

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

December 5, 1996

Mr. Sarabjit Singh President Frankie's Cleaners, Inc. 2108 South French Avenue Sanford, Florida 32771

Re: Facility I.D. No. 1170074

Dear Mr. Singh:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 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/jw

cc: Mr. Louis Nichols, Central District

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



Environmental Protection (Mais 1911)

Jeb Bush Governor

2600 Blair Stone Road Tallahassee, Florida 32399-2400

David B. Struhs Secretary

AIRS D# 1170074

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

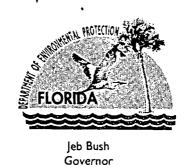
For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

> Title V Air General Permits Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

70 Bureau of Air Monitoring 2. Mobile Sources

Dear Sir/Madains Mella I mailed my check on 12/17/00 this check posted in you all on 12/20/00. I am sending you the photo Copy of young Check both Side. Thanking + appricial it
Sincerely
Sorabji 18 w
09 gu. 17 0.9.94.07 FRANKIRS Cheen.



Department of Environmental Protection

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

David B. Struhs
Secretary

February 7, 2001

NOTICE OF ANNUAL EMISSIONS FEE VIA: CERTIFIED MAIL WITH RETURN RECEIPT

TO: Users of Title V Air General Permits

Records in the Division of Air Resource Management indicate that you operate a source of air pollution and that you have claimed eligibility for your facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual emissions fee as established by the Department in Rule 62-213.205, F.A.C.

Your annual emissions fee is \$50 for calendar year **2000**. A notice of your obligation to pay the annual emissions fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual emissions fee in response to that request, please disregard this letter.

If you have not yet submitted the annual emissions fee, this notice (with the enclosed replacement invoice) is being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual emissions fee not received by March 1, 2001, may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, under Rule 62-213(1)(g), F.A.C., failure to timely pay any required annual emissions fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Rick Butler at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

/DD

Enclosure: Invoice Form

"More Protection, Less Process"

Printed on recycled paper.

DEC 21 00

WATER TOWNS
FLOREDA STATE TOEASURY
CONCERNEY FOR THE ACT AT DEGRESSION

~0

FL CYCLE 18039 PKT 16 DDACYC 12272600 6636579963 BANK OF AMERICA HA JAX NO63000047 (E6411:99-P18 11/26/00 6540212471

	A MINISTER OF STREET, AND ASSESSMENT OF STREET, ASSESSMENT OF STRE
FRANKIE'S CLEANERS, INC.	400 669 4758
2108 S. French Ave. 407-321-4484 Sanford, Fl 32771	12-17 OV DATE
TO THE Department of knuinonme	
First Union Nettonal Bank first Union Nettonal Bank firstunion.com Org. 003 R/T 063107513	DOLLARS DOLLARS DE SECULOS DE SECUES
FOR AIRS 10 #-11700 74	Saral v. i.
FURL	יי ססססססטסטיי

FRANKIE'S CLEANERS, INC. 2108 S. French Ave. Sanford, FL. 32771 (407) 321-4484



TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

RETURN RECEIPT REQUESTED

hallandadhalladhalladhalladhalladhalladhal

gegiesgoro

BEST AVAILABLE COPY # 1170074 P.14 1. (c) should not be marked 3. new large area source source should be 1. Facility Own marked P15 4. New large r.c. Should be marked 4. Facility Loc Street Add 11/26/96 THIS IS A NEW SMALL AREA SOURCE, PERC USAGE SHOULD BE 100 GRY OR LESS. OWNER NOT PRESENT TO INITIAL CHARBES. (Shis Chichele) 5. Facility Ide CORRECTIONS MADE & 6. Name and 7. Responsible Official Mailing Address: Organization/Firm: FRANKIE'S CLEANERS LNC Street Address: 9185. French Aug. City: SAMERON County: Zip Code: 3277, SAMFORD SEMINOLE Responsible Official Telephone Number: Fax: (Telephone: (407) 391-4484 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 Telephone: ()	Number: ` -	Fax: ()	-	

RECEIVED

SEP 5 1995

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

Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
ļ							
	FRANKIE'S CLEANERS INC.						
2.	, and the state of						
	FRANKIE'S CLEANERS INC						
3.	Hazardous Waste Generator Identification Number:						
	FLD 984 234 450						
4.	Facility Location: Street Address: \$108,5 FRENCH AUE.						
	City: SANFORD County: SEMINOLE Zip Code: 39771						
5 5.	Facility Identification Number (DEP Use):						
	0401399 1170011/2						
	Responsible Official						
6.	Name and Title of Responsible Official:						
	SARABJIT SINGH (PRESIDENT)						
7.	Responsible Official Mailing Address: Organization/Firm: FRAN KIE'S CLEANERS INC Street Address: 9108, 5. French Aue City: 5ANFORD County: SEMINOLE Zip Code: 3977,						
8.							
	Telephone: (407) 391-4484 Fax: ()						
	Facility Contact (If different from Responsible Official)						
9.	Name and Title of Facility Contact (For example, plant manager):						
10.	Facility Contact Address:						
	Canada Addinana						
	Street Address: City: County: Zip Code:						
	Zip Code.						
11.	Facility Contact Telephone Number:						
	Telephone: () - Fax: () -						
	·						

RECEIVED

SEP 3 1990

Bureau of Air Monitoring & Mc'hia Spurcas

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 13 of 16

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	12-NOV-93	#2	08-DEC-91		#3		02-MAR-92
Dry-to-Dry Unit	_	-							
(I) w/ ref. condenser		11.02.95	11.20.95						
(2) w/ carbon adsorber	_	77.03.43	1,00						-
(3) w/ no controls	_								
Washer Unit			<u>L</u>					1	
(4) w/ ref. condenser									
(5) w/ carbon adsorber								-	
(6) w/ no controls								_	
Dryer Unit		1	<u> </u>						
(7) w/ ref. condenser		Ι	T					<u> </u>	
(8) w/ carbon adsorber							-	-	
(9) w/ no controls									
Reclaimer Unit		<u> </u>							
(10) w/ ref. condenser		1	1	1					
(11) w/carbon adsorber				-	-				
(12) w/ no controls		<u> </u>		-					
(b) Control devices are (c) No control devices 2.(a) What was the total of the second of the secon	gallo hs, h	ons (NEW) ow many? [_	wACH/NL	FIL.	purchased in	n the latest 12			
3. What is the facility's so (Indicate with an "X".	Selec ea so	t one classifi Lurce	cation only.) Ne	w sn	nitions found nall area sour rge area sour	rce 🗾	6) of	Part II?	
DEP Form No. 62-213.90 Effective: 6-25-96	0(2)		Page 14 o		be Th dr fa	cause I boun that is why I y-cleaning of cility is exis	ight nee mac ting I w	a new dry- d to buy pe hine tanks. small area ill be using	g large area sour cleaning machine erc to fill up the Actually, my source. From perc approx.

4. What control technology is required on machines produced (Indicate with an "X".)	ursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber New small area source Refrigerated condenser New large area source Refrigerated condenser	Refrigerated condenser 3-10 019397
5. A facility which contains non-exempt emissions unto 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
	ave a total heat input of 10 million BTU/hr or less (298 ural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring an	d 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	[نيلا]
(b) Leak detection inspection and repair	$[\mathcal{X}]$
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monit	oring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[2

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate 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)								
W	No air permits currently exist for the operation of the facility indicated in this notification form.								
	Responsible Official Certification								
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 prop	mptly notify the Department of any changes to the information contained in this notification. OI 93 97 OB. 99. 96 Date								

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	FRANKIE'S CLEANERS INC.
2.	Site Name (For example, plant name or number):
	FRANKIE'S CLEANERS INC
3.	Hazardous Waste Generator Identification Number:
	FLD 984 234 450
4.	Facility Location: Street Address: 9108, S. FRENCH AUE.
	City: SANFORD County: SEMINOLE Zip Code: 39771
5.	Facility Identification Number (DEP Use): 04013-39 1170074
	Responsible Official
6.	Name and Title of Responsible Official:
	SARAGJIT SINGH (PRESIDENT)
7.	Organization/Firm: FRAN KIE'S CLEANERS LNC
	Street Address: 9108, 5. French Auc. City: Canal County: County: Zip Code: 3977,
	STANTORU SEMINOLE
8.	Responsible Official Telephone Number:
	Telephone: (407) 391 - 4484 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: () -

RECEIVED

SEP 3 1996

Effective: 6-25-96

DEP Form No. 62-213.900(2)

Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

1170074

P.14

1. (c) should not be marked

3. new large area should be marked

P.15

4. new large r.c. 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						<u>. </u>		•	
(1) w/ ref. condenser	V	11.02.95	11.20.95	l			Τ		
(2) w/ carbon adsorber	 	177.03.73	17 04 0 13						
(3) w/ no controls	-								
Washer Unit				<u> </u>		1	<u> </u>	1	'
(4) w/ ref. condenser							Τ		
(5) w/ carbon adsorber									
(6) w/ no controls							 		
Dryer Unit		1	1						
(7) w/ ref. condenser		T							
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit			1					1	'
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
2.(a) What was the total of [2/3.] (b) If less than 12 mont Check why it is less	gallo	ons ow many? [_] months					eep records:	
3. What is the facility's so (Indicate with an "X". Note Existing small ar	Selec	t one classifi	cation only.)		nitions found		3) of	Part II?	
Existing large are	ea sou	arce []	Ne	w lar	ge area sour	ce []		
DEP Form No. 62-213.90 Effective: 6-25-96	0(2)		Page 14 o		be Th dr fao nc	cause I both nat is why land is why land is which the care of the cause I both the cause I bot	ught I nee macl sting I wi	a new dry- d to buy pe hine tanks. small area ill be using	g large area sou cleaning machi erc to fill up the Actually, my source. From perc approx.

4. What control technology is required on machines pursuant to sect (Indicate with an "X".)	ion (5) of Part II of this notification form?
Existing large area source Carbon adsorber Refrigerated co	ondenser [🔟]
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be to Rule 62-213.300, F.A.C. Verify that all steam and hot water gene exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total hea boiler HP or less), and (2) are fired exclusively by natural gas excep during which propane or fuel oil containing no more than one perce	t for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeep	ing Information
Check all logs which are required to be kept on-site in accordance w	ith the requirements of this general permit:
(a) Purchase receipts and solvent purchases	[<u>y</u>]
(b) Leak detection inspection and repair	(\mathcal{X})
(c) Refrigerated condenser temperature monitoring	لنكأ
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	لهكا

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

Surrender of Existing Air Permit(s)

Please indicate 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							
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 promptly notify the Department of any changes to the information contained in this notification.								
Signature	el h. Jh. <u>08.99.96</u> Date							

DEP Form No. 62-213.900(2)

Effective: 6-25-96



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUA RE-INSI	L PECTION	# cc	OMPLAINT/DISC	OVERY	
AIRS ID#: <u>//70074</u> DATE: <u>//</u> FACILITY NAME: <u>FRANKIES C</u> FACILITY LOCATION: 2108 5 SANFORD	EANERS IN	10	B:BD TIM	E OUT:	4:00
PART I: NOTIFICATION				·	
(check appropriate box)			·		
1. Existing facility notified DARM by 9/1/9	6				1₫√
2. New facility notified DARM 30 days price	or to startup				
3. Facility failed to notify DARM to use ger	neral permit				
PART II: CLASSIFICATION	·		·		
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-d transfer both typ	small area lry only, x<1 only, x<200 es, x<140 ga	40 gal/yr gal/yr al/yr		
(constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New dry-to-d transfer both typ</td><td></td><td>source <x<2, 100="" gal="" yr<br=""><1,800 gal/yr ,800 gal/yr</x<2,></td><td></td><td></td></x<2,>	4. New dry-to-d transfer both typ		source <x<2, 100="" gal="" yr<br=""><1,800 gal/yr ,800 gal/yr</x<2,>		
This is a correct facility classification	ПY	M			
If no, please check the appropriate classific	ation: NE4) SMAL	L AREA_ SO	OURCE	
facility qualified for a general facility exceeds above limit	ts and is not elig	ible for a ger	_	·	
B. The total quantity of perchloroethylene (facility was gallons. Estimates)				s by this dry	cleaning

1 of 4 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

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)

(CI	heck appropriate boxes)	
1.	Equipped all machines with the appropriate vent controls?	MY □N
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY TO DN/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ANA
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	gy on
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	TY ON
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	NO VE

B.		
	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON .
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
	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 ON/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?	ОУ ОИ
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?	□Y □N □N/A
_		
$\mathbf{P}A$	ADT V. DECADATEDINA DEATHDEMENTS	
=	ART V: RECORDKEEPING REQUIREMENTS	
II	as the responsible official: heck appropriate boxes)	
(cl	as the responsible official:	JY ON
(cl	as the responsible official: heck appropriate boxes)	MY ON
(cl 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	NO AN
(cl 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	NO YOU
(cl 1. 2.	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:	,, .
(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	OY ON
(ctt 1. 2. 3. 4.	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?	OY ON
(ch 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)	OY ON OY ON OY ON ON/A
(ch 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 OY ON ON/A OY ON
(ch 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?	
(cl 1. 2. 3. 4. 5. 6. 7.	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? Maintained deviation reports?	OY ON OY ON ON/A OY ON OY ON OY ON
1. 2. 3. 4. 5. 6. 7. 8.	Maintained receipts for perc purchased? 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? Problem corrected? Maintained compliance plan, if applicable?	
1. 2. 3. 4. 5. 6. 7. 8.	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? Maintained deviation reports? Problem corrected?	

_						
2.	. Which method of detection is used by the responsible official?					
	Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow felt th	rough ga	skets)		X	
	Odor (noticeable perc odor)				/ 4	
	Use of direct-reading instrumenta	ation (FII	D/PID/calo	rimetric tubes)	<u> </u>	
	If using direct-reading instrum	entation,	is the equ	nipment:		
	a. Capable of detecting	perc vapo	or concent	rations in a range of 0-500 ppm?	\Box Y	□и
	b. Calibrated against a s (PID/FID only)?	standard	gas prior t	o and after each use	ΠY	□N
	c. Inspected for leaks ar	ıd obviou	s signs of	wear on a weekly basis?	\Box Y	□N
	d. Kept in a clean and s	ecure are	a when no	t in use?	ΠY	ΠN
e. Verified for accuracy by use of duplicate samples (calorimetric only)?					ΠY	□N
3.	Has the facility maintained a leak log?				ŻΥ	□N
4.	Does the responsible official check the	following	g areas for	leaks?	′ 1	
	Hose connections, fittings, couplings, and valves	∦ Y	□N	Muck cookers	X Y	□и
	Door gaskets and seating	YY	ΠN	Stills	YY	□и
	Filter gaskets and seating	YY	□N	Exhaust dampers	Y	□и
	Pumps	YY	□N	Diverter valves	ΠY	□N
	Solvent tanks and containers	AY.	ПN	Cartridge filter housings	YY	□и
	Water separators	ÞΥ	□N			

SARABJIT SING-4	
Name of Responsible Official	
Louis A. NicHOLS	11/26/96
Inspector's Name (Please Print)	Date of Inspection
Voring Whichols	11/26/96
Inspector's Signature	Approximate Date of Next Inspection

NO CARD

ADDITIONAL SITE INFORMATION:

- · MULTIMATIC SHOP STAR 35 LB LOAD.
- · HAS CONTAINMENT PAN UNDER MACHINE. · ONE SPIN, ONE CARTRIDGE PILTER

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL K	COMPLA	INT/DISCOVERY	RE-INSPE	ECTION
TIME IN: 210	TIME OUT:	B:00	AIRS ID#:	NAMORAM	1170074
TYPE OF FACILITY:	Dry Cleaning		·		
FACILITY NAME: FRA	ANKIES CLEA	NEES IN	C	DATE:	
FACILITY LOCATION: 2	LIDS J. FREI	VCH AV.			
	SANFORD, FZ	3271			
RESPONSIBLE OFFICIAL:	SARABUT :	SINGH	PHONE NUME	ER: 467-321	.44 8 4
	the compliance requirements			e facility is found to	be in
Based on the results of discrepancies were note	the compliance requirement	ents evaluated o	luring this inspection, th	e following complia	nce
COMPLIANCE REQ	UIREMENT/PROB	LEM	FOLLOW-UP A	CTION REQUI	RED
					
•					
	•				
- <u>-</u>					
·					
		<u></u>			
			3		
					•
		·			
COMMENTS:					
			· .		•
The Annual Compliance Certifi	cation form has been proj	perly certified a	nd submitted to the insp	ector. YES	ио[Х
DATE OF NEXT INSPECTIO)N:1198_	(Approx	imata)	<u></u>	
TAICDE CHIAN AANDI AAND	BY: SAADIA	ZZ-	TCHI		
INSPECTION CONDUCTED	BY:	(Please)	Print)		
INSPECTOR'S SIGNATURE			PHONE NUMI	BER: 407-89	14-7555
/	9			· · · · · · · · · · · · · · · · · · ·	
	✓	Pageof	<u>_</u> ,		Revised 10/96

antimed in hemis

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCOVERY	
AIRS 10#:	DATE:	4/97 TIME II	N: 2:10 TIME OUT: _	3:00
FACILITY NAME: FR	CANCIE			
FACILITY LOCATION:				
·	JANFORD,		3277	
RESPONSIBLE OFFICIAL:	<u>SARABJITSI</u>	NGM	PHONE (407/ 321-4	484
CONTACT NAME:	SAME		PHONE:	
			· · · · · · · · · · · · · · · · · · ·	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	f 30 days prior to startup			
2. Facility failed to notify DAF	RM to use general permit		<u> </u>	<u> </u>
DART IT: CLASSIFICATIO	 N			
PART II: CLASSIFICATIO			☐ No notification form	
Facility indicated on notificat (check appropriate box)			☐ No notification form ☐ Drop store/out of business/pet	roleum
Facility indicated on notificat	rce 2. /yr dry trai	$\frac{1}{1} \frac{1}{1} \frac{1}$	□ Drop store/out of business/pet rea source x < 140 gal/yr < 200 gal/yr	roleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr	rce	nsfer only, x h types, x < li>nstructed on New large a to-dry only, nsfer only, 20 th types, 140	Drop store/out of business/pet rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gally to both types, x < 140 gally (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	rce	nsfer only, x h types, x < li>nstructed on New large a -to-dry only, nsfer only, 20 th types, 140 enstructed on	Drop store/out of business/pet rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $ 40 \text{ gal/yr} $ or after $ 12/9/91 $ rea source $ 140 \le x \le 2,100 \text{ gal/yr} $ $ 00 \le x \le 1,800 \text{ gal/yr} $ $ 00 \le x \le 1,800 \text{ gal/yr} $	roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sound ry-to-dry only, x < 140 gally transfer only, x < 200 gally both types, x < 140 gally (constructed before 12/9/91) 3. Existing large area sound ry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of facility	rce	nestructed on New large a v-to-dry only, nsfer only, x on large a v-to-dry only, nsfer only, 20 on tructed on large a	□ Drop store/out of business/pet rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr 00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91) □ Can not determine umber above	roleum

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? Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY DN DYNA least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the LON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basks? Not en Site 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON DOWNA condenser exceeded 45°F? NO PROBLEMS YET 6. Conducted all temperature monitoring after an appropriate cooldown period and after MY ON verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ΠИ	
2	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ПY	□и	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	□и	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПN	□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,			1
	or expansion; and downstream from no other inlet?	ΠY	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	ПИ	□N/Ā
7	DE CONSTRUENCE DE CUIDEMENTS			

PART V: RECORDKEEPING REQUIREMENTS NOT ONSITE FAX Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? EXPLAINED. 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; AND NO YES b. documentation of parts ordered to repair leak and leak repaired w/in 2 days ANAZ NO YO and parts installed w/in 5 days of receipt? DY ON MINA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DWA 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? XXY DN DY DN DYVA 7. Maintained deviation reports? DY DN DX Problem corrected? DY DN XXIA 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? $\square N$ 2. Has the facility maintained a leak log? WW- TAX $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY ON ON/A Muck cookers DY ON ON/A couplings, and valves DY DN DNA Stills DY ON ONA Door gaskets and seating DY DN DN/A Exhaust dampers DY DN DN/A Filter gaskets and seating DY DN DN/A Diverter valves DY DN DN/A Pumps DY DN DN/A Cartridge filter housings IY IN IN/A Solvent tanks and containers DY DN DN/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: 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 OY ON (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? \Box Y \Box N

Inspector's Signature PROVIDED FAKES RECEIVED

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

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

DY DN

NO YO

Kgal/2-3 noths

Recisited the next day-Showed and paperwork will very from now M- IN COMPLIANCE.

Chines Xol

303591

NAR 0 2 1998 Bureau of Air Monitoring & Mobile Sources

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID 1170074
FRANKIE'S CLEANERS
SARABJIT SINGH
2108 S FRENCH AVE
SANFORD FL 32771

	Do <u>NOT</u> Ren	nove Label		SP SED
Annual Reporting Period:	19	<i>g</i> to		19 <u>99</u>
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	-	-	<u>-</u> -	DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit	t that has not been in continu	ous compliance during	the reporting po	eriod stated above:
Exact period of non-compliance: from		to		TARE C
Action(s) taken to achieve compliance:			(PRO RO
Method used to demonstrate compliance:				요 ' 및는,
#2. Term or condition of the general permit	that has not been in continue	ous compliance during	the reporting po	eriod 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, bas notification are true, accurate and complete. F does not exceed 2,100 gallons per year for dry-t	urther, my annual consumption	n of perchloroethylene s	solvent, based upo	n purchase receipts,
RESPONSIBLE OFFICIAL: Nan	BJIT SINGY - ne (Please Print)	Jar of Signatu	u M.	01.16.98 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	COMPLAINT/E	DISCOVERY [RE-INSPECTION
TIME IN: //640	TIME OUT: 121	30	AIRS ID#:/	10074
TYPE OF FACILITY:	myleuner			
FACILITY NAME: FY	ankles Char	rens		DATE: 11/5-198
FACILITY LOCATION:	2108 S. Fren	rch Ar.		
	dinford FL.	3277	<u> </u>	
RESPONSIBLE OFFICIAL:	a rabjet Singh	_	PHONE NUMBER:_	221-4484
العكيا	the compliance requirements e Rule 62-213.300, Florida Admi	_	•	ity is found to be in
Based on the results of discrepancies were note	the compliance requirements e ed:	valuated during	this inspection, the follo	wing compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	1 FO	LLOW-UP ACTION	ON REQUIRED
				A
	·		Q.	
			<i>چ</i> بر	SH SH SH SH
				Mices Military
COMMENTS: New Y	again (teacono	ing (38)		*
@ conder	sate water kept	in con	taine of 5m	aller openery
IN compliance				
The Annual Compliance Certific	cation form has been properly c	certified and sub	mitted to the inspector.	YES NO
DATE OF NEXT INSPECTIO	N:	199 (Approximate)		
INSPECTION CONDUCTED	BY: Juac	dia &	liveshi	
INSPECTOR'S SIGNATURE		(Please Print)	_PHONE NUMBER:_	893-3333
	Pag	ge / of 2.		Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ΤΥΡΙ	\mathbf{F} . OF	INSPI	CTI	ON:

PART I: NOTIFICATION

(check appropriate box)

ANNUAL

a

COMPLAINT/DISCOVERY

WARDS

RE-INSPECTION

1. New facility notified DARM 30 days prior to startup

AIRS ID#: 1170074 DATE: 11 198 TIME IN: 11:40 TIME OUT: 12:30

FACILITY NAME: Frankics Cleaners

FACILITY LOCATION: 2108 S. French Avenue

Sanford 32771 Property Phone: 3407-321-4484

CONTACT NAME: PHONE: 9347-321-4484

PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large 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 on or after 12/9/91) 4. New 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 $12/9/91$)	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 on or after $12/9/91$)
5. This is a correct facility classification	□Y □N □Can not determine
· · · · · · · · · · · · · · · · · · ·	ation: neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pu facility was 130 gallons.	archased 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) DY DN DENIA 1. Storing perchloroethylene in tightly sealed and impervious containers? ANA NO YO 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 PY DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DYN/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) AGOUT IND BY ON 1. Equipped all machines with the appropriate vent controls? MY ON ON/A Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y □N □N/A
	Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
	if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
	or expansion; and downstream from no other inlet?	QY QN QN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual	
ļ	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?	D Y ON
2. Maintained rolling monthly total of perc consumption?	OY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON BN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN X N/A
6. Maintained startup/shutdown/malfunction plan?	מס אם
7. Maintained deviation reports?	LEY ON ON/A
Problem corrected?	אס אס אס ANIW
8. Maintained compliance plan, if applicable?	ÛY ON ON/A

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a	weekly (for small sources, b	i-weekly) leak detection ar	id repair	
inspection?	.2 .		dy ON	
2. Has the facility maintained a leak log?			RY ON	
3. Does the responsible official check the f	following areas for leaks?			
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	ANO NO YÉ	
coupinigs, and valves		Muck cookers	T di di di	
Door gaskets and seating	DY DN DN/A	Stills	DY ON ON/A	
Filter gaskets and seating	DY DN DN/A	Exhaust dampers	א/אם אם צם	
Pumps	OY ON ON/A	Diverter valves	TY ON ON/A	
Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	DY ON ON/A	
Water separators	OY ON ON/A			
4. Which method of detection is used by the	ne responsible official?			
Visual examination (condensed so	lvent on exterior surfaces)		⊿	
Physical detection (airflow felt thr	B			
Odor (noticeable perc odor)	∕ ∆			
Use of direct-reading instrumentat				
Halogen leak detector			<u> </u>	
If using direct-reading instrumentation, is the equipment:			□N/A	
a. Capable of detecting p	erc vapor concentrations in	a range of 0-500 ppm?	OY ON	
•	andard gas prior to and afte	r each use		
(PID/FID only)?			QY QN	
•	d obvious signs of wear on a	a weekly basis?		
d. Kept in a clean and secure area when not in use?			OY ON	
e. Verified for accuracy	by use of duplicate samples	(calorimetric only)?	OY ON	
Canon Minor	la	h/ Joe		
Inspector's Name (Please Prin	Inspector's Name (Please Print) Date of Inspection			
(1, (2), (3), (4), (4), (4), (4), (4), (4), (4), (4	,			
Sith	,	11/25	٠	
Inspector's Signature		Approximate Date of	Next Inspection	

multimatic shop Star

nceds repoxy - which

has evaporatur / uses mcP if evap. problems.

MCF

hatarderse waste => has pan.

no perc on spottering board hedred to get condansal water conversel.

keiping good reends.

PERCHLOROETHYLENE DRY CLEANERS

COMPLL

TLE V GENERAL PERMIT	DATE_
ANCE INSPECTION CHECKLIST	

TYPE C	IF INS	ጉጉ ዣ	$I \cap N$

ANNUAL

RE-INSPECTION

×

COMPLAINT/DISCOVERY

AIRS ID#: 1170074 DATE: 4-17-00 TIME IN: 11:00 TIME OUT: 11. FACILITY NAME: Frankie's Cleaners FACILITY LOCATION: 2108 S. French Avenue Sanford, FL 32771 RESPONSIBLE OFFICIAL: Sarabjit Singh PHONE: 407-318 34484 CONTACT NAME: _____ PHONE:

80
80
20

	•	<u>ca : </u>
PART I: NOTIFICATION		
(check appropriate box)		<u> </u>
1. New facility notified DARM 30 days prior to startup		
2. Facility failed to notify DARM to use general permit		

PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A.	. /
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/ут	dry-to-dry only, x < 140 gal/yτ
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr
both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	ON OCan not determine
If no, please check the appropriate classific facility qualified for a ger facility exceeds above lim	
B. The total quantity of perchloroethylene (perc) pu facility was 70 gallons.	urchased within the preceding 12 months 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? AIM NO YO DY DN DXN/A 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 AVACI NE least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN XNA beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? LY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the OY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the אינים אם איני condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after

PART III: GENERAL CONTROL REQUIREMENTS

verifying that the coolant had been completely charged?

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?) DY	מם	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□и	□N/A
	Is the temperature differential equal to or greater than 200 F?	ΠY	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПΝ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ПY	N	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПN	□N/A

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

PART VI: LEAK DETECTION AN	D REPAIRS				
1. Does the responsible official conduc	ct a weekly (for small source	es, bi-weekly) leak detection ar	id repair		
inspection? =:			AY ON		
2. Has the facility maintained a leak lo	og?		ANY ON		
3. Does the responsible official check	the following areas for leaks	s?	ļ		
Hose connections, fittings, couplings, and valves	AND ND YD	Muck cookers	אואם אם עם		
Door gaskets and seating	AVO NO YO	Stills	DY ON ON/A		
Filter gaskets and seating	AY ON ON/A	Exhaust dampers	אומם מם עם		
Pumps .	DY ON ON/A	Diverter valves	DY ON ON/A		
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	אואם אם צא		
Water separators	DY ON ON/A				
4. Which method of detection is used t	oy the responsible official?	•			
Visual examination (condense	ed solvent on exterior surface	· *	/Z		
Physical detection (airflow felt through gaskets)			ja ja		
Odor (noticeable perc odor)	,		<i>A</i>		
Use of direct-reading instrume	entation (FID/PID/calorimet	tric tubes)	ο.		
Halogen leak detector					
If using direct-reading in	If using direct-reading instrumentation, is the equipment:				
a. Capable of detecti	ng perc vapor concentration	is in a range of 0-500 ppm?	OY ON		
b. Calibrated against (PID/FID only)?	t a standard gas prior to and	after each use	. אם עם		
c. Inspected for leaks	c. Inspected for leaks and obvious signs of wear on a weekly basis?				
d. Kept in a clean an	nd secure area when not in us	ise?	OY ON		
a. Varified for accuracy by use of duplicate samples (calorimetric only)?					

Inspector's Name (Please Print)

Inspector's Signature

Approxim

4 – 200 | Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
· •••		
·		
		·
0		

Hec

Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Frankis Cleaners	DATE: 4-17-00
FACILITY LOCATION: 2104 5. French Aye	
Sunford, FL 32771	
•	
Annual Reporting Period: April 199	TO April 2000
Based on each term or condition of the Title V general air permit, my facil 62-213.300, Florida Administrative Code (F.A.C.), during the period cove	<u> </u>
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous	is 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:	
#2. Term or condition of the general permit that has not been in continuous	us 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 on information and belimade in this notification are true, accurate and complete. Further, my an upon purchase receipts, does not exceed 2,100 gallons per year for dry-to combination facilities. RESPONSIBLE OFFICIAL: ARASTIT SINGY Name (Please Print)	nual consumption of perchloroethylene solvent, based

Page _____ of ____.

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION			
TIME IN: 11:00 TIME OUT: 1	?30 AIRS ID#: 1170074			
TYPE OF FACILITY: Dry Clean				
FACILITY NAME: Fran Kie's Cleaners	DATE: 4-17-00			
FACILITY LOCATION: 2108 5 French AVE	· .			
Syntard, FL 32771	· · · · · · · · · · · · · · · · · · ·			
RESPONSIBLE OFFICIAL: Surabit Single	PHONE NUMBER: 407-321-4484			
Based on the results of the compliance requirements compliance with DEP Rule 62-213.300, Florida Ad	s evaluated during this inspection, the facility is found to be in ministrative Code (F.A.C.).			
Based on the results of the compliance requirements discrepancies were noted:	s evaluated during this inspection, the following compliance			
COMPLIANCE REQUIREMENT/PROBLE	FOLLOW-UP ACTION REQUIRED			
In Compliance				
The Annual Compliance Certification form has been properly	y certified and submitted to the inspector. YES NO			
INSPECTION CONDUCTED BY: Rughl (Please Print)				
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 407-893-3333			
· · · · · · · · · · · · · · · · · · ·	Page of Revised 10/96			

on the reverse side?	■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ White 'Return Receipt Requested' on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date			see's Address
IN ADDRESS completed on	3. Article Addressed to: AIRS ID 1170074 FRANKIE'S CLEANERS SARABJIT SINGH 2108 S FRENCH AVE SANFORD FL 32771	4b. Service Registere Express	FSCIS Type ed Mail ceipt for Merchandise	Contified Insured COD
ls your <u>RETUF</u>	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X X	8. Addressed and fee is		The
_	PS Form 3811 , December 1994	02595-97-B-0179	Domestic Ret	urn Receipt

US Postal Service Receipt for Certified Mail AIRS ID 1170074 FRANKIE'S CLEANERS SARABJIT SINGH 2108 S FRENCH AVE SANFORD FL 32771 Postage \$ Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

259639

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

FEB -3 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 1170074

FRANKIE'S CLEANERS SARABJIT SINGH 2108 S FRENCH AVE SANFORD FL 32771 FOR GOVERNMENT USE ONLY

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

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0355544

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

FRANKIE'S CLEANERS SARABJIT SINGH 2108 S FRENCH AVE SANFORD FL 32771 AIRS ID # 1170074

FOR GOVERNME USE ORLY
Org.: 37550101000 EO: 81 77
Fund: 20-2-03500 N

Obj.: 002273

OF OF

8 50

SENDER: COMPLEY SENDER: SSENDER: ADDRESS. JOHN STANDARD S	PLACE STICKER AT TO THE RIGHT OF F						
■ 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 # 1170074 FRANKIE'S CLEANERS SARABJIT SINGH 2108 S FRENCH AVE SANFORD FL 32771	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? If YES, enter delivery address below: No 3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes						
2. Article Number (Copy from service label) 7000 0600 0006 4107 3334							
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789						

-	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)						
3334	Y 19						
ר ה	Postage	\$					
47.7	Certified Fee		Postmark				
-0	Return Receipt Fee (Endorsement Required)		Here				
9200	Restricted Delivery Fee (Endorsement Required)						
	То	O# 1170074					
0090	Rec FRANKIE'S CL SARABJIT SIN						
	Stre 2108 S FRENC	H AVE					
7000	SANFORD FL	32//1					
1	PS Form 3800, February	2000	See Reverse for Instructions				

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400669

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 # 1170074

FRANKIE'S CLEANERS SARABJIT SINGH 2108 S FRENCH AVE SANFORD FL 32771 ROOM 21 00

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273



TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

	and the same of th			
r top, of envelope to 3		COMPLETE THIS SEC	TION ON DELIVER	RY .
■ Complete items 1, 2, ar 13. A item 4 if Restricted Delivery is ■ Print your name and address so that we can return the card Attach this card to the back of or on the front if space permit	Iso complete desired. on the reverse I to you. f the mailpiece, s.	D. Is delivery address di	SINCY 6 I M ferent from item 1?	
1. Article Addressed to: 10 AIRS ID # 1170074001AG SARABJIT SINGH FRANKIE'S CLEANERS 2108 S FRENCH AVE SANFORD FL 32771			□ Express Mail	□ No
			☐ Return Receipt f ☐ C.O.D.	or merchandise
		4. Restricted Delivery?	(Extra Fee)	☐ Yes
2. Article Number (Copy from service	label)			1
PS Form 3811, July 1999	Domestic Return	n Receipt		02595-99-M-1789
Z ZIO LLZ TIA US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. 10 AIRS ID # 1170074001AG SARABJIT SINGH FRANKIE'S CLEANERS 2108 S FRENCH AVE SANFORD FL 32771				
		***************************************	-	
	Certified Fee	ļ <u>.</u>	_	
	Special Delivery Fee		_	
ស្ន	Restricted Delivery Fee			
199	Return Receipt Showing to Whom & Date Delivered			
Apri	Return Receipt Showing to Whom Date, & Addressee's Address	,		
800,	TOTAL Postage & Fees	\$		
PS Form 3800 , April 1995	Postmark or Date			
_				



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389595

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 # 1170074

FRANKIE'S CLEANERS SARABJIT SINGH 2108 S FRENCH AVE SANFORD FL 32771 COVERNITE IN THE ONLY

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273