Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

November 19, 1996

Mr. Vajid A. Vayda
Touch of Class Dry Cleaners
293 West Cocoa Beach Causeway
Cocoa Beach, Florida 32931

Re: Facility I.D. No. 0090148

Dear Mr. Vayda:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 1996.

Please note that in November of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is $50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Fl 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Sandra Brewer for DD

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District

VAJID A. VAYDA
d/b/a/ Touch of Class Dry Cleaners
293 West Cocoa Beach Causeway
Cocoa Beach, Florida 32931

ID#0990148

Gentlemen:

I am transferring my solely owned business at Touch of Class Dry Cleaners, 293 West Cocoa Beach Causeway, Cocoa Beach, Florida 32931 into a corporate form of ownership. The corporation will be VAJID A. VAYDA ENTERPRISES, INC.

The corporation will continue to do business under the name Touch of Class Dry Cleaners. Please advise me of any requirements you have for continuing to do business under this change of form of ownership. If this notice is satisfactory, I request that you make necessary changes in your records.

Sincerely,

Vajid A. Vayda

Department of Environmental Protection

Rick

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

February 5, 1998

Mr. Vajid A. Vayda
Touch of Class Dry Cleaners
293 West Cocoa Beach Causeway
Cocoa Beach, Florida 32931
ID# ~~0090148~~ 0090148

Dear Mr. Vayda:

Thank you for your letter received by the Department on February 2 in which you provided notification that your solely owned business was transferred into a corporate form of ownership.

In order to complete the change in our files, please provide us with the identity of the Responsible Official (RO). Identification of the RO may be provided on the enclosed Perchloroethylene Dry Cleaner Air General Permit Notification Form or in a separate letter.

Please contact Rick Butler at 850/921-9586 or me at 850/921-9583, if you have any questions regarding the program.

Sincerely,

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

SB\

Enclosure

cc: Saadia Qureshi, Central District
Rick Butler

VAJID A. VAYDA
d/b/a/ Touch of Class Dry Cleaners
293 West Cocoa Beach Causeway
Cocoa Beach, Florida 32931

ID#0990148

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The corporation will continue to do business under the name Touch of Class Dry Cleaners. Please advise me of any requirements you have for continuing to do business under this change of form of ownership. If this notice is satisfactory, I request that you make necessary changes in your records.

Sincerely,

Vajid A. Vayda

INTEROFFICE MEMORANDUM

Sensitivity: COMPANY CONFIDENTIAL

Date: 15-Mar-2000 03:34pm
From: Randall Cunningham ORL 407/894
CUNNINGHAM_R@a1.deporl.dep.state.fl.us
Dept:
Tel No:

To: Rick Butler TAL (BUTLER_R@A1)
To: Sandy Bowman TAL (BOWMAN_S@A1)

Subject: Drop Store

Hello!!
0090148 is now a drop store. Thank you!

--Randall
Central District

#0090148

P.14

1. (b) should not be marked

1. (c) should be marked

P.15

(f) should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
   VAJID A. VAYDA
2. Site Name (For example, plant name or number):
   TOUCH OF CLASS DRY CLEANERS
3. Hazardous Waste Generator Identification Number:
   FLD 984259846
4. Facility Location:
   Street Address: 293 W. COCOA BEACH CSWY.
   City: COCOA BEACH County: BREVARD Zip Code: 32931.
5. Facility Identification Number (DEP Use): 0090148

Responsible Official

6. Name and Title of Responsible Official:
   VAJID A. VAYDA
7. Responsible Official Mailing Address:
   Organization/Firm: SAME AS ABOVE
   Street Address:
   City: County: Zip Code:
8. Responsible Official Telephone Number:
   Telephone: (407) 783-0099 Fax: (407) 783-0099

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
   SAME AS ABOVE
10. Facility Contact Address:
    Street Address: —
    City: — County: — Zip Code: —
11. Facility Contact Telephone Number:
    Telephone: ( ) - Fax: ( ) -

RECEIVED
SEP 3 1996
Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	*#1*	*03-OCT-93*	*12-NOV-93*	*#2*	*08-DEC-91*		*#3*	*02-MAR-92*	*02-MAR-92*
Dry-to-Dry Unit									
(1) w/ ref. condenser									
(2) w/ carbon adsorber									
(3) w/ no controls	#1	08-DEC-91							
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed [ ]

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

(b) If less than 12 months, how many? [7] months
Check why it is less than 12 months: New owner: [✓] New store: [ ] Did not keep records: [ ]

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

Existing small area source [X] New small area source [ ]

Existing large area source [ ] New large area source [ ]

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

Existing large area source
Carbon adsorber [ ] Refrigerated condenser [ ]

New small area source
Refrigerated condenser [ ]

New large area source
Refrigerated condenser [ ]

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt [X]
No such units on-site [ ]

Equipment Monitoring and Recordkeeping Information

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

(a) Purchase receipts and solvent purchases [X]

(b) Leak detection inspection and repair [X]

(c) Refrigerated condenser temperature monitoring [ ]

(d) Carbon adsorber exhaust perc concentration monitoring [ ]

(e) Instrument calibration [X]

(f) Start-up, shutdown, malfunction plan [ ]

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

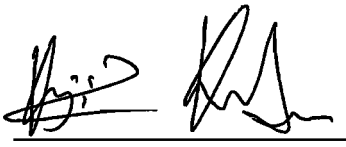
[___] I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____.

[X] No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.



Signature

8/25/96

Date

JOSEPH P. CISTARO, G.C.
General & Electrical Contracting
887 Greenwood Manor Circle
West Melbourne, FL 32904
(407)724-8772

August 28, 1996

Mr. Vajid Vayda
Touch of Class Dry Cleaners
293 W. Cocoa Beach Cswy.
Cocoa Beach FL 32931

Dear Sir,

This letter is to acknowledge our verbal agreement for the installation of a Multimatic Sovrana Refrigerated Solvent Recovery unit and an Iowa Techniques containment pan on your Multimatic Dry Clean machine. The work is to be charged on a time and material basis.

I have received your deposit check No. 1070 for the sum of Fifteen Hundred & 00/100 Dollars, ($1,500.00). The equipment has been ordered on this date and delivery is expected in six to eight weeks. It should be installed within two weeks thereafter.

If you have any questions, please contact me.

Respectfully,

Joseph P. Cistaro

BEST AVAILABLE COPY

#0090148 CD

P

P.14
1. (b) should not be marked
1. (c) should be marked

P.15
(f) should be marked

1. Facility Owner/	VA
2. Site Name (For	TOUCH
3. Hazardous Was	FL
4. Facility Locati Street Address City:	Coc
5. Facility Identif	

Corrections made 2/24/97 32931.

Todd Sanchez

0148

6. Name and Titl	
7. Responsible Official Mailing Address: Organization/Firm: SAME AS ABOVE Street Address: City: County: Zip Code:	
8. Responsible Official Telephone Number: Telephone: (407) 783-0099 Fax: (407) 783-0099	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): SAME AS ABOVE	
10. Facility Contact Address: Street Address: — City: — County: — Zip Code: —	
11. Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -	

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SEP 3 1996
Bureau of Air Monitoring & Mobile Sources

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
   VAJID A. VAYDA
2. Site Name (For example, plant name or number):
   TOUCH OF CLASS DRY CLEANERS
3. Hazardous Waste Generator Identification Number:
   FLD 984259846
4. Facility Location:
   Street Address: 293 W. COCOA BEACH CSWY.
   City: COCOA BEACH County: BREVARD Zip Code: 32931
5. Facility Identification Number (DEP Use): 0090148

Responsible Official

6. Name and Title of Responsible Official:
   VAJID A. VAYDA
7. Responsible Official Mailing Address:
   Organization/Firm: SAME AS ABOVE
   Street Address:
   City: County: Zip Code:
8. Responsible Official Telephone Number:
   Telephone: (407) 783-0099 Fax: (407) 783-0099

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11. Facility Contact Telephone Number:
    Telephone: ( ) - Fax: ( ) -

RECEIVED
SEP 3 1996
Bureau of Air Monitoring & Mobile Sources

Facility Information

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Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	*#1*	*03-OCT-93*	*12-NOV-93*	*#2*	*08-DEC-91*		*#3*	*02-MAR-92*	*02-MAR-92*
Dry-to-Dry Unit									
(1) w/ ref. condenser									
(2) w/ carbon adsorber									
(3) w/ no controls	#1	08-DEC-91							
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed [ ] V.V. 2/24/97

(c) No control devices are required to be installed [X] V.V. 2/24/97

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

(b) If less than 12 months, how many? [7] months
Check why it is less than 12 months: New owner: [✓] New store: [ ] Did not keep records: [ ]

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

Existing small area source [X] New small area source [ ]

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

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Carbon adsorber [ ] Refrigerated condenser [ ]

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Refrigerated condenser [ ]

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All steam and hot water generating units exempt [X]
No such units on-site [ ]

Equipment Monitoring and Recordkeeping Information

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

(a) Purchase receipts and solvent purchases [X]

(b) Leak detection inspection and repair [X]

(c) Refrigerated condenser temperature monitoring [ ]

(d) Carbon adsorber exhaust perc concentration monitoring [ ]

(e) Instrument calibration [X]

(f) Start-up, shutdown, malfunction plan [X] V.V. 2/24/97

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

[ ] I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____.

[X] No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Signature

8/25/96 / 2/24/97
Date

JOSEPH P. CISTARO, G.C.
General & Electrical Contracting
887 Greenwood Manor Circle
West Melbourne, FL 32904
(407)724-8772

August 28, 1996

Mr. Vajid Vayda
Touch of Class Dry Cleaners
293 W. Cocoa Beach Cswy.
Cocoa Beach FL 32931

Dear Sir,

This letter is to acknowledge our verbal agreement for the installation of a Multimatic Sovrana Refrigerated Solvent Recovery unit and an Iowa Techniques containment pan on your Multimatic Dry Clean machine. The work is to be charged on a time and material basis.

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If you have any questions, please contact me.

Respectfully,

Joseph P. Cistaro

X

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 0090148 DATE: 2/24/97 TIME IN: 11:00 TIME OUT: 11:45
FACILITY NAME: Touch of Class Dry Cleaners
FACILITY LOCATION: 293 W. Cocoa Beach Cswy
Cocoa Beach, Fl. 32931

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

A.

1. Existing small area source ☑
dry-to-dry only, x<140 gal/yr
transfer only, x<200 gal/yr
both types, x<140 gal/yr
(constructed before 12/9/91)

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)

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)

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)

This is a correct facility classification ☐Y ☒N

If no, please check the appropriate classification:

☑ facility qualified for a general permit as number 3 above
☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 140 gallons. approx.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? ☐Y ☒N

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? ☐Y ☒N

   Is the temperature differential equal to or greater than 20° F? ☐Y ☐N

3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? ☐Y ☐N ☒N/A

   Is the perc concentration equal to or less than 100 ppm? ☐Y ☐N

4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? ☐Y ☐N

5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? ☐Y ☐N ☒N/A

6. Routed airflow to the carbon adsorber (if used) at all times? ☐Y ☐N ☒N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

   Problem corrected? ☒Y ☐N
8. Maintained compliance plan, if applicable? ☒Y ☐N ☐N/A

PART VI: LEAK DETECTION AND REPAIRS

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

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

Visual examination (condensed solvent on exterior surfaces)	☒
Physical detection (airflow felt through gaskets)	☒
Odor (noticeable perc odor)	☒
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	☐

If using direct-reading instrumentation, is the equipment:

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	☐Y ☐N
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	☐Y ☐N
c. Inspected for leaks and obvious signs of wear on a weekly basis?	☐Y ☐N
d. Kept in a clean and secure area when not in use?	☐Y ☐N
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	☐Y ☐N

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

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

Hose connections, fittings, couplings, and valves	☒Y	☐N	Muck cookers	☒Y	☐N
Door gaskets and seating	☒Y	☐N	Stills	☒Y	☐N
Filter gaskets and seating	☒Y	☐N	Exhaust dampers	☒Y	☐N
Pumps	☒Y	☐N	Diverter valves	☒Y	☐N
Solvent tanks and containers	☒Y	☐N	Cartridge filter housings	☒Y	☐N
Water separators	☒Y	☐N			

Vajid Vayda
Name of Responsible Official

Todd Sanchez
Inspector's Name (Please Print)

2/24/97
Date of Inspection

Todd Sanchez
Inspector's Signature

Approximate Date of Next Inspection

Mon-Fri
7am-7pm
sat 9-5

Touch of Class

Dry Cleaning • Alterations • Laundry

White Rose Shopping Ctr.
293 W. Cocoa Beach Cswy.
Cocoa Beach, FL 32931

Vajid Vayda
Owner/Operator
(407) 783-0099

ADDITIONAL SITE INFORMATION:

~~Multi Ma~~

Multimatic Solo plus D. Steam

Safety Klean picks up waste

ace 301201

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

RECEIVED
FEB 2 1998
Bureau of Air Monitoring & Mobile Sources

AIRS ID#0090148
~~VAJID A VAYDA~~
~~VAJID A VAYDA~~
293 W COCOA BEACH CSWY
COCOA BEACH FL 32931

Do NOT Remove Label

Annual Reporting Period: 1/1 19 98 TO 12/31 19 98

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

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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MAIL ROOM
JAN 28 98

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

RESPONSIBLE OFFICIAL: _____ VAJID VAYDA, PRESIDENT 1/20/98

Name (Please Print) Signature Date

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

11/06/97

BEST AVAILABLE COPY

Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

February 5, 1998

Mr. Vajid A. Vayda
Touch of Class Dry Cleaners
293 West Cocoa Beach Causeway
Cocoa Beach, Florida 32931

Dear Mr. Vayda:

Thank you for your letter received by the Department on February 2 in which you provided notification that your solely owned business was transferred into a corporate form of ownership.

In order to complete the change in our files, please provide us with the identity of the Responsible Official (RO). Identification of the RO may be provided on the enclosed Perchloroethylene Dry Cleaner Air General Permit Notification Form or in a separate letter.

Please contact Rick Butler at 850/921-9586 or me at 850/921-9583, if you have any questions regarding the program.

Sincerely,

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

SB\

Enclosure

cc: Saadia Qureshi, Central District
Rick Butler

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
   VAJID A. VAYDA
2. Site Name (For example, plant name or number):
   TOUCH OF CLASS DRY CLEANERS
3. Hazardous Waste Generator Identification Number:
   FLD 984259846
4. Facility Location:
   Street Address: 293 W. COCOA BEACH CSWY.
   City: COCOA BEACH County: BREVARD Zip Code: 32931.
5. Facility Identification Number (DEP Use):
   0090148

Responsible Official

6. Name and Title of Responsible Official:
   VAJID A. VAYDA
7. Responsible Official Mailing Address:
   Organization/Firm: SAME AS ABOVE
   Street Address:
   City: County: Zip Code:
8. Responsible Official Telephone Number:
   Telephone: (407) 783-0099 Fax: (407) 783-0099

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
   SAME AS ABOVE
10. Facility Contact Address:
    Street Address:
    City: — County: — Zip Code: —
11. Facility Contact Telephone Number:
    Telephone: ( ) - Fax: ( ) -

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	*#1*	*03-OCT-93*	*12-NOV-93*	*#2*	*08-DEC-91*		*#3*	*02-MAR-92*	*02-MAR-92*
Dry-to-Dry Unit									
(1) w/ ref. condenser									
(2) w/ carbon adsorber									
(3) w/ no controls	#1	08-DEC-91							
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed [ ] V.V. 2/24/97

(c) No control devices are required to be installed [X] V.V. 2/24/97

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

(b) If less than 12 months, how many? [7] months
Check why it is less than 12 months: New owner: [✓] New store: [ ] Did not keep records: [ ]

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

Existing small area source [X] New small area source [ ]

Existing large area source [ ] New large area source [ ]

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

Existing large area source
Carbon adsorber [ ] Refrigerated condenser [ ]

New small area source
Refrigerated condenser [ ]

New large area source
Refrigerated condenser [ ]

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt [X]
No such units on-site [ ]

Equipment Monitoring and Recordkeeping Information

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

(a) Purchase receipts and solvent purchases [X]

(b) Leak detection inspection and repair [X]

(c) Refrigerated condenser temperature monitoring [ ]

(d) Carbon adsorber exhaust perc concentration monitoring [ ]

(e) Instrument calibration [X]

(f) Start-up, shutdown, malfunction plan [X] V.V. 2/24/97

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

[___] I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____.

[X] No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Signature

8/25/96 / 2/24/97

Date

BEST AVAILABLE COPY

JOSEPH P. CISTARO, G.C.
General & Electrical Contracting
887 Greenwood Manor Circle
West Melbourne, FL 32904
(407)724-8772

August 28, 1996

Mr. Vajid Vayda
Touch of Class Dry Cleaners
293 W. Cocoa Beach Cswy.
Cocoa Beach FL 32931

Dear Sir,

This letter is to acknowledge our verbal agreement for the installation of a Multimatic Sovrana Refrigerated Solvent Recovery unit and an Iowa Techniques containment pan on your Multimatic Dry Clean machine. The work is to be charged on a time and material basis.

I have received your deposit check No. 1070 for the sum of Fifteen Hundred & 00/100 Dollars, ($1,500.00). The equipment has been ordered on this date and delivery is expected in six to eight weeks. It should be installed within two weeks thereafter.

If you have any questions, please contact me.

Respectfully,

Joseph P. Cistaro

A.S! 10/27/97
Entered in ARMS
10/28/97

INSPECTION REPORT FORM
AIR POLLUTION EMISSION SOURCES

FACILITY:	DISTRICT:	COUNTY:
Touch of Class Dry Cleaners	Central	Brevard
ADDRESS:	**CONTACT:**	
293 W. Coco Beach Cswy.	Vajid Vayda	
APIS #:	**PERMIT #:**	
N/A	0090148	
SOURCE DESCRIPTION:		
Dry Cleaners		
INSPECTION DATE:	Audit Type:	Compliance Status:
Oct. 24, 1997	N/A	In Compliance

COMMENTS:

S. Qureshi conducted an annual inspection on this facility. The machine in operation was an existing machine, and their facilty was a large area source because the perch purchase was 140 gal/year. Hence, no control devices were required. However, the owner decided to put in a refridgerated condenser so he could cut down on perc purchases. The owner kept a leak log, and a rolling perc log. S. Qureshi told him that even though it is not required by law, it would be to his benefit to make sure that the condenser temperature is below 45 degrees farenheit. He corrects leaks within 24 hours, and drains his filters for at least 72. Thus, he is doing more than is required by law, and is in compliance.

INSPECTOR(S) NAME(S):

S. Qureshi

SIGNATURE(S):	Date: Oct. 24, 1997

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 6009048 DATE: 10/24/97 TIME IN: 1:10 TIME OUT: 2:00

FACILITY NAME: Touch of Class Dry Cleaners

FACILITY LOCATION: 293 W. Coco Beach Cswy
Coco Beach, FL. 32931

RESPONSIBLE OFFICIAL: Vajid Vayda PHONE: 407-783-0599

CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup N/A ☐
2. Facility failed to notify DARM to use general permit ☐

PART II: CLASSIFICATION

Facility indicated on notification form that it is: ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

A.

1. **Existing small area source** ☒ borderline
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)

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)

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)

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

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 1914 gallons.

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? ☒Y ☐N

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Condensor not reqd by law, ☐Y ☐N ☒N/A

   Is the temperature differential equal to or greater than 20° F? ☐Y ☐N ☒N/A
   but he does anyway

3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? ☐Y ☐N ☒N/A

   Is the perc concentration equal to or less than 100 ppm? ☐Y ☐N ☒N/A

4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? ☐Y ☐N ☒N/A

5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? ☐Y ☐N ☒N/A

6. Routed airflow to the carbon adsorber (if used) at all times? ☐Y ☐N ☒N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

   Problem corrected? ☐Y ☐N ☒N/A
8. Maintained compliance plan, if applicable? ☒Y ☐N ☐N/A

ADDITIONAL SITE INFORMATION:

Machine was bought in 1988 - no control req'd - but we recently got a refrigerated condensor put in.

Posted SS 2/26/97

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 0090148 DATE: 2/24/97 TIME IN: 11:00 TIME OUT: 11:45

FACILITY NAME: Touch of Class Dry Cleaners

FACILITY LOCATION: 293 W. Cocoa Beach Cswy
Cocoa Beach, Fl. 32931

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

A.

1. Existing small area source ☑
dry-to-dry only, x<140 gal/yr
transfer only, x<200 gal/yr
both types, x<140 gal/yr
(constructed before 12/9/91)

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)

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)

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)

This is a correct facility classification ☐Y ☒N

If no, please check the appropriate classification:

☑ facility qualified for a general permit as number 3 above
☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 140 gallons. approx.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

B. Has the responsible official of an existing large or new large area source also:

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

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

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

Visual examination (condensed solvent on exterior surfaces)	☒
Physical detection (airflow felt through gaskets)	☒
Odor (noticeable perc odor)	☒
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	☐

If using direct-reading instrumentation, is the equipment:

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	☐Y	☐N
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	☐Y	☐N
c. Inspected for leaks and obvious signs of wear on a weekly basis?	☐Y	☐N
d. Kept in a clean and secure area when not in use?	☐Y	☐N
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	☐Y	☐N

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

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

Hose connections, fittings, couplings, and valves	☒Y	☐N	Muck cookers	☒Y	☐N
Door gaskets and seating	☒Y	☐N	Stills	☒Y	☐N
Filter gaskets and seating	☒Y	☐N	Exhaust dampers	☒Y	☐N
Pumps	☒Y	☐N	Diverter valves	☒Y	☐N
Solvent tanks and containers	☒Y	☐N	Cartridge filter housings	☒Y	☐N
Water separators	☒Y	☐N			

Vajid Vayda
Name of Responsible Official

Todd Sanchez
Inspector's Name (Please Print)

2/24/97
Date of Inspection

Todd Sanchez
Inspector's Signature

Approximate Date of Next Inspection

Mon-Fri
7am-7pm
sat 9-5

Touch of Class

Dry Cleaning • Alterations • Laundry

White Rose Shopping Ctr.
293 W. Cocoa Beach Cswy.
Cocoa Beach, FL 32931

Vajid Vayda
Owner/Operator
(407) 783-0099

ADDITIONAL SITE INFORMATION:

~~Multi Ala~~

Multimatic Solo plus D. Steam

Safety Klean picks up waste

BEST AVAILABLE COPY

#0090148 CD

P P.14
1. (b) should not be marked
1. (c) should be marked

P.15
(f) should be marked

Corrections made 2/24/97

Todd Sanchez

1. Facility Owner/	VA
2. Site Name (For	TOUCH
3. Hazardous Was	FL
4. Facility Locati Street Address City:	Coc 32931.
5. Facility Identif	0148
6. Name and Tit	
7. Responsible Official Mailing Address: Organization/Firm: SAME AS ABOVE Street Address: City: County: Zip Code:	
8. Responsible Official Telephone Number: Telephone: (407) 783-0099 Fax: (407) 783-0099	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME AS ABOVE
10. Facility Contact Address: Street Address: City: — County: — Zip Code: —	
11. Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -	

RECEIVED
SEP 3 1996
Bureau of Air Monitoring & Mobile Sources

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

AIRS UPDATED DATE 2-13-01 BP RE

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

RECEIVED AUG - 6 1999 Bureau of Air Monitoring & Mobile Sources

AIRS ID#: 0090148 DATE: 7/13/99 TIME IN: 9:40 TIME OUT: 10:15

FACILITY NAME: Touch of Class Dry Cleaners

FACILITY LOCATION: 293 W. Cocoa Beach Cswy
Cocoa Beach, FL 32931

RESPONSIBLE OFFICIAL: Vajid Vayda PHONE: 407-783-0099

CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup ☐
2. Facility failed to notify DARM to use general permit ☐

PART II: CLASSIFICATION

Facility indicated on notification form that it is: ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

A.

1. Existing small area source ☐
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)

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)

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)

5. This is a correct facility classification ☐Y ☐N ☒Can not determine (Borderline last inspection

If no, please check the appropriate classification:
☒ facility qualified for a general permit as number 3 above
☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 145 gallons.

42
14.5 7/13
14.5 8/10
14.5 8/24
14.5 10/21
14.5 11/30
97.5

3 19.5 2/23
14.5 4/27
14.5 5/18
14.5 6/28
78.0

3/23 14.5

195
5
97.5

11
97.5
97.5
195.0

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

B. Has the responsible official of an existing large or new large area source also:

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☑Y ☐N
2. Has the facility maintained a leak log? ☑Y ☐N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☑Y ☐N ☐N/A	Muck cookers	☑Y ☐N ☐N/A
Door gaskets and seating	☑Y ☐N ☐N/A	Stills	☑Y ☐N ☐N/A
Filter gaskets and seating	☑Y ☐N ☐N/A	Exhaust dampers	☑Y ☐N ☐N/A
Pumps	☑Y ☐N ☐N/A	Diverter valves	☑Y ☐N ☐N/A
Solvent tanks and containers	☑Y ☐N ☐N/A	Cartridge filter housings	☑Y ☐N ☐N/A
Water separators	☑Y ☐N ☐N/A		

4. Which method of detection is used by the responsible official?
   - Visual examination (condensed solvent on exterior surfaces) ☑
   - Physical detection (airflow felt through gaskets) ☐
   - Odor (noticeable perc odor) ☑
   - Use of direct-reading instrumentation (FID/PID/calorimetric tubes) ☐
   - Halogen leak detector ☐
   - **If using direct-reading instrumentation, is the equipment:** ☑N/A
     a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N
     b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N
     c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N
     d. Kept in a clean and secure area when not in use? ☐Y ☐N
     e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

Randall Cunningham
Inspector's Name (Please Print)

7-13-99
Date of Inspection

Randall C
Inspector's Signature

7-2000
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

AIRS ID#: 0090148 Ace Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Touch of Class Dry Cleaners DATE: 7-13-99

FACILITY LOCATION: 293 W, Cocoa Beach Cswy
Cocoa Beach, FL 32931

Annual Reporting Period: July 19 98 TO July 19 99

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

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

RESPONSIBLE OFFICIAL: A. Moiz Vahya (Name Please Print) _____ (Signature) 7-13-99 (Date)

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

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

TIME IN: ~~9:40~~ 9:40 am TIME OUT: ~~10:30~~ 10:15 am AIRS ID#: 0090148

TYPE OF FACILITY: Dry Cleaner

FACILITY NAME: Touch of Class Dry Cleaners DATE:

FACILITY LOCATION: 293 W. Cocoa Beach Cswy
Cocoa Beach, FL 32931

RESPONSIBLE OFFICIAL: Vajid Vayda PHONE NUMBER: 407-783-0099

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

☐ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

In Compliance

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

DATE OF NEXT INSPECTION: 7-2000 (Approximate)

INSPECTION CONDUCTED BY: Randall Cunningham (Please Print)

INSPECTOR'S SIGNATURE: Randall C PHONE NUMBER: 407-843-3333

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

ARMS UPDATED
DATE 3-15-00
BY ☐ RE

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 0090148 DATE: 3/15/00 TIME IN: 11:15 am TIME OUT: _____

FACILITY NAME: Touch of Class Dry Cleaners

FACILITY LOCATION: 293 W. Cocoa Beach Cswy.
Cocoa Beach, Fl 32931

RESPONSIBLE OFFICIAL: Vajid Vayda PHONE: 407-783-0099

CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup ☐
2. Facility failed to notify DARM to use general permit ☐

PART II: CLASSIFICATION

Facility indicated on notification form that it is: ☐ No notification form
(check appropriate box) ☒ Drop store/out of business/petroleum

A.

1. Existing small area source ☐
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)

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)

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)

RECEIVED
APR - 4 2000
Bureau of Air Monitoring & Mobile Sources

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

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

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

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

B. Has the responsible official of an existing large or new large area source also:

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☐Y ☐N
2. Has the facility maintained a leak log? ☐Y ☐N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☐Y ☐N ☐N/A	Muck cookers	☐Y ☐N ☐N/A
Door gaskets and seating	☐Y ☐N ☐N/A	Stills	☐Y ☐N ☐N/A
Filter gaskets and seating	☐Y ☐N ☐N/A	Exhaust dampers	☐Y ☐N ☐N/A
Pumps	☐Y ☐N ☐N/A	Diverter valves	☐Y ☐N ☐N/A
Solvent tanks and containers	☐Y ☐N ☐N/A	Cartridge filter housings	☐Y ☐N ☐N/A
Water separators	☐Y ☐N ☐N/A		

4. Which method of detection is used by the responsible official?
   - Visual examination (condensed solvent on exterior surfaces) ☐
   - Physical detection (airflow felt through gaskets) ☐
   - Odor (noticeable perc odor) ☐
   - Use of direct-reading instrumentation (FID/PID/calorimetric tubes) ☐
   - Halogen leak detector ☐

   If using direct-reading instrumentation, is the equipment: ☒N/A
   a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N
   b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N
   c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N
   d. Kept in a clean and secure area when not in use? ☐Y ☐N
   e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

Inspector's Name (Please Print) _____ Date of Inspection _____

Inspector's Signature _____ Approximate Date of Next Inspection _____

ADDITIONAL SITE INFORMATION:

Quit Dry Cleaning Dec. 1999.

AIRS ID#: 0090148

Revised 01/18/00

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Touchof Class Dry Cleaners DATE: _____

FACILITY LOCATION: 293 W, Cocoa Beach Cswy

Cocoa Beach, FL 32931

Annual Reporting Period: _____ 20___ TO _____ 20___

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

If NO, complete the following:

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

_____

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

_____

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

RESPONSIBLE OFFICIAL: _____ _____ _____

Name (Please Print) Signature Date

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

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

10 AIRS ID # 0090148001AG
VAJID A VAYDA
TOUCH OF CLASS DRY CLEANERS
293 W COCOA BEACH CSWY
COCOA BEACH FL 32931

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery 8/17/01

C. Signature
X [signature] ☐ Agent ☐ Addressee

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

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0600 0026 4129 9556

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

7000 0600 0026 4129 9556

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

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

Postmark Here

Recipient 10 AIRS ID # 0090148001AG
Street VAJID A VAYDA
City, TOUCH OF CLASS DRY CLEANERS
293 W COCOA BEACH CSWY
COCOA BEACH FL 32931

PS Form ... Instructions

Re-Certified

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 0356108

TO: ENV PROTC. DEP.

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

FOR: PERMIT ✓

TOTAL AMOUNT DUE: $50.00

RECEIVED
MAIL ROOM
JAN -4 99

Do NOT Remove Label

AIRS ID # 0090148
TOUCH OF CLASS DRY CLEANERS
VAJID A VAYDA
293 W COCOA BEACH CSWY
COCOA BEACH FL 32931

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

301201 ✓

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

TOTAL AMOUNT DUE: $50.00

Do NOT Remove Label

AIRS ID#0090148
~~VAJID A VAYD~~A
~~VAJID A VAYDA~~
293 W COCOA BEACH CSWY
COCOA BEACH FL 32931

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 389605

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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MAIL ROOM
DEC 16 99

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AIRS ID # 0090148
TOUCH OF CLASS DRY CLEANERS
VAJID A VAYDA
293 W COCOA BEACH CSWY
COCOA BEACH FL 32931

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

259476

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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MAIL ROOM
JAN 31 97

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AIRS ID# 0090148
TOUCH OF CLASS DRY CLEANERS
VAJID A VAYDA
293 W COCOA BEACH CSWY
COCOA BEACH FL 32931

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