

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 23, 1996

Mr. Piyush Patel Vice President Town'N Country Cleaners 908 North State Road #434 Altamonte Springs, Florida 32714

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 29, 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

cc: Mr. Louis Nichols, Central District

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):							
	Site Name (For example, plant name or number):							
2.	Site Name (For example, plant name or number):							
-	TOURN OF COUNTRY CURANTERS							
3.	Hazardous Waste Generator Identification Number:							
	FLD 982161044							
4.	Facility Location: 908 NORTH STATE FOAD #434 Street Address:							
	City: ALAMONTE SRING County: SOMINOLE Zip Code: 32714							
13.4	Facility Identification Number (DEP Use):							
	Responsible Official							
6.	Name and Title of Responsible Official:							
	Me PyrisH PATEL UPRESIDENT							
7.	Responsible Official Mailing Address: Organization/Firm:							
	Street Address:							
	City: Zip Code:							
8.	Responsible Official Telephone Number: Telephone: (407) 67-73 8 Fax: () -							
	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: () -							
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P. 14

3. new large area Source Should be Marked

P.15

4 new large r. c. Should be marked

(c) + (f) 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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit									
(1) w/ ref. condenser	╁	31-157-91	31-16-31		1				
(2) w/ carbon adsorber	 	50 500 17	51 200-11		1			 	
(3) w/ no controls					1			1	
Washer Unit	_		<u> </u>			I.		<u>.</u> L	
(4) w/ ref. condenser	_		<u> </u>		1	1		Τ	
(5) w/ carbon adsorber	 			├					
(6) w/ no controls								 	
Dryer Unit									<u> </u>
(7) w/ ref. condenser			1		1	I			
(8) w/ carbon adsorber								 	
(9) w/ no controls	-	+		-	-		 	 	
Reclaimer Unit					<u> </u>			<u></u>	<u> </u>
(10) w/ ref. condenser		T	T	_	1	· ·		Τ.	;
* *	_	 						1	
(11) w/carbon adsorber	<u> </u>								
(12) w/ no controls	L								<u> </u>
 (b) Control devices are (c) No control devices 2.(a) What was the total of the control of the contr	are raquant gallo	equired to be ity of perchlo ons ow many? [_	installed [perc)	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	urce	cation only.)	ew sn	initions found nall area sour	rce [3) of	Part II?	
LAISHING Tange and	_a 501	u. CC	110	vv idi	Se area sour	·	J		

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(Indicate with an "X".)									
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 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									
•									
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									
·									
·									
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Surrender of Existing Air Permit(s)

Please indicate	ate 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	I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. 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, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.											
I will pron	omptly notify the Department of any changes to the information contained in this notification. $8-24.96$											
Signature	e Date											

		i	# 1170	068			
		P14 B	BEST AVAILA				
	P	el ·					
		1 -3. ne	urce s	oe av	20		
		50		9 = 5		-	
1.	Facility Owner/C	700	016	hould	-6		
	racinty Owner/C	tan	ar Ked				
	TAYSH		7,000				
2.	Site Name (For	P.15					
_							
	Town	·4. nec	v larg	Per K			
3.	Hazardous Was	Str	guld h	1 100	Mod	<u>/_</u>	
	FLAI	• • • • • • • • • • • • • • • • • • • •			NEU		
4.	Facility Location	(-)	<i>(</i>)				
"	Street Address	(C) +	(+)	should	be_		
	City: A				-		2714
	MUA	· mar	NEO				
55.0	Facility Identi	Corrections and signed	m - C				
		and signed	n holes				268
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		QU.	Muhol	\mathcal{T}	\\/		
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6.	Name and Ti				1/		
ı							
	78/2 1.	V-					
7.		ial Mailing Addres	S:		,		
	Organization/Firm	1:	SAM	(-)		*****	
	Street Address:		Countrie	O		7:- Ca	.do.
	City:		County:			Zip Co	ode.
8.	Responsible Office	ial Telephone Num	ber:				
		p) (82-7)		Fax: ()	-	
		10/00 /2					•
	<u>-</u>			_			
		Facility Conta	ct (If different f	rom Responsit	ole Officia	1)	
9.	Name and Title of	Facility Contact (F	For example plan	nt manager).			_
'	. ame and Thie O	. I donny Contact (I	or example, plan				
10.	Facility Contact A	ddress:					
	0						
	Street Address:		Country		7:	Codo	
	City:		County:		Zip	Code:	
11.	Facility Contact T	elephone Number:					
	Telephone: () -		Fax: ()	-	

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Bureau of Air Monitor 112 & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

l.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):								
	TAYCUE TO TOPPOSTS LOS								
	Site Name (For example, plant name or number):								
2.	_								
_	Hazardous Waste Generator Identification Number:								
3.	Hazardous Waste Generator Identification Number:								
	FLD 982161044								
4.	Facility Location: 908 NORTH STATE FOAD #434								
	City: ALAMONTE SKING County: SomINOLE Zip Code: 32714								
,5. i	Facility Identification Number (DEP Use):								
	17.70068								
-4123 A									
	Responsible Official								
6	Name and Title of Responsible Official:								
0. ,	\sim 0 1 1 \sim 1 1 \sim 2 \sim 1								
	Responsible Official Mailing Address:								
7.	Responsible Official Mailing Address: Organization/Firm:								
	Organization/Firm: Street Address:								
	City: Zip Code:								
8.	Responsible Official Telephone Number:								
о.	Telephone: (20) (7-7-3) Fax: () -								
	. 26/66 13/6								
	Facility Contact (If different from Responsible Official)								
	racinty Contact (Ir unferent 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: () -								
	DECEIVED								

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Bureau of Air Monitor or & 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 Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
		1	Device		Initially	Device		Initially	Device
Type of Machine	ID	Initially Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Type of Machine	עו	Fulchased	Ilistaticu		ruichased	instaned	ID	ruicilascu	mstarieu
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit			15 MAR92		80. 11-	18-96			:
(1) w/ ref. condenser		31-DET-91	31-20-31						
(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	are r	equired to be	installed [_						
2.(a) What was the total of			oroethylene (perc)	purchased i	n the latest 12	2 mor	nths?	
(b) If less than 12 mont Check why it is less					_] New store	e: [] Did	not k	eep records:	
3. What is the facility's so (Indicate with an "X".					nitions foun	d in section (3) of	Part 11?	
Existing small ar	ea so	urce [Ne	ew sn	nall area sou	rce [.0.	مارير
Existing large are	ea soi	urce []	Ne	w lar	rge area sour	rce [í	SD. 11/10	-

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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								
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 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								
	·							
Equipment Monitoring and Recordkeeping Infor	mation							
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								
(b) Leak detection inspection and repair	L'I							
(c) Refrigerated condenser temperature monitoring								
(d) Carbon adsorber exhaust perc concentration monitoring	Land State of the							
(e) Instrument calibration								
(f) Start-up, shutdown, malfunction plan								

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Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)							
	No air permits currently exist for the operation of the facility indicated in this notification form.							
	Responsible Official Certification							
this notifi statement maintain	lersigned, am the responsible official, as defined in Part II of this form, of the facility addressed i cation. I hereby certify, based on information and belief formed after reasonable inquiry, that th is 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 ith all terms and conditions of this general permit as set forth in Part II of this notification form.							



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT/DISC	COVERY
AIRS ID#: 1170068 D. FACILITY NAME: 7000 TO FACILITY LOCATION: 900	N COUNTRY C B NORTH SI	LEANERS	DE OUT: 3:45
PART I: NOTIFICATION			
(check appropriate box) 1. Existing facility notified DARM 2. New facility notified DARM 30 3. Facility failed to notify DARM	days prior to start	-	X
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 (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2, 100="" 200<x<1,800="" gal<="" only,="" td="" transfer=""><td>gal/yr</td><td> 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) New large area source dry-to-dry only, 140<x<2, 100="" 200<x<1,800="" gal="" li="" only,="" transfer="" yr="" yr<=""> </x<2,></td><td></td></x<2,>	gal/yr	 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) New large area source dry-to-dry only, 140<x<2, 100="" 200<x<1,800="" gal="" li="" only,="" transfer="" yr="" yr<=""> </x<2,>	
both types, 140 <x<1,800 (constructed="" 12="" 9="" 91)="" a="" appropriat<="" before="" check="" classifical="" correct="" facility="" gal="" is="" lif="" no,="" please="" td="" the="" this="" y=""><td>tion e classification:</td><td>both types, 140<x<1,800 (constructed="" 12="" 9="" 91)<="" after="" gal="" on="" or="" td="" yr=""><td></td></x<1,800></td></x<1,800>	tion e classification:	both types, 140 <x<1,800 (constructed="" 12="" 9="" 91)<="" after="" gal="" on="" or="" td="" yr=""><td></td></x<1,800>	
		nit as number above not eligible for a general permit rchased within the preceding 12 month	ns by this dry cleaning

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

PART IV: PROCESS VENT CONTROLS

beds according to the manufacturer's specifications?

In Part II-A:

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

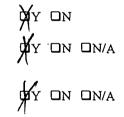
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

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

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

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

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



AVM**X** NO YO







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?	□Y MN .
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY MA
	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?	OY ON MIN/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 WAYA
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY ON MINA
		
	ART V: RECORDKEEPING REQUIREMENTS	
H	as the responsible official: heck appropriate boxes)	
(c)	as the responsible official:	XY DN
H (c)	as the responsible official: heck appropriate boxes)	MY DN
H (c)	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	MY DN
H (c)	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	74
H (c)	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	XYY ON
H: (c) 1. 2. 3.	As the responsible official: heck 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	
H: (cl. 1. 2. 3.	As the responsible official: heck 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?	XYY DN
H: (cl. 1. 2. 3. 4. 5.	As the responsible official: heck 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)	AA ON ANA
H: (c) 1. 2. 3. 4. 5. 6.	As the responsible official: heck 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?	OY ON TAN/A
H: (c) 1. 2. 3. 4. 5. 6.	As the responsible official: heck 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? Maintained startup/shutdown/malfunction plan?	
H: (c) 1. 2. 3. 4. 5. 6. 7.	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? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?	

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

AA ON

2.	Which method of detection is used by	the respon	sible official?	,			٦
	Visual examination (condensed s	X					
	Physical detection (airflow felt th	×	•				
	Odor (noticeable perc odor)	×					
	Use of direct-reading instrument	etric tubes)	´ _`				
	If using direct-reading instrum	entation,	is the equipr	nent:			
	a. Capable of detecting	perc vapo	or concentration	ons in a range of 0-500 ppm?	$\Box Y$	□N	
	b. Calibrated against a (PID/FID only)?	nd after each use	OY ON				
	c. Inspected for leaks as	r on a weekly basis?	ΠY	□N			
	d. Kept in a clean and s	secure are:	a when not in	use?	OY ON		
	e. Verified for accuracy	by use of	duplicate sar	nples (calorimetric only)?	OY ON		
3.	Has the facility maintained a leak log?				MO YM		
4.	Does the responsible official check the	following	g areas for lea	ks?	/ \		
	Hose connections, fittings, couplings, and valves	XY	□N	Muck cookers	μY	ПΝ	
	Door gaskets and seating	XY	ΩИ	Stills	Ϋ́Y	ПN	
	Filter gaskets and seating	×Υ	□N	Exhaust dampers	¹ □Y	ПN	
	Pumps	χY	□N	Diverter valves	Y	ПN	
	Solvent tanks and containers	YΥ	□N	Cartridge filter housings	XY	ΠN	
	Water separators	X Y	□N				
	PIYUSH PATEL, V.P.	-1					

Name of Responsible Official

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

caree Patel

908 North State Road 434 Altamonte Springs, FL 32714 (407) 682-7318

3729 Lake Emma Road Lake Mary Centre Lake Mary, FL 32746 (407) 333-0868

ADDITIONAL SITE INFORMATION:

- · UNION ML 55 DRY CLEANING MACHINE.
- · HAS QUOTE ON CONTAINMENT PANTYGOO AND INSTALLATION FISOD EXPECTS TO INSTALL BY END OF 1996.

 SPIN PILTER & CARBON FILTER
- FUTURES TO SAFRETY KLEEN. ZELLE WASTE 1-800-467-3888

300005

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#1170068 JAYSHREE ENTERPRISES INC PIYUSH PATEL 908 NORTH STATE ROAD #434 ALTAMONTE SPRINGS FL 32714

Do NOT Remove Label

Annual Reporting Period:	² n , /	_19 <u>78′</u> TO	Dec, 31	1958
Based on each term or condition of the 3 62-213.300, Florida Administrative Coo			_/	EP Rule
If NO, complete the following:			·	· .
#1. Term or condition of the general pe	rmit that has not been in co	ontinuous compliance	during the reporting peri	od stated above:
Exact period of non-compliance: from		to_		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance	::		Ch	<u> </u>
#2. Term or condition of the general per	rmit that has not been in co	ontinuous compliance	during the reporting per	od stated above:
Exact period of non-compliance: from		to	,	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance	: <u>-</u>			
As the responsible official, I hereby certify, notification are true, accurate and complet does not exceed 2,100 gallons per year for a	e. Further, my annual consu	mption of perchloroeth	iylene solvent, based upon	purchase receipts,
RESPONSIBLE OFFICIAL:	YVSH ATEL Name (Please Print)		Signature '	/~/0~98 ⁴ 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 COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 3:15 TIME OUT: 3:50 TYPE OF FACILITY: DOYCLEANING	
FACILITY NAME: TOWN NO COUNTR	PU CLEANERS DATE: 11/12/91
FACILITY LOCATION: 908 N. SR 434	3 27.4
RESPONSIBLE OFFICIAL: DIGUSH Patel	PHONE NUMBER: 40→ 682 7318
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administr	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	
COMMENTS:	
The Annual Compliance Certification form has been properly certification.	fied and submitted to the inspector. YES NO
(Ap	pproximate)
	easc Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 407-894-7555
Page	of Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NUAL -INSPECTION	COMPLAINT/	DISCOVERY	
airs id#: <u> 70068</u> date facility name: <u>Tour</u> facility location: <u>908</u>	N.S.R.	y Cleaners 434		
responsible official: Pi			to7-682	1-13-18
(check appropriate box)	m prior to startup			
New facility notified DARM 30 day Facility failed to notify DARM to use				<u> </u>
DADERY OF A CONTROL				
PART II: CLASSIFICATION				
Facility indicated on notification form (check appropriate box) A. 1. Existing small area source		□ No notificati □ Drop store/o v small area source	ut of business/petr	\ I
Facility indicated on notification for (check appropriate box)	☐ 2. New dry-to-transfe both ty	☐ Drop store/o	ut of business/petr	roleum ω N S
Facility indicated on notification form (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	2. New dry-to-transfe both ty (constr	Drop store/o v small area source dry only, x < 140 gal/yr r only, x < 200 gal/yr pes, x < 140 gal/yr	ut of business/petr UN gal/yr L/yr	\ I
Facility indicated on notification form (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 transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	2. New dry-to-transfe both ty (constr	Drop store/o w small area source dry only, $x < 140$ gal/yr r only, $x < 200$ gal/yr pes, $x < 140$ gal/yr ucted on or after $12/9/91$) w large area source dry only, $140 \le x \le 2,100$ r only, $200 \le x \le 1,800$ gal pes, $140 \le x \le 1,800$ gal/y	ut of business/petr UN gal/yr I/yr	\ I
Facility indicated on notification form (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 transfer only, 200 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification, please check the appropagation of the facility qual	2. New dry-to-transfe both ty (construction) 4. New dry-to-transfe both ty (construction) ation 2. New dry-to-transfe both ty (construction) ation 2. New dry-to-transfe both ty (construction) ation	Drop store/ov small area source dry only, $x < 140$ gal/yr ronly, $x < 200$ gal/yr pes, $x < 140$ gal/yr pucted on or after $12/9/91$) where area source dry only, $140 \le x \le 2,100$ ronly, $200 \le x \le 1,800$ gal/yr pucted on or after $12/9/91$). Can not determine the source dry only only $200 \le x \le 1,800$ gal/yr pucted on or after $12/9/91$).	ut of business/petr UN gal/yr I/yr r rmine above	\ I

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? ON ON/A 2. Examining the containers for leakage? ON ON/A 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DOY ON ONA 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 DXVA

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?	χX	ПИ	
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	₹Y	ПИ	□N/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ÄΥ	ПN	□N/A
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ŽΥ	ND	
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	Жy	ПN	□N/A
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	¥Ý	ПN	

B.	Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY 0:	Ŋ
2.	Measured and recorded the washer exhaust temperature at the condenser	ייי פיי	N DN/A
	inlet and outlet weekly?	UI U	N LINA
	Is the temperature differential equal to or greater than 20° F?	OY O	N DN/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 D	N □N/A
	Is the perc concentration equal to or less than 100 ppm?	OY O	AIND N
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?		N DN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY 0	N DN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY O	N DN/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? Explained DY AN 3. Maintained leak detection inspection and repair reports for the following: MY ON ONA 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? AMO NO YX MY ON ON/A 4. Maintained calibration data? (for applicable direct reading instruments) AMOX NO YO 5. Maintained exhaust duct monitoring data on perc concentrations? MD VOX 6. Maintained startup/shutdown/malfunction plan? AMO NO YES 7. Maintained deviation reports? AVAS NO YO Problem corrected? 8. Maintained compliance plan, if applicable? AND NO YEA

PART VI: LEAK DETECTION AND REPAIRS

l.	Does the responsible official conduct a	weekly (for	r small sources, t	oi-weekly) leak detection ar	id rep	air
	inspection?				$ ot\!$	ПN
2.	Has the facility maintained a leak log?				YA	ПN
3.	Does the responsible official check the	following a	areas for leaks?			
	Hose connections, fittings, couplings, and valves	ΦY OV	I □N/A	Muck cookers	ПY	ON ON/A
	Door gaskets and seating	dy Or	I □N/A	Stills	фY	ON ON/A
	Filter gaskets and seating	ΦY Ω	AINO I	Exhaust dampers	by	A/ND ND
	Pumps	φy Oγ	I DN/A	Diverter valves	фY	□N □N/A
	Solvent tanks and containers	dy Or	N/A	Cartridge filter housings	ÖΑ	AWD NO
	Water separators	фл 🗆	I □N/A			
4.	Which method of detection is used by	the respons	ible official?			,
	Visual examination (condensed	olvent on e	xterior surfaces)			
	Physical detection (airflow felt the	ırough gask	tets)	-	-0-	.
	Odor (noticeable perc odor)			u		•
	Use of direct-reading instrument	ation (FID/	PID/calorimetric	tubes)		
	Halogen leak detector				À	
	If using direct-reading inst	rumentatio	n, is the equipm	ent:	□N/	A
	a. Capable of detecting	perc vapor	concentrations is	n a range of 0-500 ppm?	ΩY	מ□
	b. Calibrated against a (PID/FID only)?	standard ga	s prior to and af	ter each use	ΩY	DИ
	c. Inspected for leaks a	nd obvious	signs of wear on	a weekly basis?	ΩY	ΠИ
	d. Kept in a clean and	secure area	when not in use?	?	ΩY	ПИ
	e. Verified for accurac	by use of d	luplicate samples	s (calorimetric only)?	ΩY	ΠN

Date of Inspection Inspector's Name (Please Print) Inspector's Signature Approximate Date of Next Inspection

Ŀ	ADDITIONAL SITE INFORMATION:
İ	

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ANNUAL COMPLAINT/DISCOVERY TYPE OF INSPECTION: **RE-INSPECTION** AIRS ID#: 1170068 DATE: 11/6/98 TIME IN: 2'/5 TIME OUT: 3:00FACILITY NAME: FACILITY LOCATION: RESPONSIBLE OFFICIAL: // an es CONTACT NAME: PHONE: PART 1: 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/yrdry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yrtransfer only, x < 200 gal/yrboth types, x < 140 gal/yr both 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 < x < 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, $200 \le x \le 1,800$ gal/vr both types, 140 < x < 1,800 gal/yrboth 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 QΥ $\square N$ 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 10) gallons. 9

	TIII: GENERAL CONTROL REQUIREMENTS	
	ck appropriate boxes)	\
	Storing perchloroethylene in tightly sealed and impervious containers?	MY ON ON/A
	Examining the containers for leakage?	ON ON/A
	Closing and securing machine doors except during loading/unloading?	XX ON
	Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	איחם אם איל
5.	Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON MON/A
5	APT IV. PROCESS VENT CONTROLS	
	ART IV: PROCESS VENT CONTROLS Part II-A:	
111	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 refrige (complete A below).	rated condenser
pr	If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must ior to September 22, 1993	
	If classification 4 has been checked, the machine should be equipped with a refrige (complete A and B below).	erated condenser
	Has the responsible official of all new sources and existing large area sources: neck appropriate boxes)	
l.	Equipped all machines with the appropriate vent controls?	אם אם
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?	אם אם
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אם צם

cofficial of an existing large or new large area source also:	_		
the exhaust temperature on the outlet side of the condenser located			
cchimer, and dryer machines on a weekly basis?	ΩY	ПΝ	
recorded the washer exhaust temperature at the condenser			
filet weekly?	ΩY	ΠИ	□N/A
e temperature differential equal to or greater than 20° F2	ΩY	ПΝ	□N/A
and recorded the perc concentration in the exhaust stream weekly			
and of the final drying cycle while the machine is venting to the adsorber,	ΠY	ПN	□N/A
is the perc concentration equal to or less than 100 ppm?	ΠY	ПИ	□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,		٠	
or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	□Ν	□N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠV	⊓N	□N/A
Condenser 2011s:	<u> </u>	714	J. 14/7
6. Rooted airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□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: 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 applicable direct reading instruments) מ אם צם \square N 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? $\square N$ 7. Maintained deviation reports? □N □N/A Problem corrected? 8. Maintained compliance plan, if applicable? □N/A

PAIRS cial conduct a weekly (for small sources, bi-weekly) leak detection and repair $\square N$ intained a leak log? $\square N$ ble official check the following areas for leaks? conections, fittings, AUN UN UN/A Muck cookers Y ON ON/A uplings, and valves Door gaskets and seating AYND ND YD Stills □N □N/A Filter gaskets and seating A'NO NO YO ØY □N □N/A Exhaust dampers □Y □N □N/A Diverter valves DY ON ON/A Pumps OY ON ON/A Cartridge filter housings Solvent tanks and containers □N □N/A □N □N/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) 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 (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN

Saadia Spired	1116/98
Inspector's Name (Please Print)	Date of Inspection
	11/99
Inspector's Signature	Approximate Date of Next Inspection
()/	

AL SITE INFORMATION: (Innon epoxy->yes hat waste kept in Back of machine Covered Strong perc odor. Piyash >> owner Manesh Parl Considering purhosa (gave notification form) manage Marie 925-3022 A(for clear grand) Change Meinesh patel Change of ownership hability With Entamination metro deaners & msn. com & Lamaler Rules gare gare gare gare gare gare gare to phone to the phon 123W

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

DATE 1-17-00

TYPE	OF	INCOL	፣ උጥ፣	$\cap N$
1111	V) I'	1117.71 1		17:14

facility was gallons.

ANNUAL

1

COMPLAINTIDISCOVERY

VIRY BY

RE-INSPECTION

AIRS ID#: 1170068 DATE: 1=20-	do time in: 1:00 time out: 1:	30
FACILITY NAME: TOWN N' LOUNT	y Changes	
FACILITY LOCATION: 408 N. SR	434	
A Itamonte	Springs, EL 32714	
RESPONSIBLE OFFICIAL: Manesh Pat	e PHONE: 407 - 682 - 7318	,
CONTACT NAME:	PHONE: 407-424-303	2
CONTACT NAME.		
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to star	rtup	ם ∥
2. Facility failed to notify DARM to use general per	rmit (a
PART II: CLASSIFICATION		
Facility indicated on notification form that it is:	☐ No notification form	
(check appropriate box)	☐ Drop store/out of business/petrole	:um
A. 1. Existing small area source	2. New small area source	
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr	`
transfer only, $x < 200 \text{ gal/yr}$	transfer only, $x < 200 \text{ gal/yr}$	- 4
both types, $x < 140$ gal/yr	both types, $x < 140 \text{ gal/yr}$	
(constructed before 12/9/91)	(constructed on or after 12/9/91)	要 }
3. Existing large area source	4. New large area source	4
3. Existing large area source \square dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$		-
transfer only, $200 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	
both types, $140 \le x \le 1,800$ gal/yr	both types $140 < y < 1.800$ gallyr	
(constructed before 12/9/91)	(constructed on or after 12/9/91)	~
,	Nio Nio	2 <u>6</u>
5. This is a correct facility classification	both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$) Air Monitoring ation:	8 4
If no, please check the appropriate classific	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	6 H=
facility qualified for a ger		
	its and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) by	urchased within the preceding 12 months by this dry cle	aning

Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY ON ANA			
2. Examining the containers for leakage?	OY ON PAN/A			
3. Closing and securing machine doors except during loading/unloading?	AND DA			
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 beds according to the manufacturer's specifications?	OY ON A WA			
PART IV: PROCESS VENT CONTROLS				
In Part II-A:	,			
If classification 1 has been checked, no controls are required. Proceed to l	Part V.			
If classification 2 has been checked, the machine should be equipped with (complete A below).	a refrigerated 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). Curbon adsorber must have been installed prior to September 22, 1993				
If classification 4 has been checked, the machine should be equipped with (complete A and B below).	a refrigerated condenser			
A. Has the responsible official of all new sources and existing large area sour (check appropriate boxes)	ces:			
1. Equipped all machines with the appropriate vent controls?	אם עם .			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	םאַ סא םא/A			
3. Equipped the condenser with a diverter valve so airflow will be directed away from t condenser upon opening the door?	he 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?	אם צם			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	c איים אם אם אם איים אם			
6. Conducted all temperature monitoring after an appropriate cooldown period and after yerifying that the coolant had been completely charged?	er OY ON			

PART M: GENERAL CONTROL REQUIREMENTS

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?	ΟY	ロN	
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ИП	□N/A
Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	□N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,		- -	-
if machines are equipped with a carbon adsorber?	□Y (N	□N/A
Is the perc concentration equal to or less than 100 ppm?	ΠY	ИΠ	□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?	ОY	ΠN	□N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y (□и	□N/A
6 Routed airflow to the carbon adsorber (if used) at all times?	□Y (ПΠ	□N/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	MY ON		
2. Maintained rolling monthly averages of perc consumption?	MO AFO		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	AY 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 DN ANIA		
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON XXIA		
5. Maintained exhaust duct monitoring data on perc concentrations?	AND TO YOU		
6. Maintained startup/shutdown/malfunction plan?	MAY CON		
7. Maintained deviation reports?	OY ON A WA		
Problem corrected?	OY ON SENIA		
8. Maintained compliance plan, if applicable?	OY ON ON/A		

PA	PART VI: LEAK DETECTION AND REPAIRS			
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair			
	inspection?			∕ay on
2.	Has the facility maintained a leak log?			¥ □N
3.	Does the responsible official check the	following areas for le	eaks?	
	Hose connections, fittings, couplings, and valves	dy on ona	Muck cookers	dy on on/a
	Door gaskets and seating	DY DN DN/A	Stills	DY ON ON/A
	Filter gaskets and seating	DY DN DN/A	Exhaust dampers	OY ON ON/A
	Pumps	AVA NO YA	Diverter valves	DY ON ON/A
	Solvent tanks and containers	DY DN DN/A	Cartridge filter housings	DY ON ON/A
	Water separators	DY DN DN/A	·	•
4.	Which method of detection is used by t	he responsible officia	1?	
Visual examination (condensed solvent on exterior surfaces)			尹	
	Physical detection (airflow felt through gaskets)			ў д
Odor (noticeable perc odor)			Ø Ø	
	Use of direct-reading instruments	ition (FID/PID/calori	metric tubes)	
	Halogen leak detector			
	If using direct-reading instrumentation, is the equipment:			S NUA
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			NO YO
	b. Calibrated against a s	tandard gas prior to a	and after each use	
	(PID/FID only)?			OY ON
	c. Inspected for leaks ar	d obvious signs of we	ear on a weekly basis?	OY ON
d. Kept in a clean and secure area when not in use?			OY ON	
	e. Verified for accuracy	by use of duplicate sa	imples (calorimetric only)?	ОУ ОИ
==				
	P. 111/2 2 1		1-20-00	
	Inspector's Name (Please Prin	144 ———————————————————————————————————	Date of Inspe	ction
	•	•	•	

Revised 8/11/97

1-200]
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
•	
•	
	•

ATRS ID#.

1170068

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Town N'Country Cleaners	DATE: 1-20-00
FACILITY LOCATION: 9/04 N. 5R. 434	
Altamonte Springs, FL 32714	
Annual Reporting Period: January 1999 TO January	2000
Based on each term or condition of the Title V general air permit, my facility has remained in compliance 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the report	ing 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 report	ting 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 ina made in this notification are true, accurate and complete. Further, my annual consumption of perchloro upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature	ethylene 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 ____.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀 CON	MPLAINT/DISCOVERY	RE-INSPECTION	
TIME IN: [100	тіме оит: 1:3d	AIRS ID#:	70068	
TYPE OF FACILITY: Dr	1 Cleaning			
FACILITY NAME: Town	N'Country Cleaners		DATE: 1-20-00	
FACILITY LOCATION: 91	U8 W. SR 434			
A1	tamunte Springs, FL	32714		
RESPONSIBLE OFFICIAL:	Munech Patel	PHONE NUMBER:_	407-642-7318	
- Maria	the compliance requirements evalua Rule 62-213.300, Florida Administr	ated during this inspection, the facile rative Code (F.A.C.).	ity is found to be in	
Based on the results of discrepancies were not	•	ated during this inspection, the follo	vving compliance	
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED	
· ·				
COMMENTS:				
Incomp	liance			
The Annual Compliance Certifi	cation form has been properly certif	ied and submitted to the inspector.	YES NO	
DATE OF NEXT INSPECTION: 1-200				
INSPECTION CONDUCTED	BY: Kundall C	proximate) VNNINAham		
INSPECTOR'S SIGNATURE	1/ kall 1 4 -1	ease Print) / PHONE NUMBER:_	407 -843-3333	
•	Page	of .	Revised 10/96	