to-dry only, transfer only, 20 both types, 140 (constructed on	or after 12/9/91)	
This is a correct facility classific	cation	X □N		
If no, please check the appropris	ate classification:			
"	ed for a general peri s above limits and is			
B. The total quantity of perchlo facility was 122 gallons.	roethylene (perc) pı	ırchased within t	he 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?

More she say on

- DY DN MYA

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 refrigorated 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?

- DY DN
- 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?
- DY DN DN/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?
- DY DN
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?
- DY DN
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?
- NO YO

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 loon dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ocated OY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	אם עם
Is the temperature differential equal to or greater than 20° F?	NO YO
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?	OY ON
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?	MY DN
2. Maintained rolling monthly averages of perc consumption?	A □N
3. Maintained leak detection inspection and repair reports for the following:	Vs 1
a. documentation of leaks repaired w/in 24 hrs? or;	MA ON
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	□Ү □М
4. Maintained calibration data? (for direct reading instruments only)	AVNØ NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON WA
6. Maintained startup/shutdown/malfunction plan? Tilstructed Ro	MY ON
7. Maintained deviation reports?	UY UN

	·
PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	Уу ОИ

Problem corrected?

8. Maintained compliance plan, if applicable?

ПЛ ПИ

DY DN MYA

r====				<u> </u>		
2.	Which method of detection is used by the	he respo	nsible off			
	Visual examination (condensed so	olvent o	n exterior	surfaces)	X	
	Physical detection (airflow felt the	rough ga	askets)	•	M	
	Odor (noticeable perc odor)				Ø	
	Use of direct-reading instrumenta	tion (FI	D/PID/cal	lorimetric tubes)		
	If using direct-reading instrume	entation	, is the co	quipment:		
	a. Capable of detecting j	perc vap	or concer	trations in a range of 0-500 ppm?	$\Box \Upsilon$	ПN
	b. Calibrated against a s (PID/FID only)?	tandard	gas prior	to and after each use	ΠY	□и
	c. Inspected for leaks an	d obviou	us signs o	f wear on a weekly basis?	$\Box Y$	□N
	d. Kept in a clean and se	ecure are	ea when n	ot in use?	ΠY	□и
	e. Verified for accuracy	by use o	f duplicat	e samples (calorimetric only)?	ΠY	□N
3.	Has the facility maintained a leak log?				Ý	□и
4.	Does the responsible official check the	followin	g areas fo	or leaks?		
	Hose connections, fittings,			ys to All		
	couplings, and valves	ПY	ПИ	Muck cookers	ПY	ПИ
	Door gaskets and seating	ΠY	ПΝ	Stills	ΠY	□N
	Filter gaskets and seating	ΠY	□и	Exhaust dampers	ΠY	□и
	Pumps	ΠY	□N	Diverter valves	ΩY	ПИ
	Solvent tanks and containers	ΠY	□И	Cartridge filter housings	ΩY	ПΝ
	Water separators	ΠY	□И			
_ (Shaukat Kadibhai					
	Name of Responsible Official	ıl				

Shaukat Kadibhai	
Name of Responsible Official	
Shela Schneider	12/10/96
Inspector's Name (Please Print)	Date of Inspection
Shala Schneider	12/97
Inspector's Signature	Approximate Date of Next Inspection



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ANNUAL

RE-INSPECTION

COMPLAIN

AIRS ID#: 1170064 DATE: 2/3/97 TIME IN: 12:45 TIME OUT: FACILITY NAME: NEWA CLUB CLEANERS	1:16
FACILITY NAME: <u>NEKIVA LLUB LLEANERS</u>	
FACILITY LOCATION: 3873 WEKINA SPRINGS RD	
LONGWOOD FLA. 32779	
,	
PART I: NOTIFICATION	

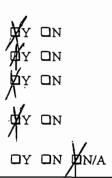
PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	X
2. New facility notified DARM 30 days prior to startup	'
3. Facility failed to notify DARM to use general permit	

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	DY ON NEW MACHINE OCT 1996
If no, please check the appropriate classification:	00/ 17/6
facility qualified for a general period facility exceeds above limits and is	
B. The total quantity of perchloroethylene (perc) pu facility was gallons.	urchased 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:

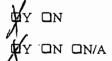
If classification 1 has been checked, no controls are required. Proceed to Part V.

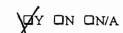
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

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:	
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?	□У □И .
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?	□У □И
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? Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
is the pere concentration equal to or less than 100 ppm.	
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?	. ОУ ОИ
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual	- Dr. Dr. Dr.
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)	
Has the responsible official:	MAX ON
Has the responsible official: (check appropriate boxes)	MO AM
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	MY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	NO 1/4 NO 1/4 NO 1/4
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:	04 AV 04 AU 04 AU
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	MO YOU
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?	_ ^\ \/
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)	DY ON ANA
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?	OY ON MOVA
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?	AVAK NO YO NO YO NO YY
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? Discussia Arcorp	AVA AO YOO YOO YOO YOO YOO YOO YOO YOO YOO
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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? Discussia Arcorp	

2.	Which method of detection is used by t	he respon	sible offic	cial?		
	Visual examination (condensed se	olvent on	exterior s	surfaces)	X.	
	Physical detection (airflow felt th	rough gas	skets)	· .	Å .	
	Odor (noticeable perc odor)				单	
	Use of direct-reading instrumenta	ition (FID	/PID/cal	orimetric tubes)	Ò	
	If using direct-reading instrume	entation,	is the eq	uipment:		•
	a. Capable of detecting	perc vapo	r concent	rations in a range of 0-500 ppm?	ΠY	□N
	b. Calibrated against a s (PID/FID only)?	standard g	gas prior	to and after each use	ΟY	
	`		:			
	c. Inspected for leaks an	ia obvious	s signs of	wear on a weekly basis?	ΠY	UN
	d. Kept in a clean and s	ecure area	a when no	ot in use?	ΟY	□И
	e. Verified for accuracy	by use of	duplicate	samples (calorimetric only)?	$\Box Y$	□N
3.	Has the facility maintained a leak log?				ΠY	Д'n
4.	Does the responsible official check the	following	areas for	leaks?		'
	Hose connections, fittings, couplings, and valves	įΥ	□N	Muck cookers	YY	□и .
	Door gaskets and seating	Y	□N	Stills	Y	□N
	Filter gaskets and seating	YY	ПИ	Exhaust dampers	OY.	ПN
	Pumps	XΥ	ИП	Diverter valves	XX.	ПП
	Solvent tanks and containers	ÞΥ	ПΝ	Cartridge filter housings	ΦÝΥ /	□N
	Water separators	ďΥ	ПN		' 	
					-	

Name of Responsible Official

Inspector's Name (Please Print)

Inspector's Signature

2/3/97
Date of Inspection

Approximate Date of Next Inspection

SHAUKAT "KADI" KADIBHAI

WEKIVA CLUB CLEANERS

3873 Wekiva Springs Rd. Longwood, FL 32779

(407) 774-5157

ADDITIONAL SITE INFORMATION:

, MULTIMATIC 250 CS 30 LB

+ HAS CONTAINMENT PAN DISCUSSED RECORD · EPONY MACHINE &SPATTING BD, - KEEPING REQUIREMENTS,

, EVAPERATES WASTE WATER

, SAFRTY KLEEN PICKS UPWASTE

& STORAGE ON CONTAINMENT PAN

SEND COPY OF INSPECTION REPORT & WASTE WATER ADVISORY _

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

all

AIRS ID#1170064 KIREFY INC SHAUKAT KADIBHAI 3873 WEKIVA SPRINGS ROAD LONGWOOD FL 32779

Do NOT Remove Label

18719	<u>97</u> то	December	, 31st 19 <u>97</u>
			h DEP Rule
o,, a	••••• • <u>,</u> •		— <u>-</u>
at has not been in continue	ous compliance of	during the reporting p	period stated above:
	to_		
at has not been in continuo	ous compliance o		
	to		
	•	JAN Z	1 1970
			_
her, my annual consumption	n of perchloroethy per year for tran	ylene solvent, based up	on purchase receipts,
	general air permit, my factor.), during the period cover at has not been in continuous that ha	general air permit, my facility has remain C.), during the period covered by this state at has not been in continuous compliance to to to on information and belief formed after reason ther, my annual consumption of perchloroeth	general air permit, my facility has remained in compliance with C.), during the period covered by this statement. YES at has not been in continuous compliance during the reporting part has not been during the reporting part has not been during the repor

^{*}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.

11/0974

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSPE	CTION:
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ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

П
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AIRS ID#: 1170064 DATE: 11/6/9	7 TIME IN: <u>9:30</u> TIME OUT: 3!45
FACILITY NAME: WEKWA	Chilo Ckanere
l • •	Welkiva Springs Blyd
Longwoo	od FL. 32779.
	Kelibhai PHONE: 407-774-5157
CONTACT NAME: Same	PHONE: Same.
PART I: NOTIFICATION	
(check appropriate box)	·
New facility notified DARM 30 days prior to star	
2. Facility failed to notify DARM to use general per	mit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
(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	Drop store/out of business/petroleum 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
(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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
(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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a general source.	Drop store/out of business/petroleum 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

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?

beds according to the manufacturer's specifications?

PART IV: PROCESS VENT CONTROLS

5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber

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)

(age appropriate solution			
1.	Equipped all machines with the appropriate vent controls?)VÝ	ПΝ	
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	X.	ПN	□N/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	X	ПΝ	□N/A
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	Ŷ	ПN	
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	¥Υ	ПN	□N/A
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	î ⊠ Ý	ПΝ	

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 local on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ted OY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	□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?	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?	
,	
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 ON/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)	·				
1. Maintained receipts for perc purchased?	XX □N				
2. Maintained rolling monthly averages of perc consumption?	NO YX				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or,	A'NO NO TY				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	AMO NO YK				
4. Maintained calibration data? (for applicable direct reading instruments)	AND ND YX				
5. Maintained exhaust duct monitoring data on perc concentrations?	ANYX NO YO				
6. Maintained startup/shutdown/malfunction plan?	ò¢ on				
7. Maintained deviation reports?	AMO NO YX				
Problem corrected?	בואָאל אם צם				
8. Maintained compliance plan, if applicable?	AA ON ONA				

3 of 5

PART VI: LEAK DETECTION AND REPAIRS

1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair								
	inspection?						X		ИĽ
2.	Has the facility maintained a leak log?						'UY	C	NC
3.	Does the responsible official check the	followi	ng ar	eas for lea	ks?				
	Hose connections, fittings, couplings, and valves	ФŶ	ПΝ	□N/A		Muck cookers	фY	□и	□N/A
	Door gaskets and seating	ΦY	ПΝ	□N/A		Stills	dY	ПИ	□N/A
	Filter gaskets and seating	dY	ΩИ	□N/A		Exhaust dampers	фх	ПИ	
	Pumps	ďΥ	ΠИ	□N/A		Diverter valves	фУ	ПИ	□N/A
	Solvent tanks and containers	dy	ΠИ	□N/A		Cartridge filter housings	фУ	ПИ	□N/A
	Water separators	\Box $[Y]$	ПN	□N/A			ļ		
4.	Which method of detection is used by	the resp	onsib	le official?	?		. /	•	
	Visual examination (condensed s	solvent	on ex	terior surfa	aces)		X		
	Physical detection (airflow felt th	ırough (gaske	ts)			X		
	Odor (noticeable perc odor)						X		
	Use of direct-reading instrument	ation (F	ID/P	ID/calorim	netric t	ubes)			
	Halogen leak detector							-	- /-
	If using direct-reading inst	rument	ation	, is the eq	uipme	nt:	□N/	'A	
	a. Capable of detecting	perc va	por c	oncentrati	ons in	a range of 0-500 ppm?	ΩY	ПИ	5
	b. Calibrated against a (PID/FID only)?	standar	d gas	prior to a	nd afte	r each use	ΩY	ΠИ	
	c. Inspected for leaks a	nd obvi	ous si	igns of wea	ar on a	weekly basis?	ΠY	ΠИ	
	d. Kept in a clean and	secure a	irea w	hen not in	ı use?		ΠY	ПΝ	
	e. Verified for accuracy	by use	of du	iplicate sai	mples	(calorimetric only)?	ΩY	□и)
]	•								

NIA

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Date of Inspection

Approximate Date of Next Inspection

IN COMPHANCE.

PERCH

HLOROETHY					
TITLE V GENERAL PERMIT					
COMPLIANCE INSPECTION CHECKLIST					
	,				
Δ ΧΙΝΙΊ Ι Δ Ι	77	COMBI A INTERDIS			

TYPE	OF	INSPI	ECTI	ON:
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RE-INSPECTION

AIRS ID#: 1170064 DATE: 7-7-9	TIME IN:TIME OUT:			
FACILITY NAME: WE KIVA Club	Cleaner Stime out:			
FACILITY LOCATION: 3873 Wehi	va Springs Rd. 8 3 0			
Longwood,	FL 32779 8 9/3/3			
,	Kedibhai PHONE: 407-774-5157			
CONTACT NAME:	PHONE:			
PART I: NOTIFICATION	· .			
(check appropriate box)				
New facility notified DARM 30 days prior to star	ctup \Box			
2. Facility failed to notify DARM to use general per				
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 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	MY 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 facility was 20.3 gallons.				

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN SXVA 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? DY DN **Q**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? BY 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/bi-weekly basis? AVY ON ON/A 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?

PART III: GENERAL CONTROL REQUIREMENTS

В.	B. Has the responsible official of an existing large or new large area source also:					
1	.					
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located					
	on day-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ΠИ			
_						
2.	Measured and recorded the washer exhaust temperature at the condenser					
	inlet and outlet weekly?	ЦY	ЦΝ	□N/A		
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПN	□N/A		
3.	Measured and recorded the perc concentration in the exhaust stream weekly					
	at the end of the final drying cycle while the machine is venting to the adsorber,					
	if machines are equipped with a carbon adsorber?	$\Box Y$	ПΝ	□N/A		
	Is the perc concentration equal to or less than 100 ppm?	$\Box v$	□NI	□N/A		
	is the perc concentration equal to or less than 100 ppin?	u,		UIV/A		
1	Assured that the sampling port on the carbon adsorber exhaust for measuring					
٦٠.	perc concentrations is at least 8 duct diameters downstream of any bend, contraction,					
	or expansion; is at least 2 duct diameters upstream from any bond, contraction,					
	or expansion; and downstream from no other inlet?	ПΥ	ΠN	□N/A		
	or expansion, and downsdeam from no odier mier.	- .		— 1071		
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual					
•	condenser coils?	\Box Y	ПΝ	□N/A		
			_•.	,,		
6.	Routed airflow to the carbon adsorber (if used) at all times?	\Box Y	ПN	□N/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 Y ON ON/A and parts installed w/in 5 days of receipt? by on on/a 4. Maintained calibration data? (for applicable direct reading instruments) DY ON XNA 5. Maintained exhaust duct monitoring data on perc concentrations? $\square N$ 6. Maintained startup/shutdown/malfunction plan? DY ON ON/A 7. Maintained deviation reports? DY ON SENIA Problem corrected? DY ON ON/A 8. Maintained compliance plan, if applicable?

PA	PART VI: LEAK DETECTION AND REPAIRS					
l.	l. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			gk on		
2.	Has the facility maintained a leak log?			ON DA		
3.	Does the responsible official check the	following areas for lea	ks?			
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	DIX ON ON/A		
	Door gaskets and seating	אואם אם עם	Stills	אואם אם איא		
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A		
	Pumps	אומם מם צם	Diverter valves	Y ON ON/A		
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	DY ON ON/A		
	Water separators	MY ON ON/A	·			
4.	Which method of detection is used by	the responsible official?	•	. /		
	Visual examination (condensed s	solvent on exterior surfa	aces)	6 /		
	Physical detection (airflow felt th					
	Odor (noticeable perc odor)					
	Use of direct-reading instrument					
	Halogen leak detector					
	If using direct-reading inst	rumentation, is the equ	uipment:	· 5 4N/A		
	a. Capable of detecting	perc vapor concentration	ons in a range of 0-500 ppm?	□Y □N		
	□Y □N					
	c. Inspected for leaks as	OY ON				
	d. Kept in a clean and s	use?	NO YO			
	e. Verified for accuracy	by use of duplicate san	nples (calorimetric only)?	OY ON		

Inspector's Signature

7-7-2000
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
	 	_
•		
	•	
	·	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

INT/DISCOVERY RE-INSPECTION
nairs id#: 170064
DATE:
gs Blvd
9
PHONE NUMBER: 407-774-5157
uring this inspection, the facility is found to be in Code (F.A.C.).
uring this inspection, the following compliance
FOLLOW-UP ACTION REQUIRED
-
•
d submitted to the inspector. YES NO
mate)
Print)
PHONE NUMBER: 843-3333

Revised 10/96

ALC

Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	
FACILITY NAME: VEHIVA Cleaners	DATE: 7-7-99
FACILITY LOCATION: 3873 We KING Springs	8 lvd.
Longwood, FL 32779	
Annual Reporting Period: July 1998 TO	July 1999
Based on each term or condition of the Title V general air permit, my facility has re 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by the	<i>-</i>
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compli	iance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	·
#2. Term or condition of the general permit that has not been in continuous comple	iance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief forme made in this notification are true, accurate and complete. Further, my annual con upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry faci combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print)	sumption of perchloroethylene solvent, based

Page ____ of ____.

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X	COM	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 3:30 TIME OUT: TYPE OF FACILITY: Dry Cleaners	3:45	AIRS ID#:	1170064
FACILITY NAME: WOKING CLU FACILITY LOCATION: 3873 We LEDNAWOOD F	KiNIG	aners Springs Blyd 779.	DATE: 11 6/97
RESPONSIBLE OFFICIAL: 5 Nauka-	Kadiph	PHONE NUMBE	R: 407 - 774 - 5147
Based on the results of the compliance require compliance with DEP Rule 62-213.300, Florid			facility is found to be in
Based on the results of the compliance require discrepancies were noted:	ments evalua	ted during this inspection, the	following compliance
COMPLIANCE REQUIREMENT/PRO	BLEM	FOLLOW-UP AC	TION REQUIRED
		1	
			<u>.</u>
Comments: Cood Clain Facility, Good record Keeping			
The Annual Compliance Certification form has been properly certified and submitted to the inspector. NO NO NO NO NO NO NO NO NO N			
DATE OF NEXT INSPECTION: 11/0/0	_(Ap	proximate)	
INSPECTION CONDUCTED BY: SAADIA	a Qu	RESH(ease Print)	
INSPECTOR'S SIGNATURE:		PHONE NUMB	er: 407-894-1535
	Page	of	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

ARMS	UPDATE	ŀ
DATE_	5-4-00	
RV	Re:	

TYPE OF INSPECTION:

ANNUAL

RE-INSPECTION

COMPLAINT/DISCOVERY

AIRS ID#: 1170064 DATE: 5-4-0	00 TIME IN: 3:10 TIME OUT: 3140		
FACILITY NAME: Wetting Club Cleaners			
FACILITY LOCATION: 3873 Well	Civa Sprinas Rd		
	FL 32779		
	libhai PHONE: 407-774-5157		
CONTACT NAME:	PHONE:		
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 \square		
PART II: CLASSIFICATION	<u> </u>		
Facility indicated on notification form that it is: (check appropriate box)	□ No notification form□ Drop store/out of business/petroleum		
A. 1. Existing small area source.	2 25		
1. Existing small area source ☐ dry-to-dry only, x < 140 gal/yr	2. New small area source 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, $140 \le x \le 2,100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$		
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$	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)	(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			
	neral permit as number above nits and is not eligible for a general permit		
B. The total quantity of perchloroethylene (perc) pu facility was 35 gallons.	urchased 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) AIMES NO YO 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ANA 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 YY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN BANA 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). Curbon 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).

Has the responsible official of all new sources and existing large a

	heck appropriate boxes)			
1.	Equipped all machines with the appropriate vent controls?	PTY	ΠN	
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	PAY.	ПN	□N/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	Æ¥	ПИ	□N/A
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	≱ Y	ПΝ	
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	A Y	מם	□N/A
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	V Y	NO	

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	UN.	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΘY	ND	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПΥ	ПИ	□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?	ΩY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПΝ	□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?	ΩΥ	ΠN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩΥ	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	PA DN			
2. Maintained rolling monthly averages of perc consumption?	try on			
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?	DY ON ANA			
4. Maintained calibration data? (for applicable direct reading instruments)	- DY DN AN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ANA			
6. Maintained startup/shutdown/malfunction plan?	NO YES			
7. Maintained deviation reports?	DY DN ANA			
Problem corrected?	אואשל אם צם			
8. Maintained compliance plan, if applicable?	OY ON DYA			

P	ART VI: LEAK DETECTION AND	REPAIRS :		
1.	Does the responsible official conduct	a weekly (for small sourc	es, bi-weekly) leak detection a	nd repair
	inspection?			dy on
2.	Has the facility maintained a leak log	?		CY ON
3.	Does the responsible official check th	e following areas for leak	rs?	
	Hose connections, fittings, couplings, and valves	ANO NO Y	Muck cookers	DY ON ON/A
	Door gaskets and seating	DY ON ON/A	Stills	אואם אם צם
	Filter gaskets and seating	AYON ONA	Exhaust dampers	OY ON ON/A
	Pumps	אואם אם אם	Diverter valves	באמם מם צם
<u> </u> 	Solvent tanks and containers	אואם אם צם	Cartridge filter housings	אואם אם צם
	Water separators	DY ON ON/A	·	•
4.	Which method of detection is used by	the responsible official?		
	Visual examination (condensed	solvent on exterior surfac	ces)	d
	Physical detection (airflow felt t	hrough gaskets)	·	
	Odor (noticeable perc odor)			4
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			.	
Halogen leak detector			٥	
	If using direct-reading inst	rumentation, is the equi	ipment:	TANA
	a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	DY DN
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	l 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 not in u	ise?	OY ON
	e. Verified for accuracy	y by use of duplicate samp	ples (calorimetric only)?	DY ON

Randal Consinghan 5-4-00
Inspector's Name (Please Print)

Date of Inspection

S-200

Approximate Date of Next Inspection

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AIRS ID#: 1170064

ARRE

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

			
FACILITY NAME: Wetting Club Cleaner	5	DATE: <u>.</u>	-4-00
FACILITY LOCATION: 3873 WELTING SP	rings Blud.		
Lungwood, FC 32	•		
<u> </u>	,		
Annual Reporting Period:		April	2000
Based on each term or condition of the Title V general air permit,	my facility has remained in cor	npliance with DEP Ru	ıle
62-213.300, Florida Administrative Code (F.A.C.), during the peri	od covered by this statement.	✓ YES □	NO
If NO, complete the following:			
#1. Term or condition of the general permit that has not been in co	ontinuous compliance during th	ne reporting period sta	ted above:
Exact period of non-compliance: from	to		
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
#2. Term or condition of the general permit that has not been in co	ontinuous compliance during th	ne reporting period star	ted above:
Exact period of non-compliance: from	to		
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
As the responsible official, I hereby certify, based on information a in this notification are true, accurate and complete. Further, my a purchase receipts, does not exceed 2,100 gallons per year for dry-tombination facilities. RESPONSIBLE OFFICIAL: Shaukatali Kamara Name (Please Print)	nnual consumption of perchlor to dry facilities or 1,800 gallon	roethylene solvent, bas as per year for transfer	sed upon

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNU	JAL 🕅 CON	APLAINT/DISCOVERY	RE-INSPECTION	
1	гіме оит: <u>3/3</u> 6	dAIRS ID#:	064	
FACILITY NAME: WE KING U	ub cleaners		5-64-66	
FACILITY LOCATION: 3873 W	exiva springs b		DATE: 5-4-00	
	J,FL32779			
RESPONSIBLE OFFICIAL: 5 hav	Kat Kedibhai	PHONE NUMBER:	t07-774-5157	
Based on the results of the compl compliance with DEP Rule 62-21	•	ated during this inspection, the facility rative Code (F.A.C.).	y is found to be in	
Based on the results of the compl discrepancies were noted:	iance requirements evalu	ated during this inspection, the follow	ring compliance	
COMPLIANCE REQUIREM	ENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED	
,				
			·	
In Compliance				
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO				
DATE OF NEXT INSPECTION: 5-2001				
INSPECTION CONDUCTED BY: Randall Cyningham (Approximate) (Please Print)				
INSPECTOR'S SIGNATURE: 407-843-3333				
	Page		Revised 10/96	

259631

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

RECEINDON

RECEINDON

SEB -3 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 1170064

KIREFY INC SHAUKAT KADIBHAI 3873 WEKIVA SPRINGS ROAD LONGWOOD FL 32779 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obi.: 002273

(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390375

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 # 1170064

WEKIVA CLUB CLEANER SHAUKAT KADIBHAI 3873 WEKIVA SPRINGS ROAD LONGWOOD FL 32779 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

8

Service Return Thank you

Certified

☐ Insured

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

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AIRS ID#1170064

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FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



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0360403

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TOTAL AMOUNT D

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FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

ceanon lugar aut la tilor au			
bld at line over top of envelope to the right of the return address	PLETE THIS SECTION ON DELIVERY		
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signat Agent Addressee		
1. Article Addressed to: 10 AIRS ID # 1170064001AG SHAUKAT KADIBHAI WEKIVA CLUB CLEANER	□ D. Is delivery address different from item 1? □ Yes If YES, enter delivery address below: □ No		
3873 WEKIVA SPRINGS ROAD LONGWOOD FL 32779	3. Service Type Certified Mail		
Article Number (Copy from service label)	Testificate builtary. (Exhautes)		
7 21/01/66219/51111	1 1 1 1 1 1 1 1 1 1		
PS Form 3811, July 1999 Domestic	Return Receipt 102595-99-M-1789		
US Postal Service Receipt for Cert No Insurance Coverage In Do not use for Internation 10 AIRS ID SHAUKAT KADIBHAI WEKIVA CLUB CLEAN 3873 WEKIVA SPRINGS LONGWOOD FL 32779 Certified Fee	tified Mail Provided. nal Mail (See reverse) # 1170064001AG		
Special Delivery Fee			
Restricted Delivery Fee			
Return Receipt Showing to Whom & Date Delivered			
Return Receipt Showing to Whom, Date, & Addressee's Address			
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TOTAL Postage & Fees Postmark or Date			
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8	- Land		

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404336

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

1-30-01 Pd. TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1170064

WEKIVA CLUB CLEANER SHAUKAT KADIBHAI 3873 WEKIVA SPRINGS ROAD LONGWOOD FL 32779

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273

1170064

9-10 Shaukat Kadilmai USES 1200 gal/yr of propane.

PM = .48 lbs/yr

NOX = 16.8 165/yr

CO = 2.28 lbs/xr

TOC= . 6 165/4/