

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. Surinder Panesar Nanak Cleaners 5401 Lake Howell Road Winter Park, Florida 32792

Dear Mr. Panesar:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 26, 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,

们Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

/DD

cc: Mr. Louis Nichols, Central District

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	NANAK INC.
2.	Site Name (For example, plant name or number):
	NANA K CLEANERS
3.	Hazardous Waste Generator Identification Number:
	FLD 981 026 099
4.	Facility Location: 5401 LK HOWELL RD. Street Address:
	City: WINTER PARK County: SEMINOLE Zip Code: FL. 32792
,5.	Facility Identification Number (DEP Use):
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Responsible Official
6.	Name and Title of Responsible Official:
	SURINDER PANESAR.
7.	Responsible Official Mailing Address: Organization/Firm: 5401 LK HOWELL RD, Street Address:
	City: WINTERPARK County: SEMINOLE Zip Code: 32792
8.	Responsible Official Telephone Number: Telephone: (407) 673-6919 Fax: (407) 359-8010.
	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:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -
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Bureau of Air Monitre o & Mobile Sources

9-10

Spoke to Surinder
Panesar, he is the
President

P.13
6. add title - President

P.14
1. (c) should be marked

P.15
5. Uses 2400 gal/yr of propane

(+) Should be marked

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#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	1	25 DEC 90	25 DEC 90	ł					
(2) w/ carbon adsorber			T						T
(3) w/ no controls									
Washer Unit		<u> </u>				_			
(4) w/ ref. condenser									
(5) w/ carbon adsorber								T	
(6) w/ no controls									
Dryer Unit		<u> </u>				•			
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	٠.								
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(I2) w/ no controls									-
(b) Control devices are (c) No control devices 2.(a) What was the total of the control devices (b) If less than 12 mont Check why it is less	are ro	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene (] months	perc)	_] purchased i				
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec ea so	t one classifi urce [X	cation only.) Ne	ew sn	nall area sou	rce [(3) of	Part II?	
Existing large are	a 501	1106 []	Ne	w jai	rge area sour		J		

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4. What control technology is required on machines partial (Indicate with an "X".)	oursuant to section (5) of Part II of this notification form?			
Existing large area source Carbon adsorber []	Refrigerated condenser []			
New small area source Refrigerated condenser				
New large area source Refrigerated condenser []				
•				
to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	nits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following			
All steam and hot water generating units on-site (1) 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 * PROPAME GAS				
Equipment Monitoring a	nd Recordkeeping Information			
Check all logs which are required to be kept on-site in	n accordance with the requirements of this general permit:			
(a) Purchase receipts and solvent purchases				
(b) Leak detection inspection and repair	LXJ			
(c) Refrigerated condenser temperature monitoring	[_X_]			
(d) Carbon adsorber exhaust perc concentration moni	toring []			
(e) Instrument calibration				
(f) Start-up, shutdown, malfunction plan				

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Surrender of Existing Air Permit(s)

lease indica	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
\bowtie	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 facility action. 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	emptly notify the Department of any changes to the information contained in this notification.
Signature	Manesar <u>5</u> 19 96.



Department of Environmental Protection

Jeb Bush Governor Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400 July 9, 2001

David B. Struhs Secretary

Mr. Surinder Panesar Nanak Cleaners 5401 Lake Howell Road Winter Park, Florida 32792

Dear Mr. Panesar:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on July 5.

In reviewing your submittal, it was noted that Nanak Cleaners elected to surrender its existing Title V air general permit (AIRS ID 1170065). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman

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Bureau of Air Monitoring and Mobile Sources

SB/jw Enclosure

cc: Mr. John Turner, Central District

"More Protection, Less Process"

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	I	Presi	sar, ne dent	(- ,	"		•
1.	Facility Owner/	-P-13-	+1+1e -	Pre-5-i-6	lent.	_	
2.	Site Name (For	P.14	old-be_ma			_	
3.	Hazardous Wa	P-15					
4.	Facility Locati Street Addres		_2400_ga1; _11dbe1	•	•		2275 5
5.	City: WIN				,		3279 2
		Items co resign	orrecteda d on 11/8	indapple	lication		
6.	Name and Ti		ĺ	four a.	Mchol	<u> </u>	
7.		ficial Mailing Addr irm: 540 (OWELL	RD,		
	City: WINTI	ERPARK	County:	SEMIN	OLE	Zip Code:	32792
8.		ficial Telephone Nu (4の7) 673 - 6		Fax: (4	o1)359.	- 801C).
		Facility Con	tact (If different	from Responsi	ible Official)		
9.	Name and Title	of Facility Contact	(For example, pla	nt manager):		·	
10.	Facility Contact	Address:					-
	Street Address: City:		County:		Zip (Code:	
11.	Facility Contact Telephone:	Telephone Numbe	r:	Fax: () -	-	

COMMIT

RECEIVED

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Bureau of Air Monitor of & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	·
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	NANAK INC.
2.	Site Name (For example, plant name or number):
	NANA K CLEANERS
3.	Hazardous Waste Generator Identification Number:
	FLD 981 026 099
4.	Facility Location: 5401 LK HOWELL RD. Street Address:
	City: WINTER PARK County: SEMINOLE Zip Code: FL. 3275 &
, 5 .	Facility Identification Number (DEP Use):
	Responsible Official
6.	Name and Title of Responsible Official:
	SURINDER PANESAR, PRESDENT \$ 11/8/96
7.	Responsible Official Mailing Address: Organization/Firm: 540 LK HOWELL RD, Street Address:
	City: WINTERPARK County: SEMINOLE Zip Code: 32792
8.	Responsible Official Telephone Number:
	Telephone: (407) 678-6919 Fax: (407) 359- 8010.
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -
	RECEIVED

AUG 2 6 1996

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Bureau of Air Monitorno & Mobile Sources

Facility Information

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

		Date	Date	T	Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID		Installed
31	L						<u> </u>		<u> </u>
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	25 0€0 90	25 Live 90						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									•
(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									
(b) Control devices are (c) No control devices 2.(a) What was the total of the second	are re luanti gallo	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene (X perc)	purchased in	the latest 12			
3. What is the facility's so (Indicate with an "X". Existing small are	Selec ea so	t one classifi	cation only.) Ne	w sm	iall area sour	ce []	3) of :	Part II?	
Existing large are	a sou	ırce []	Ne	w lar	ge area sour	ce []			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of I (Indicate with an "X".)	Part II of this notification form?
Existing large area source Carbon adsorber [] Refrigerated condenser	
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating unit 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 it boiler HP or less), and (2) are fired exclusively by natural gas except for perioduring which propane or fuel oil containing no more than one percent sulfur is	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site ** PROPAGE GAS 2400 GLS PER YEAR	J. 11/8/96
Equipment Monitoring and Recordkeeping Inform	
Check all logs which are required to be kept on-site in accordance with the required	uirements of this general permit:
(a) Purchase receipts and solvent purchases	LX
(b) Leak detection inspection and repair	LX]
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	× # 11/8/96

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)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the 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 air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pron	nptly notify the Department of any changes to the information contained in this notification.
Signature	Manesar B 19 96. Date

Revised 11/8/96

SMAN AROA ROPORSE

BY SLPT 96.

1-800-SBAPHLP 50.00 & GOMGRAL PERMIT. 1/18-3/1/ Syan only Every year-

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NNUAL E-INSPECTIO	COMPLAINT/DISCO	OVERY 🗆
FACILITY NAME: <u>NANAK</u>	CLEANE		E OUT: <u>3;20</u>
FACILITY LOCATION: 540	LAKE,	HOWELL KD. Fr. 32792	
PART I: NOTIFICATION			
(check appropriate box)			
1. Existing facility notified DARM b	y 9/1/96		×
2. New facility notified DARM 30 da	ays prior to stan	tup	ď
3. Facility failed to notify DARM to	use general per	mit	
PART II: CLASSIFICATION			
Facility indicated on notification fo (check appropriate box) A. 1. Existing small area source		2. New small area source	
dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	, ,	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="" ga="" gal="" only,="" td="" transfer="" types,="" yr=""><td></td><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=""><td></td></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=""><td></td></x<2,>	
This is a correct facility classificatio	n	№ п	
If no, please check the appropriate c	lassification:		
☐ facility exceeds abo	ve limits and is	nit as number above not eligible for a general permit	
B. The total quantity of perchloroeth facility was 47 gallons.	iylene (perc) pu	rchased within the preceding 12 months	s by this dry cleaning

Revised 10/28/96

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 OY ON MIN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) \Box Y \Box N 1. Equipped all machines with the appropriate vent controls? DY 'DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated OY ON condenser on a weekly basis? 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 DY DN 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 located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ОУ ОИ
 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?	OY ON
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
•	
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 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)	
	Жуч □и
(check appropriate boxes)	MA ON
(check appropriate boxes) 1. Maintained receipts for perc purchased?	ио и Их пи
(check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	MA ON MA ON MA ON
(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:	ДУ ОИ ДУ ОИ ДУ ОИ
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days 	MY ON MY ON MY ON MY ON MY ON MY ON
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? 	
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) 	OY ON ON/A
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? CLOSED Loop 	OY ON ON/A
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? CLOSED Loop Maintained startup/shutdown/malfunction plan? WILL START 	OY ON ON/A
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? CLOSED LOOP Maintained startup/shutdown/malfunction plan? WILL START Maintained deviation reports? 	OY ON ON/A OY ON ON/A OY ON
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? CLOSED Loop Maintained startup/shutdown/malfunction plan? WILL START Maintained deviation reports? Problem corrected? 	OY ON ON/A OY ON ON/A OY ON

2.	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)
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
	If using direct-reading instrumentation, is the equipment:
	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)? □Y □N
	c. Inspected for leaks and obvious signs of wear on a weekly basis? □Y □N
	d. Kept in a clean and secure area when not in use? □Y □N
	e. Verified for accuracy by use of duplicate samples (calorimetric only)? □Y □N
3.	Has the facility maintained a leak log? □Y XIN
4.	Does the responsible official check the following areas for leaks?
	Hose connections, fittings, couplings, and valves Y □N Muck cookers DY □N
	Door gaskets and seating Y DN Stills DY DN
	Filter gaskets and seating Y DN Exhaust dampers DY NA
	Pumps Diverter valves MY DN
	Solvent tanks and containers XY DN Cartridge filter housings XY DN
	Water separators DN

SURINDER PANESAR

Name of Responsible Official

Lowis A. Wichols

Juspector's Name (Please Print)

Louis a Inspector's Signature

Approximate Date of Next Inspection



ERA® PROFESSIONAL GROUP INTERNATIONAL

I MIS

SURINDER PANESAR REALTOR®

205 West State Road 434 Winter Springs, FL 32708 Office: (407) 327-3000 Ext 235

Toll Free: (800) 539-1132 Fax: (407) 327-8022 Beeper: (407) 972-0439





ADDITIONAL SITE INFORMATION:

- CHEARS 45,000 LB OF CLOTHES WITH ONE 35 GAL DRUM OF PERC. KEEPS EQUIPMENT CLEAN AND WELL MAINTAINED.
- . MIRACLEAN ROCK 35 FULLY AUTOMATED, WITH MANUAL ONERRIDE.
- CONTAINMENT PAD PAK BEEN MADE AND WAVTING INSTALLATION_ SHOULD BE INSTALLED BY 12/15/96. \$ 2,000
- · CLOSED LOOP SYSTEM, NO EXHAUST.
- PROMPTLY, CHECKS ALLOVER FOR LEANS AT LEAST BI-WERKLY,
- · WHEN FILTERS TAR REMOVED BURNY 21/2 FO 3 MINGHS,
 PARANGES WITH MCF WASTE HAULERS TO PICK UP, DRAINS
 FILTERS IN HOUSING OVER THE WEEKEND PRIOR TO PICKUP,
- O CURRENTLY KEEPING A DAILY LOG WILL ADD STARTUP/SHUTDOWN AND MALKUNCTIONS PLUS CORRECTIVE ACTIONS.
- · FLOOR HAD JUST BEEN DRILLED TODAY TO CHECK FOR CONTAMINATION AS PER WASTE CLEANUP PROGRAM.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

in oppus 1211/1784.

Revised 10/96

	TYPE OF INSPECTION: ANNUAL	COMPI	_AINT/DISCOVERY	RE-INSPECTION
	TIME IN: 1'. O TIME OUT:	(:40	AIRS ID#: 117	00/05
	TYPE OF FACILITY: Dry Cleaning			
	FACILITY NAME: Navak Clea	iners		DATE:
	FACILITY LOCATION: 5401 Lake	Howell	Rd.	
	Winter Par	k, FL.		
	RESPONSIBLE OFFICIAL: Surinder Pa	nesar?	PHONE NUMBER: _	107-678-6919
1	Based on the results of the compliance require compliance with DEP Rule 62-213.300, Flor			ity is found to be in
	Based on the results of the compliance required discrepancies were noted:	rements evaluate	d during this inspection, the follo	wing compliance
	COMPLIANCE REQUIREMENT/PRO	OBLEM	FOLLOW-UP ACTIO	N REQUIRED
		·		
			3	
		į		
		į		
	COMMENTS:			
	The Annual Compliance Certification form has been	properly certifie	ed and submitted to the inspector.	YES NO
	DATE OF NEXT INSPECTION:	(App)	roximate)	
	INSPECTION CONDUCTED BY: \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	DIA (DURESHI (se Print)	
	INSPECTOR'S SIGNATURE:		PHONE NUMBER:	407-814-7555

Page___of_

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<i>p</i> ≰. □	COMPLAINT/DIS	COVER	ΥΥ	<u> </u>
AIRS ID#: 170065 FACILITY NAME: 11 ACILITY LOCATION: 12 ACILITY LOCATIO	ANAK CLEY 5401 Las Boossalber Surinder	ANER TANE	S OWEU ROAD D. WINTER	D PA	. Rr	<u> </u>
(check appropriate box) 1. New facility notified DARM 2. Facility failed to notify DARM	-					
	ion form that it is: rce 2. /yr dry r trai bot (co rce 4. 2,100 gal/yr dry 00 gal/yr trai gal/yr bot (co	to-dry only insfer only, types, x onstructed on New large -to-dry only insfer only, types, 14 instructed on New large only instructed on New large only, types, 14 instructed on New large only, types, 14 instructed on New large only, the new large only, the new large only in types, 14 instructed on New large only in New large only in the new large onl	No notification f □ Drop store/out of area source y, x < 140 gal/yr x < 200 gal/yr 140 gal/yr n or after 12/9/91) area source y, 140 ≤ x ≤ 2,100 gal/yr 0 ≤ x ≤ 1,800 gal/yr 0 ≤ x ≤ 1,800 gal/yr n or after 12/9/91) □ Can not determinate	f busine	(Rox Mira	
	lity exceeds above limits a oroethylene (perc) purcha	nd is not e	igible for a general per	mit	is dry cl	eaning

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

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	□и	□N/A
	Is the temperature differential equal to or greater than 20° F?	\Box Y	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΠY	□и	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box Y$	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?	□Y	□и	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	□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: Y ON ON/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 XXY ON ON/A and parts installed w/in 5 days of receipt? □Y □N ØÑ/A 4. Maintained calibration data? (for applicable direct reading instruments) OY ON DXVA 5. Maintained exhaust duct monitoring data on perc concentrations? M2Y □N 6. Maintained startup/shutdown/malfunction plan? DY DN MINA 7. Maintained deviation reports? DY ON MINA Problem corrected? DAY ON ON/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS

1.	Does the responsible official conduct a we	ækly	(for	small sources, b	i-weekly) leak detection an	ıd rep	air	
	inspection?				•	Y		מנ
2.	Has the facility maintained a leak log?					X	4	
3.	Does the responsible official check the fol	lowi	ing ar	eas for leaks?	•	,		
	Hose connections, fittings, couplings, and valves	fΥ	□N	□N/A	Muck cookers	Φ̈́Υ	ПΝ	□N/A
	Door gaskets and seating	Y	ПИ	□N/A	Stills	dY	ПN	□N/A
	Filter gaskets and seating	ÞΥ	Й	□N/A	Exhaust dampers	фY	ПN	□N/A
	Pumps	Y	ПN	□N/A	Diverter valves	фу	ПΝ	□N/A
	Solvent tanks and containers	Y	ПN	□N/A	Cartridge filter housings	ďΥ	ПN	□N/A
	Water separators	þΥ	ПΝ	□N/A				
4.	Which method of detection is used by the	resp	onsib	ole official?				
	Visual examination (condensed solv	ent	on ex	terior surfaces)		XZ/	ì	
	Physical detection (airflow felt throu	ıgh į	gaske	ts)	•	Ŷ		
	Odor (noticeable perc odor)			4	•	X,		
	Use of direct-reading instrumentation	on (F	ID/P	ID/calorimetric	tubes)		•	
	Halogen leak detector				•			
	If using direct-reading instrun	nent	ation	, is the equipme	ent:		/A	
	a. Capable of detecting per	rc va	por c	oncentrations in	a range of 0-500 ppm?	ΠY	ΠN	
	b. Calibrated against a star	ndar	d gas	prior to and after	er each use			
	(PID/FID only)?		_	_			_N	
	c. Inspected for leaks and				•	_	_N	
	d. Kept in a clean and secu					-	ПN	
	e. Verified for accuracy by	use	of du	plicate samples	(calorimetric only)?	ΠY	ΠИ	

Inspector's Name (Please Print)

Inspector's Signature

| 12 | 11 | 9 | 7 |
| Date of Inspection

| 12 | 19 | 8 |
| Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION	T:
-	
1990 Rock	Nizraelean
MCF	

OLC, Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: NAME: CLEGALES DATE: 12 11 97 FACILITY LOCATION: SION HOUSE CLEGALES DATE: 12 11 97 Annual Reporting Period: SION HOUSE CONTROLLED TO SEE 31 1990 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. SYES 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: Exact period of non-compliance: from to 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: Exact period of non-compliance: from to RECEIVED 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: 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: 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: #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: #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: #2	· · · · · ·	****					
Annual Reporting Period:	FACILITY NAME: VE	MAR	CLE	aners		_DATE: <u>\2</u> _	11/97
Annual Reporting Period:	FACILITY LOCATION:	401 LK	HOWEN	- PO.	WIMTER	ear F	-
Annual Reporting Period: 1997 TO 1998 1999							2792
Annual Reporting Period: 1997 TO 1998 1999				-			
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. Finology 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: Exact period of non-compliance: from Action(s) taken to achieve compliance: Exact period of non-compliance: from Action(s) taken to achieve compliance: Exact period of non-compliance: from Action(s) taken to achieve compliance: Exact period of non-compliance: from Action(s) taken to achieve compliance: Bureau of Air Monitorino & Mobile Sources 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:	Annual Reporting Period:	JAM	<u>(</u>) 19	<u>чт</u> то	Dec	31	19 <u>Ø1</u> ^
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from			• •	-			
Exact period of non-compliance: from	If NO, complete the following:						٠
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: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: Method used to demonstrate compliance: Bureau of Air Monitoring & Mobile Sources 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: SURINGER Pare Manyae 12 11 77.	#1. Term or condition of the gen	eral permit that has	not been in contin	nuous compliance	during the repor	ting period stat	ed above:
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: Bureau of Air Monitoring & Mobile Sources 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: SURINGER (AMERICA Warrage) 12 11 77.	Exact period of non-compliance:	from		to			
#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 to RECEIVED Action(s) taken to achieve compliance: Method used to demonstrate compliance: Bureau of Air Monitoring & Mobile Sources 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: SURINGER (AMERICAL Maryles)	Action(s) taken to achieve compl	iance:					
Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: Bureau of Air Monitoring & Mobile Sources 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: SURINGER PARE Margae 12 11 97.	Method used to demonstrate com	pliance:					
Action(s) taken to achieve compliance: Method used to demonstrate compliance: Bureau of Air Monitoring & Mobile Sources 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: SUZINGER PARE Many 12 11 97.	#2. Term or condition of the gen	eral permit that has	not been in contir	nuous compliance	during the repor	ting period stat	ed above:
Method used to demonstrate compliance: Bureau of Air Monitoring & Mobile Sources 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: SUZINGER PARE METERS.	Exact period of non-compliance:	from		to_	REC	EIVE)
Method used to demonstrate compliance: Bureau of Air Monitoring & Mobile Sources 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: SURINGER PARE METHOD 12 11 97	Action(s) taken to achieve compl	iance:			1441	Z 100A	
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:	Method used to demonstrate com	pliance:			Rureau 0	f Air Monitorii	ng
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: The property of the propert					& Mo	bile Sources	
RESPONSIBLE OFFICIAL: SURINDER PAMERAR MENERO 12/11/97	made in this notification are true upon purchase receipts, does not	, accurate and comp	olete. Further, my	annual consump	tion of perchloro	ethylene solver	ıt, based
	-			<u> </u>	Signature		Date 97

^{*}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.

RECEIVED

FEB 2 A 1998

Bureau of Air Monitoring
& Mobile Sources

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#1170065

NANAK INC SURINDER PANESAR 5401 LAKE HOWELL ROAD WINTER PARK FL 32792

Do NOT Remove Label

Annual Reporting Period:	JAN 1 I	9 <u>97</u> to	34	31 19 97
Based on each term or condition of the 62-213.300, Florida Administrative Co		•	-	EP Rule NO
If NO, complete the following:				
#1. Term or condition of the general p	ermit that has not been in conti	nuous compliance during	the reporting perio	d stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance	ee:			
#2. Term or condition of the general p	ermit that has not been in conti	nuous compliance during	the reporting perio	d stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:		·		
Method used to demonstrate compliance	e: <u>· </u>			
As the responsible official, I hereby certify notification are true, accurate and completed to the complete to	ete. Further, my annual consump	tion of perchloroethylene s	olvent, based upon p	urchase receipts,
RESPONSIBLE OFFICIAL:	S. Panesav Name (Please Print)	Signatu	re -	2/15/98 Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	СОМ	PLAINT/D	SCOVERY _	RE-INSPEC	TION _
TIME IN:	:30 TIME OUT:	12:10	0	AIRS ID#:	1170065	
TYPE OF FACILITY: DY	ucleanine					
FACILITY NAME: NA	nak Ckane	'v≤			DATE: 9/	30/98
FACILITY LOCATION: 5	401 Lake	Home	ll R	oad		
V	Juste Park	FL	. 32	792		
RESPONSIBLE OFFICIAL:	Bunineler	Pana	sar	_рноле пимве	R: <u>467-678</u>	-6919
compliance with DEP R	he compliance requirement aule 62-213.300, Florida	Administra	tive Code (I	F.A.C.).		
Based on the results of a discrepancies were note	he compliance requireme d:	ents evalua	ted during tl	nis inspection, the f	ollowing compliance	
COMPLIANCE REQU	JIREMENT/PROB	LEM	FO	LLOW-UP AC	TION REQUIRE	E D
					P	
				Burg	S. Cr.	
				\$ 12 0x	12 6	
				Mobile So	To the Property of the Propert	
				SKC.	To the state of th	
COMMENTS:						
Good reev	rd keepeng	i, US	ing	Calinda	Ur –	
The Annual Compliance Certific	ation form has been prop	erly certific	ed and subm	nitted to the inspect	or. YES	NO
DATE OF NEXT INSPECTIO	N:	9/9	9			
INSPECTION CONDUCTED	ву: <u>SA-A D</u>) A (oroximate) Quee	SH7		
INSPECTOR'S SIGNATURE:	2	(Ple	ase Print)	PHONE NUMBE	r: 893-33	33
	0	Page_	of .	, <u> </u>		Revised 10/96

IN ARM8 9/30/98

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION/CHECKLIST

TYPE	OF	INSPE	CTION	:
	~ ~			-

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 1170065 DATE: 9130918 TEVIE IN: 11:30 TEVIE OUT: 12:10
FACILITY NAME: Nanak Cleaners
FACILITY LOCATION: 5401 Lake Howell Road
Winter Park Fr. 32792
Note of the second of the seco
RESPONSIBLE OFFICIAL: Surinder Pance PHONE: 407-678-6919
CONTACT NAME:PHONE:

PART I: NOTIFICATION

(check appropriate box)

- 1. New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use general permit

€.	0-	`^		
6.68 6.68	27			
Mobil	Of Air Monito	1990	Co.	_
		60		

PART II: CLASSIFICATION

Facility indicated on notification form that it is: (check appropriate box)

- ☐ 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)

1990

- 3. Existing large area source 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, $140 \le x \le 1,800 \text{ gal/yr}$ (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
- UY UN
- □Can 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 28 gallons.

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 becis according to the manufacturer's specifications?

pumped by the ENIA

PART IV: PROCESS VENT CONTROLS

In Part II-A:

· 1. . i. . 1.

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)

I. 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/bi-weekly basis?

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded +5°F?

6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

DY ON OWA

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?	ΩY	Z	ľ
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	GΫ	ПN	□N/A
	Is the temperature differential equal to or greater than 20% F?	QΥ	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 curbon adsorber?	ΩY	ПЯ	_N/A
	Is the perc concentration equal to of less than 100 ppm?	QΥ	ΩN	□N/A
+	. 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 inler?	ΩY	ПИ	
5	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenses coils?	QΥ	ΩN	□N/A
6	6. Routed airflow to the carbon adsorber (if used) at all times?	QY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
Maintained receipts for perc purchased?	ey dh			
2. Maintained rolling monthly total of perc consumption?	œy □¼			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON OXIA			
b. documentation of parts ordered to repair leak and leak repaired win 2 days and parts installed w/in 5 days of receipt?	סא סא סאוץ			
4. Maintained calibration data? (for applicable direct reading instruments)	CY CN CAIA			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN GWA			
6. Maintained startup/shutdown/malfunction plan?	ON CH			
7. Maintained deviation reports?	לואם אם אס			
Problem corrected?	אואם אם אוץ			
8. Maintained compliance plan, if applicable?	ACY CH COXIA			

PART VI: LEAK DETECTION AND REPAIRS

. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			QY,	ПN
_	Eas the facility maintained a leak log?		,	. 72 Y	ПИ
	Does the responsible official check the fol	lowing areas for leaks?			
	Hose connections, fittings, couplings, and valves	DY QH QHA	Muck cookers	9¥ (באותם תם
	Door gaskets and seating	DY ON ON/A	Suils	φ¥ ι	ON ON/A
	Filter gaskets and seating	אואם אם אם	Exhaust dampers	φY (DN DN/A
	Pumps	CY CN CN/A	Diverter valves	φY	ON ON/A
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	dY.	ON ON/A
		סא סאיש	•		
! .	. Which method of detection is used by the	responsible official?			
Visual examination (condensed solvent on exterior surfaces)				1	
Physical detection (airflow felt through gaskets)					/
Odor (noticeable perc odor)				A	
	Use of direct-reading instrumentation	on (FID/PID/calorimetric	रागंध्य)		
	Halogen leak detector				
If using direct-reading instrumentation, is the equipment:				A	
	a. Capable of detecting pe	re vapor concentrations is	n a range of 0-500 ppm?	QY	ND
	b. Calibrated against a sta (PD/FiD only)?	ndard gas prior to and af	ter each use	QY	ПN
	c. Inspected for leaks and	obvious signs of wear on	a weekly basis?	QΥ	ΩN
d. Kept in a clean and secure area when not in use?			QY	ΩN	
	e. Verified for accuracy o	y use of duplicate sample	s (calorimetric only)?	ΩY	Пи

Date of Inspection

Approximate Date of Next Inspection

has been keeping good accords—

(using Calendar)

lvin dorng temp misnitoring through its

not required) and leak logo
hasnithad any leaker

Keepeng pero logs also.

[NCOMP[idnce]

. 1179065

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	C12 2 - 2	
FACILITY NAME: NAME:	CLEANER	DATE: 7 30
FACILITY LOCATION: 540 LK	Hoven fo	
VINTER PARSE	FL: 32792	
Annual Reporting Period:	19TO	19
Based on each term or condition of the Title V generated on Each term or condition of the Title V generated for the Title V generated on the Title		
If NO, complete the following:		
#1. Term or condition of the general permit that ha	s not been in continuous compliance o	iuring the reporting period stated above:
Exact period of non-compliance: from	to	BE COME
Action(s) taken to achieve compliance:		302 -1
Method used to demonstrate compliance:		833
#2. Term or condition of the general permit that ha	s not been in continuous compliance	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 made in this notification are true, accurate and coupon purchase receipts, does not exceed 2,100 gai combination facilities. RESPONSIBLE OFFICIAL: Name (P.)	mplete. Further, my annual consump	tion of perchloroethylene solvent, based

*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 ____.

PERCHLOROETHYLENE DRY CLEANERS UPDATED **TITLE V GENERAL PERMIT** DATE 10-11-44 COMPLIANCE INSPECTION CHECKLIST PLAINT/DISĒÓVERY RL N TYPE OF INSPECTION: ANNUAL RE-INSPECTION AIRS ID#: 170065 DATE: 10-11-99 TIME CIME OUT: 12:30 FACILITY NAME: Nanati Cleaners FACILITY LOCATION: 5401 Lake RESPONSIBLE OFFICIAL: Surinder Panesa PHONE: 407-674-6919 CONTACT NAME: PHONE: PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION ☐ No notification form Facility indicated on notification form that it is: (check appropriate box) ☐ Drop store/out of business/petroleum 2. New small area source 1. Existing small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yrtransfer only, x < 200 gal/yr transfer only, x < 200 gal/yrboth types, x < 140 gal/vrboth types, x < 140 gal/yr (constructed on or after 12/9/91) (constructed before 12/9/91) 3. Existing large area source 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800$ gal/yr transfer only, 200 < x < 1,800 gal/yrboth types, 140 < x < 1,800 gal/yrboth types, 140 < x < 1,800 gal/yr(constructed before 12/9/91) (constructed on or after 12/9/91) OΝ □Can not determine 5. This is a correct facility classification If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit

facility was 100 gallons.

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

PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN 5/N/A			
2. Examining the containers for leakage?	AVEQ NO YO			
3. Closing and securing machine doors except during loading/unloading?	MAY ON .			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	AY ON ON/A			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	מאשק אם צם			
PART IV: PROCESS VENT CONTROLS				
In Part II-A:				
If classification 1 has been checked, no controls are required. Proceed to Part	v.			
If classification 2 has been checked, the machine should be equipped with a refu (complete A below).	rigerated condenser			
. 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?	מם צם			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	אואם אם אָם			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ח/אם אם צם			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	אם אם			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	AVO NO VO			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY DN			

B.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY DN
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
	is the perc concentration educate of less than 100 ppints	AMD ND 10
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?	y day □N			
2. Maintained rolling monthly averages of perc consumption?	MO AM			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	A'Y ON ON/A			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON E N/A			
4. Maintained calibration data? (for applicable direct reading instruments)	AVY BY NO YO			
5. Maintained exhaust duct monitoring data on perc concentrations?	אעצם אם צם			
6. Maintained startup/shutdown/malfunction plan?	XLY ON			
7. Maintained deviation reports?	AVAÇÇÎ NO YO			
Problem corrected?	AVA Z NO YO			
8. Maintained compliance plan, if applicable?	ביא אל אם אם			

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? $\square N$ 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves GY ON ON/A Muck cookers DY ON ONIA XY ON ON/A Door gaskets and seating ANG NO YQ Stills A/NO NO YA **M**Y ON ON/A Filter gaskets and seating Exhaust dampers AVA ON ON/A Diverter valves AND NO YA Pumps Solvent tanks and containers AVAD AD YA Cartridge filter housings **M**Y **DN DN/A** Water separators AVAC NO YA 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Ø TX, Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: □N/A a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)?

Randall Conningham	10-11-99
Inspector's Name (Please Print)	Date of Inspection
Phall T-A	10-2000
Inspector's Signature	Approximate Date of Next Inspection

c. Inspected for leaks and obvious signs of wear on a weekly basis?

e. Verified for accuracy by use of duplicate samples (calorimetric only)?

d. Kept in a clean and secure area when not in use?

DY DN

DY DN

DY DN

ADDITIONAL SITE INFORMATION:	
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	·
•	
•	
	·
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117 0065

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



FACILITY NAME: Nangki Cleaners	DATE: 10-11-99
FACILITY LOCATION: 5401 Lake Howell Rd. Winter Park, FL 32792	
Annual Reporting Period: October 1998 TO 02	tober 19 99
Based on each term or condition of the Title V general air permit, my facility has remained in 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement	<u> </u>
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during	the reporting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during	the reporting period stated above:
Exact period of non-compliance: fromto	
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 in this notification are true, accurate and complete. Further, my annual consumption of upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,80 combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print)	perchloroethylene solvent, based

^{*}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	сомрі	LAINT/DISCOVERY	RE-INSPECTION
TIME IN: 12:000m TIM	E OUT: 12:30	alrs ID#:	70065
TYPE OF FACILITY: Dry Cleaning	9		
FACILITY NAME: Nang K Clas	iners		DATE: 10-11-99
FACILITY LOCATION: 5401 La	tie Howell R	<u>d.</u>	
Winter Pa	CH 1-13279		1.5
RESPONSIBLE OFFICIAL: Sunid 19	r Panesa	PHONE NUMBER:	407-678-6919
Based on the results of the compliance compliance with DEP Rule 62-213.30	•		ity is found to be in
Based on the results of the compliand discrepancies were noted:	ce requirements evaluated	d during this inspection, the follo	owing compliance
COMPLIANCE REQUIREMEN	T/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
		•	
			-
			
			·
			•
COMMENTS:	1		
In Comp	Trance		
The Annual Compliance Certification form ha			YEST NON
DATE OF NEXT INSPECTION: 10	-7000		
) / 1) _	oximate)	
INSPECTION CONDUCTED BY:		unn ingham se Print)	
INSPECTOR'S SIGNATURE:	M TF	PHONE NUMBER:	407-893: 3333
	Page	of	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ARMS UPDATED
	DATE 10-5-01
ı	BY RU

TYPE OF INSPECTION:

ANNUAL (INS1, INS2)

COMPLAINT/DISCOVERY (CI) □

RE-INSPECTION (FUI)

AIRS ID#: 1170065 DATE: 10-5-	-00 time in: 1:00 time out: 1:30
FACILITY NAME: Nangk Clean	1875
FACILITY LOCATION: 540 La	Ke Howell Rd.
· Winter Pa	11K, FL 32792
	Panesa PHONE: 407-67826919
	·
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	Facility Compliance Status: IN
1. New facility notified DARM 30 days prior to sta	ertup 🗆 (ARMS Data) MNC 🗖
2. Facility failed to notify DARM to use general pe	ermit
PART II: CLASSIFICATION	· · · · · · · · · · · · · · · · · · ·
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box) A.	☐ Drop store/out of business/petroleum ☐
1. Existing small area source	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
dry-to-dry only, $x < 140 \text{ gal/yr}$	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr both types, x < 140 gal/yr	transfer only, x < 200 gal/yr both types, x < 140 gal/yr
(constructed before 12/9/91)	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
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, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before $12/9/91$)	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	cation:
facility qualified for a ge	neral permit as number above
facility exceeds above lin	nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pu facility was 140 gallons.	urchased within the preceding 12 months by this dry cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN **Ø**N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN ZNA 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? ZY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ØN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? OY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? OY ON ON/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the OY ON ON/A condenser exceeded 45°F? Conducted all temperature monitoring after an appropriate cooldown period and after yearfying that the coolant had been completely charged? NO, AO

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 located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	אם אם
2. Measured and recorded the washer exhaust temperature at the condenser	
inlet and outlet weekly?	QY QN QN/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?	OY ON ON/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 ON/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official:	Has the responsible official:			
(check appropriate boxes)				
1. Maintained receipts for perc purchased?	ETY ON			
2. Maintained rolling monthly total of perc consumption?	EY ON			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	GY ON ON/A			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	_			
and parts installed w/in 5 days of receipt?	OY ON ZMA			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ØN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?				
6. Maintained startup/shutdown/malfunction plan? explained				
7. Maintained deviation reports?				
Problem corrected?				
8. Maintained compliance plan, if applicable?				

PART	VI: LEAK DETECTION AND R	FDAIDS	<u> </u>	
	es the responsible official conduct a		hi waakky) laak dataatian a	ndin
	•	weekly (for small sources	s, bi-weekly) leak detection a	. /
[pection?			
l _l	s the facility maintained a leak log?		·	ďY □N
3. Do	es the responsible official check the	following areas for leaks?		
	Hose connections, fittings, couplings, and valves	TY ON ON/A	Muck cookers	OY ON ON/A
	Door gaskets and seating	UY ON ON/A	Stills	TY ON ON/A
	Filter gaskets and seating	UY ON ON/A	Exhaust dampers	DY ON ON/A
•	Pumps	dy ON ON/A	Diverter valves	DY ON ON/A
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	CY ON ON/A
	Water separators	DY ON ON/A		1
4. Wh	ich method of detection is used by th	ne responsible official?		
	Visual examination (condensed so	olvent on exterior surfaces	s)	D
	Physical detection (airflow felt thr	ough gaskets)		
	Odor (noticeable perc odor)	•		b /
	Use of direct-reading instrumentat	ion (FID/PID/calorimetri	c tubes)	
	Halogen leak detector			
	If using direct-reading instru	ımentation, is the equipi	ment:	⊠ N/A
	a. Capable of detecting p	erc vapor concentrations	in a range of 0-500 ppm?	OY ON
	b. Calibrated against a st (PID/FID only)?	andard gas prior to and al	fter each use	OY ON
	,	d obvious signs of weer a	n o wookly basis?	OY ON
	•	d obvious signs of wear o	•	
	d. Kept in a clean and se	cure area when not in use	?	OY ON

Randall Cunningham	10-5-00
Inspector's Name (Please Print)	Date of Inspection
Mall ZA	10-2001
Inspector's Signature	Approximate Date of Next Inspection

e. Verified for accuracy by use of duplicate samples (calorimetric only)?

 $\square Y \ \square N$



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Nanut Cleaners	DATE: 19-5-00
FACILITY LOCATION: 5401 Lake Howell Rd	
Winter Park, FL 32792	
Annual Reporting Period: October 1944 TO Oct	tober 2000
Based on each term or condition of the Title V general air permit, my facility has remained in c	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:
Exact period of non-compliance: fromto	
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: fromtoto	
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 reason in this notification are true, accurate and complete. Further, my annual consumption of perchl purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gall combination facilities.	oroethylene solvent, based upon
RESPONSIBLE OFFICIAL: SURINO SI PORTO Signat	Date Date
Signat	

^{*}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 (OMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1: du	TIME OUT: 1:3	AIRS ID#: 1170065
TYPE OF FACILITY: Dry	Clean	
FACILITY NAME: Nanu	K Cleaners	DATE: 10-5-00
FACILITY LOCATION: 5	401 Lake Howell	Rd
h	Gater Park, FL3	2792
RESPONSIBLE OFFICIAL:	sunidler Panesa	PHONE NUMBER: 407-678-6919
_	the compliance requirements ev Rule 62-213.300, Florida Admir	aluated during this inspection, the facility is found to be in istrative Code (F.A.C.).
Based on the results of discrepancies were not		aluated during this inspection, the following compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
		•
	· · · · · · · · · · · · · · · · · · ·	
	•	·
;		
	<u> </u>	
COMMENTS:		
In Cor	npliance	
The Annual Compliance Certifi	cation form has been properly co	ertified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION		
		(Approximate)
INSPECTION CONDUCTED	BY: Kandall	Cunningham
INSPECTOR'S SIGNATURE	Dolal L	(Please Print) PHONE NUMBER: 407-893-333
	Pag	Revised 10/96

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

RECEIVED MAIL ROOM

FEB 25 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 1170065

NANAK INC SURINDER PANESAR 5401 LAKE HOWELL ROAD WINTER PARK FL 32792 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Mb2an303123

TOTAL AMOUNT DUE: \$50.00

FEB 20 98

Do NOT Remove Label

AIRS 1D#1170065

NANAK INC SURINDER PANESAR 5401 LAKE HOWELL ROAD WINTER PARK FL 32792 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

400891

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 # 1170065

NANAK CLEANERS
SURINDER PANESAR
5401 LAKE HOWELL ROAD
WINTER PARK FL 32792

Bureau

Of Die S50.00

FOR GOVERNMENT SE ONLY
Org.: 37550101000 EO: A1

Fund: 20-2-035001
Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0355167

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

RECEIVED IAIL, ROOM DEC 23 98

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1170065 NANAK CLEANERS

SURINDER PANESAR 5401 LAKE HOWELL ROAD WINTER PARK FL 32792 FOR GOVERNMENT USE OF Y Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

MAIL ROOM

Do NOT Remove Label

AIRS ID # 1170065

NANAK CLEANERS
SURINDER PANESAR
5401 LAKE HOWELL ROAD
WINTER PARK FL 32792

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: BI

Fund: 20-2-035001 Obj.: 002273

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mallpiece, or on the back if spac permit. Write "Return Receipt Requested" on the mailpiece below the articl The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to rectollowing services extra fee): 1. Addresse 2. Restricte Consult postmas	s (for an ee's Address
completed	AIRS ID 1170065 NANAK INC SURINDER _PANESAR 5401 LAKE HOWELL ROAD	4b. Service ☐ Registere ☐ Express	336(3 Type ed Mail	Certified Insured
ETURN ADDRESS	5. Received By: (Print Name)	7. Date of De	e's Address (Only)	you fo
ls your RE	6. Signature: (Addressee or Agent) X PS Form 3811, December 1994	2595-97-B-0179	Domestic Reti	

US Postal Service Receipt for Certified Mail AIRS ID 1170065 NANAK INC SURINDER PANESAR 5401 LAKE HOWELL ROAD WINTER PARK FL 32792 \$ Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address Return Receipt Showing to Whom, Date, & Addressee's Address Date, & Addressee's A TOTAL Postage & Postmark or Date \$ TOTAL Postage & Fees

Z 333 613 284

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spapermit. Write 'Return Receipt Requested' on the mailpiece below the artice The Return Receipt will show to whom the article was delivered adelivered.	ce does not de number.	I also wish to re following service extra fee): 1. Address 2. Restrict Consult postma	es (for an
your RETURN ADDRESS completed on	AIRS ID#: 1170065 NANAK INC SURINDER PANESAR 5401 LAKE HOWELL ROAD WINTER PARK FL 32792 The Company of the Co	7. Date of De	Type ad Mail ceipt for Merchandis elivery 5 - 9 a's Address (Only	
(SI	PS Form 3811, December 1994 ° P 2 L 5 3	D2 45F	Domestic Ret	turn Receipt

AIRS ID#: 1170065

NANAK INC SURINDER PANESAR 5401 LAKE HOWELL ROAD WINTER PARK FL 32792

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800,	TOTAL Postage & Fees	\$
PS Form 3800, April 1995	Postmark or Date	

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S 54	IANAK CLEANERS URINDER PANESAR 401 LAKE HOWELL I ZINTER PARK FL 327	DO A TO	
	Postage	\$	
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 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. 1. Article Addressed to: AIRS ID # 1170065 NANAK CLEANERS SURINDER PANESAR 5401 LAKE HOWELL ROAD 	A. Received by (Please Print Clearly) B. Date of Delivery (C. Signature
WINTER PARK FL 32792	3. Service Type St/Certified Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ C.O.D.
Z 333 667 208	4. Restricted Delivery? (Extra Fee)
Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ref	turn Receipt 102595-99-M-1789

 Complete items 1, 2, and item 4 if Restricted Deliver Print your name and address of that we can return the Attach this card to the bacor on the front if space per 	ry is desired. ess on the reverse card to you. ck of the mailpiece,	A. Received by (Please Print Clearly) B. Date of Delivery Agent Address D. Is delivery address different from item 1? Yes
Article Addressed to:		If YES, enter delivery address below: □ No
10 AIRS ID # SURINDER PANESAR NANAK CLEANERS 5401 LAKE HOWELL RO. WINTER PARK FL 32792	1170065001AG AD . *	Bureau of Air Monitoring Mobile Sources 3 Service Type Certified Mail
2. Article Number (Copy from se	rvice label)	4. Restricted Delivery? (Extra ree) Yes
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PS Form 3811, July 1999	Domestic F	Return Receipt 102595-99-M-1
	Z Z10 L1 US Postal Service Receipt for Cert	tified Mail
1 S N	US Postal Service Receipt for Cert No Insurance Coverage I O AIRS II URINDER PANESAI JANAK CLEANERS 401 LAKE HOWELL	tified Mail Provided. D # 1170065001AG R ROAD
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1 S N	US Postal Service Receipt for Cert No Insurance Coverage I O AIRS II URINDER PANESAI JANAK CLEANERS 401 LAKE HOWELL WINTER PARK FL 32	tified Mail Provided. D # 1170065001AG R ROAD 792
1 S N 5 V	US Postal Service Receipt for Cert No Insurance Coverage I O AIRS II URINDER PANESAL JANAK CLEANERS 401 LAKE HOWELL WINTER PARK FL 32 Certified Fee	tified Mail Provided. D # 1170065001AG R ROAD 792
1 S N 5 V	US Postal Service Receipt for Cert No Insurance Coverage I O AIRS II URINDER PANESAL ANAK CLEANERS 401 LAKE HOWELL WINTER PARK FL 32 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered	tified Mail Provided. D # 1170065001AG R ROAD 792
1 S N 5 V	US Postal Service Receipt for Cert No Insurance Coverage I O AIRS II URINDER PANESAI JANAK CLEANERS 401 LAKE HOWELL WINTER PARK FL 32 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to	tified Mail Provided. D # 1170065001AG R ROAD 792
1 S N	US Postal Service Receipt for Cert No Insurance Coverage I O AIRS II URINDER PANESAL JANAK CLEANERS 401 LAKE HOWELL WINTER PARK FL 32 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom & Receipt Showing to Whom Receipt Showing to	tified Mail Provided. D # 1170065001AG R ROAD 792

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1170065 9-10 Spoke to Surinder Panesar, he used 2400 gal/yr of propane.

PM = .96 lbs/yr

 $N0x = 33.6 \, lbs/yr$ $C0 = 4.56 \, lbs/yr$

TOC = 1.2 lbs/yr