

Department of Environmental Protection

Lawton Chiles Governor Twin Towers Office Building 2600 Blair Stone Road Tallahassee. Florida 32399-2400

Virginia B. Wetherell Secretary

September 24, 1996

Mr. Jay Patel J's Cleaners 2246 Semoran Boulevard Apopka, Florida 32703

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 22, 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

etter but

and Mobile Sources

/DD

cc: Mr. Louis Nichols, Central District

0950294

P.15 (c)+(d) are not required to be matked

. .

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	·			
1.	Facility Owner/Company Name (Na	ame of corporation,	agency, or ind	vidual owner):
	JAY P	ATEL		
2.	Site Name (For example, plant name	or number):		
	J'S <	LEANER	ک	
3.				
		100		,
4.	Street Address: 22 46	EMORAN	BLVD.	
	City: APOPKA	County: Of	INGE	Zip Code: 3 2793
5.	Facility Identification Number (DEP	Use):		
	FLD #	982-1	57-6	12 0950294
		Responsible O	fficial	
<i>-</i>	Name and Title of Passessible Offi-	sial:		
6.	Name and Title of Responsible Office TAY Responsible Official Mailing Address Organization/Firm: Street Address:	Dai: ΔTE1	_ 0'	UNER
	JAT	AICC		·
7.	Responsible Official Mailing Addres	SAME	A-5	# 4
	Organization/Firm: Street Address:	211.10	,, ,	, ,
	City:	County:		Zip Code:
8.	Responsible Official Telephone Nun	nher:		
О.	Telephone: (4°7) 880-14		Fax: () — -
	Facility Conta	act (If different fro	om Responsible	e Official)
9.	Name and Title of Facility Contact (For example, plant	manager).	
ļ ^{7.}	SAME AS		managor).	
10.	Facility Contact Address: 5AM	IE AS#	4	
	Street Address:		/	
	City:	County:		Zip Code:
11.	Facility Contact Telephone Number: Telephone: () -	SAME A	3 # 8 Fax: () -
				DECEIVED
				DECEIVE

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Búreau 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		12-NOV-93			mstaried		02-MAR-92	1
Dry-to-Dry Unit X	. 4.5					j 4.			The state of the s
(1) w/ ref. condenser	#1	10-0CT-86				1	_		T
(2) w/ carbon adsorber		1							
(3) w/ no controls									
Washer Unit		Natura	jageda, i		17.4	1.439.53		Nationality	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	1 8.49	g Frankligher (de de la composición	·langer		the Committee of the	1000	e de la compo	A.A.
(7) w/ ref. condenser								T T	
(8) w/ carbon adsorber									
(9) w/ no controls	_								
Reclaimer Unit	11 V\$.		garanga at an ang sa			e in particular and the		Ny saranja ji	ter jera
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are required, but not yet installed									
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.) Ne	ew sm	nitions found nall area sour rge area sour	ce []	3) of	Part II?	

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4. What control technology is required on machines processes (Indicate with an "X".)	oursuant 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 []	
	nits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following
	tave a total heat input of 10 million BTU/hr or less (298 tural 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 an	nd 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	[X]
(d) Carbon adsorber exhaust perc concentration moni	toring $\begin{bmatrix} X \\ X \end{bmatrix}$
(e) Instrument calibration	[X]
(f) Start-up, shutdown, malfunction plan	$[\lambda]$

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

Surrender of Existing Air Permit(s)

lease indica	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						
this notifi statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in faction. I hereby certify, based on information and belief formed after reasonable inquiry, that the its 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 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.						
Signature	9/19/96. Date						

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔽	COMPL	AINT/DISCOVE	RY 🔲	RE-INSPECTION	
TIME IN: 12 30	TIME OUT:		AIR	S ID#: 09:	50294	
TYPE OF FACILITY: 1 FACILITY NAME: FACILITY LOCATION: 1		10 V G W		DA	TE: 3/17/57	
RESPONSIBLE OFFICIAL:	Apopka Fl Jay Patel		32703 phone	E NUMBER: (40)	7/880-1933	
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						
No running Per		(1)			veinspect	
No Leak chec	K Log	(2)	M	ŧŧ	V	
NO Corrective	Action Los	(3)	- N	11	n	:
· · · · · · · · · · · · · · · · · · ·				1		·
*					4.	
COMMENTS:						
The Annual Compliance Certifi	, c	rly certified	and submitted to	the inspector.	YES NO	}
DATE OF NEXT INSPECTION	on:	(Appro	oximate)			
INSPECTION CONDUCTED) BY:	ODD (Please	Fletchel			
INSPECTOR'S SIGNATURE: JOHN JACK PHONE NUMBER (407) 836-9524						

Page___of_

Revised 10/96



Orange County Environmental Protection Department

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	RE-INSPECTION	и п с х	COMPLAINT/DISCOV	ERY C)
AIRS ID#: 0950 294	DATE: 3/17,	/97 TIME	in: <i>12</i> 30 тіме ()UT:
FACILITY NAME:	CLUAN ERS	}		
FACILITY LOCATION:				
	,			
PART I: NOTIFICATION			The same of the sa	
(check appropriate box)				
1. Existing facility notified DA	IRM by 9/1/96			ĊX
2. New facility notified DARM	1 30 days prior to sta	rtup		
3. Facility failed to notify DAI	RM to use general pe	rmit		
PART II: CLASSIFICATIO	N		The state of the s	
Facility indicated on notifica (check appropriate box)	tion form that it is:			
A. 1. Existing small area soudry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/9)	/yr	dry-to-dry on transfer only, both types, x	ly, x<140 gal/yr x<200 gal/yr	ם
3. Existing large area son dry-to-dry only, 140 <x<2, (constructed="" 12="" 140<x<1,800="" 200<x<1,80="" 9="" 9<="" before="" both="" g="" only,="" td="" transfer="" types,=""><td>100 gal/yr 0 gal/yr gal/yr</td><td>dry-to-dry on transfer only both types, 1</td><td>e area source dy, 140<x<2, 100="" gal="" yr<br="">, 200<x<1,800 gal="" yr<br="">40<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td></x<2,>	100 gal/yr 0 gal/yr gal/yr	dry-to-dry on transfer only both types, 1	e area source dy, 140 <x<2, 100="" gal="" yr<br="">, 200<x<1,800 gal="" yr<br="">40<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,>	
This is a correct facility class	sification	24 Y (1)	1	
If no, please check the appro	priate classification:			
☐ facility qua	lified for a general p ceds above limits and	ermit as number Lis not eligible	above for a general permit	
B. The total quantity of perc facility was 5 6 gallo	chloroethylene (perc) ons.	purchased with	in the preceding 12 months	by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MU YIK 1. Storing perchloroethylene in tightly sealed and impervious containers? MJ UN 2. Examining the containers for leakage? DY ON 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? WY CIN 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? MY UN UNIA 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) UY UN 1. Equipped all machines with the appropriate vent controls? AME NE YE 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 UY UN UN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated UY UN condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the OY ON condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after UY UN verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:						
 Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? 	d (1) (1) (1)					
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?						
Is the temperature differential equal to or greater than 20° F7	מא מא					
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?	מארם אם אר					
Is the perc concentration equal to or less than 100 ppm?	אם אם					
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?	מע עט					
Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A					
6. Routed airflow to the carbon adsorber (if used) at all times?	מאום אם איע					
PART V: RECORDREEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for pere purchased?	NO ACK					
2. Maintained rolling monthly averages of pere consumption?	בוץ (אלא					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or;	OA OXIN					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ÜN					
4. Maintained calibration data? (for direct reading instruments only)	DY DN DWIA					
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON WA					
6. Maintained startup/shutdown/malfunction plan?	ÒKA. □N					
7. Maintained deviation reports?	DY ON NIA					
Problem corrected?	DY DN					
8. Maintained compliance plan, if applicable?	עאם אם אס					
PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly leak detection and repair inspection?	OY XIN					

2.	Which method of detection is used by th	e respons	ible offici	a17	7a	*******	
	Visual examination (condensed so	urfaces)	×				
	Physical detection (airflow felt three	•	<u>_1</u>				
	Odor (noticeable pere odor)				M		
	Use of direct-reading instrumentat	ion (FID)	PID/calo	rimetrie tubes)	Cl		
	If using direct-reading instrume	ntation, i	s the equ	ipment:			
	 Capable of detecting p 	ere vapoi	concenti	rations in a range of 0-500 ppm?	UY U	IN	
	b. Calibrated against a st (PID/FID only)?	o and after each use	מט אט				
c. Inspected for leaks and obvious signs of wear on a weekly basis?						11/1	
d. Kept in a clean and secure area when not in use?						11/1	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?						OY UN	
3. Has the facility maintained a leak log?						(1)	
4.	Does the responsible official check the	following	areas for	Teaks?	,		
	Hose connections, fittings, couplings, and valves	. A j.A	ÜN	Muck cookers	ZŽY	ПN	
	Door gaskets and scating	Ax	ИÜ	Stills	ĽΥ	ПИ	
	Filter gaskets and scating	A.A.	UN	Exhaust dampers	XiY	ON	
	Pumps	XX	UN	Diverter valves	XIX	NO	
	Solvent tanks and containers	XIY	ПИ	Cartridge filter housings	XY	ПN	
	Water separators	KIY	ΠN				

Tay partil	
Name of Responsible Official	1
Todd Fletcher MARIE DRISCOLL	3/17/97
Inspector's Name (Please Print)	Date of Inspection
Maire L. Arwall	ml 9/17/77
Inspector's Signature	Approximate Date of Next Inspection

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AUG 22 1996

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Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	<u> </u>
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	JAY PATEL
	- , ,
2.	Site Name (For example, plant name or number):
	J'S CLEANERS
3.	Hazardous Waste Generator Identification Number:
٦.	
	F002/D039
4.	Facility Location: SEMARAN BIVD
	Facility Location: Street Address: 2246 SEMORAN BLVD.
	City: APOPKA County: ORANGE Zip Code: 3 2703
	•
5.	Facility Identification Number (DEP Use):
	FLD # 982-157-612 0950294
	Responsible Official
	F
6.	Name and Title of Responsible Official:
	JAY PATEL - OWNER
	,
7.	$\frac{1}{2}$
	Organization/1 lini.
	Street Address: City: County:
	City: County: Zip Code:
8.	Responsible Official Telephone Number:
"	Telephone: $(497)880 - 1933$ Fax: () — -
	Facility Contact (If different from Responsible Official)
	Name and Title of Facility Court of (Facility Court
9.	
	SAME AS # 6
10.	Facility Contact Address:
10.	Facility Contact Address: SAME AS # 4
	Street Address:
	City: Zip Code:
11.	Facility Contact Telephone Number: 5AMF A3 # 8 Telephone: () - Fax: () -
	Telephone: () - Fax: () -
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	Kror,

AUG 22 1996

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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.

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit X		* + 50						•	
(1) w/ ref. condenser	#1	10-04-86	_	T					
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser					1				
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit						•		1	•
(7) w/ ref. condenser									
(8) w/ carbon adsorber								,	_
(9) w/ no controls				-					
Reclaimer Unit	2 - 1		*		-1				<u> </u>
(10) w/ ref. condenser									
(11) w/carbon adsorber			-						
(12) w/ no controls									
(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 urce [X_]	cation only.) Ne	w sm	nitions found nall area sour ge area sour	ce []	3) of	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines (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 a	nd Recordkeeping Information
Check all logs which are required to be kept on-site i	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	<u>[X]</u> .
(b) Leak detection inspection and repair	\mathcal{X}
(c) Refrigerated condenser temperature monitoring	Je Je
(d) Carbon adsorber exhaust perc concentration mon	itoring .
(e) Instrument calibration	X
(f) Start-up, shutdown, malfunction plan	$[\lambda]$

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

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ιX	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
Signature	Aspatel 8/19/96. Date 3/17/97:

DEP Form No. 62-213.900(2) Effective: 6-25-96 DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

E CEIVEI FEB 1 6 1998 Bureau of Air Monitori R Mobile Sources	JAY PATEL JAY PATEL 2246 SEMORAN BI APOPKA FL 32703		950294	
1 VE	Do j	NOT Remove Label		
Annual Reporting Period:	sf	19 <u>%</u> 7 то	DEC. 31 St	1997
Based on each term or condition of the 62-213.300, Florida Administrative Co	•		F	ith DEP Rule
If NO, complete the following:				
#1. Term or condition of the general p	ermit that has not been in	n continuous complia	ance during the reporting	g period stated above:
Exact period of non-compliance: from			_ to	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance	e:			<u> </u>
#2. Term or condition of the general po	ermit that has not been in	a continuous complia	ance during the reporting	; period stated above:
Exact period of non-compliance: from			to	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance	e: <u>·</u>			
As the responsible official, I hereby certify notification are true, accurate and comple does not exceed 2,100 gallons per year for	te. Further, my annual co	nsumption of perchlo	roethylene solvent, based i	upon purchase receipts,
RESPONSIBLE OFFICIAL:	JAY PATE Name (Please Print)	<u> </u>	My fel. Signature	2/9/9p 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.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

302614

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 FEB 13 98

Do NOT Remove Label

AIRS ID#0950294

JAY PATEL JAY PATEL 2246 SEMORAN BLVD APOPKA FL 32703 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	СОМ	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 11,15	TIME OÙT:	LL	45 AIRS ID#: 0	950794
TYPE OF FACILITY:	Dry Cleane	2 V	,	
FACILITY NAME:	Dry Clear	ag V		DATE: 4/79/98
FACILITY LOCATION: 7	246 Sema	Von	131vd.	
	A popiza 1	FI	32703	
RESPONSIBLE OFFICIAL:	Jay Matel	·	PHONE NUMBER:_	407-880-1930
	he compliance requirementule 62-213.300, Florida A		ted during this inspection, the facilitive Code (F.A.C.).	ity is found to be in
Based on the results of t discrepancies were noted		nts evalua	ted during this inspection, the follo	wing compliance
COMPLIANCE REQU	JIREMENT/PROBL	LEM	FOLLOW-UP ACTION	ON REQUIRED
* # * * * * * * * * * * * * * * * * * *		·		
		_	·	70
			∞,	
			Mobile	EIVED A 6 1998 Of Air Monitoring
				1998 TI
				toring les
COMMENTS:				
Fac	ulity in	Con	apliance	
The Annual Compliance Certific	ation form has been prope	erly certifi	ed and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTIO	N: 4 29	99 (Ap	proximate)	•
INSPECTION CONDUCTED	ву: Том	Fleto	ease Print)	
INSPECTOR'S SIGNATURE:	told Tella		•	407-836-9524

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Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL.		COMPLAINT/DISC	OVERY 🛪 🗆
	RE-INSPECTION		TX.	m m
		There are not come and a second and and and and and	200	3 3 6
AIRS 10#: 0956294	DATE: 4 29 98	TIME IT	1: 11:15 语	BOTT: 1545
FACILITY NAME:	1's Dry C	Leaner		P. 6 4
TYPE OF INSPECTION: AIRS ID#: 0956294 FACILITY NAME:	2246 Sen	Movan	Blud	1998 Monitoring
	Apopka	F(3	2703	ring
RESPONSIBLE OFFICIAL :	Jay Patel	11 200-000 - 5-000 - 111 200-000 - 100-000 - 100-000	PHONE: 407	- 88 6 - 1930
ų.	·			
PART I: NOTIFICATION				
(check appropriate box)				
New facility notified DARM	1 30 days prior to startur	n		0
2. Facility failed to notify DAF				
Total and the second se	8			
PART II: CLASSIFICATIO	N			
Facility indicated on notificat	20		☐ No notification for	orm
(check appropriate box)			☐ Drop store/out of	business/petroleum
A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91	l/yr d r tı b	t. New small a lry-to-dry only, ransfer only, x ooth types, x < constructed on	x < 140 gal/yr < 200 gal/yr	<u> </u>
3. Existing large area soudry-to-dry only, $140 \le x \le 2$	2,100 gal/yr - d	4. New large a Iry-to-dry only, ransfer only, 2	C] yr	
transfer only, $200 \le x \le 1.800$ both types, $140 \le x \le 1.800$ (constructed before 12/9/91) gal/yr - t	ooth types, 140	$\le x \le 1,800 \text{ gal/yr}$ or after 12/9/91)	
both types, $140 \le x \le 1,800$) gal/yr b	ooth types, 140		nc
both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91 5. This is a correct facility If no, please check th	gal/yr to the classification (classification (classification) (classificat	tion: trail permit as not clicated in the constructed on the constructed on the construction:	or after 12/9/91) Can not determinumber abogible for a general per	ve mit

PART III: GENERAL CONTROL REQUIREMENTS										
Is the responsible official of the dry cleaning facility: (check appropriate boxes)										
1. Storing perchloroethylene in tightly scaled and impervious containers?	DY, UN UN/A									
2. Examining the containers for leakage?	מא טא טאוא									
3. Closing and securing machine doors except during loading/unloading?										
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	מאמה אוף גאבו									
 Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? 	UY UN UNIA									
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?	UY UN									
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A									
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A									
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	מי מי א									
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	מא מא מאיע									
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON .									

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?	ÜΥ	UN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ÜΥ	UN	ÜN/A
	Is the temperature differential equal to or greater than 20° F?	ŪΥ	ШΝ	
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?	ΟY	אט	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ÜΥ	ÜИ	ÜN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring pere concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ÜΥ	ÜN	□n/ ∧
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ШN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ÜY	ÜN	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	/
1. Maintained receipts for perc purchased?	DY ON
2. Maintained rolling monthly total of pere consumption?	באַ נוא
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 brs? or;	אאט אט אַט
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	עאמ אם אם
4. Maintained calibration data? (for applicable direct reading instruments)	CIY CIN ENIA
5. Maintained exhaust duct monitoring data on perc concentrations?	בוץ בוא בוא/א
6. Maintained startup/shutdown/malfunction plau?	CAY CIN
7. Maintained deviation reports?	בוץ בוח בוח/ג
Problem corrected?	חל מא מאא
8. Maintained compliance plan, if applicable?	בוץ בוח באוא

P	PART VI: LEAK DETECTION AND REPAIRS											
1.	Does the responsible official conduct a v	veckly (for small source	es, bi-weekly) leak detection an	d repair								
	inspection?			DAY ON								
2.	Has the facility maintained a leak log?			מא מא								
3.	Does the responsible official check the f	ollowing areas for leak	s?									
	Hose connections, fittings, couplings, and valves	GY ON ONIA	Muck cookers	CAY CIN CIN/A								
	Door gaskets and scating	מא מא מאיע	Stills	מארם אם מאיע								
	Filter gaskets and scating	GA ON ON/V	Exhaust dampers	קא מא מאיע								
	Pumps	CA ON ONIV	Diverter valves	עא מא מאט אם אַ								
	Solvent tanks and containers	מא מא מאיע	Cartridge filter housings	מא מו מאיע								
	Water separators	CAY CIN CIN/A										
4.	Which method of detection is used by the	e responsible official?										
	Visual examination (condensed so	dvent on exterior surfac	ces)	cd								
	Physical detection (airflow felt thr	ough gaskets)		CI								
	Odor (noticeable perc odor)											
	Use of direct-reading instrumenta	tion (FID/PID/calorime	etric tubes)	CI								
	Halogen leak detector			ار ت								
	If using direct-reading instra	amentation, is the equ	ipment:	IN/A								
	a. Capable of detecting p	oere vapor concentratio	ns in a range of 0-500 ppm?	OY ON								
		tandard gas prior to an	d after each use	OY ON								
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?c. Inspected for leaks and obvious signs of wear on a weekly basis?											
	d. Kept in a clean and so	_	•	מט עט								
	c. Verified for accuracy	by use of duplicate san	ples (calorimetric only)?	OY ON								
			<u> </u>									
	and the state of t											
	TODO Flet	cher	4/	29/98								

Revised 9/15/97

Approximate Date of Next Inspection

Inspector's Signature

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RECEIVED

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

DEC 5 1997

	ANNUAL RE-INSPECTION	Bureau of Air Monitoring COMPLAINT/DISCOVER Mobile Sources
	•	7 TIME IN: 930 TIME OUT: 1000
FACILITY NAME:	S Dvy	B. Semovan Blud
	Apopka	Fl 32703
responsible official :	Jay Pate	PHONE: 407 880-1933
	•	PHONE:
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30	days prior to starts	un.
2. Facility failed to notify DARM	· ^	
PART II: CLASSIFICATION	· · · · · · · · · · · · · · · · · · ·	
Facility indicated on notification (check appropriate box)	form that it is:	☐ No notification form ☐ Drop storc/out of business/petroleum
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)	(1	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, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$ g both types, $140 \le x \le 1,800$ gal (constructed before $12/9/91$)	0 gal/yr gal/yr /yr	4. New large area source \Box 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 class	sification	□X □N □Can not determine
	qualified for a gene	tion: eral permit as number above ts and is not eligible for a general permit
B. The total quantity of perchloro facility was 56 gallons.	ethylene (perc) pur	chased within the preceding 12 months by this dry cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1:: DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY, ON ON/A 2. Examining the containers for leakage? DY DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber OY ON ON/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY DN 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? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

PART III: GENERAL CONTROL REQUIREMENTS

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?	ΟY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	□N I	□N/Λ
	Is the temperature differential equal to or greater than 20° F?	ΟУ	□N I	⊐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?	ΟY	ו אם	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПN	□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	□N □	□N/A
5	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ΠN	□N/A
6	Routed airflow to the carbon adsorber (if used) at all times?	ΩУ	ΠN	□N/∧
-				
P	ART V: RECORDKEEPING REQUIREMENTS			
	(as the responsible official: check appropriate boxes)			
l	. Maintained receipts for perc purchased?	ΘÝ.		
2	. Maintained rolling monthly averages of pere consumption?	ΩY		
3	. Maintained leak detection inspection and repair reports for the following:		,	
	a. documentation of leaks repaired w/in 24 hrs? or;	\Box Y	CZ/V	□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?			□N/A
4	. Maintained calibration data? (for applicable direct reading instruments)			΄/A
5	. Maintained exhaust duct monitoring data on perc concentrations?			CH/A
10	. Maintained startup/shutdown/malfunction plan?	ΩX'	ΠN	

DY DN DN/V

7. Maintained deviation reports?

Problem corrected?

8. Maintained compliance plan, if applicable?

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1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			ŒΥ	ПИ		
2.	Has the facility maintained a leak log	?		\Box Y	DW		
3.	Does the responsible official check the						
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers		N □N/A		
	Door gaskets and seating	DY DN DN/A	Stills		N □N/A		
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers		N □N/A		
	Pumps	OY ON ON/A	Diverter valves		N □N/A		
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings		N □N/A		
	Water separators	" DY ON ON/A					
4.	Which method of detection is used by	the responsible official?		/			
	Visual examination (condensed						
	Physical detection (airflow felt						
	Odor (noticeable perc odor)	\Box_{i}					
	Use of direct-reading instrumer						
	Halogen leak detector						
	If using direct-reading ins	trumentation, is the equi	pment:	DN/A			
	a. Capable of detectin	g pere vapor concentration	ns in a range of 0-500 ppm?		M		
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					и		
	c. Inspected for leaks	on a weekly basis?		М			
	d. Kept in a clean and	ise?		И			
	e. Verified for accurac	ples (calorimetric only)?	OY C	JN			

Inspector's Name (Please Print)

Inspector's Signature

10 Z9 97
Date of Inspection

4 189 198 Approximate Date of Next Inspection

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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMPLAIN	IT/DISCOVERY	RE-	INSPECTION
TIME IN: 930	TIME OUT:	1000	AIRS ID#:	0950	797
TYPE OF FACILITY:	Dry Cleaner		•		
FACILITY NAME: 3	1/7	anev		DATE:	10/29/97
FACILITY LOCATION:	2246 Sem	ovan B	Slud		
	Apopka FI	32	103		
RESPONSIBLE OFFICIAL:	Jay Patel		PHONE NUMBE	:R: <u>407</u>	880-1933
<u> </u>	he compliance requirement ule 62-213.300, Florida Ac		· ·	acility is fou	nd to be in
Based on the results of t discrepancies were note	he compliance requirement d:	s evaluated dur	ing this inspection, the f	ollowing con	mpliance
COMPLIANCE REQU	JIREMENT/PROBLI	EM	FOLLOW-UP AC	TION RE	QUIRED
No Running	Perc. Consu	nption			
No Leak ch	eck Log				
No Correctiv	Action Log	3			
			*	RECE	/14
			Bure	DEC 5	1 V E D 1997
			≪	Pau of Air Mo Mobile Sour	Onitoring Cos
comments: Second in regulard	spection owner for bis bene	v/menes val Air	av not dois Revmit.	is wh	cat is
The Annual Compliance Certific DATE OF NEXT INSPECTIO	. 1	ly certified and	submitted to the inspect	tor. Yf	es No
DATE OF REAL MOLECTIO		(Approxin	1 1		•
INSPECTION CONDUCTED	BY: OD	(Please Pi	tchev		
INSPECTOR'S SIGNATURE	Cold Jul	ct	> PHONE NUMBE	r: 836	5-9524

Page of .

BEST AVAILABLE COPY

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

RE-INSPECTION

COMPLAINT/DISCOVERY

SY TIME IN: 11:15 TIME OUT: 11:45

PART II: CLASSIFICATION					
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum				
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	☐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) p facility was _5\omega_ gallons.	urchased within the preceding 12 months by this dry cleaning				

Is the responsible official of the dry cleaning facility: (check appropriate boxes)						
1. Storing perchloroethylene in tightly scaled and impervious containers?	CAY ON ON/A					
2. Examining the containers for leakage?	מא טא טאא					
3. Closing and securing machine doors except during loading/unloading?	מַאַ טא					
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	EAY - CIN CIN/A					
5. Maintaining solvent-to-carbon ratios and steam pressure for earbon adsorber beds according to the manufacturer's specifications?	רוא מו און					
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 $\bf A$ 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?	מט אט אט					
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	אואם אם אם אם					
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	מא מא מאיע					
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	CIY CIN					
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	בוא בוא בוא/ע					
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON					

PART III: GENERAL CONTROL REQUIREMENTS

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

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official:						
(check appropriate boxes)						
1. Maintained receipts for perc purchased?	DY ON					
2. Maintained rolling monthly total of perc consumption?	באַ טאט י					
3. Maintained leak detection inspection and repair reports for the following:	,					
a. documentation of leaks repaired w/in 24 hrs? or;	אואם אם אס					
b: documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	מא ט ט טאע					
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON QN/A					
5. Maintained exhaust duct monitoring data on perc concentrations?	מא מא מאיע					
6. Maintained startup/shutdown/malfunction plan?	CAY ON					
7. Maintained deviation reports?	בוץ בוא באוא					
Problem corrected?	OY ON DIVA					
8. Maintained compliance plan, if applicable?	עאט אט צט .					

PA	PART VI: LEAK DETECTION AND REPAIRS							
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair								
	inspection?					ŒΥ	UN	
2.	Has the facility maintained a leak log?					ĽΥ	UN	
3.	Does the responsible official check the following areas for leaks?							
	Hose connections, fittings, couplings, and valves	ΘY	מם אם	٧/٨	Muck cookers	ĽΑY	□N □N/A	
	Door gaskets and scating	ØΥ	מם מם	٧/٨	Stills	ĽΥ		
	Filter gaskets and scating	ØΥ	ום אם	V/ A	Exhaust dampers	ΠY	DN DN/V	
	Pumps	ŒΥ	ום אם	٧/٨	Diverter valves	Úу		
	Solvent tanks and containers	ďγ	נט אט	N/A	Cartridge filter housings	ÚΥ		
	Water separators	ЦY	םא םו	N/A			*	
4.	Which method of detection is used by	the resp	onsible o	official?		/	•	
	Visual examination (condensed)	solvent	on exteri	or surfaces)		C I		
	Physical detection (airflow felt through gaskets)							
	Odor (noticeable perc odor)							
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						C	
	Halogen leak detector							
	If using direct-reading instrumentation, is the equipment:						I/A	
1	a. Capable of detecting pere vapor concentrations in a range of 0-500 ppm?						′ UN	
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?						/ DN	
	c. Inspected for leaks a	ınd obv	ious s igu	s of wear on	a weekly basis?	ΟY	Y DN	
	d. Kept in a clean and	sccure	arca whe	n not in use?)	ΩY	אם ז	
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?					Ü١	Y ÜN	
Ļ								
_	Inspector's Name (Please Print) Date of Inspection							
	1/29/99							
	Inspector's Signature				Approximate Date o	I Nex	t inspection	

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11TLE V AIR QUALITY GENERAL 1 ERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COMI	PLAINT/DISCOVERY RE-INSPECTION RE-INSPECTION
TIME IN: 11:15	TIME OUT: L	5 AIRS ID#: 0950 294
TYPE OF FACILITY:	Dry Cleuner	
FACILITY NAME:	15 Dry Cleaner	DATE: 4/29/98
FACILITY LOCATION:	2246 Semoven	Blud.
	Apopika FI	32703
RESPONSIBLE OFFICIAL:	Jay Patel	PHONE NUMBER: 407 · 886 · 1930
[. E .]		ed during this inspection, the facility is found to be in
	P Rule 62-213.300, Florida Administra	·
Based on the results discrepancies were n		ed during this inspection, the following compliance
	QUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
State of the state		
7 3 1		
	:	
	.:	
· F	· · · · · · · · · · · · · · · · · · ·	
Williams	· · · · · · · · · · · · · · · · · · ·	
		•
COMMENTS:		
F	adity in con	pliance
	icility in con	
· · · · · · · · · · · · · · · · · · ·		
The Annual Compliance Cer	tification form has been properly certifi	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPEC		·
	- Company	proximate) N
INSPECTION CONDUCT		case Print)
INSPECTOR'S SIGNATU	111111111111111111111111111111111111111	PHONE NUMBER: 407-836-9524
	The state of the s	1000

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Revised 10/96



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	0)	COMPLAINT/DISCO	OVERY	
AIRS 1D#: <u>0950294</u> D	ATE: 10/29/	TIME I	N: <u>930</u> TIM	e out:	ාවට
FACILITY NAME:	1 4	3			
FACILITY LOCATION:	2746	B. Sewo	ran Blud		
	Apopka	Fl	32703		
RESPONSIBLE OFFICIAL:				<u> 780 - 193</u>	3
••					
PART I: NOTIFICATION					
(check appropriate box)			and the same		
1. New facility notified DARM 3	0 days prior to start	$v_{ m up}$	11 0c/198		· 🗆 📗
2. Facility failed to notify DARM	I to use general pen	nit			۵
PART II: CLASSIFICATION					
Facility indicated on notificatio (check appropriate box)	n form that it is:		☐ No notification for ☐ Drop store/out of I		leum
1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	г	2. New small a dry-to-dry only, transfer only, x both types, x < (constructed on	x < 140 gal/yr < 200 ǵal/yr		
3. Existing large area source dry-to-dry only, $140 \le x \le 2,1$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g (constructed before 12/9/91)	00 gal/yr gal/yr	transfer only, 20 both types, 140	rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	т П	
5. This is a correct facility cla	ssification	NO KD	□Can not determine	:	
	qualified for a gen	eral permit as m	nmber above		•
B. The total quantity of perchlor facility was 56 gallons.	octhylene (perc) pu	rchased within th	he preceding 12 month	s by this dry c	leaning

В.	Has the responsible official of an existing large or new large area source also:			
1.1	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?	ĽΙΥ	ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	$\Box Y$	Πи	□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	□N	□N/A
	Is the pere concentration equal to or less than 100 ppin?	ΩΥ	ΩИ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	DИ	□n/a
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΠN	□N/A

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	GY, GN					
2. Maintained rolling monthly averages of perc consumption?	DY DW					
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 W DNA					
4. Maintained calibration data? (for applicable direct reading instruments)	איאס אם צט					
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A					
6. Maintained startup/shutdown/malfunction plan?	OXY ON					
7. Maintained deviation reports?	OY ON WN/A					
Problem corrected?	אואס אם אם					
8. Maintained compliance plan, if applicable?	DY DN DN/A					

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL C	OMPLAINT/DISCOVERY RE-INSPECTION
	00 AIRS ID#: 0950 294
TYPE OF FACILITY: Dy Cleaner	
FACILITY NAME: J'S DVY CIEGO	DATE: 10/29/97
FACILITY LOCATION: 2246 Semove	
A popka FI	32703
RESPONSIBLE OFFICIAL: Jay Patel	PHONE NUMBER: 407 880-1933
<u></u>	aluated during this inspection, the facility is found to be in
compliance with DEP Rule 62-213.300, Florida Admin	
Based on the results of the compliance requirements ev discrepancies were noted:	aluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No Running Perc. Consump	tun
No leak check Log	
No Corrective Action Log	
comments: second inspection owner/ required for his beneva	menegr not doing what is 1 Air Permit.
The Annual Compliance Certification form has been properly of	ertified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 4/29	/98 (Approximate)
SPECTION CONDUCTED BY: ODD	Fletcher
INSPECTOR'S SIGNATURE: SOLD TUCK	PHONE NUMBER: 824-9524

Page of .

1/1/0/1

Orange County Environmental Protection Department

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL. RE-INSPECTION	CX OF COMPLAINTYDISCOV	VERY CI
		7 TIME IN: 1230 TIME	
Į .		and the state of t	
FACILITY LOCATION: 26	4 nd 2246 5E	MORAN BLUD	
<u>_</u>	POPKA, FL	<i>3</i> 97 <i>0</i> 3	
PART I: NOTIFICATION			
(check appropriate box)			
1. Existing facility notified DA	RM by 9/1/96		ĊΧ
2. New facility notified DARM	30 days prior to startu	p	а
3. Facility failed to notify DAR	M to use general perm	ít	a
	rce XI yr) nrce □ 100 gal/yr 2 gal/yr al/yr ification priate 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, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" after="" both="" gal="" on="" only,="" or="" service="" service<="" source="" th="" the="" to="" transfer="" types,="" yr=""><th></th></x<2,>	
B. The total quantity of percification facility was 56 gallo		rchased within the preceding 12 month	ns 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 scaled and impervious containers?	XYY CIN				
2. Examining the containers for leakage?	XYY DN '				
3. Closing and securing machine doors except during loading/unloading?	DAY CIN				
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	MA CIM				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אָע. הא. מאיע				
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 refu (complete A below).	igerated condenser				
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 ref (complete A and B below).	rigerated condenser				
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?	CIY LIN				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	מארט אנז אנט				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	CIY CIN CIN/A				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	מט עט				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	מט עט				

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	טץ טא
Is the temperature differential equal to or greater than 20° F?	טץ טא
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	מס אם
4. Assured that the sampling port on the carbon adsorber exhaust for measuring pere concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ם ע מארט ארט ארט
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
(check appropriate ooxes)	
1. Maintained receipts for perc purchased?	XY UN
	רוא הא ו אבוא רוט
1. Maintained receipts for perc purchased?	, ,
Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	, ,
 Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: 	רוז קאייעו
 Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days 	בוא לאנט
 Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	רוז אמי בוז אמי בוז אמי
 Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) 	מא מא מאיא מא מאיא מא מאיא
 Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only? Maintained exhaust duct monitoring data on perc concentrations? 	CIY DXN CIY DXN CIY DXN CIY DXN CIY DXN CIY DXN DXN/A CIY DXN N/A
 Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? 	CIY DXN CIY DXN CIY DXN CIY DXN CIY DXN CIY DXN ANA ANA ANA ANA
 Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only? Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? 	0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

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?

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

NX YO

DY DN

2. Which i	. Which method of detection is used by the responsible official?							
Vi	Visual examination (condensed solvent on exterior surfaces)							
Pl	Physical detection (airflow felt through gaskets)							
0	Odor (noticeable perc odor)							
U	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)							
11	If using direct-reading instrumentation, is the equipment:							
	a. Capable of detecting pe	re vapor	concentrations in	a range of 0-500 ppm?	DY DI	1		
	b. Calibrated against a sta (PID/FID only)?	ndard ga	s prior to and afte	r each use	מט עם	1		
	c. Inspected for leaks and	obvious	signs of wear on a	weekly basis?	CIY CI	1		
			UY UN					
	e. Verified for accuracy by	y use of a	i Implicate samples ((calorimetric only)?	OY ON			
3. Has the	e facility maintained a leak log?				CIY X	4		
4. Docs ti	ic responsible official check the fe	llowing	areas for leaks?		,			
ll .	lose connections, fittings, couplings, and valves	. 1 2	NO	Muck cookers	XX	ПN		
ľ	Door gaskets and scating	Ax	UN	Stills	ΔY	ПИ		
7	Filter gaskets and scating Pumps YY UN Diverter valves Solvent tanks and containers YY UN Cartridge filter housing							
1								
	Water separators	XY	מט	· · · · · · · · · · · · · · · · · · ·				

JAY PATEL Name of Responsible Official	
Todd Fletcher MARIE DRISCOLL	3/17/97
Inspector's Name (Please Print)	Date of Inspection
Maie L. Arrivall Inspector's Signature	Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
ME IN: 12 30 TIME OUT:	AIRS ID#: 0950294
TYPE OF FACILITY: Dry Cleaner	2/17/67
FACILITY NAME: T'S DVJ Cleaner FACILITY LOCATION: ZZ46 Semovan	· · · · · · · · · · · · · · · · · · ·
A popka FI	32703
RESPONSIBLE OFFICIAL: Jay Patel	PHONE NUMBER: (407) 880-1933
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra Based on the results of the compliance requirements evalua discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM	tive Code (F.A.C.).
(1	
No running Perc Consumption	SIX month reinspection
No Leak check Log) " "
NO Corrective Action Los) " " "
COMMENTS:	
· · · · · · · · · · · · · · · · · · ·	
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 9/17/	97
INSPECTION CONDUCTED BY: 1000	Fletcher According to the Control of the Control o
INSPECTOR'S SIGNATURE:	ease Print) PHONE NUMBER: (407) 836 9524

Revised 10/96

•		<u>++</u>	0950	294		CD
]	P.15				
		(c) 4	-(d) a	re no	+	
1.	Facility Owner	requi	red t	o be	matke	d
2.	Site Name (Fo					
3.	Hazardous Wa					,
	Facility Local Street Addre City: APC	23456 OCT 1996 RECEIVED				: 2793
5	Facility Iden	Central Distric	ot of			750294
6.	Name and T					
7.	Responsible Of Organization/F		SAME	カン	,	
	City:		County:		Zip	Code:
8.	Responsible O Telephone:	fficial Telephone Numb (407) 880-19		Fax: () — -	
		Facility Contac	t (If different fr	om Responsibl	: le Official)	
9.		e of Facility Contact (Fo SAME AS	# 6			
10.	Facility Contac	ct Address: 5AM	= A5#	4		
	Street Address City:	:	County:	/	Zip Code:	

RECEIVED

DEP Form No. 62-213.900(2)

Telephone: (

11. Facility Contact Telephone Number:

Effective: 6-25-96

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A3 # 8 Fax: ()

Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
JAY PATEL
2. Site Name (For example, plant name or number):
J'S CLEANERS
3. Hazardous Waste Generator Identification Number:
F 002 / D 0 39
·
4. Facility Location: Street Address: 2246 SEMORAN BLVD.
City: APOPKA County: ORANGE Zip Code: 3 2793
5. Facility Identification Number (DEP Use):
FLD # 982-157-612 0950294
Responsible Official
6. Name and Title of Responsible Official:
JAY PATEL - OWNER
7. Responsible Official Mailing Address: SAME AS # 4 Organization/Firm: Street Address:
City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: (407) 880-1933 Fax: () — -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
SAME AS # 6
10. Facility Contact Address: SAME AS # 4
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number: 5AME A3 # 8 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.

		Date	Date		Date	Date		Date	Date
		Machine	Control	1	Machine	Control		Machine	Control
٠.		Initially	Device		Initially	Device		Initially	Device
Type of Machine	lD	Purchased	Installed	ID	Purchased	Installed	lD	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	<u> </u>				<u> </u>				
(1) w/ ref. condenser	#1	10-04-86							
(2) w/ carbon adsorber				1					
(3) w/ no controls									
Washer Unit							•		
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber	1								
(9) w/ no controls									
Reclaimer Unit					•				
(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	are r	required to be	installed [_	X	_]	n the lates	st 12 mo	nths?	
(b) If less than 12 mon Check why it is les					_] New store	e: [] 1	Did not l	keep records	:[]
3. What is the facility's so (Indicate with an "X".					finitions four	nd in section	on (3) of	Part II?	
Existing small a	rea s	ource [X_]	N	lew si	nıall area sov	irce [_]		
Existing large a	rea so	ource []	N	lew la	arge area sou	rce [_]		

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4. What control technology is required on machines re(Indicate with an "X".)	oursuant to section (5) of F	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 []		
5. A facility which contains non-exempt emissions to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	l hot water generating unit	
All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by nuduring which propane or fuel oil containing normore	atural gas except for perio	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site		
t		
· · · · · · · · · · · · · · · · · · ·		
Equipment Monitoring a	and Recordkeeping Infor	rmation
Check all logs which are required to be kept on-site	in accordance with the rec	quirements of this general permit:
(a) Purchase receipts and solvent purchases		[X]
(b) Leak detection inspection and repair		(X)
(c) Refrigerated condenser temperature monitoring		Joy.
(d) Carbon adsorber exhaust perc concentration mor	nitoring	I OM
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction plan		1×1

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Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
(X)	No air permits currently exist for the operation of the facility indicated in
	No air permits currently exist for the operation of the facility indicated in this notification form. Responsible Official Certification 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 is 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 all terms and conditions of this general permit as set forth in Part II of this notification form.
	Responsible Official Certification
	·**
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in facility. I hereby certify, based on information and belief formed after reasonable inquiry, that the its 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 with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	emptly notify the Department of any changes to the information contained in this notification.
	Ampatel 8/19/96
Signatur	Date 3/17/97:

BEST AVAILABLE COPY

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY D
RE-INSPE	
	Oile My
AIRS 10#: 0950294 DATE: 4	
FACILITY NAME: J'S Clean	<i>e</i> rs
FACILITY LOCATION: 2246	Semoran Blud.
Apark	a, FL 32703
	、 /
RESPONSIBLE OFFICIAL: Jay 1	Patel PHONE: 407-880-1930
CONTACT NAME:	PHONE:
3-	
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior	to startup
2. Facility failed to notify DARM to use generation	ral permit
Manager and the second	
PART II: CLASSIFICATION	
Facility indicated on notification form that	
Facility indicated on notification form that (check appropriate box)	it is: No notification form Drop store/out of business/petroleum
Facility indicated on notification form that (check appropriate box) A.	
Facility indicated on notification form that (check appropriate box) A.	☐ Drop store/out of business/petroleum
Facility indicated on notification form that (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	☐ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
Facility indicated on notification form that (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	☐ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr
Facility indicated on notification form that (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	☐ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
Facility indicated on notification form that (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)	☐ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
Facility indicated on notification form that (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)	☐ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
Facility indicated on notification form that (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr
Facility indicated on notification form that (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
Facility indicated on notification form that (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr
Facility indicated on notification form that (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
Facility indicated on notification form that (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91)	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Facility indicated on notification form that (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classified form of the property of the property of facility qualified form	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed 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 assification: r a general permit as number above
Facility indicated on notification form that (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classified form of the property of the property of facility qualified form	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed 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) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

Is the responsible official of the dry cleaning facility: (check appropriate boxes) EY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? PY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN PN/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) DY DN 1. Equipped all machines with the appropriate vent controls? DY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the QY QN QN/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?

PART III: GENERAL CONTROL REQUIREMENTS

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

PART V: RECORDKEEPING REQUIREMENTS	n in the state of
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY ON
2. Maintained rolling monthly total of perc consumption?	DY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs?.or;	ØY □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? 	DY ON ON/A
4. Maintained calibration data? for applicable direct reading instruments)	OY ON OWA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON OMA
6. Maintained startup/shutdown/malfunction plan?	MO AG
7. Maintained deviation reports?	OY ON CON/A
Problem corrected?	DY DN CONTA
8. Maintained compliance plan, if applicable?	OY ON ONYA

I	>	A	T	т	٠,	71	•	T	r	A	v	n	T	רי	ГТ	r	7	ГΊ	1	N	1	4 1	VI	n	D	F	D	Ā	TE	2	
ı	- 1	ч	м	CI.	. 1	у .		L	·L.	А	ĸ	U	,	ы	ш		١.		u	ינו		M	N	J	ĸ	Ŀ	r	А	ı۴	(.)	•

1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak dete	ction and repair
	inspection?	on o
2.	2. Has the facility maintained a leak log?	OY ON
3.	3. Does the responsible official check the following areas for leaks?	
	Hose connections, fittings, couplings, and valves	®Y □N □N/A
	Door gaskets and seating	DY ON ON/A
	Filter gaskets and seating	OY ON ON/A
	Pumps	CHÝ ON ON/A
	Solvent tanks and containers $\Box Y \Box N \Box N/A$ Cartridge filter ho	usings ON ON/A
	Water separators	
4.	4. Which method of detection is used by the responsible official?	
	Visual examination (condensed solvent on exterior surfaces)	Q (
	Physical detection (airflow felt through gaskets)	
	Odor (noticeable perc odor)	
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	٥
	Halogen leak detector	
	If using direct-reading instrumentation, is the equipment:	DINIA
	a. Capable of detecting perc vapor concentrations in a range of 0-500 p	pm? 🗆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 □Ņ
.	e. Verified for accuracy by use of duplicate samples (calorimetric only)	? OY ON
•	<u> </u>	

- Ika Bundy	4-13-99
Inspector's Name (Please Print)	Date of Inspection
Allea Bundo	4-13-2000
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	СОМР	LAINT/DISCOVERY [RE-INSPECTION
TIME IN: 1130 TIME OUT:	1200	AIRS ID#:	0950294
TYPE OF FACILITY: Dry Cleaner			
FACILITY NAME: J'S' Cleaners			DATE: 4/13/99
FACILITY LOCATION: 2246 Semoran	Blva	<u>(</u> ,	<u> </u>
	3270		1107 (416 1000
RESPONSIBLE OFFICIAL: Jay Patel		PHONE NUME	BER: 407-880-1930
Based on the results of the compliance requirement compliance with DEP Rule 62-213.300, Florida Äd	lministrat	ive Code (F.A.C.).	
Based on the results of the compliance requirement discrepancies were noted:	•		
COMPLIANCE REQUIREMENT/PROBĹI	EM	FOLLOW-UP AC	CTION REQUIRED
			Section 1.
			_
		*	
`			42.
		,	.:
			· ·
COMMENTS:			
Facility in Compliance.	Gi	ven 1999 Dry	Cleaner Compliance
The Annual Compliance Certification form has been proper	ly certifie	d and submitted to the inspe	ector. YES NO
DATE OF NEXT INSPECTION: 4	-13-2		
_	Bury (Plea	ase Print)	(2, 0, 2, 1
INSPECTOR'S SIGNATURE: Mea Bu	indy	PHONE NUME	BER: 836-4524
	Page_	of	Revised 10/9

AL	LEANER AIR QU NUAL COMPLIAN	JALITY GENE CE CERTIFICAT	ION FORMORANGE COL	INTY ENVIRONMENTAL
FACILITY NAME: J'S	Cleaners			ol illa
ACILITY NAME:	46 Semoran	Blvd,		
0.0	lando, FL 3	2703		
Annual Reporting Period:	4/29	19 98 TO	4/13	19 99
ased on each term or condition of 2-213.300, Florida Administrative				DEPAGILE
NO, complete the following:			Buig	8 6
1. Term or condition of the genera	d permit that has not been i	n continuous complian	ce during the reporting by	eriod stated above:
xact period of non-compliance: fr	DIII		to	Our Control of the Co
ction(s) taken to achieve complian	ce:		· .	Gr.
ethod used to demonstrate compli	ance:	· · · · · · · · · · · · · · · · · · ·	·	
2. Term or condition of the genera	d permit that has not been i	n continuous complian	ce during the reporting pe	riod stated above:
xact period of non-compliance: fr	om	t		
ction(s) taken to achieve complian	ce:		· · · · · · · · · · · · · · · · · · ·	
ethod used to demonstrate compli	ance:			
s the responsible official, I hereby ade in this notification are true, a oon rolling averages of purchase r ear for transfer or combination fac ESPONSIBLE OFFICIAL:	ccurate and complete. Fur eceipts, does not exceed 2,	ther, my annual consur 100 gallons per year fo	nption of perchloroethyles or dry-to dry facilities or l	ne solvent, based
ESPONSIBLE OFFICIAL.	Name (Please Print)		Signature	Date Date

DRY CLEAN ANNUAL	NER AIR Q COMPLIAN			FORM L		
CACILITY NAME: Ferret	Cleaners			ORAI	NGE COUNTY EN PROTECTION DEF	VIRONMENTAL ARTHUNI 3/25/99
ACILITY NAME: Ferret ACILITY LOCATION: 7077	3. Orange lo FL	Blosson 32809	n Trail			
nnual Reporting Period:					11/17	19 <u>98</u>
ased on each term or condition of the Title 2-213.300, Florida Administrative Code (F.					F	ule NO
NO, complete the following: 1. Term or condition of the general permit	that has not been	in continuous (compliance dur	ing the report	ing period sta	nted above:
xact period of non-compliance: from			to		P	A
ction(s) taken to achieve compliance:				<u>্</u>	0 0	
ethod used to demonstrate compliance:					O. P.	
. Term or condition of the general permit	that has not been	in continuous o	compliance dur	ing the report	ing period sta	ated above
cact period of non-compliance: from			to			
ction(s) taken to achieve compliance:					·	
ethod used to demonstrate compliance:						
		tion and halias				
s the responsible official, I hereby certify, be ade in this notification are true, accurate a son rolling averages of purchase receipts, a car for transfer or combination facilities.	ind complete. Fu	rther, my annu	al consumption er year for dry-	of perchioro	es of 1,800 ga	allons per

^{*}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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

RE-INSPECTION

COMPLAINT/DISCOVERY

AIRS 10#: 0956294 DATE: 4 29	98 TIME IN: 11:15 TIME OUT: 11:45					
FACILITY NAME: J'S Dry Cleaner						
j						
FACILITY LOCATION: 2246 5	emovan Blud					
Apopka	F1 32703					
RESPONSIBLE OFFICIAL: Jay Pat	e PHONE: 407-886-1930					
· • • • • • • • • • • • • • • • • • • •	PHONE:					
PART I: NOTIFICATION						
(check appropriate box)						
1. New facility notified DARM 30 days prior to sta	rtup					
2. Facility failed to notify DARM to use general po	ermit					
PART II: CLASSIFICATION						
Facility indicated on notification form that it is:	☐ No notification form					
(check appropriate box)	☐ Drop store/out of business/petroleum					
1. Existing small area source	2. New small area source					
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, $x < 140$ gal/yr					
transfer only, x < 200 gal/yr both types, x < 140 gal/yr	transfer only, $x \le 200$ gal/yr both types, $x \le 140$ gal/yr					
(constructed before 12/9/91)	(constructed on or after 12/9/91)					
	4. New large area source					
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr	4. New large area source dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$					
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	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					
(constructed before 12/9/91)	(constructed on or after 12/9/91)					
5. This is a correct facility classification	BY ON OCan not determine					
If no, please check the appropriate classif	ication:					
☐ facility qualified for a g	eneral permit as number above					
facility exceeds above li	mits and is not eligible for a general permit					
	into and to not original and a second					

PART III: GENERAL CONTROL REQUIREMENTS					
Is the responsible official of the dry cleaning facility: (check appropriate boxes)					
1. Storing perchloroethylene in tightly scaled and impervious containers?	DY ON ON/A				
2. Examining the containers for leakage?	DY ON ON/A				
3. Closing and securing machine doors except during loading/unloading?	CY ON				
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	איאם אם יאם				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	בוץ נוא שאיא				
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 refri (complete A below).	gerated condenser				
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 refri (complete A and B below).	gerated condenser				
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?	נוץ טא				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	עאם אם צם				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	אם אם				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ПУ ПИ				

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?	CIY LIN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	
	Is the temperature differential equal to or greater than 20° F?	עואם אם אם א
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	DY DN DN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	אאם אם צם
-		
P	ART V: RECORDKEEPING REQUIREMENTS	
II .	as the responsible official: check appropriate boxes)	
1.	Maintained receipts for perc purchased?	DY DN
2.	Maintained rolling monthly total of perc consumption?	DA DN
3.	Maintained leak detection inspection and repair reports for the following:	,
	a. documentation of leaks repaired w/in 24 hrs? or;	DAY DW DWY
	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	איאם אם אם
4	. Maintained calibration data? (for applicable direct reading instruments)	DY DN DNA
5		CONT. CONT. CONT.
u	. Maintained exhaust duct monitoring data on perc concentrations?	OY ON QN/A
6	. Maintained exhaust duct monitoring data on perc concentrations? . Maintained startup/shutdown/malfunction plan?	DY DN
1		/

DY DN DN/A

8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS								
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair								
inspection?			•	Dry ON				
2. Has the facility maintained a	lcak log?			CAY CIN				
3. Does the responsible official	check the followin	g areas for leaks?						
Hose connections, fitting couplings, and valves	•	אאם אנ	Muck cookers	EAY ON ON/A				
Door gaskets and scati	ng Dry C	אואם אכ	Stills	DY ON ON/A				
Filter gaskets and scati	ng CYC	אאם אב	Exhaust dampers	אואם אם אוא				
Pumps	tary t	אאם אב	Diverter valves	DY ON ON/A				
Solvent tanks and cont	ainers Dy C	אואם אב	Cartridge filter housings	עאַט אט איי				
Water separators	CIY (AND NE						
4. Which method of detection i	s used by the respo	nsible official?	•					
Visual examination (co	ondensed solvent or	a exterior surfaces)		ca c				
Physical detection (air	flow felt through ga	iskcts)		a				
Odor (noticeable perc	odor)							
Use of direct-reading i								
Halogen leak detector	٥							
If using direct-rea	EN/A							
a. Capable of	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?							
b. Calibrated (PID/FID	against a standard only)7	gas prior to and at	ter each use	OY ON				
c. Inspected	for leaks and obvio	us signs of wear or	a weekly basis?	DY ON				
d. Kept in a	clean and secure ar	ea when not in use	?	OY ON				
e. Verified fo	or accuracy by use o	of duplicate sample	s (calorimetric only)?	DY DN				
1/1/20								
	Inspector's Name (Please Print) Date of Inspection							
Thispector's realite	(rease rint)		Date of Hisp	,				
dodd	Uldet		4/29	1/99				
Inspector's Signature	gnature	•	Approximate Date of	Next Inspection				

ADDITIONAL	SITE INFORMATION:	
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INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CON	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11.15 TIME OUT: 11.	45 AIRS ID#: 0950 294
TYPE OF FACILITY: Dry Cleuner	
FACILITY NAME: To Day (Lange	DATE: 4/29/98
FACILITY LOCATION: 7246 Sevenoven	Blud.
A POPKS FI	32703
RESPONSIBLE OFFICIAL: Tay 19461	PHONE NUMBER: 407 · 첫동6 · 1독 30
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administration	· · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaludiscrepancies were noted:	nated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
COMMENTS:	
Facility in Cor	upliance
The Annual Compliance Certification form has been properly certification form has been properly certification.	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 4 29 99 (A	pproximate)
	Clease Print)
INCRECTORS CICNATURE.	PHONE NUMBER, AND - ORA- CETU

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY D
	•	97 TIME IN: 930 TIME OUT: 1000
FACILITY NAME:		
FACILITY LOCATION:	2746	B. Semovan Blud
	Apopka	Fl 32703
RESPONSIBLE OFFICIAL : _	Jay Pate	21 PHONE: 407 886-1933
CONTACT NAME:		PHONE:
PART I: NOTIFICATION		
(check appropriate box)	·	., \\
1. New facility notified DARM 30) days prior to star	tup Carachine (48
2. Facility failed to notify DARM		W/ Dec
PART II: CLASSIFICATION		
Facility indicated on notification (check appropriate box) A.	form that it is:	☐ No notification form ☐ Drop store/out of business/petroleum
 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) Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 gal (constructed before 12/9/91) This is a correct facility clas If no, please check the ap facility 	e	2. New small area source dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$) Can not determine ation: The areal permit as number above bits and is not eligible for a general permit
B. The total quantity of perchloro facility was 56 gallons.	ethylene (perc) pu	rchased within the preceding 12 months by this dry cleaning

TAKT III. GENERAL CONTROL REQUIREMENTS						
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	,					
1. Storing perchloroethylene in tightly scaled and impervious containers?	DY ON ON/A					
2. Examining the containers for leakage?	DY ON ON/A					
3. Closing and securing machine doors except during loading/unloading?	DY ON					
Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A					
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON ØN/A					
PART IV: PROCESS VENT CONTROLS						
In Part H-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 refri (complete A below).	gerated condenser					
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 refri (complete A and B below).	gerated condenser					
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?	חס מ					
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ם או מו או או					
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A					
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condensor on a weekly/bi-weekly basis?	חס מס					
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A					
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY 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?	ПΥ	ŪΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПΥ	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	-		
	if machines are equipped with a carbon adsorber?	\Box Y	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩУ	$\square N$	DN/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?	ПY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ОУ	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS							
Has the responsible official: (check appropriate boxes)							
1. Maintained receipts for perc purchased?	GA. CIN						
2. Maintained rolling monthly averages of perc consumption?	DY DAN						
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 BY DNA						
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON ONA						
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A						
6. Maintained startup/shutdown/malfunction plan?	DY DN						
7. Maintained deviation reports?	DY ON ON/A						
Problem corrected?	OY ON ONIA						
8. Maintained compliance plan, if applicable?	DY ON ONIA						

PA	PART VI: LEAK DETECTION AND REPAIRS								
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair									
	inspection?					ZY	ΩN		
2.	Has the facility maintained a leak log?					ΩY	DW.		
3.	Does the responsible official check the fe	ollowi	ng ar	eas for leaks?					
	Hose connections, fittings, couplings, and valves	ďγ	DИ	□N/A	Muck cookers	DÝ)	DN		
	Door gaskets and seating	ПÝ	DИ	□N/A	Stills	DY.	ON ON/A		
	Filter gaskets and seating	ΒY	Ωи	□N/A	Exhaust dampers	OY.	ON ON/A		
	Pumps	ŒΥ	ПΝ	CIN/A	Diverter valves	Œ₹	AVAD ND		
	Solvent tanks and containers	DY/	ИП	CJN/A	Cartridge filter housings	ΔY	ON ON/A		
	Water separators	. □ Y	ПΝ	□N/A					
4.	Which method of detection is used by th	e resp	onsib	le official?		/			
	Visual examination (condensed so	lvent c	n ex	terior surfaces)		Q/			
	Physical detection (airflow felt three	ough g	aske	ts)					
	Odor (noticeable perc odor)								
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)								
	Halogen leak detector								
	If using direct-reading instrumentation, is the equipment:								
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?								
	b. Calibrated against a st (PID/FID only)?	andaro	d gas	prior to and aft	er each use	ΩY	□N		
	c. Inspected for leaks and	d obvio	ous si	gns of wear on	a weekly basis?	ΩΥ	ON ·		
	d. Kept in a clean and se	cure a	rca w	hen not in use?		ΩY	ПN		
	c. Verified for accuracy by use of duplicate samples (calorimetric only)?						ПИ		
	THE RESIDUAL SECTION OF THE PROPERTY OF THE PR								
	TODO Fleto	1.0	V		10/29/	97			
-	Inspector's Name (Please Print) Date of Inspection								
	told the								
	Inspector's Signature Approximate Date of Next Inspection								

11TLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL [COMPLAI	NT/DISCOVER	Y 🗌	RE-INSPE	ECTION
		D00	AIRS	ID#:C)450 Z	7 (
TYPE OF FACILITY:	Dy Cleaner					
FACILITY NAME:	/ 🔼	6 34 4 V			DATE: 10	129/97
FACILITY LOCATION:	246 Semo		Blud	,		
	Apopka FI	37	All and an			
-	Jay Patel		PHONE	NUMBER:_	407 88	lo - 1933
compliance with DEP Ru	e compliance requirements le 62-213.300, Florida Adı	ninistrative (Code (F.A.C.).			
Based on the results of the discrepancies were noted:	e compliance requirements	evaluated d	uring this inspect	ion, the follo	wing complian	ice
COMPLIANCE REQUI	REMENT/PROBLE	EM	FOLLOW-	UP ACTIO	ON REQUI	RED
No Running	Perc. Consum	ip-lic n				
No Leak chi	relk Log					
No Corrective	Action Log					
						-
	:					
,				9 .		
comments: second ing	for Mis Gener	Junena val Air	ger not Permit	duing	usbat	(3
The Annual Compliance Certification	111	y certified an $29/98$	nd submitted to th	e inspector.	YES[иоП
SPECTION CONDUCTED B	need warmer; size of a Transmis	(Approx	imate) tchev			,
'SPECTOR'S SIGNATURE:	Joly True	(Please	,	NUMBER:	824-4	724

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL	Ø	COMPLAINT/DISCOV	VERY	
	RE-INSPECTION			Bur	
AIRS ID#: 0950294 FACILITY NAME:	· · · · · · · · · · · · · · · · · · ·	TIME II	N: <u>1259</u> TIME	OUT: A	1 1 2 V
FACILITY NAME:			: al		Nomito
	Apopka, FL		703		13 THE
RESPONSIBLE OFFICIAL:	Tay Patel		-	R()-197	 RN
	300 10101				_
			· · · ————————————————————————————————		
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM	[30 days prior to startup				
2. Facility failed to notify DAR	M to use general permit				
PART II: CLASSIFICATION	N				
Facility indicated on notificati (check appropriate box)	ion form that it is:		☐ No notification form☐ Drop store/out of bus		eum
_	rce V 2. I /yr dry- tran both	sfer only, x · n types, x < 1	Drop store/out of buses rea source C x < 140 gal/yr < 200 gal/yr	siness/petrol	eum
(check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr	rce 2. If dry-tran both (correce 4. If dry-tran both (correce 4. If dry-tran dry-tran gal/yr tran both both both both both both both both	to-dry only, x sin types, x < 1 nstructed on New large and to-dry only, sfer only, 20 n types, 140 grants.	□ Drop store/out of business source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	siness/petrol	eum
(check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800	rce 2. If dry-tran both (cor) rce 2. If dry-tran both (cor)	to-dry only, x sin types, x < 1 nstructed on New large and to-dry only, sfer only, 20 n types, 140 grants.	Prop store/out of business ource $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$) The source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	siness/petrol	eum
 (check appropriate box) A. 1. Existing small area sour 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 sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of 	rce 2. I dry-tran both (cor l. 100 gal/yr tran both (cor gal/yr tran gal/yr both (cor lassification 21 Y	to-dry only, x sign only, x sign only, x sign only, x sign on the large and to-dry only, after only, 20 in types, 140 instructed on	Drop store/out of business source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$) The source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) The source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	siness/petrol	eum
(check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility classified in the please check the □ facility of the facility of the properties of the p	rce 2. If dry-tran both (cor) rce 2. If dry-tran both (cor)	to-dry only, x on types, x < 1 instructed on the large and to-dry only, sfer only, 20 in types, 140 instructed on the large and	Drop store/out of business source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$) The source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) The contraction of the source $x \le 1,800 \text{ gal/yr}$ or after $x \le 1,800 \text{ gal/yr}$	siness/petrol	eum

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) □N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at □N □N/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? □Y □N 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? OY ON ON/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? \square Y \square N 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? QY QN QN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after \square Y \square 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?	ΔY	ПN	
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	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			·
	if machines are equipped with a carbon adsorber?	QY	□N	□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	□N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: ØY 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 ENY ON ON/A and parts installed w/in 5 days of receipt? DY DN DWA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN PN/A 5. Maintained exhaust duct monitoring data on perc concentrations? DY DN 6. Maintained startup/shutdown/malfunction plan? DY DN PN/A 7. Maintained deviation reports? DY DN DN/A Problem corrected? DY DN DN/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
iı	nspection?			CDY DN
2. H	as the facility maintained a leak log?			N DY
3. D	oes the responsible official check the fo	ollowing areas for leaks?		
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	ØY ON ON/A
	Door gaskets and seating	MY ON ON/A	Stills	MY ON ON/A
	Filter gaskets and seating	CY ON ON/A	Exhaust dampers	DY ON ON/A
	Pumps	OY ON ON/A	Diverter valves	Y ON ON/A
	Solvent tanks and containers	ØY ON ON/A	Cartridge filter housings	OY ON ON/A
	Water separators	DY ON ON/A		
4. W	Thich method of detection is used by th	e responsible official?		
	Visual examination (condensed so	vent on exterior surfaces)		ජ
	Physical detection (airflow felt three	ough gaskets)		
	Odor (noticeable perc odor)			
	Use of direct-reading instrumentat	ion (FID/PID/calorimetric	tubes)	Q
	Halogen leak detector			
	If using direct-reading instru	mentation, is the equipm	ent:	EIN/A
<u>.</u>	a. Capable of detecting p	erc vapor concentrations i	n a range of 0-500 ppm?	□Y □N
	b. Calibrated against a state(PID/FID only)?	ındard gas prior to and aft	er each use	□Y □N
	c. Inspected for leaks and	l obvious signs of wear on	a weekly basis?	□Y □N
	d. Kept in a clean and sec	cure area when not in use?	•	□Y □N
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON	
	Inspector's Name (Please Print		4-7-00	
	Inspector's Name (Please Print		Date of Inspection	
	Alka Bush	/	4-7-01	
	Inspector's Signature	. •	Approximate Date of	Next Inspection

ı	A DESTRUCTION OF A PARTY	SITE INFORMATION:
ı		
ı		

Perc Receipts

$$623-99$$
 $77-1-99$
 31.1
 $6-99$
 $11-17-99$
 25.00
 $11-99$
 $3-30-80$
 10.00
 $3-60$

Ace

Revised 01/18/00

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ARMS 47-00 H

Annual Reporting Period: April 13, 1999 200 TO April 7 20 0 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. 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 complian					
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. WES 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 Action(s) taken to achieve 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: #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:	FACILITY NAME: J'S Cle	zner s	·	DATE: _	4-7-00
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. WES 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 Action(s) taken to achieve 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: #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:	FACILITY LOCATION: 2246	Semoran Bl	vd.	·	
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. WES 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 Action(s) taken to achieve 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: #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:	Apopka	FL 32703	,)		
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. WES 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 Action(s) taken to achieve 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: Method used					
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. #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: #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: #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: Method used to demonstrate compliance: **As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements m 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	Annual Reporting Period: April	13, 1999 20	то	April 7	
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	Based on each term or condition of the Title V	V general air permit, my fa	cility has remained in co	ompliance with DEP I	Cule
#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	62-213.300, Florida Administrative Code (F.A.	A.C.), during the period co	vered by this statement.	YES	ON
Action(s) taken to achieve 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 m 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	If NO, complete the following:	·		. ((•
Exact period of non-compliance: from	#1. Term or condition of the general permit t	hat has not been in continu	ous compliance during	the reporting period s	tated above:
Action(s) taken to achieve 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: #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					
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	Exact period of non-compliance: from		. to		
#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:				
Exact period of non-compliance: from	Method used to demonstrate compliance:				,
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 m 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	#2. Term or condition of the general permit t	hat has not been in continu	ous compliance during	the reporting period s	tated above:
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 m 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					,
Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements m 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	Exact period of non-compliance: from	<u> </u>	to		·
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements m 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	Action(s) taken to achieve compliance:				
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	Method used to demonstrate compliance:				·
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					
zomomanon jaonnes.	in this notification are true, accurate and con	iplete. Further, my annuai	consumption of perchl	oroethylene solvent, b	ased upon
RESPONSIBLE OFFICIAL: JAY PATEL MARCH 4/07/00			Molder	9 4/0	7/00
Name (Please Print) Signature Date	Nam	e (Please Print)	Signat	ure /Date	<u> </u>

^{*}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 🗸 C	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1259 TIME OUT: 1330	0AIRS ID#: 0950294
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: J'S Cleaners	DATE: 4-7-60
	vd.
Apopka, FL 32-	
RESPONSIBLE OFFICIAL: Jay Patel	PHONE NUMBER: 407-880-1930
compliance with DEP Rule 62-213.300, Florida Admir	
Based on the results of the compliance requirements ev discrepancies were noted:	raluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
11 (17)	19
90	
1,71	•
· ·	
. *	
Facility in Complia	ance,
The Annual Compliance Certification form has been properly c	
DATE OF NEXT INSPECTION:	(Approximate)
	(Please Print)
INSPECTOR'S SIGNATURE: Mks. Bim	PHONE NUMBER: 407-836-1400
Pag	e / of /. Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST ARMS 4-18-01 JA

TYPE OF INSPECTION:

ANNUAL (INSI, INS2)

COMPLAINT/DISCOVERÝ (CI) 🗓

RE-INSPECTION	on (rui)
FACILITY NAME: J'S Cleaner FACILITY LOCATION: 1246 Sem Apopka, FL	oran Blud. 83 8
PART I: NOTIFICATION	
(check appropriate box)	Facility Compliance Status: IN.
1. New facility notified DARM 30 days prior to sta	artup 🗆 (ARMS Data) MNC 🗖
2. Facility failed to notify DARM to use general pe	ermit 🗓 SNC 🗖
	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
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	☐Y ☐N ☐Can not determine
•	
facility was 58 gallons.	menasca within the preceding 12 months by this try 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?	MY ON ON/A
2. Examining the containers for leakage?	אורם מם אם
3. Closing and securing machine doors except during loading/unloading?	DY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON DINA
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 refrigo (complete A below).	erated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must prior to September 22, 1993	-
If classification 4 has been checked, the machine should be equipped with a refrige (complete A and B below).	erated condenser
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?	OY ON
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?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON

B.	Has the responsible official of an existing large or new large area source also:			
ı	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	, OY	DИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	אם	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПN	□N/A
	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	N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПN	□N/A
	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,	Ω.V.		
	or expansion; and downstream from no other inlet?	ЦY	UN	□N/A
	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	□И	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	aN □N
2. Maintained rolling monthly total of perc consumption?	MA ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	MY 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?	ØY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN ONYA
5. Maintained exhaust duct monitoring data on perc concentrations?	CIY ON CON/A
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	אוט אים אם אים
Problem corrected?	DY ON WN/A
8. Maintained compliance plan, if applicable?	OY ON WON/A

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection ar	ıd repair
inspection?	WY ON
2. Has the facility maintained a leak log?	DY DN
3. Does the responsible official check the following areas for leaks?	· .
Hose connections, fittings, couplings, and valves DY DN DN/A Muck cookers	DY ON ON/A
Door gaskets and seating	ØŶ □N □N/A
Filter gaskets and seating	DY ON DN/A
Pumps Diverter valves	MY ON ON/A
Solvent tanks and containers $\square Y \square N \square N/A$ Cartridge filter housings	DY ON ON/A
Water separators	
4. Which method of detection is used by the responsible official?	
Visual examination (condensed solvent on exterior surfaces)	u
Physical detection (airflow felt through gaskets)	. 🗖
Odor (noticeable perc odor)	a .
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	a
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?	מם צם
b. Calibrated against a standard gas prior to and after each use	
(PID/FID only)?	OY ON
c. Inspected for leaks and obvious signs of wear on a weekly basis?	
d. Kept in a clean and secure area when not in use?	חס אם אם
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	OY ON
	·

Ilka Bundy	3-30-01
Inspector's Name (Please Print)	Date of Inspection
Mb. Bush	4-1-02

Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

49.0 19.5 -10.0 58.5

IRS ID#: 0950294

Revised 01/18/00

ARMS 4-18-01 JK

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ACILITY NAME: J's Cleaners DAT ACILITY LOCATION: 2246 Semoran Blud.	E: 2/2-1
ACILITY LOCATION: _ +290 Jemoran Diva	′ ′
1 72722	
Apopka, FL 32703	
Λ . Ι	
nnual Reporting Period: April 2000 TO April	20 01
ased on each term or condition of the Title V general air permit, my facility has remained in compliance with D	OFP Rule
2-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	□NO
NO, complete the following:	
1. Term or condition of the general permit that has not been in continuous compliance during the reporting per	iod stated above:
xact period of non-compliance: from to	
action(s) taken to achieve compliance:	· \$,
Aethod used to demonstrate compliance:	
Telliod used to delitoristiate compliance.	
2. Term or condition of the general permit that has not been in continuous compliance during the reporting per	iod stated above:
exact period of non-compliance: from	
action(s) taken to achieve compliance:	·
Aethod used to demonstrate compliance:	· · · · · · · · · · · · · · · · · · ·
s the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that	at the statements made
n this notification are true, accurate and complete. Further, my annual consumption of perchlorocthylene solve urchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for t	ent, based upon
ombination facilities.	ransjer or
RESPONSIBLE OFFICIAL: JAY PATEL /MARTIN	130/0/
	Date

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

Page _____ of _____.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🗹	COMPLAIN	I/DISCOVERY □	RE-INSPECTION □
TIME IN: ()915	TIME OUT:	0940	AIRS ID#:	0950294
TYPE OF FACILITY: Dr.	• • •		<u> </u>	2 20 0/
FACILITY NAME: J'S		;; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	D	ATE: 3-30-01
FACILITY LOCATION: 2	246 Semoran	Blud.		
	tpooka, FL ?	32703		
RESPONSIBLE OFFICIAL:	' ' ' ' '		_ PHONE NUMBE	r: <u>407-880-1930</u>
Based on the results of the compliance with DEP Rule	• •	_	-	y is found to be in
Based on the results of the	compliance requirements	evaluated during t	his inspection, the follow	ving compliance
discrepancies were noted: COMPLIANCE REQUII	DEMENTADDADI I	EM EO	LLOW-UPACTI	ON DECHIDED
COMPLIANCE REQUI	REMENT/FRODL	EIVI FO	LLOW-UF ACTI	ON REQUIRED
				<u> </u>
			·	
			N.	•
COMMENTS:				
Facility	in complia	nce,		
The Annual Compliance Certification DATE OF NEXT INSPECTION:	• • •	certified and subm	nitted to the inspector.	YES 🗹 NO 🗅
INSPECTION CONDUCTED BY: _	Ilko		. :	
INSPECTOR'S SIGNATURE:	Alha Bun	Please print)	PHONE NUMBER:	407-836-1400
45-19 (6/00)	Page 9	\mathcal{Q} of \mathcal{I} .	# + <u>-</u>	

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0360254

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 V

Do NOT Remove Label

AIRS ID # 0950294

J'S CLEANERS JAY PATEL 2246 SEMORAN BLVD APOPKA FL 32703

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

SENDER: Complete items 1 and/or 2 for addition Complete items 3, 4a, and 4b. Print your name and address on the recard to you. Attach this form to the front of the material permit. Write "Return Receipt Requested" on the receipt will show to whore delivered.	reverse of this form so that we illpiece, or on the back if space the mailpiece below the artic	ce does not le number.	I also wish to red following service extra fee): 1. Address 2. Restricte Consult postmas	s (for an ee's Address ed Delivery
3. Article Addressed to: J'S CLEANERS JAY PATEL 2246 SEMORAN BLVD APOPKA FL 32703	AIRS ID # 0950294	4a. Article N 2 3 3 4b. Service Registere Express Retum Ret 7. Date of Dr	3 6/3 45 7 Type ad Mail ceipt for Merchandisa	Certified Insured
5. Received By: (Print Name) 6. Signature: Addressee or Age X PS Form 3811, December 199	2/13/99	8. Addressed and fee is	o's Address (Only paid) Domestic Ret	·

J'S JA 22	US Postal Servicè Receipt for Cer No Insurance Coverace CLEANERS Y PATEL 46 SEMORAN BLVD	Provided. AIRS ID # 095029	94
Ai	POPKA FL 32703		
	Postage	\$	
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee	_	
1995	Return Receipt Showing to Whom & Date Delivered		
PS Form 3800 , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address		
800	TOTAL Postage & Fees	\$	
E G	Postmark or Date		
For			
8			



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TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0950294

J'S CLEANERS JAY PATEL 2246 SEMORAN BLVD APOPKA FL 32703

FOR GOVERNMENT SE ONLY

Org.: 37550101000 EO: B1

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. 1. Article Addressed to: AIRS ID # 0950294 J'S CLEANERS JAY PATEL 2246 SEMORAN BLVD APOPKA FL 32703	A. Received by (Please Print Clearly) C. (Signature) Agent Addresse D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type
ALOTRA PE 32/03	Registered
2. Article Number (Copy from service label) Z 333 267 266 PS Form 3811, July 1999 Domestic Re	
Domestic Re	eturn Receipt 102595-99-M-178
US Postal Service Receipt for Cer No Insurance Coverage	

	Z 333 E US Postal Service Receipt for Cert No Insurance Coverage I	t ified Provide	Mail	Mo
JAY 2240	CLEANERS PATEL SEMORAN BLVD PKA FL 32703		(See rev S ID # 0	
	Certified Fee	•		
	Special Delivery Fee			
	Restricted Delivery Fee			
April 1995	Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address			
800,	TOTAL Postage & Fees	\$		
PS Form 3800 , April 1995	Postmark or Date			

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

TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0950294

J'S CLEANERS JAY PATEL 2246 SEMORAN BLVD APOPKA FL 32703

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

BEST AVAILABLE COPY

SENDE E THIS SECTION	COMPLETE: CTION ON DELIVERY
■ Complet. 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: AIRS ID # 0950294 J'S CLEANERS JAY PATEL 2246 SEMORAN BLVD APOPKA FL 32703	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X
2. Article Number (Copy from service label)	55709
PS Form 3811 July 1999 N 8 3 3 Domestic Ret	urn Receipt 102595-99-M-1789

		MAIL REC	© EIPT Coverage Provided)
5709			
0026 7825	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee		Postmark Here
7000 0600 00	J'S CLEANERS JAY PATEL 2246 SEMORAN BI APOPKA FL 32703	AIRS ID # 0	950294

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. 1. Article Addressed to: AIRS ID # 0950294001AG JAY PATEL	A. Received by (Please Print Clearly) B. Date of Delivery Agent Addressee D. Is delivery address different from item 1? If YES, enter delivery address below:
J'S CLEANERS 2246 SEMORAN BLVD APOPKA FL 32703	3. Service Type X Certified Mail
2. Article Number (Copy, from service label)	
PS Form 3811, July 1999 Domestic Ref	turn Receipt 102595-99-M-1789

	(Domestic Mail C	MAIL REC	EIPT Coverage Provided)
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	Return Receipt Fee (Endorsement Required)		Here
1200	Restricted Delivery Fee (Endorsement Required)		
0090	Total Postage & Fees	\$	
昌	Name (Please Print Clear)	y) (to be completed by mail	er)
	Street, Apt. No.; or PO Bo	ox No.	<u></u>
7000	-\t 0956 City, State, ZIP+4	29400L A	7
	PS Form 3800, July 1999		See Reverse for Instructions

	, Z 510 P	63	049
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	Sent to	10. 1110	
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	6 SEMORAN BLVD		
AP(OPKA FL 32703		
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	Special Delivery Fee		
2	Restricted Delivery Fee		
199	Return Receipt Showing to Whom & Date Delivered		
, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address		
800	TOTAL Postage & Fees	\$	
PS Form 3800 , April 1995	Postmark or Date		

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RECEIVED

MAIL ROOM

JAN 24 97 TOTAL AMOUNT DUE: \$50.00

AIRS ID# 0950294

Do NOT Remove Label

J'S CLEANERS JAY PATEL 2246 SEMORAN BLVD APOPKA FL 32703 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



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TOTAL AMOUNT DUE: \$50.00

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card to you. Attach this form to the front of the mailpiece, or on the back if spapermit. Write *Return Receipt Requested* on the mailpiece below the article.	ice does not	Addressee's Address Restricted Delivery	eceipt Service.
3. Article Addressed to: AIRS ID 0950294 JAY PATEL JAY PATEL 2246 SEMORAN BLVD APOPKA EL 32703	2333 4b. Service Registere Express Return Re	Type ed Certified Mail Insured eceipt for Merchandise COD	for using Return R
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X December 1994			Thank you
	■Complete items 1 and/or 2 for additional services. ■Complete items 3, 4a, and 4b. ■Print your name and address on the reverse of this form so that we card to you. ■Attach this form to the front of the mailpiece, or on the back if spapermit. ■Write*Return Receipt Requested* on the mailpiece below the artic. ■The Return Receipt will show to whom the article was delivered addivered. 3. Article Addressed to: AIRS ID 0950294 JAY PATEL JAY PATEL 2246 SEMORAN BLVD APOPKA FL 32703 2 5. Received By: (Print Name)	■Complete items 1 and/or 2 for additional services. ■Complete items 3, 4a, and 4b. ■Print your name and address on the reverse of this form so that we can return this card to you. ■Attach this form to the front of the mailpiece, or on the back if space does not permit. ■Write*Return Receipt Requested* on the mailpiece below the article number. ■The Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: AIRS ID 0950294 JAY PATEL JAY PATEL JAY PATEL 2246 SEMORAN BLVD APOPKA FL 32703 ■ Return Re 7. Date of D 5. Received By: (Print Name) 8. Addresse and fee is 6. Signature: (Addresse or Agent) X	■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: AIRS ID 0950294 JAY PATEL JAY PATEL 12246 SEMORAN BLVD APOPKA FL 32703 ■ Registered ■ Registered ■ Received By: (Print Name) ■ Addressee's Address 2. □ Restricted Delivery Consult postmaster for fee. 4a. Article Number 2. □ Restricted Delivery Consult postmaster for fee. 4b. Service Type □ Registered □ Express Mail □ Insured □ Return Receipt for Merchandise □ COD 7. Date of Delivery 5. Received By: (Print Name) 8. Addressee's Address (Only if requested and fee is paid)

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