

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,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District

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

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

Rich

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#6995#48 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



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

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

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: 293 W. COCOA BEACH CSWY. Street Address: City: COCOA BEACH County: BREVARD Zip Code: 32931.
.5.	Facility Identification Number (DEP Use): O090148
	Responsible Official
6.	Name and Title of Responsible Official:
	VASID A. VAYON
	Responsible Official Mailing Address: Organization/Firm: Street Address:
l	City: County: Zip Code:
	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:
	Facility Contact Telephone Number:
,	Telephone: () - Fax: () -
<u> </u>	

RECEIVED

SEP 3 1996

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

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 Mashine	ī	Date Machine Initially	Date Control Device	15	Date Machine Initially	Date Control Device	10	Date Machine Initially	Date Control Device
Type of Machine		Purchased	Installed	•	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit									•.
(1) w/ ref. condenser									
(2) w/ carbon adsorber									
(3) w/ no controls	#1	08-28-91							
Washer Unit						:			
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit						• • •		•	: ' .
(7) w/ ref. condenser						·	l		
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit								-s	
(10) w/ ref. condenser									
(11) w/carbon adsorber								_	
(12) w/ no controls									
 (b) Control devices are (c) No control devices 2.(a) What was the total q [121.90] (b) If less than 12 montrol Check why it is less 	are re uanti gallo	equired to be ity of perchlons	installed [_ proethylene (perc)	purchased in				
3. What is the facility's son (Indicate with an "X". S Existing small are Existing large are	Selec ea so	t one classifi	cation only.)	ew sn	initions found nall area sour	rce []	Part II?	

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

(Indicate with an "X".)	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 Refrigerated condenser []	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring s	and Recordkeeping Information
	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	[X]
(b) Leak detection inspection and repair	LX_
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mor	aitoring []
(e) Instrument calibration	[X]
(f) Start-up, shutdown, malfunction plan	

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

Surrender of Existing Air Permit(s)

Please indicate	Please indicate with an "X" the appropriate selection:								
	[] I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)								
No air permits currently exist for the operation of the facility indicated in this notification form.									
	Responsible Official Certification								
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.									
I will promptly notify the Department of any changes to the information contained in this notification.									
Signature	8/25/96								

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 lowa 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

•		45-00	BEST	AVAILABLE C	OPY
		#0090	0148	CD	·
	P P.14) should	not be		
		markec	}		·
1. Facility C	Owner/G) Should	bema	rked	
2. Site Nam	CH	·			
3. Hazardou	is Was (F) S	should be	marked	:1	•
4. Facility L Street Ac	ocatio	orrection.	(100 m.)	(AD)	,
City:	o C	or rections	7 Maa	2/14b	72931. 7
5. Facility lo	dentif	Told x	lancher	, ~	2148
6. Name and	d Tiel			'	
o. Name and					
	ble Official Mailing Ation/Firm:	Address: SAME	AS ABO	VE	
City:		County:		Zip Co	de:
8. Responsil Telephon	ble Official Telephone: (407) 783		Fax: (407)	783-009	9
	Facility	Contact (If different 1	rom Responsible	Official)	
9. Name and	d Title of Facility Cor	tact (For example, plan	nt manager):		
		S'AME AS	ABOVE		·
10. Facility C	Contact Address:				
Street Ad City:	dress:	County:	_	Zip Code:	_
11. Facility C	Contact Telephone Nu e: ()	mber: -	Fax: ()) -	

RECEIVED

SEP 3 1996

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

Bureau of Air Monitoring & Mobile Sources

BEST AVAILABLE COPY

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
	VAJID A. VAYDA					
2.	Cita Nama (For avample, plant nama ar numbar):					
	TOUCH OF CLASS DRY CLEANERS					
3.						
	FLD 984259846					
4.	Facility Location: 293 W. COCOA BEACH CSWY. Street Address:					
	City: COCOA BEACH County: BREVARD Zip Code: 32931.					
5.	Facility Identification Number (DEP Use):					
	0090148					
	Responsible Official					
6	Name and Title of Responsible Official:					
0.	Responsible Official Mailing Address: Organization/Firm: SAME AS ABOVE					
7.	Responsible Official Mailing Address:					
	Street Address: City: County: Zip Code:					
	County. Zip Code.					
8.	•					
	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:					
	Course Add					
	Street Address: City: County: Zip Code: —					
1 1	Escility Contact Telephone Number					
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -					

RECEIVED

(EP 3 1496

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

Duracu 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.

		Date	Date	l	Date	Date		Date	Date
•		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	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	08-28-91							
Washer Unit	1,,		•		•	•			•
(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		. :						<u> </u>	
(10) w/ ref. condenser									
(11) w/carbon adsorber	•								
(12) w/ no controls						•	1		
(b) Control devices ar (c) No control devices 2.(a) What was the total [121-90] (b) If less than 12 mon Check why it is less	quant] gallo	ity of perchlo ons ow many? [7 months	perc)	purchased i	n the latest 1			

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

(Indicate with an "X".)	pursuant to section (3) 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 Refrigerated condenser []						
<i>:</i>						
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following:					
	have a total heat input of 10 million BTU/hr or less (298 eatural gas except for periods of natural gas curtailment . e than one percent sulfur is fired.					
All steam and hot water generating units exempt No such units on-site						
	·					
Equipment Monitoring	and Recordkeeping Information					
Check all logs which are required to be kept on-site	in accordance with the requirements of this general permit:					
(a) Purchase receipts and solvent purchases	ĹΧ					
(b) Leak detection inspection and repair						
(c) Refrigerated condenser temperature monitoring						
(d) Carbon adsorber exhaust perc concentration mor	nitoring []					
(e) Instrument calibration	[<u>X</u>]					
(f) Start-up, shutdown, malfunction plan	13/22/PC)					

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

Surrender of Existing Air Permit(s)

Please indicat	te 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 pro	mptly notify the Department of any changes to the information contained in this notification. 8/25/96/2/24/97 Date						

JOSEPH P. CISTARO, G.C. General & Electrical Contracting 887 Greenwood Manor Circle West Melboume, 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 lowa 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



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSPECTIO	N:
-------------	----	-----------	----

ANNUAL

Z

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 Clegners
FACILITY LOCATION: 293 W. Cocoa Beach Cswy
Cocog 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	4/5/10	
3. Facility failed to notify DARM to use general permit		

PART II: CLASSIFICATION

Facility indicated	on notification	form that i	t is:
(check appropriate	hox)		

- 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 both types, 140<x<1,800 gal/yr (constructed before 12/9/91)

This is a correct facility classification

- 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)

OY X

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 $\underline{140}$ gallons. $\alpha\rho\rho\sigma\lambda$.

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 least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber □Y □N ŒN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? Y ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly 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 OY N verifying that the coolant had been completely charged?

	· · · · · · · · · · · · · · · · · · ·	
В	. Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY DY
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y d N
	Is the temperature differential equal to or greater than 20° F?	UY UN
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 DX/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON "
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
	or expansion; and downstream from no other inlet?	OY ON
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ONA
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN PNIA
_		
⊭	ART V: RECORDKEEPING REQUIREMENTS	
	as the responsible official: heck appropriate boxes)	
1.	Maintained receipts for perc purchased?	YY ON
2.	Maintained rolling monthly averages of perc consumption?	¾ □N
3.	Maintained leak detection inspection and repair reports for the following:	,
	a. documentation of leaks repaired w/in 24 hrs? or;	Ø¥ □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?	XY DN
4.	Maintained calibration data? (for direct reading instruments only)	AIME NO YO

· · · · · · · · · · · · · · · · · · ·	<u> </u>	
PART VI: LEAK DETECTION AND REPAIRS		
1. Does the responsible official conduct a weekly leak detection and repair inspection?	ИО Т	

5. Maintained exhaust duct monitoring data on perc concentrations?

6. Maintained startup/shutdown/malfunction plan?

8. Maintained compliance plan, if applicable?

7. Maintained deviation reports?

Problem corrected?

ANNO NO TY

 Which method of detection is used by t Visual examination (condensed s 	-			X	
Physical detection (airflow felt th	rough ga	skets)		X X	
Odor (noticeable perc odor)				×	
Use of direct-reading instruments	ation (FII	D/PID/calorin	netric tubes)	۵	
If using direct-reading instrume	entation,	is the equip	ment:		
a. Capable of detecting	perc vapo	or concentrati	ons in a range of 0-500 ppm?	QY	ΠN
b. Calibrated against a s (PID/FID only)?	standard	gas prior to a	nd after each use	ΩY	ΩИ
c. Inspected for leaks ar	nd obviou	is signs of we	ar on a weekly basis?	$\Box Y$	ΠN
d. Kept in a clean and s	есше аге	a when not in	ı use?	$\Box Y$	□И
e. Verified for accuracy by use of duplicate samples (calorimetric only)?					ПN
. Has the facility maintained a leak log?				XΥ	\square N
. Does the responsible official check the	followin	g areas for le	aks?	′	
Hose connections, fittings, couplings, and valves	Y	ПΝ	Muck cookers	YY	ПП
Door gaskets and seating	XΥ	ПΝ	Stills	Y	ПN
Filter gaskets and seating	$\not \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$	ПИ	Exhaust dampers	$\not \!$	ПИ
Pumps	$\not \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$	□N	Diverter valves	YY	ПΝ
Solvent tanks and containers	$\bigvee_{i \in \mathcal{A}} Y$	□И	Cartridge filter housings	\cancel{A}^{X}	ПП
Water separators	X_{Y}	ΠN			

Name of Responsible Official

Todd Sanche Z

Inspector's Name (Please Print)

Todd Samble

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection



ADDITIONAL SITE INFORMATION:

Multi Ma Multimatic Solo plus D. Steam Safety Klean picks up waste

acc

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM Bureau of Air Monitoring AIRS ID#0090148 VALID A VAYDA VAJID-A-VAYDA 293 W COCOA BEACH CSWY COCOA BEACH FL 32931 Do NOT Remove Label 19 98 Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule ∐no 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. 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 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 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) Date Signature

^{*}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.



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.	Circle (Ferritain Inc.)
	TOUCH OF CLASS DRY CLEANERS
3.	Hazardous Waste Generator Identification Number:
	FLD 984259846
4.	Facility Location: 293 W. COCOA BEACH CSWY. Street Address:
	City: COWA BEACH County: BREVARD Zip Code: 32931.
5.5	Facility Identification Number (DEP Use)
	Responsible Official
6.	Name and Title of Responsible Official:
0.	The or 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:
0.	Telephone: (407) 783-0099 Fax: (407) 783-0099
	* (4° / / 5) 00 / / · · · · · · · · · / · / 5) 00 / /
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
٦.	
	SAME AS ABOVS
10.	Facility Contact Address:
	Street Address:
	City: Zip Code: —
11	Facility Contact Telephone Number:
11.	Telephone: () - Fax: () -
	Tax. ()
	·

RECEIVED

(EP 3 las

Durnau of /Ur 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.

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit									
(1) w/ ref. condenser									
(2) w/ carbon adsorber									
(3) w/ no controls	#1	08-28-91							
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						1			
(b) Control devices are required, but not yet installed [] \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \									
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi	cation only.) Ne	w sn	nall area sour	rce [3) of	Part II?	
LAISTING Tange and	-a 30t		146	w idi	rge area sour		J		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)	in to section (3) of Part II of this notification form:
Existing large area source Carbon adsorber [] Refri	gerated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units sto Rule 62-213.300, F.A.C. Verify that all steam and hot we exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a boiler HP or less), and (2) are fired exclusively by natural during which propane or fuel oil containing no more than	gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site]]
Equipment Monitoring and Re	cordkeeping Information
Check all logs which are required to be kept on-site in acco	ordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	[*]
(f) Start-up, shutdown, malfunction plan	(x),1,2/a)
•	$\mathcal{N}_{\mathcal{O}}$

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

Surrender of Existing Air Permit(s)

Please indicate	with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ſΧJ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the thin the air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.
I will prom	apply notify the Department of any changes to the information contained in this notification. 8/25/96/2/24/87 Date

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

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 lowa 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

4 S! 10/27/97 Entered in ARMS 10/28/977

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 was a large area source because the perch purchas However, the owner decided to put in a refridgerated corleak log, and a rolling perc log. S. Qureshi told him tha make sure that the condenser temperature is below 45 defilters for at least 72. Thus, he is doing more than is required.	te was 140 gal/year. Hence, no considenser so he could cut down on pet even though it is not required by the grees farenheit. He corrects leaks	atrol devices were required. For purchases. The owner kept a law, it would be to his benefit to within 24 hours, and drains his
		•
INSPECTOR(S) NAME(S):		
S. Qureshi		
SIGNATURE(S):		Date: Oct. 24, 1997

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	% -	COMPLAINT/DISCOV	ERY 🗆	
AIRS ID#:(3)090144 DATE FACILITY NAME:TOUG	· ,			OUT: <u>2.</u> 'OD	-
FACILITY LOCATION: 20	93W. Col.	s Bec	ich Csny		
RESPONSIBLE OFFICIAL:		•		783-05	7
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION			·		
(check appropriate box)					
1. New facility notified DARM 30 d	ays prior to startup		NA		
2. Facility failed to notify DARM to	use general permit			, 🗖	
PART II: CLASSIFICATION					
Facility indicated on notification for	orm that it is:		□ No notification form		
			☐ No notification form☐ Drop store/out of bus		l
Facility indicated on notification for (check appropriate box) A.			☐ Drop store/out of bus	iness/petroleum	ı .
Facility indicated on notification for (check appropriate box) A.		o-dry only,	☐ Drop store/out of bus	iness/petroleum	
Facility indicated on notification for (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. N dry-t trans both	o-dry only, fer only, x types, x <	☐ Drop store/out of bus trea source ☐ x < 140 gal/yr < 200 gal/yr 140 gal/yr	iness/petroleum	
Facility indicated on notification for (check appropriate box) A.	2. N dry-t trans both (cons gal/yr dry-t l/yr trans r both	o-dry only, fer only, x types, x < structed on ew large a o-dry only, fer only, 20 types, 140	☐ Drop store/out of bus trea source x < 140 gal/yr < 200 gal/yr	iness/petroleum	
Facility indicated on notification for (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 transfer only, 200 ≤ x ≤ 1,800 gal both types, 140 ≤ x ≤ 1,800 gal/yr	2. N dry-t trans both (cons gal/yr dry-t l/yr trans r both (cons	o-dry only, fer only, x types, x < structed on ew large a o-dry only, fer only, 20 types, 140	Drop store/out of business source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	iness/petroleum	
Facility indicated on notification for (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 transfer only, 200 ≤ x ≤ 1,800 gal both types, 140 ≤ x ≤ 1,800 gal/y (constructed before 12/9/91) 5. This is a correct facility classiful on the property of the second o	2. N dry-t trans both (cons y gal/yr r both (cons ication y opriate classification: alified for a general p	o-dry only, fer only, x types, x < structed on ew large a o-dry only, fer only, 20 types, 140 structed on	□ Drop store/out of busine a source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) □ Can not determine	iness/petroleum	

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 local on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ated XX DN
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Conclinsor not regular law,	DY DN DXI/A
Is the temperature differential equal to or greater than 20° F? When the area of the perconcentration in the exhaust stream weekly	DY DN DWA
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 ⊠N/A
Is the perc concentration equal to or less than 100 ppm?	DY DN DXI/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?	a De de la
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY DN DAVA
6. Routed airflow to the carbon adsorber (if used) at all times?	AVIDA NO VO

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	NO VE
2. Maintained rolling monthly averages of perc consumption?	XY □N
3. Maintained leak detection inspection and repair reports for the following:	_
a. documentation of leaks repaired w/in 24 hrs? or;	AVO NO VA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	. Xy on on/a
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN X N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DOWA
6. Maintained startup/shutdown/malfunction plan?	MD YES
7. Maintained deviation reports?	Œ □N □N/A
Problem corrected?	оу он Жиа
8. Maintained compliance plan, if applicable?	DN DN/A

Machine Was bought in 1983 - No control rigid but he recently got a refrigerated constensor put

Posted SS Applan

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NNUAL E-INSPECTIO	и п	COMPLAINT/DISCO	OVERY	۵
AIRS ID#: 0090148 DAT FACILITY NAME: TOUC FACILITY LOCATION: 29	hofc	Lass	Dry Clear	ers Swy	(+5
PART I: NOTIFICATION					
 (check appropriate box) Existing facility notified DARM b New facility notified DARM 30 days Facility failed to notify DARM to 	ays prior to star	tup	7/3/96		_ _ _
					<u>·</u>
PART II: CLASSIFICATION					
Facility indicated on notification for (check appropriate box) A.	rm that it is:				
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)	. Ø	transfer only, : both types, x<	у, x<140 gal/ут x<200 gal/ут		
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="" ga="" gal="" only,="" td="" transfer="" types,="" yr=""><td></td><td>transfer only, 2 both types, 140</td><td>area source y, 140<x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td><td></td></x<2,>		transfer only, 2 both types, 140	area source y, 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,>		
This is a correct facility classification	n	DY XN			
If no, please check the appropriate of	lassification:	/			
facility qualified for facility exceeds abo					
B. The total quantity of perchloroether facility was 140 gallons. Ap		urchased within	the preceding 12 month	s by this dry	cleaning

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 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 prior to September 22, 1993 installed 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? AVY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the אומם מם יאָם condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	₩,	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	фи	
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΩY	ПИ	dix/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПИ	^
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?	ОY	Й	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□и	□ IVA
6.	Routed airflow to the carbon adsorber (if used) at all times?		□и	
	· · · · · · · · · · · · · · · · · · ·			

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	XY DN
2. Maintained rolling monthly averages of perc consumption?	yy □n
3. Maintained leak detection inspection and repair reports for the following:	, .
a. documentation of leaks repaired w/in 24 hrs? or,	A DM
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	XY □N
4. Maintained calibration data? (for direct reading instruments only)	AMA NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	ολ φων
6. Maintained startup/shutdown/malfunction plan?	A ON.
7. Maintained deviation reports?	ĎΥΥ □N
Problem corrected?	XYY □N
8. Maintained compliance plan, if applicable?	AVA DA DAVA

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	X ON

2. Which method of detection is used by t	he respon	sible official	?			
Visual examination (condensed s	olvent on	exterior surf	aces)	\not		
Physical detection (airflow felt th	XXX	•				
Odor (noticeable perc odor)	×	×				
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
If using direct-reading instrum	entation,	is the equip	ment:			
a. Capable of detecting	perc vapo	r concentrati	ions in a range of 0-500 ppm?	ΠY	ИП	
b. Calibrated against a (PID/FID only)?	standard (gas prior to a	nd after each use	ΟY	ПИ	
c. Inspected for leaks ar	nd obviou	s signs of we	ar on a weekly basis?	\Box Y	NO YO	
d. Kept in a clean and secure area when not in use?				\Box Y	□Y □N	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?					DY DN	
3. Has the facility maintained a leak log? ✓ Y □N					□И	
4. Does the responsible official check the	following	g areas for le	aks? .	'		
Hose connections, fittings, couplings, and valves	¥Υ	□и	Muck cookers	XΥ	ПN	
Door gaskets and seating	ΆΥ	. □N .	Stills	X	□И	
Filter gaskets and seating	$\not \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$	□N	Exhaust dampers	YY	ПN	
Pumps	$\not \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$	□И	Diverter valves	Y	ПN	
Solvent tanks and containers	X	□и	Cartridge filter housings	* X Y	ПΝ	
Water separators	$X_{\rm Y}$	□и				

Vaid Vaya Q.

Name of Responsible Official

Todd Sanchez

Inspector's Name (Please Print)

Todd Sanchez

Approximate Date of Next Inspection



ADDITION	AT CITE I	NEODMAT	rtan.
ווטגנעעת	AL SIIE I		11011.

Multinatic Solo plus D. Steam Safety Klean picks up waste

-	BEST AVAILABLE COPY
	#0090148
	P P.14
	1. (b) should not be
	marked
1.	Facility Owner/o (c) Should be marked
2.	Site Name (For P.15
	100CH '
3.	Hazardous Was (F) Should be marked.
	FL.
4.	Facility Location Street Address
	Street Address City: Coo Corrections made 172931.
*P (25.3	2/14/2
5.5	Eacility Identif
	Told Danckey
	Some x) writing
6.	Name and Tit
7.	Paranillo Official Mailing Address
′′	Responsible Official Mailing Address: Organization/Firm: SAME AS ABOVE
	Street Address:
	City: County: Zip Code:
8.	Responsible Official Telephone Number: Telephone: (467) 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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

ń-		
A	RASUPDATED	í
D	ATE 2-13-01	
BA	Re	
2		

TYPE OF INSPECTION:

ANNUAL

.**5**≇

COMPLAINT/DISCOVERS

RE-INSPECTION

AIRS ID#: 0090148 DATE: 7/13/99 TIME IN: 9:40 TIME OUT: 10:152
FACILITY NAME: Jouch of Class Pry Cleaners 23 3
FACILITY LOCATION: 293 W, Cocoa Beach CSWy
Lolou Black, FL 3293/
RESPONSIBLE OFFICIAL: Vajid Vayda PHONE: 407-783-0099
CONTACT NAME:PHONE:

PART I: NOTIFICATION	
(check appropriate box)	
New facility notified DARM 30 days prior to startup	
2. Facility failed to notify DARM to use general permit	0

PART II: CLASSIFICATION

Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form☐ Drop store/out of business/petroleum
A.	La Diop storovat of business/penoteum
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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	OY ON Can not determine (Burder line 1954 inspects
If no, please check the appropriate classific	ation:
	neral permit as number above uits and is not eligible for a general permit

1415 8/10 1415 8/24 196 60/21 145 14/30 47,5

14.5 7/13

X423 19.5

145 6128

196

facility was 145 gallons.

47.4

1 of 5

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

Revised 8/11/97

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)

-		
	Equipped all machines with the appropriate vent controls?	MY ON
	2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ONA DA DAYA
	3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	tsy on on/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 ON ON∕A
	6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	dy on

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?	dy on
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	TOY 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?	MY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	BY ON ON/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	Y ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	MY ON ON/A

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

PART	PART VI: LEAK DETECTION AND REPAIRS							
1. Do	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
ins	spection?					ΈY		N
2. Ha	s the facility maintained a leak log?					d Y		ПN
3. Do	es the responsible official check the f	followi	ng ar	eas for leaks?		1		,
,	Hose connections, fittings, couplings, and valves	Y	ПΝ	□N/A	Muck cookers	g _Y	Й	I □N/A
	Door gaskets and seating	ηΥ	пν	□N/A	Stills	ΔY	ΠN	N/A
	Filter gaskets and seating	OY	ПN	□N/A	Exhaust dampers	Ø Y	ПΝ	□N/A
	Pumps	ρλ	ПN	□N/A	Diverter valves	$ \mathbb{R}^{\lambda} $	ПN	□N/A
	Solvent tanks and containers	рХ	ПΝ	□N/A	Cartridge filter housings	\mathbf{A}^{λ}	ПΝ	□N/A
	Water separators	QY	ПΝ	□N/A	·			
4. Wł	nich method of detection is used by th	ne resp	onsib	le official?		/	,	
	Visual examination (condensed so	olvent c	on ex	terior surfaces)		œ		
	Physical detection (airflow felt thr	ough g	gaske	ts)				
	Odor (noticeable perc odor)					ď		
	Use of direct-reading instrumentat	tion (F	ID/PI	D/calorimetric	tubes)			
	Halogen leak detector							
	If using direct-reading instru	ımenta	ation	, is the equipme	ent:	4 N/	A	
	a. Capable of detecting p	erc vaj	por c	oncentrations in	a range of 0-500 ppm?	ΠY	ПN	
	b. Calibrated against a st (PID/FID only)?	andard	i gas	prior to and afte	er each use	ΠY	ПN	,
	c. Inspected for leaks and	d obvio	ous si	gns of wear on a	a weekly basis?	ΠY	ΠN	
	d. Kept in a clean and se	сше аг	rea w	hen not in use?	·	Y	ПИ	,

Kunda	1 Cunningham	
Inspec	tor's Name (Please Print)	
Dall	1	
Ins	spector's Signature	Ap

7-13 - 99

Date of Inspection

ND YD

7 - 2000

Approximate Date of Next Inspection

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

ADDITIONAL SITE INFORMATION:		
. •••		
	• .	
	•	·
	·	
		,

Age

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ACILITY NAME: Torch of Class Dry Cleaners DATE: 7-13-99
ACILITY LOCATION: 293 V, (ocog Beach (swy
Loca Beach, FL 32931
anual Reporting Period: Toly 1998 TO Toly 1999
ased on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 2-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
NO, complete the following:
Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
xact period of non-compliance: fromtoto
ction(s) taken to achieve compliance:
lethod 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:
xact period of non-compliance: from
ction(s) taken to achieve compliance:
Sethod used to demonstrate compliance:
s the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements hade in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based pon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or ombination facilities.
Name (Please Print) Name (Signature Date

Page ____ of ____.

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	СОМ	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 4:40 ma TIME OUT:	A CO	10:15am AIRS ID#: 00	190148
TYPE OF FACILITY: Dry Cleaner			
FACILITY NAME: Touch of Class	Ory	Cleaners	_DATE:
FACILITY LOCATION: 293 W. Locaq	Bear	h Cswy	
Locoa Beach, I	-6 3	1931'	1. 2. 70.2
RESPONSIBLE OFFICIAL: Vajid Vayda	 	PHONE NUMBER:_	407-783-0099
Based on the results of the compliance requirem compliance with DEP Rule 62-213.300, Florida			ity is found to be in
Based on the results of the compliance requirem discrepancies were noted:	nents evalua	ted during this inspection, the follo	wing compliance
COMPLIANCE REQUIREMENT/PROP	BLEM	FOLLOW-UP ACTION	ON REQUIRED
COMMENTS: Lompl	Tan	12	/
The Annual Compliance Certification form has been pro	perly certifi	ed and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION: 7-	2000		
INSPECTION CONDUCTED BY: Randa	II C	proximate) VNN Ingham	
INSPECTOR'S SIGNATURE: Polal C	Ple	ease Print) PHONE NUMBER:	407-843-3333
	Page	of .	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS UPDATED
DATE 3-15-00

TYPE OF INSPECTION:

ANNUAL

X

COMPLAINT/DISCOVERY BY _ _

YBY O RC

RE-INSPECTION

····						
AIRS ID#: 0090148 DATE: 3/15/00 TIME IN: 11:15 up TIME OUT:						
FACILITY NAME: Touch of Class Dry Cleaners						
FACILITY LOCATION: 293 W. Coc	og Beach Lowy					
Locoa Beach	•					
RESPONSIBLE OFFICIAL: Vajid Va		0099				
CONTACT NAME:	PHONE:					
CONTACT NAME.	THORE.	·				
PART I: NOTIFICATION						
(check appropriate box)						
1. New facility notified DARM 30 days prior to sta	_					
2. Facility failed to notify DARM to use general pe	ermit					
PART II: CLASSIFICATION						
Facility indicated on notification form that it is:	☐ No notification form	etroleum				
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form Drop store/out of business/p					
(check appropriate box) A. 1. Existing small area source	Drop store out of business/p	70				
(check appropriate box) A. 1. Existing small area source □ dry-to-dry only, x < 140 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr	70 m				
(check appropriate box) A. 1. Existing small area source	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	APR				
(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 both types, x < 140 gal/yr (constructed on or after 12/9/91)	RE CE				
(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)	RECEI				
(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 (constructed on or after 12/9/91)	RE CE				
(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	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	RECEIVE				
(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 both types, 140 ≤ x ≤ 1,800 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 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	RECEIV				
(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 both types, 140 ≤ x ≤ 1,800 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 $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)	RECEIVE				
(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 both types, 140 ≤ x ≤ 1,800 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 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	RECEIVE				
(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 both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classific	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 (constructed on or after $12/9/91$) $\square Y$ $\square N$ $\square Can$ not determine	RECEIVE				
(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 both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a ge	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) □Y □N □Can not determine Cation: neral permit as number above	RECEIVE				
(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 both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a ge facility exceeds above line	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 (constructed on or after $12/9/91$) $\square Y \qquad \square Can not determine$ cation: neral permit as number above nits and is not eligible for a general permit	RECEIVED APR - 4 2000				
(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 both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a ge	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 (constructed on or after $12/9/91$) $\square Y \qquad \square Can not determine$ cation: neral permit as number above nits and is not eligible for a general permit	RECEIVED APR - 4 2000				

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? DY DN DN/A DY ON ONA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? NO YO 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? DY DN DN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DN/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? NO YO 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? OY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN 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?	ΟY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y	□и	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	ΠИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,			
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΠY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ND	3 45/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	□N)

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	, DA DN				
2. Maintained rolling monthly averages of perc consumption?	DA DÁ				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ON/A				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON XVA				
4. Maintained calibration data? (for applicable direct reading instruments)	AVA NO YO				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON XIVA				
6. Maintained startup/shutdown/malfunction plan?	OY ON				
7. Maintained deviation reports?	OY ON X VA				
Problem corrected?	AND NO YO				
8. Maintained compliance plan, if applicable?	איאלט אם אם				

PA	ART VI: LEAK DETECTION AND	REPAIRS	:					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?			DY DN				
2.	Has the facility maintained a leak log	?		NO YO				
3.	Does the responsible official check th	e following areas f	or leaks?					
	Hose connections, fittings, couplings, and valves	חס אם אם	/A Muck cookers	OY ON ON/A				
	Door gaskets and seating	אם אם אם	/A Stills	OY ON ON/A				
	Filter gaskets and seating	אם אם אם	/A Exhaust damper	s DY DN DN/A				
	Pumps	מם אם אם	/A Diverter valves	OY ON ON/A				
	Solvent tanks and containers		/A Cartridge filter l	housings OY ON ON/A				
i	Water separators	OY ON ON	/A					
4.	Which method of detection is used by	the responsible of	ficial?					
	Visual examination (condensed	solvent on exterior	surfaces)	. 0				
	Physical detection (airflow felt t	hrough gaskets)	•	0				
	Odor (noticeable perc odor)							
	Use of direct-reading instrumen	tation (FID/PID/ca	lorimetric tubes)	<u> </u>				
	Halogen leak detector							
	If using direct-reading inst	rumentation, is tl	ie equipment:	M/A				
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?							
l	b. Calibrated against a (PID/FID only)?	standard gas prior	to and after each use	OY ON				
	c. Inspected for leaks a	nd obvious signs o	of wear on a weekly basis?	NO YO				
	d. Kept in a clean and		•	מם עם				
	e. Verified for accuracy	y by use of duplica	te samples (calorimetric onl	y)?				
								
	•							
_	Inspector's Name (Please Pr	int)	Date	e of Inspection				
		· .	·					
	Inspector's Signature		Approximate	Date of Next Inspection				

Quit Dry Cheaning Dec. 1999.

AIRS ID#: 0090 144

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Touch of class	Dry Cleaner	5	DATE:
FACILITY LOCATION: 293 W, GOO	og Beach C	SWY	
FACILITY LOCATION: 293 W, loc	6 P/ 3293	1	
	410020	-{	
Annual Reporting Period:	20	то	20
Based on each term or condition of the Title V genera	l air permit, my facility	has remained in compliance v	vith DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), du		·	_
If NO, complete the following:			
#1. Term or condition of the general permit that has n	oot been in continuous c	ompliance during the reportin	g period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:		<u> </u>	
Method used to demonstrate compliance:	,		
		<u> </u>	
#2. Term or condition of the general permit that has n	ot been in continuous c	ompliance during the reportin	g period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:		<u> </u>	
Method used to demonstrate compliance:			
As the responsible official, I hereby certify, based on in in this notification are true, accurate and complete. F purchase receipts, does not exceed 2,100 gallons per y combination facilities.	urther, my annual cons	imption of perchloroethylene	solvent, based upon
RESPONSIBLE OFFICIAL:			
Name (Please	e 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 THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
10 AIRS ID # 0090148001AG VAJID A VAYDA TOUCH OF CLASS DRY CLEANERS	If YES, enter delivery address below: LI No
293 W COCOA BEACH CSWY COCOA BEACH FL 32931	3. Septice Type © Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 4/29 9	556 1111 111 1 1 1
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

1		MAIL REC	EIPT Coverage Provided)	ė
9556		_	_	N
4124	Postage Certified Fee	\$	Postmark	3
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here	3
7000 0600		CLASS DRY CLEA A BEACH CSWY		40-24
1	PS Fo.		r Instru	ctions

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0356108

TO: EN 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

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

301201

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

Do NOT Remove Label

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

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

ОЫ: 002273

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

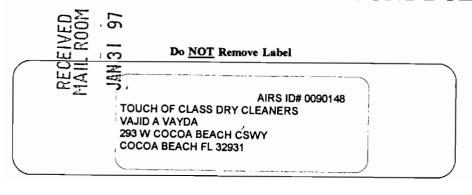
AIRS ID # 0090148
TOUCH OF CLASS DRY CLEANERS
VAJID A VAYDA
293 W COCOA BEACH CSWY
COCOA BEACH FL 32931

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

THIS PORTION MUST BE A1 1 ACHED TO REMITTANCE FOR PROPER HANDLING

259476Please 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



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