

### Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

September 23, 1996

Mr. Madan Kanakamedala SLG Enterprises, Inc. 668 Dilido Street Northeast Palm Bay, Florida 32907

Dear Mr. Kanakamedala:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 21, 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,

Potty Diltz, Chief Bureau of Air Monitoring

and Mobile Sources

/DD

cc: Mr. Louis Nichols, Central District

## #0090146 R.O. signed

	Classic Cleaners
	-spoke with Kalpana Kanakamedala 9/10/96
p./3	6 need title - President 9 need title - Vice-President
P.14	1.(c) mark out "X" and initial 3. should be new small area source
p./5	4. Should be new small area source
,	Wrefrig. con. 5.(c) required 5.(f) required
·	:

#### Perchloroethylene Dry Cleaning Facility Notification

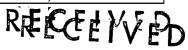
#### **Facility Name and Location**

1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):							
	SLG Enterprises Inc.							
2.	Site Name (For example, plant name or number):							
	CLASSIC CLEANERS							
3.	Hazardous Waste Generator Identification Number:							
4.	Facility Location: PALM BAY							
	Street Address: 1851, #2, PALMIBAY Rd, City: PALM BAY County: BREVARD Zip Code: 32905							
	City: PALM BAY County: BREVARD Zip Code: 32905							
<b>5.</b>	Facility Identification Number (DEP Use):							
	Responsible Official							

(6 <sup>3</sup> )	Name and Title of Responsible Official:  MADAN KANAKAMEDALA
7.	Responsible Official Mailing Address: Organization/Firm: SLG Enterprises Anc. Street Address: 668, DILIDO ST, NE
	Street Address: 668, DILIDO ST, NE City: PALM BAY County: BREVARD Zip Code: 32907
	THER ON
8.	•
	Telephone: (ψο) 768 - 0838 Fax: ( ) -

#### Facility Contact (If different from Responsible Official)

(9) Name and Title of Facility Contact (For example, plant manager):	
KALPANA RANAKAMED	ALA
10. Facility Contact Address:	
CLASSIC CLEANERS	
Street Address: 185), #2, PALM BAY Rd.	1
City: PALM BAY County: BREVAR	D Zip Code: 32905
11. Facility Contact Telephone Number:	
	) -
	سيمر



FAULUG 2 1 1996

Bureau of Ar Manitoring
Difference of Air Megitoring
Mobile Sources

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

#### **Facility Information**

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

Type of Machine  Example  Dry-to-Dry Unit  (1) w/ ref. condenser  (2) w/ carbon adsorber  (3) w/ no controls  Washer Unit  (4) w/ ref. condenser	#1 #1 V		Control Device Installed  12-NOV-93	ID #2	Machine Initially Purchased	Control Device Installed	ID #3	Machine Initially Purchased	Control Device Installed
Example  Dry-to-Dry Unit  (1) w/ ref. condenser  (2) w/ carbon adsorber  (3) w/ no controls  Washer Unit	#1	Purchased 03-OCT-93	Installed 12-NOV-93		Purchased			Purchased	Installed
Example  Dry-to-Dry Unit  (1) w/ ref. condenser  (2) w/ carbon adsorber  (3) w/ no controls  Washer Unit	#1	03-OCT-93	12-NOV-93		<u> </u>	installed			
Dry-to-Dry Unit (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls  Washer Unit	#1			#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
(1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls  Washer Unit	-	APR-95	APR-95						
(2) w/ carbon adsorber (3) w/ no controls Washer Unit	· .		1					•	
(3) w/ no controls Washer Unit	~								
Washer Unit									
(4) w/ ref. condenser		•		•	•				
1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			•	•	•			•	•
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit						•		• •	٠.
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are required, but not yet installed]  © No control devices are required to be installed									
(Indicate with an "X".  Existing small an Existing large ar	Selec ea so	t one classifi urce [ <u> </u>	cation only.) Ne	ew sn	nitions found nall area sour	ce []	3) of	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 14 of 16

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 o 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							
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:							
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:							
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							
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							
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  Refrigerated condenser temperature monitoring							

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

#### Surrender of Existing Air Permit(s)

Please indica	te with an "X" the appropriate selection:									
	I hereby surrender all existing air permits a facility indicated in this notification form;									
	No air permits currently exist for the operathis notification form.	tion of the facility indicated in								
	Responsible Official Certification									
this notif statemen maintain	ication. I hereby certify, based on information ts made in this notification are true, accurate the air pollutant emissions units and air polli	ned in Part II of this form, of the facility addressed in n and belief formed after reasonable inquiry, that the and complete. Further, I agree to operate and ution control equipment described above so as to ermit as set forth in Part II of this notification form.								
		o the information contained in this notification.								
<u> </u>	Madan Mohan.	8-16-96 Date								
Signature		Date								

1.	Fac	-spoke with Kalpana Kana Kamedala 9/10/96	<u>-</u>
	ĺ	7/10/70/	
2.	Site	p.13 6 need title - President	
3.	Haz	p.13 6 need title - President 9 need title - Vice-President	
		THE I (a) mank out 11V/1 and in the	
4.	Fac Str Cit	P.14 1.6 mark out "X" and initial 3. Should be new small area source P.15 4. Should be new small area source	
5.	1	p.15 4. Should be new small area source	.905 
	ı ac	W/refrig. con. 5.(c) required	
and the second second	** 200.00	5.(C) required	
(6)	Nan	5.(f) required	
,0,7			_
	Rest Org	Corrections rade 11/15/96 55	
	Stree City		32907
	Resp		
7	rele-	AX.	
9, N	Name	and Title of Facility Contact (For example, plant manager):	
10 5		KALPANA KAMAKAMEDALA	
S		CLASSIC CLEANERS  Address: 1851, #2, PALM BAY Rd,  PALM BAY  County: BREVARD  Zip Code: 320	905
11. F T	acilit elepl	ty Contact Telephone Number:	
	•	rax: ( ) -	

## REICELIVED

FAUAUG 2 1 1996

Burgau of Air Manitoring Mobile Sources

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
	SLG Enterprises Inc.						
2.	Site Name (For example, plant name or number):						
	CLASSIC CLEANERS						
3.	Hazardous Waste Generator Identification Number:						
4.	Facility Location: PALKI BAY						
	Street Address: 1851, #2, PALMIBAY Rd.						
	Street Address: 1851, #12, PALMIBAY Rd. City: PALM RAY County: BREVARD Zip Code: 32905						
5.3	Facility Identification Number (DEP Use)						
4	0090146115312541515						
	Responsible Official						

6.	Name and Title of Responsible Official:	
	MADAN KANAKAMEDALA	PRESIDENT INITIAL
7.	Responsible Official Mailing Address:	
	Organization/Firm: SLG Enterprises Inc. Street Address: 668, DILIDO ST, NE	
	Street Address: 668, DILIDO SI, NE	
	City: PALM BAY County: BREVARD	Zip Code: 32907
8.	Responsible Official Telephone Number:	
	Telephone: (407)768 - 0838 Fax: ( )	-

#### Facility Contact (If different from Responsible Official)

9.	Name and Title of Facility Contact (For example, plant manager):  KALPANA KAMEDALA V. PRESIDENT	11136
	D. Facility Contact Address:  CLASSIC CLEANERS  Street Address: 1851, 井2, PALM BAY Rd,  City: PALM BAY County: BREVARD Zip Code: 32905	
11	Facility Contact Telephone Number: Telephone: (407) 725-0745 Fax: ( ) -	

RECEIVED

AUG 2 1 1996

#### **Facility Information**

I.(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 Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit	#1	APR-95	APR-95					•	
(1) w/ ref. condenser	~								
(2) w/ carbon adsorber	7								
(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				ļ					
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control of the	are requant	equired to be ity of perchlo ons ow many? [_	installed [_ oroethylene (	perc)	JEMB1946	n the latest 12			[ ]
3. What is the facility's so (Indicate with an "X".  Existing small ar	urce Selec ea so	classification of one classifi urce [**E**]	based on the cation only.)	e defi	nitions found	d in section (	3) of	·	
Existing large are	ea soi	urce	Ne	ew lai	rge area sour	ce			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machin (Indicate with an "X".)	es pursuant to section (5) of Part II of this notification form?
Existing large area source  Carbon adsorber  []	Refrigerated condenser []
New small area source Refrigerated condenser  New large area source	¢16
New large area source Refrigerated condenser []	
to Rule 62-213.300, F.A.C. Verify that all steam exemption criteria or that no such units exist on-site (hoiler HP or less), and (2) are fired exclusively by during which propane or fuel oil containing no me	l) have a total heat input of 10 million BTU/hr or less (298 onatural gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring	g and Recordkeeping Information
Check all logs which are required to be kept on-si	e 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	EX 1 1/13/96
(d) Carbon adsorber exhaust perc concentration m	onitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[X] #13 96

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

#### Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statemeni maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification cre true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
	Madan Mohan  S-16-96  Date 11-15-96



#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY	<u> </u>
AIRS ID#: <u>0090146</u> DATE: 11/12/ FACILITY NAME: <u>Classic</u> Clea FACILITY LOCATION: 1851 #2 Palm Bay		1:45
PART I: NOTIFICATION		
(check appropriate box)		
1. Existing facility notified DARM by 9/1/96		Ø
2. New facility notified DARM 30 days prior to st	artup	
3. Facility failed to notify DARM to use general p	ermit	<u> </u>
PART II: CLASSIFICATION		
A.  1. Existing small area source dry-to-dry only, x<200 gal/yr both types, x<140 gal/yr both types, x<140 gal/yr	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 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>(constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2,>	(constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>	
This is a correct facility classification	AA ON	
If no, please check the appropriate classification:  facility qualified for a general perfacility exceeds above limits and  B. The total quantity of perchloroethylene (perc)	is not eligible for a general permit	fry cleaning

1 of 4

## Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber 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?	AY DN
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	AND NO YO
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	XY ON ON/A
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	AY ON
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	AN ON
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	MY ON.

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
Is the temperature differential equal to or greater than 20° F?	OY ON
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	□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?	OY ON
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained respirate for news numbered?	MY DV

PART V: RECORDKEEPING REQUIREMENTS	_
Has the responsible official: (check appropriate boxes)	`
1. Maintained receipts for perc purchased?	ν DN ΣΣ
2. Maintained rolling monthly averages of perc consumption?	XX □N
3. Maintained leak detection inspection and repair reports for the following:	\
a. documentation of leaks repaired w/in 24 hrs? or;	DA <b>X</b> M
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?	אם צם
4. Maintained calibration data? (for direct reading instruments only)	AVA NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	□Y <b>Ž</b> W
6. Maintained startup/shutdown/malfunction plan?	DX / AM
7. Maintained deviation reports?	OA <b>B</b> IN
Problem corrected?	OY ON MAN
8. Maintained compliance plan, if applicable?	OY OX N/A

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	NO AB

		_				
2.	Which method of detection is used by	the respon	nsible offic	cial?	_ ^	
	Visual examination (condensed	solvent on	exterior s	surfaces)	T	
	Physical detection (airflow felt	through ga	skets)		<b>∑</b>	
	Odor (noticeable perc odor)				BK	
	Use of direct-reading instrumen	tation (FII	D/PID/calo	orimetric tubes)		
	If using direct-reading instruc	nentation,	is the equ	uipment:		
	a. Capable of detecting	g perc vapo	or concent	rations in a range of 0-500 ppm?	ΠY	ПΝ
	<ul><li>b. Calibrated against a (PID/FID only)?</li></ul>	standard	gas prior t	o and after each use	ΟY	□и
	c. Inspected for leaks	and obviou	s signs of	wear on a weekly basis?	ΠY	ПN
	d. Kept in a clean and	secure are	a when no	ot in use?	ΠY	ΠN
	e. Verified for accurac	y by use of	f duplicate	samples (calorimetric only)?	ΠY	□N
3.	Has the facility maintained a leak log	?			ΩY	□N
4.	Does the responsible official check th	e followin	g areas for	leaks?		
	Hose connections, fittings, couplings, and valves	ÞÝ	□N	Muck cookers	\æ§	ПN
	Door gaskets and seating	- Ax	ΠN	Stills	<b>A</b>	ПN
	Filter gaskets and seating	TAY	□N	Exhaust dampers	XY	ПП
	Pumps	Y	□N	Diverter valves	) Ax	ПИ
	Solvent tanks and containers	ZY	□N	Cartridge filter housing	s XY	ПΝ
	Water separators	<b>A</b> Y	□N			
				•		

Name of Responsible Official	W. b(
Inspector's Name (Please Print)	Date of Inspection
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
·		
•		
·		
· ·		
· ·		
·		
	·	

ATRS ID#: 0090144

Revised 09/15/97

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

	1	1 \	
facility name: CLacsic	Cleamers	DATE: 16 98	_
FACILITY LOCATION: 1851 PC	alon Bay Rd	NE	
palon Bay FL	_		
Annual Reporting Period:	Dec 31 1996 TO	Dec 31 196	<u>17</u>
Based on each term or condition of the Title V gene	ral 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 ha	s not been in continuous com	pliance during the reporting period stated above:	:
	Records Ker	Pt	
Exact period of non-compliance: from	· ·	to Dec 97	
Action(s) taken to achieve compliance:	will keep	p Rocord	
		s Provided	
#2. Term or condition of the general permit that ha	as not been in continuous com	pliance during the reporting period stated above	et.
Exact period of non-compliance: from		to RECEIVED	
Action(s) taken to achieve compliance:		FEB 4 1998	<del>.</del>
Method used to demonstrate compliance:		Bureau of Air Monitoring & Mobile Sources	
As the responsible official, I hereby certify, based of made in this notification are true, accurate and con upon purchase receipts, does not exceed 2,100 gallocombination facilities.	mplete. Further, my annual c	consumption of perchloroethylene solvent, based	'
RESPONSIBLE OFFICIAL: Kapar Name (Ple	na Fanakameda ease Print)	b Kalpana k 1/6/98 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.

Page \_\_\_\_\_ of \_\_\_\_.

#### PERCHLOROETHYLENE DRY CLEANERS

#### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY C	
AIRS ID#:DATE:	98 time in: <u>3700</u> time out: <u>374</u>	
FACILITY NAME: Classics		
FACILITY LOCATION: 1851 Pal	In Day Road (NE)	
FACILITY LOCATION: 1851 Pal Palu Bry	FL. 32905	
RESPONSIBLE OFFICIAL: Kalpana K	ana KamedaleHONE: 407-725-0745	
CONTACT NAME:	PHONE:	
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to sta	rtup 🗆	
2. Facility failed to notify DARM to use general permit		
PART II: CLASSIFICATION		
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum	
A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	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)  Union	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/ $R$ E C E I V E transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ ) FEB 4 1998	
5. This is a correct facility classification	Can not determine Bureau of Air Monitor	

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

facility exceeds above limits and is not eligible for a general permit

facility qualified for a general permit as number \_\_\_

If no, please check the appropriate classification:

& Mobile Sources

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) -1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at Da sandre least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the XIY □N □N/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 □N □N/A condenser exceeded 45°F? No problems out-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	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	$\Box$ Y	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ПY	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box Y$	ΠN	□N/A
4.	perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ПY	□N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	□N	□N/A

### 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?	M (M)		
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?	AND NO YOK		
4. Maintained calibration data? (for applicable direct reading instruments)	a/Med no yo		
5. Maintained exhaust duct monitoring data on perc concentrations?	avy de yo		
6. Maintained startup/shutdown/malfunction plan?	XY ON		
7. Maintained deviation reports?	XY ON ON/A		
Problem corrected? No problems new	OY ON X(N/A		
8. Maintained compliance plan, if applicable?	A/N/K		

#### PART VI: LEAK DETECTION AND REPAIRS

1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?				XY	□N
2.	Has the facility maintained a leak log?				ПY	<b>≥</b> €V
3.	Does the responsible official check the f	following a	areas for leaks?			
	Hose connections, fittings,					
	couplings, and valves	φy ον	I □N/A	Muck cookers	фу	□N □N/A
	Door gaskets and seating	dy Or	N □N/A	Stills	фу	□N □N/A
	Filter gaskets and seating	φy οι	N □N/A	Exhaust dampers	фY	□N □N/A
	Pumps	DY ON	N □N/A	Diverter valves	фу	□N □N/A
	Solvent tanks and containers	φλ ον	N □N/A	Cartridge filter housings	фλ	□N □N/A
	Water separators	dy or	N □N/A			
4.	Which method of detection is used by the	ne respons	ible official?			_
	Visual examination (condensed so	lvent on e	exterior surfaces)		Ø	_
	Physical detection (airflow felt thr	ough gask	tets)		Ø	
	Odor (noticeable perc odor)					
	Use of direct-reading instrumenta	tion (FID/	PID/calorimetric	tubes)		
	Halogen leak detector				Ø	
	If using direct-reading instru	umentatio	n, is the equipm	nent:		/A
	a. Capable of detecting p	erc vapor	concentrations is	n a range of 0-500 ppm?	ПY	□N
	<ul><li>b. Calibrated against a s (PID/FID only)?</li></ul>	tandard ga	as prior to and af	ter each use	ΟY	ΩN
	<ul> <li>c. Inspected for leaks an</li> </ul>	d obvious	signs of wear on	a weekly basis?	ПY	□N
	d. Kept in a clean and se	cure area	when not in use?	?	ПY	□N
	e. Verified for accuracy	by use of c	duplicate samples	s (calorimetric only)?	ΠY	□N

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
·		
	•	
		. •
		•
	,	

and

RECEIVED

RESULTATIONS

RUTE SUNDINE SOUTCES

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

AIRS ID 0090146 SLG ENTERPRISES INC MADAN KANAKAMEDALA 668 DILIDO STREET NE PALM BAY FL 32907

Do NOT Remove Label

	20 1101			
Annual Reporting Period: 2 - 1	6 — 19	<u>9</u> 8 то	2-15	1999
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		•		DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in continu	ous compliance duri	ng the reporting p	eriod 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 continu	ous compliance duri	ng the reporting p	eriod stated above:
Exact period of non-compliance: from		to		
Method used to demonstrate compliance:				. ·
As the responsible official, I hereby certify, bas notification are true, accurate and complete. F does not exceed 2,100 gallons per year for dry-t	uriner. mv annuai consumnti	OH Of Derchloroethylen	a calvant bacadus	
RESPONSIBLE OFFICIAL: MADA	U KANAKAMEDA ne (Please Print)	CA K. Hodo Signa	an Moha	~ 2/16/98 Date

<sup>\*</sup>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 INSPECTION SUM	
TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 3:00TIME OUT: 3:45	AIRS ID#: 009 & 46
TYPE OF FACILITY: Dry Z/caning	
FACILITY NAME: CLASSIZ Cleaners	DATE: 1/8/98
FACILITY LOCATION: 1851 Palm Bay Ros	Ld .
Palm Bay, FL. 3.	2935
RESPONSIBLE OFFICIAL: Kalpana Kanakan	nedala_phone number: 407-725-6744
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No leak log, perc log, or condense	leep logs
temp wy.	
	·
	· · · · · · · · · · · · · · · · · · ·
•	
	RECEIVED
·	1, 2 0 2
	FEB 1998
COMMENTS:	Bureau of Air Monitoring
Relatively small facility	& Mabile Sources
The Annual Compliance Certification form has been properly certification.	tied and submitted to the inspector. YESL NOLL
BALL OF REAL HISTECTION:	proximate)
	Durest 1
	ease Print)

INSPECTION CONDUCTED BY:

(Please Print)

INSPECTOR'S SIGNATURE:

Page of Revised 10/96

BEST AVAILABLE COPY INSPECTION SUM	MARY REPORT
TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION PLAINT/DISCOVERY
TIME IN: 12:00 TIME OUT: 12:35	5AIRS ID#: 909 0146
TYPE OF FACILITY: CLASSIZ CLANERS /	Dryckaning
FACILITY NAME: 1851 Palm Bay &	DATE: 3/19/98
FACILITY LOCATION: Palen Buy, El.	32905
RESPONSIBLE OFFICIAL: Kalpana Kanaki	Medalar PHONE NUMBER: 725-0745
Eased on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	ted during this inspection, the facility is found to be in trive Code (F.A.C.).
Based on the results of the compliance requirements evalual discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·
	A 1 998 To Inding Mobile Sources
	irces Intering
	1
COMMENTS: Reinspected, facility had kept le where to read the time condenser ech w mechaniz-will let me k	eale at perc logs- She was unsure - Showed har - wants to double non When she does, will fax me temps.
The Annual Compilance Certification form has been properly certification	fied and submitted to the inspector. YES NOX
DATE OF NEXT INSPECTION: 5/18 (Ap	proximate)
INSPECTION CONDUCTED BY:  SAADIA & (P)	ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 893.3333

Revised 10/96

1/10

Priet (Oth deaning)

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	□ co	OMPLAINT/DISCOVE	THE MADE AND SECOND
	Colpana K	Palm Ba Palm Ba	Brevard Rd NE Bay A 3 Hand HONE: 725	County ) 3
(check appropriate box)  1. New facility notified DARM  2. Facility failed to notify DARM				<u> </u>
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \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)  5. This is a correct facility of the fac	ce	New small area- to-dry only, x < 2 h types, x < 140 nstructed on or  New large area- to-dry only, 14 nsfer only, 200 h types, 140 < 2 nstructed on or  Y	<pre>140 gal/yr 100 gal/yr 200 gal/yr after 12/9/91)  a source 0 \le x \le 2,100 gal/yr \le x \le 1,800 gal/yr after 12/9/91)  Can not determine  ber above</pre>	Union >

## Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber 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 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?

MY □N

VZY ON ONA

XIY UN UNIA

AM ON ON/A

UN YA

TA AW

DY XN DN/A

MD AM

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	עם אם
2. Measured and recorded the washer exhaust temperature at the condenser	
inlet and outlet weekly?	AVMD MD YD
Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	AVAD ND YD
Is the perc concentration equal to or less than 100 ppm?	QY QN QN/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
or expansion; and downstream from no other inlet?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	באמם מם צם
6. Routed airflow to the carbon adsorber (if used) at all times?	QY QN QN/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
Maintained receipts for perc purchased?	XY ON		
2. Maintained rolling monthly total of perc consumption?	Xev ⊡N		
3. Maintained leak detection inspection and repair reports for the following:	EAKS		
a. documentation of leaks repaired w/in 24 hrs? or,	AVA NO YO		
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	םע פא אלא		
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON OXIA		
5. Maintained exhaust duct monitoring data on perc concentrations?	AV <b>AC</b> ND YD		
6. Maintained startup/shutdown/malfunction plan?	ъ́X □и		
7. Maintained deviation reports?	XX ON ONY		
Problem corrected?	DA ON PANY		
8. Maintained compliance plan, if applicable?	אואס אם אם		

r.	PART VI: LEAK DETECTION AND REPAIRS			
1.	l. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair			
	inspection?			ΣYY □N
2.	Has the facility maintained a leak log?			PA DN
3.	Does the responsible official check the	following areas for leaks	?	•
	Hose connections, fittings, couplings, and valves	AND ND YA	Muck cookers	OY ON ON/A
	Door gaskets and seating	אואם אם צם	Stills	AVO NO YO
	Filter gaskets and seating	AINם אם צף	Exhaust dampers	אואם אם צף
	Pumps	DY ON ON/A	Diverter valves	DY ON ON/A
	Solvent tanks and containers	CY ON ON/A	Cartridge filter housings	אואם אם צם
	Water separators	QÁ ON ONVY		
4.	Which method of detection is used by	the responsible official?		
	Visual examination (condensed s	solvent on exterior surfac	es)	Ø
	Physical detection (airflow felt th	rough gaskets)		₽ _
	Odor (noticeable perc odor)			
	Use of direct-reading instrument	ation (FID/PID/calorime	ric tubes)	0
	Halogen leak detector			
	If using direct-reading inst	rumentation, is the equi	pment:	□N/A
	a. Capable of detecting	perc vapor concentration	is in a range of 0-500 ppm?	OY ON
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON
	•	nd obvious signs of wear	on a weekly basis?	OY ON
	•	secure area when not in t	•	OY ON
	•	y by use of duplicate sam		OY ON
			•	
<u>_</u>				
_		<del></del>		
	Inspector's Name (Please Pr	int)	Date of Insp	ection
-	Inspector's Signature		Approximate Date of	Next Inspection

pan? jes union THREE YEARS

opory: yes

harandons waste upon? ges

Constensate water buellet not covered, will do -

Hasnt been keep ing and senep was unseen of gage showed for will donbte check w/ manual has harardous waste in metal drum

has hazardous waste in methe (Startain ment)

East Dry deaning that Calendar.

hus been useng other forms to

She will Call me to when she is sure. @ the temp gage IN com DHANCE.

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT . COMPLIANCE INSPECTION CHECKLIST

m	ARMI:
	3/20198
	5Q

	_		_
TODE	$\sim r$	INSPECTION	Ι.
1 1 5 5.	.,.	DISERCLING	4 =

ANNUAL

☐ COMPLAINT/DISCOVERY

	N (28)
1	78 time in: 12:10 time out: 12:35
FACILITY NAME:CLASSIZ_	Cleaner (Brevard County)
FACILITY LOCATION:	I Palm By Rd NE
	Palm Bay A 32905
RESPONSIBLE OFFICIAL: Kalpana	Kanaka PHONE: 725-0745
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	RECEIVED
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	1 4 1777
2. Facility failed to notify DARM to use general per	rmit Sureau of Air Monitoring
	& Mobile Sources
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
(check appropriate box)  A.  1. Existing small area source	Drop store/out of business/petroleum  2. New small area source
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr	☐ Drop store/out of business/petroleum
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
(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	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 on or after 12/9/91)  4. New large area source
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	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 on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
(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 \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 both types, 140 \le x \le 1,800 gal/yr	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 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 both types, 140 \le x \le 1,800 gal/yr
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	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 on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr
(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 \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	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 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 both types, 140 \le x \le 1,800 gal/yr
(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 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classification facility qualified for a general constructed facility qualified facility qualified for a general constructed facility qualified fa	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 on or after 12/9/91)  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)  YY □N □Can not determine

# Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

#### PART IV: PROCESS VENT CONTROLS

#### In Part II-A:

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

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

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

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

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

1. Equipped all machines with the appropriate vent controls?

2. Equipped dry-to-iry 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?	, עם עם	
2.	Measured and recorded the washer exhaust temperature at the condenser		
	inlet and outlet weekly?	OY ON C	A/ME
	Is the temperature differential equal to or greater than 20° F?	OY ON C	A/MC
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?		AVA
	Is the perc concentration equal to or less than 100 ppm?	OY ON C	⊒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?	OY ON C	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ם אם אם	⊃N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ם אם אם	⊃N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	XY ON
2. Maintained rolling monthly total of perc consumption?	XY □N
3. Maintained leak detection inspection and repair reports for the following:	ZAKS V
a. documentation of leaks repaired w/in 24 hrs? or,	ANNA NO YO
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אואם אם צם
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON (A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A
6. Maintained startup/shutdown/malfunction plan?	Ъ́Қ. □И
7. Maintained deviation reports?	AND UD ANY
Problem corrected?	DY DN PRIV
8. Maintained compliance plan, if applicable?	AVACA NO YO

			<u>·</u>
PART VI: LEAK DETECTION AND I	REPAIRS		•
1. Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection an	id repair
inspection?			χy □N
2. Has the facility maintained a leak log?			DE ON
3. Does the responsible official check the	following areas for leaks	s?	,
Hose connections, fittings, couplings, and valves	אואם אם צם	Muck cookers	ם חס שעם אום
Door gaskets and seating	אואם אם צק	Stills	dy ON ON/A
Filter gaskets and seating	אואם אם אוא	Exhaust dampers	אואם אם אוא
Pumps	אואם אם צף	Diverter valves	AWD WD YD
Solvent tanks and containers	DY DN DN/A	Cartridge filter housings	אואם אם צב
Water separators	אואם אם אף		
4. Which method of detection is used by t	he responsible official?		
Visual examination (condensed s	olvent on exterior surfac	: <b>జ</b> )	
Physical detection (airflow felt th	rough gaskets)		₽ į
Odor (noticeable perc odor)		j	
Use of direct-reading instruments	ation (FID/PID/calorime	etric tubes)	ū
Halogen leak detector			<u> </u>
If using direct-reading instr	umentation, is the equ	ipment:	□N/A
a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	DY DN
b. Calibrated against a (PID/FiD only)?	standard gas prior to and	d after each use	ΩY ΩN
c. Inspected for leaks at	nd obvious signs of wear	on a weekly basis?	OY ON
d. Kept in a clean and s	secure area when not in	use?	NO YO
e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	□Y □N

Saadie Glirchi	3198
Inspector's Name (Please Print)	Date of Inspection
	(3) 29
Inspector's Signature	Approximate Date of Next Inspection

UNICOLY THREE YEARS

pen? jes ·

harardous waste upon? yes

Constensate water buelcet not covered, will do -

Hasnt been leep ing and tenip was unseen if gage showed for will donbte cheek w/ manual has harardres waste in metal drum (State Contain ment)

Eure Dry deaning the Calendar.

hers been useng other forms to

She will call me to when she is sure @ the temp gage IN com DHANCE.

## **BEST AVAILABLE COPY** INSPECTION SUMMARY REPORT RE-INSPECTION ? [ COMPLAINT/DISCOVERY TIPE OF INSPECTION: TIME IN: RESPONSIBLE OFFICIAL 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.). Eased on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: FOLLOW-UP ACTION REQUIRED COMPLIANCE REQUIREMENT/PROBLEM COMMENTS: Renspected, facility had kept leak it perc logs- She was unsur-finnere to read the temp condenser-Showed her - wants to doubt neck of mechanic- will let me know when she does, will fair me NOIX The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: (Approximate) AADIA INSPECTION CONDUCTED BY: (Please Print) PHONE NUMBER: 893.3333 INSPECTOR'S SIGNATURE:

Page\_\_\_of\_

Revised 10/96

258951

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

RECEIVED MAIL ROOM

**TOTAL AMOUNT DUE: \$50.00** 

JAN 24 97

Do NOT Remove Label

AIRS ID# 0090146 SLG ENTERPRISES INC MADAN KANAKAMEDALA

MADAN KANAKAMEDALA 668 DILIDO STREET NE PALM BAY FL 32907 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273

303/03 ✓

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**

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Do NOT Remove Label

ROBERT H. COTHERN ROBERT H. COTHERN P.O. BOX 156 MELBOURNE FL 32902

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

Fund: 20-2-035001 Obj.: 002273 THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

**TOTAL AMOUNT DUE: \$50.00** 

RECEIVED MAIL ROOM

FEB 20 98

Do NOT Remove Label

AIRS ID 0090146

SLG ENTERPRISES INC MADAN KANAKAMEDALA 668 DILIDO STREET NE PALM BAY FL 32907

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0358317

303107

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00 JAN 25 99

Do NOT Remove Label

ANERG ANERG

CLASSIC CLEANERS MADAN KANAKAMEDALA 668 DILIDO STREET NE PALM BAY FL 32907 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obi.: 002273

#### Z 333°613 197 **US Postal Service** Receipt for Certified Mail No Insurance Coverage Provided. AIRS ID 0090146 SLG ENTERPRISES INC MADAN KANAKAMEDALA 668 DILIDO STREET NE PALM BAY FL 32907 rvsidye **Certified Fee** Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees \$ Postmark or Date

,	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)					
<b>687</b>	4.4	in 3 Planter C. T. M				
<u>-</u>						
2 B	Postage	\$				
47	Certified Fee		Postmark			
12	Return Receipt Fee (Endorsement Required)		Here			
9200	Restricted Delivery Fee (Endorsement Required)					
2		_				
010		RS ID # 0090146001	1AG			
1	MADAN KANAK					
吕	CLASSIC CLEANERS 668 DILIDO STREET NE					
7000	PALM BAY FL 32		***************************************			
} ' -			orgo for lastructions			
			erse for Instructions			

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 th card to you.  Attach this form to the front of the mailpiece, or on the back if permit.  Write "Return Receipt Requested" on the mailpiece below the  The Return Receipt will show to whom the article was delivered.	space does not article number.	1. Addre	ces (for an ssee's Address cted Delivery
3. Article Addressed to:  AIRS ID 0090146  SLG ENTERPRISES INC  MADAN KANAKAMEDALA  668 DILIDO STREET NE  PALM BAY FL 32907	4a. Article N 4b. Service Register Express Retum Re 7. Date of D	33 613 A Type ed Mail ceipt for Merchand	(A) Certified Insured
5. Received By: (Print Name)  Signature: (Addressee or Agent)  X Kalpara K	8. Addressee's Address (Only if requested and fee is paid)		

.