

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell ¿. Secretary

January 8, 1999

Mr. Samtokh S. Pamesar Town and Country Cleaners 145 University Park Drive Winter Park, Florida 32792

Re: Facility No.: 0951200

Dear Mr. Pamesar:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 29, 1998.

Please note that in January 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 Environemntal 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, of 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

Janua Bown

and Mobile Sources

DD/jw

cc: Ms. Marie Driscoll, Orange County

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

Printed on recycled paper.

f	
	0951200
012/	095 1200 All Title of Responsible Official
PN6	usa June of responsible Officials
014 1/3	Odd date control device installed.
p/7 (a)	Vaa dare control device installed.
2	Citi
J.	Existing single area source should not be marked. Maryout and initial. New small area source should be marked.
	not be marked. Playout and
1	endial. New small area source
	should be marked.
p15	
(b)	Required. Should be maked.
p16	Responsible Official sign and date
<i>V</i>	Responsible Official sign and date
	for changes
L	

.

095 1200

1/5/99

Spoke to Samtoleh S. Panesar and he stated that he is the president of Panesar, Inc. He salso stated the rontrol devices were installed when the machine was purchased. Crefriquated condenser, carbon absorber) It was also noted that leads detection and repair records are regained to be leept.

Perchloroethylene Dry Cleaning Facility Notification

Perchloroethylene Dry Cleaning Facility Notification Facility Name and Location 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): PANESAR INC.
Facility Name and Location
Facility (value and Escation)
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): PANESAR INC. 2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number):
LOWH & COUNTRY CLEAMERS
3. Hazardous Waste Generator Identification Number:
4. Facility Location: 148 VMIVERSITY PARK DR. Street Address:
City: WINTER PARK County: ORANGE Zip Code: 32792
5 Facility Identification Number (DEP Use):
095/200
Personalible Official
Responsible Official
6. Name and Title of Responsible Official:
SAMTOKH S. PAMESAR.
7. Responsible Official Mailing Address: Organization/Firm: 145 INI 160 SITY PORK DR
Street Address:
City: WINTER PARK County: ORANGE Zip Code: 32792
8. Responsible Official Telephone Number:
Telephone: (401) 671- 1115 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: () -

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

Facility Information

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

		Date Machine	Date Control	ļ	Date Machine	Date Control		Date Machine	Date Control
	l	Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NO1′-93	#2	08-DEC-91		#3	02-MAR-92	02-N1AR-9
Dry-to-Dry Unit		JUNE 96	<u> </u>						
(1) w/ ref. condenser		JUN6 96							
(2) w/ carbon adsorber		JUNE 96				;			
(3) w/ no controls		7							
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		T		T					
(11) w/carbon adsorber									
(12) w/ no controls									_
(b) Control devices are (c) No control devices 2.(a) What was the total of the control devices (b) If less than 12 mont Check why it is less	are ro	equired to be ity of perchions ow many? [_	installed [_oroethylene (perc)	purchased in				{}
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec ea so	et one classifi	cation only.)	ew sn	nall area sou	rce [3) of]	Part II?	
Existing large are	za soi	urce	Ne	ew la	rge area sour	Ce [J		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to secti (Indicate with an "X".)	on (5) of Part II of this notification form?
Existing large area source Carbon adsorber Refrigerated co	ondenser []
New small area source Refrigerated condenser [X]	
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 gener exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat boiler HP or less), and (2) are fired exclusively by natural gas except during which propane or fuel oil containing no more than one percent	for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeepi	ing Information
Check all logs which are required to be kept on-site in accordance with	th the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	ιXJ
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	(<u>X</u>)

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

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ŀΧ¬	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pron	nptly notify the Department of any changes to the information contained in this notification.
Signature	12 20 98

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

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TTP OF INSTRUMENT	RE-INSPECTION	ū	COMPLYMATADISCOVERY	d ·
AIRS ID#: 095/200 D	ATE: 12/10/98	TIME IN	: 1340 TIME OUT	:: <u>1</u> 400
FACILITY NAME: Town	ı		_	
FACILITY LOCATION: 14!	_	,		
	nter Park	•		
RESPONSIBLE OFFICIAL:	Santokh Pa	nesar	PHONE: 407-679-1	115
CONTACT NAME:	•		RECEIVE)
PART I: NOTIFICATION			DEC 28 DEC	
(check appropriate box)		;	Bureau of Air Monitori	uă
New facility notified DARM 3 Facility failed to notify DARM			& Mobile Sources	נט מע
Z. Facinity finited to notify 1977(c)	A to use general permit			
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box)	on form that it is:		☐ No notification form ☐ Drop store/out of busines	
Facility indicated on notification	se 2. cr dr	New small a ry-to-dry only, ansfer only, x of types, x < 1	□ Drop store/out of busines rea source x < 140 gal/yr < 200 gal/yr	
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr	2. dr dr tr. bo (co. ce	New small a ry-to-dry only, ansfer only, x of types, x < 1 constructed on. New large a ry-to-dry only, ransfer only, 20 oth types, 140	□ Drop store/out of busines rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)	2. ce	New small a ry-to-dry only, ansfer only, x of types, x < 1 constructed on. New large a ry-to-dry only, ransfer only, 20 oth types, 140	□ Drop store/out of business 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} $ $ 500 \le x \le 1,800 \text{ gal/yr} $ $ 500 \le x \le 1,800 \text{ gal/yr} $ $ 500 \le x \le 1,800 \text{ gal/yr} $	
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility classification, please check the	te	New small a ry-to-dry only, ansfer only, x oth types, x < 1 constructed on. New large a ry-to-dry only, ransfer only, 20 oth types, 140 constructed on. Y	□ Drop store/out of busines 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 or after 12/9/91) □ Can not determine umberabove gible for a general permit	ss/petrolegum

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? אמם מם צם 2. Examining the containers for leakage? אואם אם 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at LJN CJN/V 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? UY UN WN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification I 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? אוום אום אמו 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 DAY CIN CIN/Y condenser upon opening the door? 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 UY WN verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:		ee	
1.	Measured and recorded the exhanst temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ÜΥ	Пи	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	 □Y	ΩΝ	איאנו
	Is the temperature differential equal to or greater than 20° F?	IJΥ	ПΝ	□N/A
3.	Measured and recorded the pere 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 pere concentration equal to or less than 100 ppm?	Ο Y		□N/A □N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring pere 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?	ΟY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	CIY	ÜМ	ПΝ/Λ
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟÝ	: □N	□N/∧

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	E CIY DIN
2. Maintained rolling monthly total of perc consumption?	DY N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs7 or;	אאש אנט אנט
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	DY ON MINA
4. Maintained calibration data? (for applicable direct reading instruments)	בוֹאַ בוא פּאוּאַ
5. Maintained exhaust duct monitoring data on perc concentrations?	בוא מם אוע
6. Maintained startup/shutdown/malfunction plan?	אנז אמן
7. Maintained deviation reports?	OY ON MYA
Problem corrected?	איאופן אנו אנו
8. Maintained compliance plan, if applicable?	חאו אס אס אס

PART VI: LEAK DETECTION AND I	REPAIRS		
1. Does the responsible official conduct a	weekly (for small source	s, bi-weekly) leak detection ar	ıd repair
inspection?		N.	עאט אַע
2. Has the facility maintained a leak log?			DY UN
3. Does the responsible official check the	following areas for leaks	7	· .
Hose connections, fittings, couplings, and valves	מא כוא כוא/א	Muck cookers	מאל מוח מאיע
Door gaskets and scaling	מא טא טאיע	Stills	OY ON ON/A
Filter gaskets and scating	קא מא מאיע	Exhaust dampers	שאר מא מאיע
Pumps	עאט אט אט איט	Diverter valves	איאנו אנו איא
Solvent tanks and containers	DY ON ONA	Cartridge filter housings	QA ON ONV
Water separators	מא מא מאיע		
4. Which method of detection is used by t	he responsible official?		. /.
Visual examination (condensed s	olvent on exterior surfac	ces)	DZ :
Physical detection (airflow felt th	rough gaskets) 👌 🔻	•	
Odor (noticeable perc odor)	y.	· ·	
Use of direct-reading instrument	ation (FID/PID/calorIme	tric tubes)	a .
Halogen leak detector	****	* • · · · · · · · · · · · · · · · · · ·	D
If using direct-reading inst	rumentation, is the equ	ipment:	CHN/A
a. Capable of detecting	pere vapor congentratio	ns in a range of 0-500 ppm?	OY ON
b. Calibrated against a	standard gas prior to an	d after each use	ω <u>,</u>
(PID/FID only)?			}OY OИ
c. Inspected for leaks a	nd obvious signs of wear	r on a weekly basis?	אט עט
d. Kept in a clean and	secure area when not in	use?	מט אט
e. Verified for accuracy	y by use of displicate san	ples (calorimetric only)?	מט עט
		N _e	
TURRI		12 /10 /6	J
Inspector's Name (Please Pr	rint):	12/10/9 Date of Ins	<u>b</u>
mapodor's Panic (Flease F	i in i	Date of his	ACCION
Alka Bunch		Z/10/99 Approximate Date o	9
Inspector's Signature	•	Approximate Date o	f Next Inspection

New owner for 3 months: Santokh Panesar

Left Parchlor. Day Cleaner Air general Permit. Notification Form with Santokh. 12/10/98. Left 1998 Dry Cleaning Culendar & explained how to use it.

Told Santokh to Start using 1998 Calendar for December right away.

Said he bought Perc. only one time, but could not find receipt.

I forgot to put No leak detertion log on Inspection Summary Report. AB

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🗾	COMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1340	TIME OUT:	1400 AIRS ID#:	
TYPE OF FACILITY: Dr-1	Cleaner		
FACILITY NAME: Town	n Country		DATE: 12/10/98
FACILITY LOCATION: 145		k Drive	
: \ . \ \ . \ \ . \	nter Park FL	32792	
RESPONSIBLE OFFICIAL:			407-679-1115
	ne compliance requirements ule 62-213.300, Florida Adm	eváluated during this inspection, the facil	ity is found to be in
Based on the results of the discrepancies were noted	ne compliance requirements	evaluated during this inspection, the follo	owing compliance
COMPLIÀNCE REQU	IREMENT/PROBLE	M FOLLOW-UP ACTION	ON REQUIRED
No perc rolling	, log·	Reinspection i.	n 3 months.
No temperature	log.	11	
No perc recei	pts.	9 1	
No corrective of	action forms.	R E C	CEIVED
			EC 2 8 1998
•		Burea &	u of Air Monitoring Mobile Sources
COMMENTS: New on	oner for 3	months. Left perc	. dry cleaner
	ermit notificati	•	
The Annual Compliance Certifica	ation form has been properly	certified and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION	N:	(Approximate)	
INSPECTION CONDUCTED	BY: Ilka E		
INSPECTOR'S SIGNATURE:	Ilha Bw	PHONE NUMBER:	836-9524
	D	200	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTIO	COMPLAINT/DISCOVERY
responsible official: Santokh	ntry Cleaners
PART I: NOTIFICATION	\(\text{\tint{\text{\tint{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\tint{\texi}\tinz{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\tint{\text{\text{\text{\text{\texi}\tint{\texitit{\text{\text{\texi}\titt{\text{\texi}\tittit{\text{\texi}\tint{\texi}\ti
(check appropriate box) 1. New facility notified DARM 30 days prior to star 2. Facility failed to notify DARM to use general per	·
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	☐ No notification form ☐ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
both types, $x < 140$ gal/yr (constructed before 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, $x < 140$ gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr
both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source □ dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	both types, $x < 140$ gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr
both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a ge	both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ 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 $12/9/91$) $\square Y \square N \square Can not determine$ cation:

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) אמם מם אמ 1. Storing perchloroethylene in tightly sealed and impervious containers? Y ON ONA 2. Examining the containers for leakage? Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at Y IIN IIN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber CIY CIN DXV/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) 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 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?

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?	ΠY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	
	Is the temperature differential equal to or greater than 20° F?	ΠY	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?	ΩY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppin?	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?	ΟY	ПΝ	□N/A
_			_••	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПΝ	ÖN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	□N/A

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

P	ART VI: LEAK DETECTION AND I	REPAIRS				
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?	5 t		Φ\vec{λ} □N		
2.	Has the facility maintained a leak log?		•	MY ON		
3.	Does the responsible official check the	following areas for leaks				
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	MY ON ON/A		
	Door gaskets and scating	QA ON ONY	Stills	OY ON ON/A		
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	MY ON ON/A		
	Pumps	QY ON ON/A	Diverter valves	MY ON ON/A		
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DAY ON ON/A		
	Water separators	DY ON ON/A				
4.	Which method of detection is used by t	he responsible official?				
	Visual examination (condensed se	olvent on exterior surface	s)	6		
	Physical detection (airflow felt th	rough gaskets)		1		
	Odor (noticeable perc odor)			Ø		
	Use of direct-reading instrumenta	ntion (FID/PID/calorimetr	ric tubes)			
	Halogen leak detector		•			
	If using direct-reading instr	umentation, is the equip	oment:	EN/A		
	a. Capable of detecting	pere vapor concentrations	s in a range of 0-500 ppm?	OY ON		
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and	after each use	מם עם		
	c. Inspected for leaks ar	nd obvious signs of wear o	on a weekly basis?	מט עם		
	•	ecure area when not in us		OY ON		
	c. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	OY ON		
	. •					
_	Ilka Bundy					
	Inspector's Name (Please Pri	nt)	Date of Inspe	ection		
	Uka Bund					
_	Inspector's Signature	 .	Approximate Date of	Next Inspection		

Given 1999 Dry Cleaner Compliance Calendar.

Mr. Panesar called Tallahassee to get his AIRS ID#. He gave me the number when I arrived for the reinspection.

I have checked the ARMS to werify the #. M. 1/8/99.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL [COMPLA	INT/DISCOVERY	RE-INSPECTI	ои 🛂
TIME IN: 0900	TIME OUT:	0930	AIRS ID#:	0951200	
TYPE OF FACILITY: Dry	Cleaner				
FACILITY NAME: TOWN	N Country	Cleane	rs	DATE: 1/8/	199
FACILITY LOCATION: 145				-/-/	
1	nter Park .		79.2		
	Santokh Pane	sar	РНОПЕ ПИМВ	ER: 407-679-11	15
ليبيا	the compliance requirements.		_ ·	facility is found to be in	
Based on the results of t discrepancies were note	he compliance requireme d:	ents evaluated c	luring this inspection, the	following compliance	
COMPLIANCE REQU	JIREMENT/PROB	LEM	FOLLOW-UP AC	CTION REQUIRE)
	,				
·					
				·	
					
COMMENTS:					·
Facility	in order	•			
The Annual Compliance Certific	ation form has been prop	perly certified a	nd submitted to the inspe	ctor. YES 1	NOU
DATE OF NEXT INSPECTIO	N:	8 / 200) <u>(</u>		• ,
INSPECTION CONDUCTED	RV: III	(Approx	val.		`
Mar Ection Compacted	\[\frac{1}{1}\]	(Please	Print)	421 CAE	
INSPECTOR'S SIGNATURE	: Juna	Bundy	PHONE NUME	ER: 836-45	47
		Page \int of	1.	- R	evised 10/96

Orange County Environmental Protection Department

AIRS ID#: 095/200	All	Revised 10/10/96
ANNUAL COMPLI	QUALITY GENERAL PERMI	
FACILITY NAME: Town & Country FACILITY LOCATION: 145 University	Cleaners	DATE: 8/4/29
FACILITY LOCATION: 145 University	y Park Drive	Silver Moring
Annual Reporting Period: 12/10	1998 TO 1/8	1998
Based on each term or condition of the Title V general air 62-213.300, Florida Administrative Code (F.A.C.), during		
If NO, complete the following:		
#1. Term or condition of the general permit that has not be	been in continuous compliance during the repor	ting period stated above:
Exact period of non-compliance: from	to	<u>.</u>
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:	· · · · · · · · · · · · · · · · · · ·	
#2. Term or condition of the general permit that has not b	been in continuous compliance during the repor	ting 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 informade in this notification are true, accurate and complete, upon rolling averages of purchase receipts, does not exce year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Pri	Further, my annual consumption of perchloro	ethylene solvent, based

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

Page ____ of __/_.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO		COMPLAINT/DI	DEL Bureau & N	REC C
AIRS 1D#: 0951200	DATE: 12-10-9	TIME II	v: 0910 T	IMEOUT:	3930
FACILITY NAME: TOW	n and Co	ountry (leaners	Monitor	999
FACILITY LOCATION:	45 Univer	rsity Pa	rk Drive	toring ces	O
	Winter			- 170	
RESPONSIBLE OFFICIAL :	Santokh	Panesar	PHONE: 40	7-679-	1115
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION					
(check appropriate box)	 				
1. New facility notified DARM	30 days prior to star	rtup			a l
2. Facility failed to notify DAR	M to use generai per	mit			a
PART II: CLASSIFICATION	7				
Facility indicated on notificati	on form that it is:	•	☐ No notification		
(check appropriate box) A.		•	☐ Drop store/out	of business/po	etroleum
1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	yr	2. New small a dry-to-dry only, transfer only, x both types, x < (constructed on	x < 140 gal/yr < 200 gal/yr	12	
3. Existing large area sour dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$)	,100 gal/yr 0 gal/yr gal/yr	transfer only, 20 both types, 140	rea source 140 ≤ x ≤ 2,100 ga 10 ≤ x ≤ 1,800 gal/y ≤ x ≤ 1,800 gal/yr or after 12/9/91)		
5. This is a correct facility cl	assification	DY DN	□Can not determ	ine	
	appropriate classific ty qualified for a gen ty exceeds above lin	neral permit as nu		ove ermit	
B. The total quantity of perchlo facility was A gallons.	roethylene (perc) pu	rchased within the	e preceding 12 mon	ths by this dry	cleaning

AKMS 1274-99 180

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? MY ON ON/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 ENY DIN DIN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DN/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) 1. Equipped all machines with the appropriate vent controls? DY 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 DY 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 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?	QΥ	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	QY	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?	ПY	ΠN	□N/A
İ	Is the perc concentration equal to or less than 100 ppm?	\Box Y	ΠN	□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?	ΩY	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ŪΥ	ДΝ	□N/A

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

PART	VI: LEAK DETECTION AND R	EPAIR	S			
1. Do	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
ins	pection?			•	eay □n	
2. Has	s the facility maintained a leak log?				DY DN	
3. Do	es the responsible official check the f	following	g areas for leaks?			
	Hose connections, fittings, couplings, and valves	ØY C	DN DN/A	Muck cookers	DY ON ON/A	
	Door gaskets and seating	DZY C	DN □N/A	Stills	MY ON ON/A	
	Filter gaskets and seating	Z Y C	IN IN/A	Exhaust dampers	MY ON ON/A	
	Pumps		DN □N/A	Diverter valves	DY ON ON/A	
	Solvent tanks and containers	ZZY C	N □N/A	Cartridge filter housings	ØY ON ON/A	
	Water separators	BY C	DN □N/A			
4. Wh	ich method of detection is used by th	ie respoi	nsible official?		. /	
	Visual examination (condensed so	lvent on	exterior surfaces)		a	
	Physical detection (airflow felt thr	ough ga	skets)			
	Odor (noticeable perc odor)				2	
	Use of direct-reading instrumentat	tion (FIE	D/PID/calorimetric	tubes)		
	Halogen leak detector		•	•		
	If using direct-reading instru	ımentat	ion, is the equipme	ent:	ŒN/A	
	a. Capable of detecting p	erc vapo	or concentrations in	a range of 0-500 ppm?	OY ON	
٠	b. Calibrated against a st (PID/FID only)?	andard g	gas prior to and afte	er each use	OY ON	
	c. Inspected for leaks and	d obviou	is signs of wear on	a weekly basis?	OY ON	
	d. Kept in a clean and se		_		חם עם	
	e. Verified for accuracy				OY ON	
			11-			
	Ilka Bundy			12-10-99		
	Inspector's Name (Please Print) Date of Inspection					
	Ilka Bund			12-10-200	<u>'</u>	
	Inspector's Signature		-	Approximate Date of	Next Inspection	

ADDITIONAL SITE INFORMATION:

Orange County Environmental Protection Department

AIRS ID#: 0951200

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ARMS 99 12-14-99

	1	\sim	· · · · · · · · · · · · · · · · · · ·	
FACILITY NAME: Town and				DATE: 18/11-99
FACILITY LOCATION: 145 Un.	iversity F	Park Drive		<u> </u>
Winter	Park F	L 32792	_	
Annual Reporting Period:	. 10	19 <u>98</u> то	Dec. 10,	19.99
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		* *	-	
If NO, complete the following:				
#1. Term or condition of the general permi	t that has not been i	n continuous complia	ince during the report	ing 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 permi	that has not been i	n continuous complia	ince during the report	ing 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, made in this notification are true, accurate upon rolling averages of purchase receipts, vear for transfer or combination facilities.	and complete. Fur	ther, my annual const	uniption of perchloroe	ethylene solvent, based
responsible official: Saw7		ภ	Jan	12-11-99.
Na	me (Please Print)		Signature	Date

Page _ l of _ l .

^{*}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

Administration of the second

TYPE OF INSPECTION:	ANNUAL 🔽	COMPL	AINT/DISCOVERY	RE-INSPECTION
TIME IN: 0910	TIME OUT:	0930	AIRS ID#:	0951200
TYPE OF FACILITY: Dry	Cleaner		· .	
FACILITY NAME: TOWN	and (ountry	Cleaner	٠5	DATE: 12-10-99
FACILITY LOCATION: 143			31vd.	,
	nter Park, 1	FL 32	79.2	_
RESPONSIBLE OFFICIAL:		anesar	<u>-</u>	r: 407-679-1115
	the compliance requirements		during this inspection, the code (F.A.C.).	acility is found to be in
Based on the results of discrepancies were note	-	ents evaluated	during this inspection, the	following compliance
COMPLIANCE REQ	UIREMENT/PROB	LEM	FOLLOW-UP AC	TION REQUIRED
	<i>*</i>			
	,			
· · · · · · · · · · · · · · · · · · ·				
				·
,				
COMMENTS:				
_	lity in con	mplian	C.	
The Annual Compliance Certifi	cation form has been prop	perly certified	and submitted to the inspec	tor. YESV NO
DATE OF NEXT INSPECTIO	DN:	12-10 -	2000 eximate)	
INSPECTION CONDUCTED	BY:	Ilka T	Bundy	
INSPECTOR'S SIGNATURE	: Alka		e Print) PHONE NUMBE	er: 836-1400
		0,	f (.	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

 \mathbf{Q}

TVPE	ΩR	INSPECT	rion.
1111	Vr.	INSI EU	WIT.

ANNUAL

RE-INSPECTION	N U PER A
AIRS 10#: 0951200 DATE: 1-19-0	TIME IN: 1055 Time out 1/20
FACILITY NAME: Town and Countr	
FACILITY LOCATION: 145 Univers	ity Park Drive
Winter Par	k FL 32792
responsible official: Santokh	Panesar PHONE: 407-679-1115
CONTACT NAME:	PHONE:
	·
PART I: NOTIFICATION	
(check appropriate box)	
New facility notified DARM 30 days prior to start	tup
2. Facility failed to notify DARM to use general per	mit D
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box) A.	☐ Drop store/out of business/petroleum
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr	transfer only, x < 200 gal/yr both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source
	dry-to-dry only, $140 \le x \le 2,100$ gal/yr
transfer only, $200 \le x \le 1,800$ gallyr	transfer only, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800$ gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	MY UN Can not determine
If no, please check the appropriate classifica	stion:
a facility qualified for a gen	
☐ facility exceeds above lim	its and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pur facility was 58 gallons.	rchased 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 ON ON/A 1. Storing perchlorocthylene in tightly sealed and impervious containers? ENY ON ON/A 2. Examining the containers for leakage? DY ON 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at MY ON ON/A least 24 hours prior to disposal? Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN 19N/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification I 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 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 DY ON ONA condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

<u></u>				
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?	ŪY	ПИ	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ΩY	ПN	ON/A
	Is the temperature differential equal to or greater than 20° F?	ŪΥ	ΠN	UN/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly			
ł	at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ŊΥ	ПN	ŪN/Λ
	Is the perc concentration equal to or less than 100 ppm?	· DY	ΩИ	UN/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?	QУ	ŪΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
	condenser coils?	(1) Y	ПN	QN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	ŪN	ON/A
	<u> </u>			

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

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection as	sd repair	
inspection?			EXY ON	
2. Has the facility maintained a leak log?	DY ON			
3. Does the responsible official check the	following areas for leaks	s?		
Hose connections, fittings, couplings, and valves	MY ON ONIA	Muck cookers	MY ON ON/A	
Door gaskets and seating	DAY ON ON/A	Stills	CY ON ON/A	
Filter gaskets and scating	DY ON ON/A	Exhaust dampers	DY ON ON/A	
Pumps	DY ON ON/A	Diverter valves	DY ON ON/A	
Solvent tanks and containers	ON ON ONY	Cartridge filter housings	DY ON ON/A	
Water separators	DAY ON ONIV		,	
4. Which method of detection is used by t	the responsible official?			
Visual examination (condensed s	5			
Physical detection (airflow felt the				
Odor (noticeable perc odor)	9			
Use of direct-reading instrumenta	۵			
Halogen leak detector		• .	Q /	
If using direct-reading instr	ØN/A			
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			DY DN	
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			OY ON	
c. Inspected for leaks ar	ıd obvious signs of wear	on a weekly basis?	OY ON	
d. Kept in a clean and so	ecure area when not in us	se?	OY ON	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			DY DN	
Ilka Bundy 1-19-01				
Inspector's Name (Please Print) Date of Inspection				
Alha Bundy 12-19-01				
Inspector's Signature Approximate Date of			Next Inspection	

ADDITIONAL SITE INFORMATION:			
		. •	
	·		
			. •
Very Clean.			



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

YEWS 1-10-01

PACILITY NAME: Town and	Country	Cleaners		DATE: 01-19-01
PACILITY LOCATION: 145 Univ				DAIE
SACILITY LUCATION: 110 Only	D 1, I)	27767		
Winter	Park, FL	- 36/14		
Annual Reporting Period: Decemb)er	20-1999 TO HS	December	20 00
3ased on each term or condition of the Title 52-213.300, Florida Administrative Code (F.				
If NO, complete the following:				·
#1. Term or condition of the general permit	that has not been in co	ontinuous compliand	ce during the reporti	ng 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 t	that has not been in c	ontinuous complian	ce during the reporti	ng period stated above:
Exact period of non-compliance: from		1	to	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, be in this notification are true, accurate and con purchase receipts, does not exceed 2,100 gall combination facilities. RESPONSIBLE OFFICIAL: Name	mplete. Further, my a	annual consumption	of perchloroethylene	e solvent, based upon

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

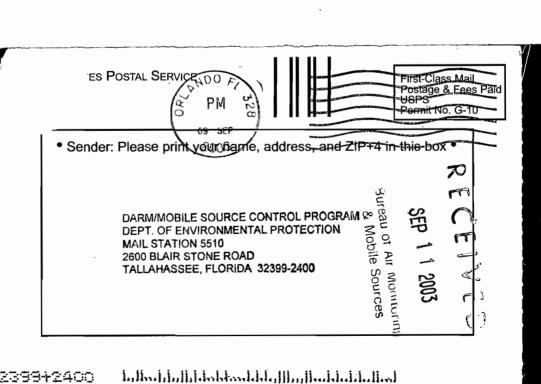
TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: AT	NUAL of CO	OMPLAINT/DISCOVERY	RE-INSPECTION	
TIME IN: 1055	TIME OUT: //	20 AIRS ID#:	0951200	
TYPE OF FACILITY: Dry Cle	eaner			
FACILITY NAME: Town ar		Cleaners	DATE: /-/9-0/	
	niversity Park			
	r Park FL	32792	112	
RESPONSIBLE OFFICIAL: Sar	itokh Panesa	PHONE NUMB	ER: 407-679-1115	
Based on the results of the co compliance with DEP Rule 62	·	luated during this inspection, the strative Code (F.A.C.).	facility is found to be in	
Based on the results of the co discrepancies were noted:	mpliance requirements eva	luated during this inspection, the	following compliance	
COMPLIANCE REQUIRE	EMENT/PROBLEM	FOLLOW-UP AC	CTION REQUIRED	
			•	
COMMENTS				
COMMENTS:				
Facility in compliance.				
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO				
DATE OF NEXT INSPECTION:		19-01 Approximate)	·	
INSPECTION CONDUCTED BY:_	The Find (
INSPECTOR'S SIGNATURE:	Alka Bund		BER: 407-836-1400	

Revised 10/96

3605	CI (Do	mestic Mail C	D MAIL™ RECEIPT Only; No Insurance Coverage Provided))
<u>+</u>	For	delivery inform	ation visit our website at www.usps.com	
0344		OFF	FICIAL USE	/
		Postage	\$ (9)	<u>\Z</u>
000		Certified Fee	Way.	10
		eturn Reciept Fee sement Required)	Restmarker Market	
500	Restri (Endon	icted Delivery Fee sement Required)		
	Tot		0951200001AG	
7003	Sent		COUNTRY CLEANERS	
7		SAMTOKE	1 S PANESAR	ſ
•	Stree or PC		ERSITY PARK DRIVE	
	City,	WINTER P	PARK, FL 32792	
	PS For	mr3800;%June <u>(</u> 2002	See Reverse for Instru	ctions

í				
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X Paneoco: B. Received by (Printed Name) PARAMJET PANEOCO D. Is delivery address different from item 1? Yes			
1. Article Addressed to: 10 = 09STE000ETAG TOWN & COUNTRY CLEANERS SAMTOKE S PANESAR	If YES, enter delivery address below:			
145 UNIVERSITY PARK DRIVE WINTER PARK, FL 32792	3. Service Type			
	4. Restricted Delivery? (Extra Fee) ☐ Yes			
↑ <u>₹₩₽₽₽</u> ₩₽₽₽₩₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽				
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540				





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

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TOTAL AMOUNT DUE: \$50.00

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AIRS 1D#0951200

TOWN & COUNTRY CLEANERS SAMTOKH S PANESAR 145 UNIVERSITY PARK DRIVE WINTER PARK FL 32792

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001



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

TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0951200 **TOWN & COUNTRY CLEANERS** SAMTOKH S PANESAR 145 UNIVERSITY PARK DRIVE WINTER PARK FL 32792

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

TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0951200

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GENGRAL PREMITS SECTION

BURGAN OF AIR MONITORING & HOBIL SOURCE, MS 5510

DEPENDENTMENT OF PHURONMENTAL PROTECTION

3600 BLAIR STONE ROAD, TAZEAHA SSER, FL 32399-2400.

Authoridathdaladaudhaladhalladhalladhalladhal