



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

December 9, 1996

Mr. Enaiat Rahim
Tropix Cleaners
937 West State Road 436
Altamonte Springs, Florida 32714

Re: Facility I.D. No. 1170082

Dear Mr. Rahim:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 25, 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"



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

May 20, 1997

Mr. Ebaiat Rahim
Tropix Cleaners
937 West State Road 436
Altamonte Springs, Florida 32714

Dear Mr. Rahim:

Thank you for your April 27 letter in which you provided the Department with a copy of your cancelled check in payment for the \$50 Title V Air General Permit fee.

The information you submitted to me was forwarded to Finance and Accounting. Finance and Accounting notified me last Friday that your payment has been credited to the proper account. This letter serves as notice that Tropix Cleaners has paid in full the Title V Air General Permit fee for 1996.

I apologize for any inconvenience this may have caused you. If I can be of further assistance, please call me at 904/488-6140.

Sincerely,

Sandra Bowman
Mobile Source Control Section
Bureau of Air Monitoring
and Mobile Sources

SB\

Glenn (F+A)
Called 5/2
~~to~~: \$ put in
wrong
account
(storage tank)
Glenn will
send new
cash list

Jane,

Henry will
forward the
response
to you once
he reviews
it —

Sandy

RECEIVED

MAY 2 1997

Bureau of Air Monitoring
& Mobile Sources

TROPIX CLEANERS
937 W. STATE ROAD 436
ALTAMONTE SPRINGS, FL 32714
(407) 889-1609

April 28/97

~~Dear~~ Sandy,

As per of our
phone conversation, I told
you I had already paid off
for the Title & Air permit.
Enclosed are copy of both
cheques which was already
Cashed. Some time ago.

Thank you.
Enaiat Kalim

TROPIX CLEANERS
PH. 407-869-1609
937 W. ST. RD. 436
ALTAMONTE SPRINGS, FL 32714

2553

42967

Jan. 3 19 97

PAY TO THE ORDER OF

Department of Environmental Protection

\$ 50.00

Fifty Dollars & xx/100

DOLLARS



007-012
2801 West State Road 434
Longwood, Florida 32779-4895

FOR Facility I.D. No. 1170082

B. J. Rabin

TROPIX CLEANERS

PH. 407-869-1609
937 W. ST. RD. 436
ALTAMONTE SPRINGS, FL 32714

2552

43036

Jan. 3 19 97

PAY TO THE ORDER OF

Department of Environmental Protection

\$ 100.00

One Hundred Dollars & 00/100

DOLLARS



007-012
2801 West State Road 434
Longwood, Florida 32779-4895

DC Registration Account

FOR Customer ID: 40419

B. J. Rabin

INDUSTRY PAPER

X

700000
DEPT OF ENVIRONMENTAL PROTECT
FOR DEPOSIT ONLY

SEP 06 1995

DO NOT WRITE STAMP OR SIGN ABOVE THIS LINE
OR REMOVE FROM PHASE 1A INFORMATION
BARNETT BANK OF TALLAHASSEE
FLORIDA STATE TREASURY
Concentration Acct. #100004444

20
C31 07 346985 4147 01-08 JAX FL 02
800-5239498 > 063000047K
07 346985 01-08

ENDORSE HERE

X

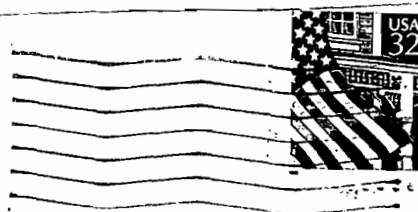
700000
DEPT OF ENVIRONMENTAL PROTECT
FOR DEPOSIT ONLY

SEP 06 1995

BARNETT BANK OF TALLAHASSEE
FLORIDA STATE TREASURY
Concentration Acct. #100004444

20
C31 07 346948 4147 01-08 JAX FL 02
800-5239498 > 063000047K
07 346948 01-08

TROPIX CLEANERS
937 W. STATE ROAD 436
ALTAMONTE SPRINGS, FL 32714
(407) 889-1609



Department of Environmental Protection
Att Sandy Bowman
mail Station 5510
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, FL 32399-2400

32399/2400 00



Florida Department of Environmental Protection
 Cash Receiving Application
 Adjustment Summary Report (crar030)

Printed: 09-MAY-97 - Page 2
 Adjustment Reported Date: 09-MAY-97

Fund	Object	Org Code	EO	Samas Acct #	Journal #	Amount
APCTF	2273	37550101000	B1	202035001	0106CC	50.00
						Journal Subtotal
						Organization Subtotal
						50.00
						Object Subtotal
						50.00
						Fund Subtotal
						50.00
IPTF	2285	37450101000	B1	202212001	0106CC	(50.00)
						Journal Subtotal
						Organization Subtotal
						(50.00)
						Object Subtotal
						(50.00)
						Fund Subtotal
						(50.00)
						GRAND TOTAL
						.00

Ellen
E. Stephens
Sandy Brown
Dup file
my file


```

-----+-----
SYSSREMT: 148267   DDN: 42967       Recvd Date: 06-JAN-1997   Status: DEPOSIT
SYSSRCPT:          PNR:          Check #: 2553             Amount:          50.00
SSN/FEI#:          Owner Id:      Name:TROPIX CLEANERS
  First:          Middle:          Title:          Suf:
Address1: 937 W. ST. RD. 436          Short Comments:
Address2:
  City: ALTAMONTE SPRINGS   ST: FL   Zip: 32714-   Country:
-----+-----

```

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-----+-----> P A Y M E N T (S) <-----+-----
      Distr   Please use DOWN ARROW to move to last before Correcting   S
      CL      Object           Payment           Applic/           T
SYSSPAYT Area.. Code/Description.....: Amount..... Reference#           Fund A
152422  3755  002273 TITLE V GENERAL           $50.00 12345           APCTF CO
-----+-----

```

COMMIT FREQUENTLY

\$50.00 Payment total

Count: *1

<Replace>

Remittance/Payment Correction

CRAF040

SYS	CORRID	AMOUNT	OBJECT	FUND	JOURNAL	REPORT	ADJ	REASON
	JXX384	-50.00	002287	IPTF	JXX384	31-JAN-97	OBJ	CORRECTION
	JXX384	50.00	002285	IPTF	JXX384	31-JAN-97	OBJ	CORRECTION
514	0106CC	50.00	002273	APCTF	0106CC	05-MAY-97	OBJ	CORRECTION
514	0106CC	-50.00	002285	IPTF	0106CC	05-MAY-97	OBJ	CORRECTION

Payment # 152422

\$.00 Adjustment Total

Enter value for: Application Correction ID.

Count: *4

<Replace>

edited 228
 CRA coll. to 200-
 AS
 5/19/97

OK this out
 please - Sandy Boman
 says this belongs to her
 if it is for Joyce Hall
 any back-up. Thanks
 Jay

Department of Environmental Protection
 Cash Receiving Application (CRAR015)
 Cash Listing by Deposit #: 970942 THRU 970942
 Printed: 07-JAN-97 - Page: 2

Cashlisting 9095 Cashlist Area STCM Description WASTE MGMT-STORAGE TANK INVENTORY Contact CAROL CARNELLY Date Deposited 06-JAN-97

Object	Trans#	DDN	Receipt Num	PNR	Name	Check Num	Amount	Reference Acct	Payment	Remittance	Fund
2287	5362	42964			CORAL GABLES DRYCLEANING	1248	100.00	42960	152419	148264	IPTF
	5362	42965			ACME DRIVE-IN CLEANERS,IN	6784	100.00	12345	152420	148265	IPTF
	5362	42966			NESSMITH CLEANERS, INC.	6165	100.00	39294	152421	148266	IPTF
	5362	42967			TROPIX CLEANERS	2553	50.00	12345 40419	152422	148267	IPTF
	5362	42968			TINO'S CLEANERS INC	554	100.00	38458	152423	148269	IPTF
	5362	42969			CLASSIC CLEANERS I	6478	100.00	41224	152424	148270	IPTF
	5362	42970			HU IMAGE CLEANERS	10086	300.00	39340	152425	148273	IPTF
	5362	42971			CLERMONT DRY CLEANERS	4405	100.00	38890	152426	148274	IPTF
	5362	42972			BILL BARBERS DRY CLEANERS	10714	100.00	38678	152427	148276	IPTF
	5362	42973			ROCKMOOR DRIVE IN CLEANIN	2038	100.00	39470	152428	148277	IPTF
	5362	42974			CROWN CLEANERS	3043	200.00	38946	152429	148279	IPTF
	5362	42975			AMERICLEAN	2850	100.00	38470	152430	148281	IPTF
	5362	42976			R & J MAGUIRE ENTERPRISES	9738	100.00	39264	152431	148282	IPTF
	5362	42977			COUNTRY CLUB INVESTMENTS	6251	100.00	38925	152432	148284	IPTF
	5362	42978			C & C DRY CLEANERS	7092	100.00	38845	152433	148285	IPTF
	5362	42979			LUXE CLEANING INC	3844	100.00	38377	152434	148286	IPTF
	5362	42980			FULMERS DRY CLEANERS	4270	100.00	39109	152435	148287	IPTF
	5362	42981			CUSTOM CARE DRY CLEANING	1347	100.00	40940	152436	148288	IPTF
	5362	42982			TREASURE COAST CLEANERS	3929	100.00	39467	152437	148289	IPTF
	5362	42983			SSTUART DRY CLEANERS TA	2158	100.00	38526	152438	148290	IPTF
	5362	42984			PINWOOD CLEANERS INC	4363	100.00	38941	152439	148291	IPTF
	5362	42985			CASSELTON CLEANERS INC	7626	100.00	38646	152440	148292	IPTF
	5362	42986			DRY CLEAN USA	1173	100.00	39004	152441	148293	IPTF
	5362	42987			FLO MAR DRY CLEANERS	1608	100.00	40978	152442	148294	IPTF
	5362	42988			RAINBOW DRY CLEANERS INC	7341	100.00	40741	152443	148295	IPTF
	5362	42989			SOUTHPARK CLEANERS	3877	100.00	39514	152445	148297	IPTF
	5362	42990			RITEWAY LEATHER REFINISHE	13578	100.00	43035	152446	148298	IPTF
	5362	42991			TRUST ENTERPRISES INC.	4433	100.00	39284	152447	148299	IPTF
	5362	42992			SARLAZ INT INC	1043	100.00	40644	152448	148300	IPTF
	5362	42993			COIT DRAPERY & CARPET CLE	24995	100.00	39304	152449	148301	IPTF
	5362	42994			NORA SANCHEZ	985	100.00	38770	152450	148302	IPTF
	5362	42995			X PRESS DRY CLEANERS & LA	2088	100.00	38323	152451	148303	IPTF
	5362	42996			PANCHI DRY CLEANERS, INC.A	3721	200.00	42602	152452	148304	IPTF
	5362	42997			LIBERTY CLEANERS	918	100.00	39241	152453	148305	IPTF

48
 3755
 2273
 per
 Sandy
 Boman

83935

DDDR02-04

IMMEDIATE

3700000000

DEPARTMENT OF ENVIRONMENTAL PROTECTION

PAGE 1

05/09/97

SITE 04

TREASURER'S RECEIPTS E7000057646

DETAIL OF DIRECT DEPOSIT RECEIPTS

ACCOUNT CODE	CF	OBJECT	G/L	AMOUNT	BI	DEPOSIT NO	DATE	VENDOR INVOICE	NUMBER OCA	ORG AR-NO	L2-L5	EO TR
						DESCRIPTION						OTHER-DOC
372020350013755000000	00020000	002273	61200	50.00		C0106CC	050997	C202035001		550101000	B1	30
						TROPIX CLEANERS						
372020350013755000000	00020000	002273		50.00				OBJECT TOTAL				
372020350013755000000	00020000			50.00				ACCOUNT TOTAL				
372022120013745000000	00020000	002285	61200	50.00-		C0106CC	050997	C202212001		450101000	B1	30
						TROPIX CLEANERS						
372022120013745000000	00020000	002285		50.00-				OBJECT TOTAL				
372022120013745000000	00020000			50.00-				ACCOUNT TOTAL				
				.00		TOTAL						

DDDR02-04

IMMEDIATE

37000000000
DEPARTMENT OF ENVIRONMENTAL PROTECTION

PAGE 2 05/09/97

SITE 04
TREASURER'S RECEIPTS E7000057646

RECAP OF DIRECT DEPOSIT RECEIPTS

ACCOUNT CODE	CF	AMOUNT
37202035001 3755000000 00020000		50.00
37202212001 3745000000 00020000		50.00-
	.00	TOTAL

FACSIMILE

Date: 5-9-97

Number of Pages _____

From: Gay Califf

Phone Number: 921-9321

PLEASE DELIVER THIS TRANSMISSION TO:

Name: Degreta Corbin
Fax # 8-0699

DEPARTMENT OF ENVIRONMENTAL PROTECTION
DEBIT AND CREDIT FORM
(Zero Treasurer's Receipt)

OLE # 37

Comments:

Site # 04

Deposit # 0106ce

Amount \$ 0

970942 - Dep. #
1-6-97 - Dep. Date

✓

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 2:15 TIME OUT: 2:45 AIRS ID#: 1170082 ✓

TYPE OF FACILITY: Drycleaning

FACILITY NAME: Trovy Cleaners DATE: _____

FACILITY LOCATION: 937 W. SR. 436
Altamonte Springs, FL - 32714

RESPONSIBLE OFFICIAL: Enad Raheem PHONE NUMBER: 407-869-1609

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

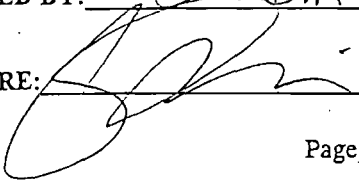
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS: Trying to sell machine and/or facility

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 11/98
(Approximate)

INSPECTION CONDUCTED BY: SAADIA DURESHI
(Please Print)

INSPECTOR'S SIGNATURE:  PHONE NUMBER: (407) 894-7885



CYPRESS CLEANERS
924 W. State Rd. 436, Ste 1250
Altamonte Springs, FL 32714
(407) 869-1609

OCT 1998
RECEIVED

OCT 26 1998
Bureau of Air Monitoring
& Mobile Sources

To whom it may concern,

Dear Sir/Madam,

Let it be known
that I Enaiat Rahim is no longer,
doing buisness as Tropix CLEANERS
Located at 937 West SR 436
Seminole County
Altamonte Spring
FL 32714.

I tried to renew my lease but the
landlord refuse to do so.
Tropix CLEANERS was closed on February 1st
1998.

Thank you

yours Truly
Enaiat Rahim

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>ENAIAT RAHIM</i>
2. Site Name (For example, plant name or number): <i>TROPIC CLEANERS</i>
3. Hazardous Waste Generator Identification Number: <i>FLD 012490041</i>
4. Facility Location: Street Address: <i>937 WEST SR 436</i> City: <i>ALTAMONTE SPRINGS</i> County: <i>FLORIDA</i> Zip Code: <i>32714</i>
5. Facility Identification Number (DEP Use): <i>1170082</i>

Responsible Official

6. Name and Title of Responsible Official: <i>ENAIAT RAHIM</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>SAME AS ABOVE</i> Street Address: City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: <i>(407) 863-1609</i> Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>NONE</i>
10. Facility Contact Address: Street Address: <i>NONE</i> City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - <i>NONE</i> Fax: () -

RECEIVED
SEP 23 1996

Bureau of Air Monitoring
& Mobile Sources

1170082

P.14

1. (a) add date control device installed
1. (c) should not be marked
3. mark new small area source

P.15

4. new small 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.

FORENTA Type of Machine #345	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
<i>Example</i> #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 02-MAR-92 02-MAR-92									
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1				July 94			July 94	
(2) w/ carbon adsorber	#1								
(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 required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

(b) If less than 12 months, how many? months
 Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
 (Indicate with an "X". Select one classification only.)

Existing small area source New small area source

Existing large area source New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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.

Enayat Rahim
Signature

Aug 21st 96
Date

1170082

CD

P.14

1. (a) add date control device installed

1. (c) should not be marked

3. mark new small area source

P.15

4. new small r.c. should be marked

1. Facility Owner ENAA	
2. Site Name TROP	
3. Hazardous	
4. Facility Location Street Address: AL City: AL	32714
5. Facility ID	2
6. Name and Address ENAA	
7. Responsible Official Mailing Address: Organization/Firm: SAME AS ABOVE Street Address: City: County: Zip Code:	
8. Responsible Official Telephone Number: Telephone: (407) 863-1609 Fax: ()	

Corrections
Made 12/5/96
SS

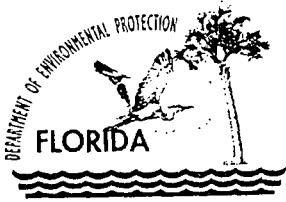
Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): NONE
10. Facility Contact Address: Street Address: NONE City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - NONE - Fax: ()

RECEIVED

SEP 25 1996
Bureau of Air Monitoring
& Mobile Sources

1170082



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

April 20, 1997

Tropix Cleaners
937 West SR 436
Altamonte Springs, Florida 32714

Re: 1996 Title V General Permit Fees

Dear Business Owner:

Rule 62-213.300, F.A.C., requires the Department to provide written notice to facilities to submit payment of an annual operation fee of \$50. The fee is due and payable annually between January 15 and March 1 for the preceding year during which the facility was in operation and subject to the requirement of the rule and general permit.

Initial fee invoices were mailed January 7. This was followed by a second invoice sent by certified mail on February 15. As of this date, our records indicate that your payment has not been received.

For your convenience, an invoice is enclosed. Please return the bottom portion of the invoice along with your payment.

If you have any questions concerning your payment, please contact Sandy Bowman or Marnie Brynes at 904/488-6140.

Sincerely,

Henry Estevez
Administrator
Mobile Source Control Section
Bureau of Air Monitoring and
Mobile Sources

HE\sb

Enclosure

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>ENAIAT RAHIM</i>
2. Site Name (For example, plant name or number): <i>TROPIC CLEANERS</i>
3. Hazardous Waste Generator Identification Number: <i>FLD 012490041</i>
4. Facility Location: Street Address: <i>937 WEST SR 436</i> City: <i>ALTAMONTE SPRINGS</i> County: <i>FLORIDA</i> Zip Code: <i>32714</i>
5. Facility Identification Number (DEP Use): <i>1170082</i>

Responsible Official

6. Name and Title of Responsible Official: <i>ENAIAT RAHIM OWNER &R DEC 5/96</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>SAME AS ABOVE</i> Street Address: City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: <i>(407) 863-1609</i> Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): <i>NONE</i>
10. Facility Contact Address: Street Address: <i>NONE</i> City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - <i>NONE</i> Fax: () -

RECEIVED
SEP 25 1996

Bureau of Air Monitoring
& 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.

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
<p><i>FORENTA #345</i></p>									
<p><i>Example #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 02-MAR-92 02-MAR-92</i></p>									
<p>Dry-to-Dry Unit</p>									
(1) w/ ref. condenser	#1	<i>ER July 94</i>	<i>ER July 94</i>		<i>ER July 94</i>			<i>ER July 94</i>	<i>ER</i>
(2) w/ carbon adsorber	#1								
(3) w/ no controls									
<p>Washer Unit</p>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<p>Dryer Unit</p>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<p>Reclaimer Unit</p>									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

ER 9 Dec 5/96

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
 (Indicate with an "X". Select one classification only.)

Existing small area source *ER Dec 5/96* New small area source *ER Dec 5/96*

Existing large area source New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

GR Dec 5/96

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

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.

Enaiat Rahim

Dec 5/92

Enaiat Rahim

Aug 27th 96

Signature

Date

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 1170082 DATE: 12/5/96 TIME IN: 1:30 TIME OUT: 2:00
 FACILITY NAME: Tropix Cleaners
 FACILITY LOCATION: 937 W SR 436
Altamonte Springs 32714

PART I: NOTIFICATION

(check appropriate box)

1. Existing facility notified DARM by 9/1/96
 2. New facility notified DARM 30 days prior to startup
 3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

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

A.

1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	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) <input checked="" type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	4. New large area source dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed on or after 12/9/91) <input type="checkbox"/>

This is a correct facility classification Y N

If no, please check the appropriate classification:

facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 20 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N *N/A*
- 2. Examining the containers for leakage? Y N
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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? Y N
- 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?
Is the temperature differential equal to or greater than 20° F? Y N
- 3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?
Is the perc concentration equal to or less than 100 ppm? Y N N/A
- 4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N
- 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
- 6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

- 1. Maintained receipts for perc purchased? Y N
- 2. Maintained rolling monthly averages of perc consumption? Y N
- 3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N
- 4. Maintained calibration data? (for direct reading instruments only) Y N N/A
- 5. Maintained exhaust duct monitoring data on perc concentrations? Y N
- 6. Maintained startup/shutdown/malfunction plan? Y N
- 7. Maintained deviation reports?
Problem corrected? Y N
- 8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

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

2. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces) Y N

Physical detection (airflow felt through gaskets) Y N

Odor (noticeable perc odor) Y N

Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Y N

If using direct-reading instrumentation, is the equipment:

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N

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

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

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

3. Has the facility maintained a leak log? Y N

4. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves Y N

Muck cookers Y N

Door gaskets and seating Y N

Stills Y N

Filter gaskets and seating Y N

Exhaust dampers Y N

Pumps Y N

Diverter valves Y N

Solvent tanks and containers Y N

Cartridge filter housings Y N

Water separators Y N

Enaiat Rahim

Name of Responsible Official

Sheila Schneider

Inspector's Name (Please Print)

Sheila E. Schneider

Inspector's Signature

12/5/96

Date of Inspection

12/97

Approximate Date of Next Inspection

X

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

✓

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 1170082 DATE: 2/11/97 TIME IN: 11:30 TIME OUT: 11:55
FACILITY NAME: TROPIX CLEANERS
FACILITY LOCATION: 937 W. SR 436 (WEKIVA SQUARE)
ALTAMONTE SPRINGS, FL 32714

PART I: NOTIFICATION

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

PART II: CLASSIFICATION

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

A.

1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	<input type="checkbox"/>	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)	<input checked="" type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed before 12/9/91)	<input type="checkbox"/>	4. New large area source dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed on or after 12/9/91)	<input type="checkbox"/>

This is a correct facility classification Y N

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 20 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

1. Storing perchloroethylene in tightly sealed and impervious containers? *IN MACHINE AS NEEDED* Y N
2. Examining the containers for leakage? Y N
3. Closing and securing machine doors except during loading/unloading? Y N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

1. Equipped all machines with the appropriate vent controls? Y N
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? Y N N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? Y N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? Y N
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

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? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N
Is the temperature differential equal to or greater than 20° F? Y N
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
Is the perc concentration equal to or less than 100 ppm? Y N
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; Y N
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N
4. Maintained calibration data? *(for direct reading instruments only)* Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports?
Problem corrected? Y N
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

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

2. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces) Y N

Physical detection (airflow felt through gaskets) Y N

Odor (noticeable perc odor) Y N

Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Y N

If using direct-reading instrumentation, is the equipment:

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N

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

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

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

3. Has the facility maintained a leak log? Y N

4. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves Y N

Door gaskets and seating Y N

Filter gaskets and seating Y N

Pumps Y N

Solvent tanks and containers Y N

Water separators Y N

Muck cookers Y N

Stills Y N

Exhaust dampers Y N

Diverter valves Y N

Cartridge filter housings Y N

ENAIAT RAHIM

Name of Responsible Official

Louis A. Nichols

Inspector's Name (Please Print)

Louis A. Nichols

Inspector's Signature

2/11/97

Date of Inspection

Approximate Date of Next Inspection

TROPIX CLEANERS
 1 HOUR SERVICE
 PERFECT PLEAT DRAPERIES
 FORMALS; TAILORING DONE ON PREMISES
 Welcome Commercial Accounts
 Mon.-Fri. 7:00 A.M. - 6:30 P.M.
 Sat. 8:00 A.M. - 3:00 P.M.
 LOCATED IN WEKIVA SQUARE
 at SR 436 & 434 next to K-Mart
 ALTAMONTE SPRINGS, FL 32714

Dry Cleaning
 Alterations
 Hand Press Shirts
 Pickup & Delivery

RAY RAHIM
 ELIZABETH RAHIM
 Ph. (407) 869-1609

ADDITIONAL SITE INFORMATION:

- HAS SRM IN PAYMENT OF 50⁰⁰
- FORENTA MIRACLEAN 345 1992
WITH CONTAINMENT PAN - EXTENDS FOR SECONDARY STG.
WASTEWATER TO CHILLER OUT BACK
- SEND ADVISORY ON WASTEWATER
- LEFT SAMPLE FORM FOR RECORDS
- THIS IS AN INADVERTANT REINSPECTION -
S. SCHNEIDER HAD ALREADY BEEN THERE. 12/5/96.
- HAS CARDBOARD OVER SECONDARY CONTAINMENT ~~AREA~~ AREA.
NOT GOOD PRACTICE - DEFEATS PURPOSE.
- MAKING EFFORT TO COMPLY WITH LEAK CHECK AND
REPORTING REQUIREMENTS.

n arms ✓

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 1170082 DATE: 11/12/97 TIME IN: 2:15 TIME OUT: 2:45

FACILITY NAME: TROPIC CLEANERS

FACILITY LOCATION: 937 W. SR. 436
Altamonte Springs FL. 32714

RESPONSIBLE OFFICIAL: Ernest RAHEEM PHONE: 407-869-1609

CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

- (check appropriate box)
1. New facility notified DARM 30 days prior to startup
 2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

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 <input type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	2. New small area source <input checked="" type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)
3. Existing large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)

5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:
 facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 20 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
Is the temperature differential equal to or greater than 20° F? Y N N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
Is the perc concentration equal to or less than 100 ppm? Y N N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/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? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports?
Problem corrected? Y N N/A Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

2. Has the facility maintained a leak log? Y N

3. Does the responsible official check the following areas for leaks?

- | | | | |
|---|---|---------------------------|--|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |

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? Y N
 - b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
 - c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
 - d. Kept in a clean and secure area when not in use? Y N
 - e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

N/A

SAADIA QURESHI

Inspector's Name (Please Print)

11/12/97

Date of Inspection

[Handwritten Signature]

Inspector's Signature

11/98

Approximate Date of Next Inspection

Enaiaat Rahim

ADDITIONAL SITE INFORMATION:

explained temp. condenser
reading.

Minor out(2)

acc

**DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

AIRS ID 1170082

ENAIAT RAHIM
ENAIAT RAHIM
937 WEST SR 436
ALTAMONTE SPRINGS FL 32714

Bureau of Air Monitoring
& Mobile Sources

MAR 02 1998

RECEIVED

Do NOT Remove Label

Annual Reporting Period: _____ 19____ TO _____ 19____

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

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 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 belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: ENAIAT RAHIM Enaiat Rahim 2/19/98
Name (Please Print) Signature Date

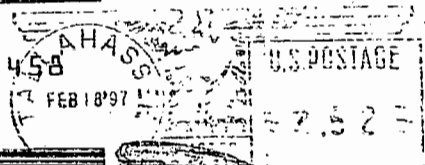
*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

550304
MS5510

CERTIFIED

P 265 302 458



MAIL

Suite No?

- Forwarding Order Enclosed
- Insufficient Address
- Moved, Not in Address
- Unclaimed - Returned
- Attempted - Not Answered
- No Such Street
- No Such Number
- No Such Postoffice
- Overpost
- Route No. 22 Box 221
- Cancelation 0

*Confirmed
address and
is correct.*

AIR MAIL ID#: 1170082

ENAIAT RAHIM
ENAIAT RAHIM
937 WEST SR 436
ALTAMONTE SPRINGS FL 32714



Fold at line over top of envelope to the right of the return address.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID#: 1170082

ENAIAT RAHIM
 ENAIAT RAHIM
 937 WEST SR 436
 ALTAMONTE SPRINGS FL 32714

4a. Article Number
 265 302 458

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
 X

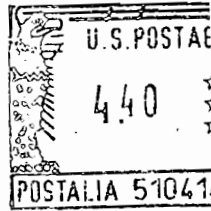
Thank you for using Return Receipt Service.

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400

CERTIFIED MAIL



7000 0520 0020 9372 6728



- INSUFFICIENT ADDRESS
 - NO SUCH NUMBER
 - UNCLAIMED REFUSED
 - ATTEMPTED NOT KNOWN
 - NO SUCH STREET
 - VACANT
 - NO RECEPTACLE
 - NOT DELIVERABLE AS ADDRESSED - UNABLE TO FORWARD
- ROUTE NO. 10 DATE 8/20
CARR/INITIALS _____

*Refused
Inactive*

10 AIRS ID # 1170082001AG
ENAIAT RAHIM
TROPIC CLEANERS
924 WEST SR 436
ALTAMONTE SPRINGS FL 32714

Bureau of Air Monitoring
& Mobile Sources

AUG 27 2001

RECEIVED

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS.
 SOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- 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:

10 AIRS ID # 1170082001AG
 ENAIAT RAHIM
 TROPIX CLEANERS
 924 WEST SR 436
 ALTAMONTE SPRINGS FL 32714

00005200020 9372 6728

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

**U.S. Postal Service
 CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)**

7000 0520 0020 9372 6728

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Pos	10

Postmark
Here

10 AIRS ID # 1170082001AG
Recipient ENAIAT RAHIM
 TROPIX CLEANERS
Street, Apt 924 WEST SR 436
 ALTAMONTE SPRINGS FL 32714
City, State,

Meisur...

Z 333 613 294

US Postal Service
Receipt for Certified Mail

AIRS ID 1170082

ENAIAT RAHIM
ENAIAT RAHIM
937 WEST SR 436
ALTAMONTE SPRINGS FL 32714

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

PS Form 3800 April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ENAIAT.RAHIM
ENAIAT RAHIM
937 WEST SR 436
ALTAMONTE SPRINGS FL 32714

AIRS ID 1170082

4a. Article Number

Z 333 613 294

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

2/14

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *E. Rahim*

Thank you for using Return Receipt Service.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

303852 ✓

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

RECEIVED
MAIL ROOM

FEB 26 98

Do **NOT** Remove Label

ENAIAT RAHIM
ENAIAT RAHIM
937 WEST SR 436
ALTAMONTE SPRINGS FL 32714

AIRS ID 1170082

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273