

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 30, 1996

Mr. Dalsukh Nathoo Touch of Class Dry Cleaners 1708 N. Goldenrod Road, Suite 104 Orlando, Florida 32807

Re: Facility I.D. No. 0950309

Dear Mr. Nathoo:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 30, 1996.

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

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

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources, MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Florida 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.

Sincerery

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District

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



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 30, 1996

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STREETA

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL.	্ এ	COMPLAINT/DISCO	VERY 🗆
	RE-INSPECTION	ü		
Annual to the filter and the filter	re refranchische damen som famous bande en o more en en en en en en silverpost o so	and your himself by held I take him . It is surger,		
airs 10#: <u>0950309</u>	DATE: 12-3-98	TIME IN	:	cour: 1105
facility name: Tou		(···
FACILITY LOCATION: 1	708 N. Gold	enrod	<u> </u>	
	Orlando, FL	3280	7	Ş
RESPONSIBLE OFFICIAL	.: Dalsukh No	ithou	PHONE: 407-2	77-1895
CONTACT NAME:			PHONE:	
PART 1: NOTIFICATION				
(check appropriate box)		REC	EIVEU	
1. New facility notified DAR	lM 30 days prior to startup	p local	C 2 8 1998	C
2. Facility failed to notify D/	ARM to use general permi	it 1100	5 2 6 1330	, <u>c</u>
		Bureau	of Air Monitoring	
PART II: CLASSIFICATI	ON		obile Sources -	
Facility indicated on notific (check appropriate box)				
Facility indicated on notific (check appropriate box) A.	cation form that it is:	<u>`</u> &-M	Obile Sources No notification for Drop store/out of the	ousiness/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so	cation form that it is:	. New small a	Obile Sources No notification for Drop store/out of the source	
Facility indicated on notific (check appropriate box) A.	eation form that it is: ource	<u>`</u> &-M	□ No notification for □ Drop store/out of the real source x < 140 gal/yr	ousiness/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal both types, x < 140 gal/yr	eation form that it is: ource	. New small a lry-to-dry only, ransfer only, x ooth types, x <	Drop store/out of the source x < 140 gal/yr < 200 gal/yr	ousiness/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal	eation form that it is: ource	. New small a lry-to-dry only, ransfer only, x ooth types, x <	Obile Sources ☐ No notification for ☐ Drop store/out of the rea source x < 140 gal/yr < 200 gal/yr	ousiness/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal both types, x < 140 gal/yr	eation form that it is: ource	. New small a dry-to-dry only, ransfer only, x ooth types, x < constructed on	Do notification for Drop store/out of the source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	ousiness/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 galyr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 < x = 140 galyr (constructed before 12/9/9)	eation form that it is: ource	e. New small a lry-to-dry only, ransfer only, x ooth types, x < constructed on the large a dry-to-dry only,	No notification for Drop storc/out of the rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr	ousiness/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 ≤ x = 1 transfer only, 200 ≤ x ≤ 1	eation form that it is: ource	e. New small a lry-to-dry only, ransfer only, x coth types, x < constructed on the large a dry-to-dry only, transfer only, 2	Do notification for Drop store/out of the source x < 140 gal/yr < 200 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr = 140 ≤ x ≤ 1,800 gal/yr = 1,800 gal/yr	ousiness/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 galyr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 < x = 140 galyr (constructed before 12/9/9)	eation form that it is: ource □ 2 gal/yr d /yr t r b 91) (ource □ 4 ≤ 2,100 gal/yr t 1,800 gal/yr t	2. New small a lry-to-dry only, ransfer only, x poth types, x < (constructed on dry-to-dry only, transfer only, 2 both types, 140	No notification for Drop storc/out of the rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr	ousiness/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,8	eation form that it is: ource	2. New small a lry-to-dry only, ransfer only, x poth types, x < (constructed on dry-to-dry only, transfer only, 2 both types, 140	Do notification for Drop store/out of the source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr	ousiness/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 galyr (constructed before 12/9/5) 3. Existing large area so dry-to-dry only, 140 \le x \le 1 transfer only, 200 \le x \le 1,8 (constructed before 12/9/5) 5. This is a correct facility	eation form that it is: ource	2. New small a lry-to-dry only, ransfer only, x coth types, x < constructed on 4. New large a dry-to-dry only, transfer only, 2 tooth types, 140 (constructed on	Drop storc/out of the property of the propert	ousiness/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 galyr transfer only, x < 200 gal both types, x < 140 galyr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 \le x \le transfer only, 200 \le x \le 1 both types, 140 \le x \le 1,8 (constructed before 12/9/9) 5. This is a correct facility of the property of the	eation form that it is: ource	2. New small a dry-to-dry only, x poth types, x < constructed on 4. New large a dry-to-dry only, transfer only, 2 toth types, 140 (constructed on DY DN tion:	Drop storc/out of to Drop storc/out of the Drop storc/out of the Drop storcy of the Drop	ousiness/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 galyr transfer only, x < 200 gal both types, x < 140 galyr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 \le x \le transfer only, 200 \le x \le 1 both types, 140 \le x \le 1,8 (constructed before 12/9/9) 5. This is a correct facility of the property of the	cation form that it is: ource	2. New small a lry-to-dry only, ransfer only, x tooth types, x < constructed on dry-to-dry only, transfer only, 20 tooth types, 140 (constructed on Dry DN tion: transfer only as not clistand is not clistand is not clistand.	Do notification for Drop store/out of the Drop store/out of the Proposition of the Propo	cusiness/petroleum

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?	ע/אם אם גם
2. Examining the containers for leakage?	ע/אם אם אם
3. Closing and securing machine doors except during loading/unloading?	DY DN
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	מארם ארם ארע
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 H-A:	·:
If classification I has been checked, no controls are required. Proceed to Part V.	\$ 1.4 \
If classification 2 has been checked, the machine should be equipped with a refrige (complete A below).	gerated 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 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)	³ 5 ₉ .
1. Equipped all machines with the appropriate vent controls?	טץ טא
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	אומם מם גם
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/bi-weekly basis?	CIY CIN
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	מארם אם ארע
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:		***************************************	
	Manager I and I also I			
١.	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?	ÜY	UN	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ΠY	ŪΝ	ע/אנו
	Is the temperature differential equal to or greater than 200 E2	ΠV		
	Is the temperature differential equal to or greater than 20° F?	ΠY	UN	
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?	ΠY	ПN	□N/∧
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ШN	עאמם
	•			
4.				
Ì	perc concentrations is at least 8 duct diameters downstream of any bend, contraction,			
ì	or expansion; is at least 2 duct diameters upstream from any bend, contraction,			CD 144
	or expansion; and downstream from no other inlet?	ШY	ЦΝ	□N/V
5	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
Į -	condenser coils?	ΠY	ÜN	EJN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	\square N/V
<u></u>		-		

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

PART	PART VI: LEAK DETECTION AND REPAIRS								
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair									
insp	pection?		1	CIA CIM					
2. Has	the facility maintained a leak log?			OY ON					
3. Do	es the responsible official check the	following areas for le	aks?						
	Hose connections, fittings, couplings, and valves	מאת מא מאיע	Muck cookers	מארם אים אים					
	Door gaskets and scating	OY ON ON/A	Stills						
	Filter gaskets and scating	OY ON ON/A	Exhaust dampers	איאם אח איי					
	Pumps	מא מא מאיע	Diverter valves						
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	OY ON ON/A					
	Water separators	ע/און און און א							
4. WI	nich method of detection is used by	the responsible officia	117	- ×					
	Visual examination (condensed	solvent on exterior su	rfaces)						
	Physical detection (airflow felt the	hrough gaskets)		<u> </u>					
l l	Odor (noticeable perc odor)								
}	Use of direct-reading instrument	tation (FID/PID/calor	imetric tubes)	i i i i i i i i i i i i i i i i i i i					
	Halogen leak detector			₃ 0					
	If using direct-reading ins	trumentation, is the	equipment:	ÜN/∧					
1	a. Capable of detecting	g perc vapor concentra	ations in a range of 0-500 ppm?	OY ON					
	b. Calibrated against a (PID/FID only)?	ı standard gas prior to	and after each use	□У □И					
	c. Inspected for leaks	and obvious signs of v	vear on a weekly basis?	שט אט אָט					
Ĭ.	d. Kept in a clean and	secure area when not	t in use?	מע מא					
	e. Verified for accuracy	cy by use of duplicate	samples (calorimetric only)?	DY DN					
	4								
			V						
	711 0 1		12/2/60	1					
	-IKA DUNCY	Orint)	12/3/98 Date of Ins	nection					
	Inspector's Name (Please I	mit)	Date of ma	1,					
	Alka Bund								
	Inspector's Signature)	Approximate Date	of Next Inspection					

ADDITIONAL SITE INFORMATION:

The personnel at the store said the store is only being used as a drop-off store.

0950309

9-23 Spoke to Dalsukh

Nathoo, he will be

Using no more than

100 gal in a year.

He is the owner.

P.13
6. add title -owner
P.14
1.(a) add date control
device installed
1.(c) should not be marked
2.(a) need compliance
plan statement
P.15
4. new small r. c. Should

be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
DAISUKH NATHOO
2. Site Name (For example, plant name or number):
Jouch of Class Dry Cleaners 3. Hazardous Waste Generator Identification Number
3. Hazardous Waste Generator Identification Number
FLR0000 1845
4. Facility Location: 1708 N Golden rod Rd Street Address: 5414e 104
City: Orlando County: Orange Zip Code: 32807
5. Facility Identification Number (DEP Use):
0950309
Responsible Official
6. Name and Title of Responsible Official:
DAISUKH NATHOO
7. Responsible Official Mailing Address: Organization/Firm: TOUCH OF CLASS DRY CLEANERS Street Address: 1708 N. Goldenrod Rt Suik 104
Street Address: 1708 N. Goldenrod Rt Suite 104
City: Orlando County: Orange Zip Code: 32807
8. Responsible Official Telephone Number: Telephone: (サブカヴィー・ I メロア Fax: () -
Telephone: (401217-1895 Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
Jan Mack, mar
10. Facility Contact Address: 1705 N Goldenrod Rd Street Address: 501 K 104
City: Orlando County: Orange Zip Code: 32807
11. Facility Contact Telephone Number: Telephone: (, ,) = 3.4 C/J Fax: () -
100-100-100-100-100-100-100-100-100-100
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AUG 3 0 1996

Bureau of Air Monitoring & Mobile Sources

DEP Form No. 62-213.900(2)

Page 13 of 16

Effective: 6-25-96

Facility Information

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

		Date Machine 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			efat a late						
(1) w/ ref. condenser		_			I				
(2) w/ carbon adsorber	* 1	541496							
(3) w/ no controls		17.19							
Washer Unit									1.5
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			in the second of						dada i
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	.,			. "				Tana a	14 to 1
(10) w/ ref. condenser					Ī				
(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	et one classifi	cation only.) Ne	w sm	nitions found nall area sour rge area sour	rce 💢	!	Part II?	
5550 uit			. 10	141	D3 4. C4 5041		1		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control tech (Indicate with an		ired on machines	s pursuant to section (5) of	Part II of this notification form?
Existing lar Carbon adso	ge area source orber		Refrigerated condenser	
New small : Refrigerated				
New large a Refrigerated				
to Rule 62-213.300, exemption criteria or All steam and hot was boiler HP or less), as	F.A.C. Verify that no such unter generating and (2) are fired are or fuel oil counter generating	that all steam and inits exist on-site units on-site (1) dexclusively by rontaining no mor	d hot water generating units: have a total heat input of	to use the general permit pursuant ts on-site meet the following 10 million BTU/hr or less (298 ods of natural gas curtailment s fired.
	Equipme	ent Monitoring	and Recordkeeping Infor	mation
Check all logs which	are required to	o be kept on-site	in accordance with the req	uirements of this general permit:
(a) Purchase receipts	and solvent pu	ırchases		
(b) Leak detection in	spection and re	epair		
(c) Refrigerated cond	lenser tempera	ture monitoring		کِ
(d) Carbon adsorber	exhaust perc co	oncentration mor	nitoring	
(e) Instrument calibration	ation			
(f) Start-up, shutdow	vn, malfunctior	n plan		

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

Surrender of Existing Air Permit(s)

Please indicat	te with an "X" the appropriate selection:						
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
No air permits currently exist for the operation of the facility indicated in this notification form.							
	Responsible Official Certification						
this notifi statemeni maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in 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	mptly notify the Department of any changes to the information contained in this notification.						
	Aug 28th 96						

Date

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

Signature

·	# 09503	BO9 BEST AVAI	ILABLE COPY	SILED	
• •	9-23 Spoke	+0 Oalsu	IKGREC	FIAED	
	Nathoo, i	he will be) LE	C 1 2 1996	
		more th	ran	Mir Monitoring	•
1. Facility Owne		n a year	1 182 1	Abbite Sources	
DAK		the owner.			
2. Site Name (F	P.13 G. add title -	-D (
Touch	P.14	owner			
3. Hazardous W	Il (a) add date of	$200 \pm ral$	•		
4. Facility Loca	device inst	-ailed			
Street Addre	1. (c) should no+	- be mark	ed an	MAY	
City: Or	2. (a) need con	anliance	32°	30 7	
5. Facility Iden	plan sta	tement		2	
	P.15		308		
1	4. new small r be marked	.c. Should	d		
6. Name and 7	be rriarked				
DAL					
7. Responsible O Organization/F	official Mailing Address: Firm: TOUCH OF CCHS:: 1708 N. GOKLENTO	5 DRY CLEH	NEW		
Street Address	: 1708 N. Golfenra	od Rt Su	THE 109 Zin Code: A		
City:		orange		32807	
8. Responsible O Telephone:	official Telephone Number:	Fax: ()			
		.		617 18 19 20 273	
	Facility Contact (If different f	rom Responsible Offic	cial)	A TEN	
9. Name and Titl	e of Facility Contact (For example, plan	nt manager):	101172	' 1101 TAAD 3	2/2
Jan	MACK, MAR	·· (D)	00	PPPINED .	25 26 25
10. Facility Contact		denroak	6810		3/
Street Address City:	County:	Z	Zip Code:	3031-153	
\bigcirc	Ch (1 C) ct Telephone Number:	range	32	807	
Telephone:	HM-277-1895	Fax: ()	-		
L	70/011 1012		RECE	VED	
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			AUG 3	O IZZO	

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

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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):
DAISUKH NATHOO
2. Site Name (For example, plant name or number):
Touch of Class Dry Cleaners
3. Hazardous Waste Generator Identification Number
FLR0000 18457
4. Facility Location: 1708 N GOLDEN YOU 130
City: Or Jando County: Orange Zip Code: 32807
5: Facility Identification Number (DEP Use):
0950309
Responsible Official
6. Name and Title of Responsible Official:
DAISUKH NATHOO - OWNER 9m126-96
7. Responsible Official Mailing Address:
7. Responsible Official Mailing Address: Organization/Firm: TOUCH OF CLASS DRY CLEANERS Street Address: 1708 N. GOKLENROG RT SUIK 104
City: Orlando County: Orange Zip Code: 32804
8. Responsible Official Telephone Number:
Telephone: (401217-1895 Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
Jan MACK MAR
10. Facility Contact Address: 1703 N Goldenrock Rd
Street Address: 5011/2 104
City: Orlando County: Orange Zip Code: 32807
11. Facility Contact Telephone Number:
Telephone: (+107-277-1895 Fax: ()
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DEP Form No. 62-213.900(2)
Effective: 6-25-96

Bureau of Air Monitoring
& Mobile Sources

AUG 5 0 1995

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.

	Т	Date	Date		Date	Date		Date	Date
	1	Machine	Control		Machine	Control		Machine	Control
•		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	_		Syn	12	-6-96				
(1) w/ ref. condenser	121	10,0059	D TULL 159	Y2				T -	
(2) w/ carbon adsorber	1	Tall Car	July 1590		+			-	·
(3) w/ no controls	7	2919 -10	says n	f —	1			·,	
Washer Unit			1						
(4) w/ ref. condenser		T	<u> </u>					_	
(5) w/ carbon adsorber								_	
(6) w/ no controls								<u> </u>	
Dryer Unit				1			I		
(7) w/ ref. condenser		1						1	
(8) w/ carbon adsorber								-	
(9) w/ no controls			-					_	<u> </u>
Reclaimer Unit	····	 :			<u> </u>	<u> </u>			
(10) w/ ref. condenser		T							
(11) w/carbon adsorber	 								
(12) w/ no controls									
(b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [] gallons									
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	ct one classifi	cation only.)	١	initions found	./	3) of	Part II?	
Existing large are	ea soi	urce []	Ne	w la	rge area sour	ce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of Part 11 of this notification form? (Indicate with an "X".)
Existing large area source Carbon adsorber
New small area source Refrigerated condenser [
New large area source Refrigerated condenser []
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site
Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring (d) Carbon adsorber exhaust perc concentration monitoring (e) Instrument calibration
(f) Start-up, shutdown, malfunction plan

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	lersigned, 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 proi	mptly notify the Department of any changes to the information contained in this notification.
Signature	Jan Mack mark 12-5-96

Orange County Environmental Protection Department | V E D

TITLE VAIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

DEC 1 2 1996

Bureau of Air Monitoring

YPE OF INSPECTION:	VNUNT COV	MPLAINT/DISCOVERY [KENIUSIESOURS
TME IN:	TIME OUT:	AIRS ID#: <u>0</u> 95	030ç
TAPE OF FACILITY: 466	Dry Cleaning	1:50 Dvy Cleaners	
ACILITY LOCATION:	100ch of Class	Dry Cleaners	DATE:12 5/96
	Ovlando FI	16-7	
RESPONSIBLE OFFICIAL:	Dalsukh Natha	PHONE NUMBER:	:
Based on the results of	the compliance requirements evalu	rated during this inspection, the facility	vistamos be in ace
Somplimite with 15131	/ / / / / / / / / / / / / / / / / / / /		· · · · · · · · · · · · · · · · · · ·
discrepancies were not		nated during this inspecti on, the f ollow	ing compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
	· · · · · · · · · · · · · · · · · · ·		
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	· San		
	and the same of th		.*
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•		, the second sec	, som w
COMMENTS:			
	ı· (
The Annual Compliance Cort	Hication form has been properties	And A: Md & somitted to the inspector.	YES NO
DATE OF NEXT INSPECT	TON:		· · · · · · · · · · · · · · · · · · ·
TAICDECTPICAL COMMISSION	يمر ورال	Approximate)	
INSPECTION CONDUCTI		(Please Print)	1
INSPECTOR'S SIGNATUR	RE: De Julie	PHONE NUMBER:	(407) 836-9524
	Page	of .	Revised 10/90

Orange County Environmental Protection Department

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	מי	COMPLAINT/DISCO	VERY 🗅	
AIRS 10#: <u>095030</u> 91 FACILITY NAME:	uch of C	lass	-	OUT:	
PART I: NOTHICATION					
(check appropriate box)				THE RESERVE THE PROPERTY OF TH	
1. Existing facility notified DAI	CM by 9/1/96		•	Œ	
2. New facility notified DARM	30 days prior to startup				ı
3. Facility failed to notify DARI	M to use general permit			C	1
PART II: CLASSIFICATION					
Facility indicated on notificati (check appropriate box)	on form that it is:			/	
A. 1. Existing small area sour 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)	r dry trai bot	-to-dry only isfer only, : h types, x<	area source /, x<140 gal/yr x<200 gal/yr 140 gal/yr n or after 12/9/91)	© C	
3. Existing large area some dry-to-dry only, 140 <x<2, (constructed="" 12="" 140<x<1,800="" 19="" 200<x<1,800="" 9="" 91)<="" before="" both="" ga="" only,="" td="" transfer="" types,=""><td>00 gal/yr dry gal/yr tra l/yr bot</td><td>-to-dry only, usfer only, h types, 14</td><td>area source y, 140<x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td><td>٠.</td></x<2,>	00 gal/yr dry gal/yr tra l/yr bot	-to-dry only, usfer only, h types, 14	area source y, 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,>		٠.
This is a correct facility classif	ication 🗹	Y CIN			
If no, please check the appropriate	riate classification:				
facility qualif	ied for a general permit a ds above limits and is no	ns number Leligible fo	above r a general permit		
B. The total quantity of perchl facility was 100 gallons		ascd within	the preceding 12 month	s by this dry clo	eaning

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? 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 scaled containers for at least 24 hours prior to disposal? Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY 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 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) DN DN 1. Equipped all machines with the appropriate vent controls? ON 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 □N □N/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected? 8. Maintained compliance plan, if applicable? PART VI: LEAK DETECTION AND REPAIRS	MO YOU MO YOU MO WA MO YOU MO YOU
 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? 4. Maintained calibration data? for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected? 	OY ON ON/A OY ON N/A OY ON OY ON OY ON OY ON OY ON
 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? 4. Maintained calibration data? for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected? 	OY ON ON/A OY ON N/A OY ON OY ON OY ON OY ON OY ON
 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? 4. Maintained calibration data? for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? 	OY ON ON/A OY ON N/A OY ON
 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? 4. Maintained calibration data? for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 	OY 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 and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only) 	מע מח אועם אם אועם אם אועם אם אועם או
 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? 	DY ON ON/A
a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	MY ON
	DY ON
3. Maintained leak detection inspection and repair reports for the following:	
2. Maintained rolling monthly averages of perc consumption?	DY CIN
I. Maintained receipts for pere purchased?	MY CON
Has the responsible official: (check appropriate boxes)	/
PART V: RECORDKEEPING REQUIREMENTS	
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON DYNA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY DN BNIA
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?	א/א מם צם
Is the perc concentration equal to or less than 100 ppm?	OY ON W/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?	OY ON ÁN/A
Is the temperature differential equal to or greater than 20° F?	OY ON MA
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	אי אם צם
	DY ON WAY
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?	

2. Which method of detection is used by tl	ic respon	sible official?		^	
Visual examination (condensed so	lvent on	exterior surfac	cs)	\(\overline{A}\)	
Physical detection (airflow felt thu	ough gas	kcts)	•	ra ,	
Odor (noticeable perc odor)					
Use of direct-reading instrumenta	tion (III)	/P1D/calorime	tric tubes)		;
If using direct-reading instrume	ntation,	is the equipme	ent:		
a. Capable of detecting p	oere vapo	r concentration	is in a range of 0-500 ppm?	CIY C	N .
b. Calibrated against a s (PID/FID only)?	tandard į	gas prior to and	Lafter each use	ם אם	N
c. Inspected for leaks an	d obviou	s signs of wear	on a weekly basis?	UY O	И
d. Kept in a clean and s	ccure are	a when not in i	ise?	OY O	N .
e. Verified for accuracy	by use of	duplicate sam	ples (calorimetric only)?	ם, אם	N :
3. Has the facility maintained a leak log?			•		ที่
4. Does the responsible official check the	following	g areas for leak	s?		
Hose connections, fittings, couplings, and valves	σγ		Muck cookers	EX,	ПN
Door gaskets and scating	Œ/Y	ПИ	Stills	ŒΥ	ПΝ
Filter gaskets and scating	13×\$	ПИ	Exhaust dampers	(ZY	□N
Pumps	CZY	ΠИ	Diverter valves	ФY	ΠИ
Solvent tanks and containers	ĽΥ	ПN	Cartridge filter housings	ØΥ	ПN
Water separators	ŒΥ	ПN			
Dalsukh Nath	<u>60</u>				•
Name of Responsible Offic Todd Fletcher	15(1		11.	lai	
		·	Date of Insp	ection .	
Inspector's Name (Please Pr	mu)		Date of Insp	-)-7	
Sold Title	~		6 9	5 /9	enaction
Inspector's Signature			Approximate Date o	I Mext III	spection

Orange County Environmental Protection Department

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	VNUNT	COMPLAINT/DISC	OVERY 🔲	RE-INSPECTION	NC
TIME IN: 160	TIME OUT:	1.50	AIRS ID#:O	950309	
TYPE OF FACILITY:	Dry Clean	\\ <u>\</u>			
FACILITY NAME:	Touch of		Cleaners	DATE: 12 5	196
FACILITY LOCATION:	1708U Golde Ovlando	nvod Kd			
RESPONSIBLE OFFICIAL:		X / 1	IONE NUMBER 4	107)277-186	75
	of the compliance requirement of the 62-213.300, Florida A	•		y is found to be in	
Based on the results of discrepancies were no	of the compliance requirement oted:				. •.
COMPLIANCE REC	QUIREMENT/PROB	LEM FOLL	OW-UP ACTIO	N REQUIRED)
					•
	-		·		
				,.	St
			·	·	- Adding S
••			- A		
				14 14 14 14 14 14 14 14 14 14 14 14 14 1	CHI CHI CHI
•		.,			
COMMENTS:	·				
,	f(f)		Bas	4	
Fa	cility in	Compliance			
The Annual Compliance Cer	CO contratribution	A STATE OF THE STA	でき至い (新草稿) itual to the inspector	YES	NOL
		15/91	6/5/97		
DATE OF NEXT INSPEC	To the state of th	(Approximate)		1 1 MA 1 MA 1 M 1 M 1 M 1 M 1 M 1 M 1 M	100
INSPECTION CONDUCT	ED BY	Todd Fletcher			
INSPECTOR'S SIGNATU	III. And I	(Please Print)	"" PHONE NUMBE R	(407) 83	36-9524
· · marector a arount				()	•
		Page of :			Revised 10/90

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<u>u</u>	COMPLAINT/DISCOV	VERY 🗀
AIRS ID#: 0950309DA	ch of Cl	ass Dry	/ Cleaner	оит: <u>//.′15</u>
FACILITY LOCATION:	1708 N.	Golden	vod Rd	
	Orlando	o [=1 · 3	37.807	
RESPONSIBLE OFFICIAL : $\widehat{\underline{\mathfrak{l}}}$	Jalsukh A	Jathou	PHONE: 407 - 2	77-1895
CONTACT NAME:	·		_ PHONE:	
PART I: NOTIFICATION	A Commission of the Commission			
(check appropriate box)				
1. New facility notified DARM 30) days prior to startu	ıp		
2. Facility failed to notify DARM	to use general perm	nit		۵
			4-11	
PART II: CLASSIFICATION			The second secon	
Facility indicated on notification (check appropriate box)	form that it is:		☐ No notification forn☐ Drop storc/out of but	
À.	_		,	
1. Existing small area source dry-to-dry only, x < 140 gal/yr		2. New small a dry-to-dry only	urea source , x < 140 gal/yr	71/
transfer only, $x < 200$ gal/yr	1	transfer only, x	< 200 gal/yr	
both types, $x < 140$ gal/yr (constructed before 12/9/91)		both types, x < (constructed on	140 gal/yr For after 12/9/91)	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ ga (constructed before $12/9/91$)	00 gal/yr gal/yr ll/yr	transfer only, 2 both types, 140	area source , $140 \le x \le 2,100$ gal/yr $00 \le x \le 1,800$ gal/yr $1 \le x \le 1,800$ gal/yr a or after $12/9/91$)	
1				
5. This is a correct facility class	ssification	OLA OIN	□Can not determine	
If no, please check the a	ppropriate classifica qualified for a geno	tion: cral permit as n		t

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? ON ON/A 2. Examining the containers for leakage? $\square N \square N/\Lambda$ EYY UN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled 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 BN/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 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 condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the Y ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:			
	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	\Box Y	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?	ΠY	ШN	□n/a
	Is the perc concentration equal to or less than 100 ppm?	ΟY	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?	ΩΥ	ПN	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ШN	□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?	OY ON			
2. Maintained rolling monthly total of perc consumption?	OM ON .			
3. Maintained leak detection inspection and repair reports for the following:	_			
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON ON/A			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DX/A			
6. Maintained startup/shutdown/malfunction plan?	· DY CIN			
7. Maintained deviation reports?	DY DN BN/A			
Problem corrected?	OY ON DINA			
8. Maintained compliance plan, if applicable?	OY ON ON/A			

P	ART VI: LEAK DETECTION AND	REPAIRS					
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			Ω√ □N			
2.	Has the facility maintained a leak log?			CJY ON			
3.	Does the responsible official check the	following areas for leaks?	,				
	Hose connections, fittings,	,		_			
	couplings, and valves	DY ON ON/A	Muck cookers	OY ON ON/A			
	Door gaskets and seating	BY ON ON/A	Stills	ON ON/A			
	Filter gaskets and scating	ON ONA	Exhaust dampers	ON ON ON/A			
	Pumps	OY ON ON/A	Diverter valves	DY ON ON/A			
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	OY ON ON/A			
	Water separators	ON ON ON/A					
4.	Which method of detection is used by	the responsible official?					
	Visual examination (condensed s	solvent on exterior surface.	s)	C3/			
	Physical detection (airflow felt tl	rough gaskets)					
	Odor (noticeable perc odor)						
	Use of direct-reading instrument	ation (FID/PID/calorimetr	ric tubes)				
	Halogen leak detector						
	If using direct-reading inst	rumentation, is the equip	ment:	DYN/A			
	a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	□Y □N			
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	□Y □N			
		nd obvious signs of wear o	on a weekly basis?	DY DN			
	_	secure area when not in us	·	DY DN			
	·	y by use of duplicate samp		OY ON			
	c. Vermed for decurac	y by use of duplicate samp	res (carorimetric omy)	2. 2 .,			
	_		1	į			
	TODO Fle	tchev	12/15	5/97			
	Inspector's Name (Please Pr	int)	Date of Inspe	ection			
	Joseph CT De		12/15	/98			
	Inspector's Signature		Approximate Date of	Next Inspection			

ADDITIONAL SITE INFORMATION:	
·	
·	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL CO	MPLAINT/DI	SCOVERY _	RÉ-INSPECT	ION 🔲
TIME IN: 10:45	TIME OUT:	15	AIRS ID#:	0950309	
TYPE OF FACILITY:	Dry Cleaner		·		
FACILITY NAME:	Touch of Clas	5 DVV	Cleaner	DATE: 12/1	5 97
FACILITY LOCATION:	1708 N. bold	envod	RJ	·	<u> </u>
	Orlando Fl	3280	7		
RESPONSIBLE OFFICIAL:	octsolth Nathou		_PHONE NUMBER:	407-277-	1895
	the compliance requirements eva Rule 62-213.300, Florida Adminis	-		ility is found to be i	n ·
Based on the results of discrepancies were note	the compliance requirements eva	luated during th	nis inspection, the fol	lowing compliance	
COMPLIANCE REQU	UIREMENT/PROBLEM	FOI	LLOW-UP ACT	ON REQUIRE	D
•		·			
•			_		
					·
					-
					·
 					
COMMENTS:				_	
	C - 1:1. ! A				
	Facility in Co	omplian	. دو		
The Annual Compliance Certific	cation form has been properly cer	tified and subm	nitted to the inspector	YES	NO
DATE OF NEXT INSPECTIO		98 Approximate)	,		
INSPECTION CONDUCTED		ietch	0.1		
AND BUILDIN CONDUCTED		(Please Print)			
INSPECTOR'S SIGNATURE	: dod Vluc		PHONE NUMBER	: 407 836	-9524

CASSELTS: CLEANERS, INC. 2054 Samoran Boulevard, #132 Winter Park, Florida 32792 Phone (407) 678-9356

TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070 Jile 309

. 25212-2010

Inflantitud for the following the following for the following for



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32399-2400

RECEIVED

MAR 3 0 1998

Bureau of Air Monitoring

Bureau of Air Monitoring



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

THIS STORE

HAS BEEN CLOSED ON

Do NOT Remove Label

AIRS ID 0950309

DALSUKH NATHOO DALSUKH NATHOO 1708 N GOLDENROD ROAD ORLANDO FL 32807 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID 0950309

DALSUKH NATHOO
DALSUKH NATHOO
1708 N GOLDENROD ROAD
ORLANDO FL 32807

RECEIVED NAR 30 1998 Bureau of Air Monitoring Bureau of Air Monitoring Bureau of Air Monitoring

Do NOT Remove Label

Annual Reporting Period:	1	19	то	19			
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO							
If NO, complete the following:	-	•	·				
#1. Term or condition of the general per	rmit that has not been in cont	inuous	compliance during the reporting	period stated above:			
Exact period of non-compliance: from			to				
Action(s) taken to achieve compliance:	•			·			
Method used to demonstrate compliance	:						
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:							
Exact period of non-compliance: from			to				
Action(s) taken to achieve compliance:							
.,							
Method used to demonstrate compliance							
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL:							
RESTURSIBLE OFFICIAL.	Name (Please Print)		Signature	Date			

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



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

February 12, 1998

NOTICE OF ANNUAL EMISSIONS FEE VIA: CERTIFIED MAIL WITH RETURN RECEIPT

TO: Users of Title V Air General Permits

Records in the Division of Air Resources Management indicate that you operate a source of air pollution and that you have claimed eligibility for your facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual emissions fee as established by the Department in Rule 62-213.205, F.A.C.

Your annual emissions fee is \$50 for calendar year 1997. A notice of your obligation to pay the annual emissions fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual emissions fee in response to that request, please disregard this letter.

If you have not yet submitted the annual emissions fee, this notice (with the enclosed replacement invoice) is being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual emissions fee not received by March 1, 1998, may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, under Rule 62-213(1)(g), F.A.C., failure to timely pay any required annual emissions fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Rick Butler at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

/DD

Enclosure: Invoice Form

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

TAN 8 98

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400



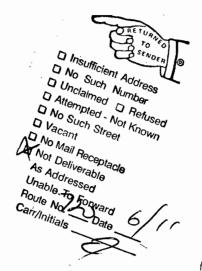
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Bureau of Air Monitoring & Mobile Sources

JUN 1 4 2001

LICEIVED

10 AIRS ID # 0950309001AG DALSUKH NATHOO TOUCH OF CLASS DRY CLEANERS 1708 N GOLDENROD ROAD ORLANDO FL 32807

TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE	COMPLETE THIS SECTION ON DELIVERY			
item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 10 AIRS ID # 0950309001AG DALSUKH NATHOO TOUCH OF CLASS DRY CLEANERS	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X			
1708 N GOLDENROD ROAD ORLANDO FL 32807	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.			
2. Article Number (Copy from service label) 700000000000000000000000000000000000	4. Restricted Delivery? (Extra Fee)			

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

261453

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

MAIL ROOM

FEB 25 97 TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#: 0950309 DALSUKH NATHOO DALSUKH NATHOO 1708 N GOLDENROD ROAD ORLANDO FL 32807 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

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	Z 210 663 005 US Postal Service Receipt for Certified Mail 10 AIRS ID # 0950309001AG DALSUKH NATHOO TOUCH OF CLASS DRY CLEANERS 1708 N GOLDENROD ROAD ORLANDO FL 32807				
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	PS Form 3800 , Apr	Postmark or Date			

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Z 333 613 714 US Postal Service. Receipt for Certified Mail No Insurance Coverage Provided. AIRS ID# 0950309 DALSUKH NATHOO DALSUKH NATHOO 1708 N GOLDENROD ROAD ORLANDO FL 32807 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address Form 3800, TOTAL Postage & Fees \$ Postmark or Date $\frac{8}{2}$

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to rectollowing service extra fee): 1. Address: 2. Restricte Consult postmas	ee's Address
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PS Form 3800 , April 1995	Postmark or Date		



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

