



# 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. Sanmukh L. Patel  
S & S Dry Cleaners  
6853 A West Colonia Drive  
Orlando, Florida 32818

Re: Facility I.D. No. 0950311

Dear Mr. Patel:

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

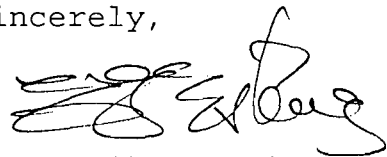
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements 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, Fl 32399-2400

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

Sincerely,

  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District

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

**PERCHLOROETHYLENE DRY CLEANERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST**

**RECEIVED**  
JUN 29 1998  
Bureau of Air Monitoring  
& Mobile Sources

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0950311 DATE: \_\_\_\_\_ TIME IN: \_\_\_\_\_ TIME OUT: \_\_\_\_\_  
 FACILITY NAME: S+J Dry Cleaners  
 FACILITY LOCATION: 6853-A West Colonial Dr  
Orlando FL 32812  
 RESPONSIBLE OFFICIAL: Saumokh L. Patel PHONE: 407-290-1447  
 CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PART I: NOTIFICATION**

(check appropriate box)

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

**PART II: CLASSIFICATION**

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

No notification form  
 Drop store/out of business/petroleum

A.

1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	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) <input checked="" type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	4. New large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91) <input type="checkbox"/>

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

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 61 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

- |  |  |
|--|--|
| 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?   | <input type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the temperature differential equal to or greater than 20° F?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the perc concentration equal to or less than 100 ppm?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
(check appropriate boxes)

- |  |   |
|--|---|
| 1. Maintained receipts for perc purchased?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Maintained rolling monthly total of perc consumption?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 3. Maintained leak detection inspection and repair reports for the following:  |   |
| a. documentation of leaks repaired w/in 24 hrs? or;  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Maintained calibration data? (for applicable direct reading instruments)  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 6. Maintained startup/shutdown/malfunction plan?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 7. Maintained deviation reports?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Problem corrected?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 8. Maintained compliance plan, if applicable?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:**  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

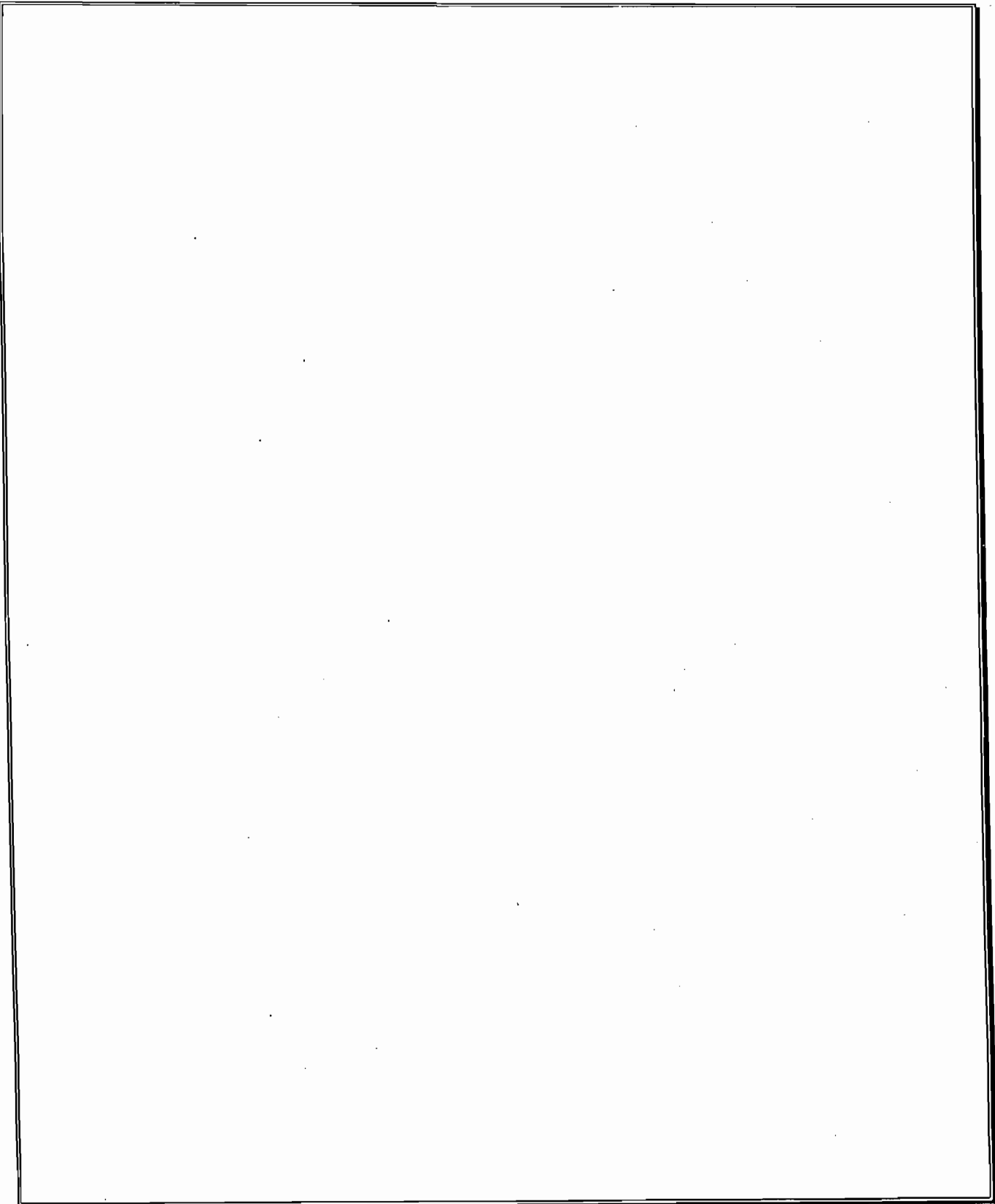
Todd Fletcher  
Inspector's Name (Please Print)

6/16/98  
Date of Inspection

Todd Fletcher  
Inspector's Signature

6/16/99  
Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**



**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 11:40 TIME OUT: 12:10 AIRS ID#: 0950.311  
 TYPE OF FACILITY: Dry Cleaner  
 FACILITY NAME: S&S Dry Cleaner DATE: 6/16/98  
 FACILITY LOCATION: 16853-A West Colonial Dr  
Orlando FL 32812  
 RESPONSIBLE OFFICIAL: Sanmukh L. Patel PHONE NUMBER: 407-290-1447

- 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

**RECEIVED**  
 JUN 29 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

COMMENTS: Facility in Compliance

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

DATE OF NEXT INSPECTION: 6/16/99  
 (Approximate)

INSPECTION CONDUCTED BY: Todd Fletcher  
 (Please Print)

INSPECTOR'S SIGNATURE: Todd Fletcher PHONE NUMBER: 836-9524

S+S Dry Cleaner

CD

p.14 1.(c) mark out "X" and initial  
p.15 4. should be new small area  
source w/ refrig. con.

- 1. Fa
- 2. S
- 3. F
- 4.
- 5.
- 6.
- 7.
- 8.

LEARNER

LIVE

32818

311

**RECEIVED**  
DEC 3 1996

BUREAU OF  
AIR REGULATION

NOV 1996  
RECEIVED

OPERATOR  
DRIVE

Code: 32818

9. Name and Title of Facility Contact (For example, plant manager):

---

10. Facility Contact Address:

Street Address: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

City: \_\_\_\_\_

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

Telephone: ( ) - \_\_\_\_\_

**RECEIVED**  
AUG 30 1996  
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):	SANMUKH L. PATEL S2S DRY CLEANER		
2. Site Name (For example, plant name or number):	S2S DRY CLEANER		
3. Hazardous Waste Generator Identification Number:	.		
4. Facility Location:	6853 A. W. COLONIAL DRIVE		
Street Address:	6853 A. W. COLONIAL DRIVE		
City:	ORLANDO	County:	ORANGE Zip Code: 32818
5. Facility Identification Number (DEP Use):	0950311		

## Responsible Official

6. Name and Title of Responsible Official:	SANMUKH L PATEL OWNER OPERATOR		
7. Responsible Official Mailing Address:	6853 A. W. COLONIAL DRIVE		
Organization/Firm:	6853 A. W. COLONIAL DRIVE		
Street Address:	6853 A. W. COLONIAL DRIVE		
City:	ORLANDO	County:	ORANGE Zip Code: 32818
8. Responsible Official Telephone Number:	(407) 290.1447 Fax: ( ) -		

## Facility Contact (If different from Responsible Official)

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

RECEIVED

AUG 30 1996

Bureau of Air Monitoring  
& Mobile Sources

**Facility Information**

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	4-18-94	18 APR 94						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

- (b) Control devices are required, but not yet installed
- (c) ~~No control devices are required to be installed.~~  *9/1/94*

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

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

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

Existing small area source       New small area source

Existing large area source       New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser  8 valves

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
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

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

Please indicate with an "X" the appropriate selection:

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

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

**Responsible Official Certification**

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

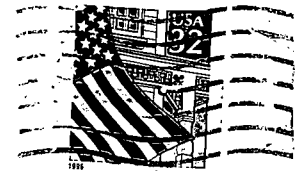
*I will promptly notify the Department of any changes to the information contained in this notification.*

Signature S. L. Paes

Date 8/17/96

S. L. Paes

11/27/96



STATE OF FLORIDA  
DEPT OF ENVIRONMENTAL PROTECTION  
TWIN TOWERS OFFICE BLDG  
2600 BLAIRSTONE ROAD  
TALLAHASSEE FLORIDA 32399  
2400

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	SANMUKH L. PATEL S&S DRY CLEANER
2. Site Name (For example, plant name or number):	S&S DRY CLEANER
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: City:                      County:                      Zip Code:	6853 A. W. COLONIAL DRIVE ORLANDO                      ORANGE                      32818
5. Facility Identification Number (DEP Use):	0950311

## Responsible Official

6. Name and Title of Responsible Official:	SANMUKH L PATEL OWNER OPERATOR
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:                      County:                      Zip Code:	6853 A. W. COLONIAL DRIVE ORLANDO                      ORANGE                      32818
8. Responsible Official Telephone Number: Telephone:                      Fax: (                      )                      -	(407) 290.1447                      (                      )                      -

## Facility Contact (If different from Responsible Official)

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

RECEIVED

AUG 30 1996

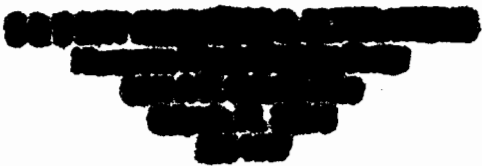
Bureau of Air Monitoring  
& Mobile Sources

#0950311

S+S Dry Cleaner

p.14 1.(c) mark out "X" and initial

p.15 4. should be new small area  
source w/ refrig. con.



6/3/99

AIR ID 09SD311

To

GENERAL PERMITS SECTION

PLEASE NOTE CHANGE PERMIT CONDITION  
MY MACHINE CONSTRUCTED IN 1984  
REFRIGERATED CONDENSER ADDED IN 1994

THANK YOU  
Schmitt-

RECEIVED

JUN 10 1999

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.

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<i>Example</i>		#1 03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser	1	4-18-94	18 APR 94						
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(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

(b) If less than 12 months, how many?  months

Check why it is less than 12 months: New owner:  New store:  Did not keep records:

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

*NEW Small HE*

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

All steam and hot water generating units exempt   
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
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- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

### Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

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

### Responsible Official Certification

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

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

Signature

S. L. Patten

Date

8/17/96

# Orange County Environmental Protection Department



## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 1200 TIME OUT: 1245 AIRS ID#: 0950311

TYPE OF FACILITY: Dry Cleaner

FACILITY NAME: S+S Dry Cleaner DATE: 11/27/96

FACILITY LOCATION: 6853 A. W. Colonial Dr.  
Orlando FL 32812

RESPONSIBLE OFFICIAL: Sanmukh L Patel PHONE NUMBER: (407) 290-1447

- 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
Need to place a temp gage in exhaust side of condenser	will check next inspection

COMMENTS:

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

DATE OF NEXT INSPECTION: 5/27/97 (Approximate)

INSPECTION CONDUCTED BY: TODD FLETCHER (Please Print)

INSPECTOR'S SIGNATURE: *Todd Fletcher* PHONE NUMBER: (407) 836-9524

✓  
**Orange County Environmental Protection Department**

**PERCHLOROETHYLENE DRY CLEANERS**

**TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0950311 TIME IN: 1200 TIME OUT: 1245  
FACILITY NAME: S+S Dry Cleaners  
FACILITY LOCATION: 6853 A W. Colonial Dr  
Orlando FL 32812

**PART I: NOTIFICATION**

(check appropriate box)

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

**PART II: CLASSIFICATION**

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

- A.
- |  |   |
|--|---|
| 1. Existing small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91) <input type="checkbox"/>                         | 2. New small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91) <input checked="" type="checkbox"/>                         |
| 3. Existing large area source<br>dry-to-dry only, $140 < x < 2,100$ gal/yr<br>transfer only, $200 < x < 1,800$ gal/yr<br>both types, $140 < x < 1,800$ gal/yr<br>(constructed before 12/9/91) <input type="checkbox"/> | 4. New large area source<br>dry-to-dry only, $140 < x < 2,100$ gal/yr<br>transfer only, $200 < x < 1,800$ gal/yr<br>both types, $140 < x < 1,800$ gal/yr<br>(constructed on or after 12/9/91) <input checked="" type="checkbox"/> |

This is a correct facility classification

If no, please check the appropriate classification:

- facility qualified for a general permit as number \_\_\_\_\_ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 61 gallons.

**RECEIVED**

**DEC 9 1996**

Bureau of Air Monitoring  
& Mobile Sources

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

- 1. Equipped all machines with the appropriate vent controls?  Y  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  Y  N *no diff just settings*
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  N

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

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

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?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A ✓ <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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?  Is the perc concentration equal to or less than 100 ppm?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A ✓ <input type="checkbox"/> Y <input type="checkbox"/> N
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A ✓
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A ✓
6. Routed airflow to the carbon adsorber (if used) at all times?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A ✓

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
(check appropriate boxes)

1. Maintained receipts for perc purchased?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
2. Maintained rolling monthly averages of perc consumption?	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
4. Maintained calibration data? (for direct reading instruments only)	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
6. Maintained startup/shutdown/malfunction plan?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
7. Maintained deviation reports?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Problem corrected?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> NO problems
8. Maintained compliance plan, if applicable?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly leak detection and repair inspection?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
2. Which method of detection is used by the responsible official?	
Visual examination (condensed solvent on exterior surfaces)	<input checked="" type="checkbox"/>
Physical detection (airflow felt through gaskets)	<input checked="" type="checkbox"/>
Odor (noticeable perc odor)	<input checked="" type="checkbox"/>
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	<input type="checkbox"/>

**If using direct-reading instrumentation, is the equipment:**

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

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

4. The following areas should be checked for leaks by the ~~inspector~~ *Responsible Official*

	Leak Detected?			Leak Detected?	
Hose connections, fittings, couplings, and valves	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Muck cookers	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Door gaskets and seating	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Stills	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Filter gaskets and seating	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Exhaust dampers	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Pumps	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Diverter valves	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Solvent tanks and containers	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Cartridge filter housings	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Water separators	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N			

*Sunmukh L. Patel*

Name of Responsible Official

*TODD Fletcher*

Inspector's Name (Please Print)

*Todd Fletcher*

Inspector's Signature

*11/27/96*

Date of Inspection

*5/27/97*

Approximate Date of Next Inspection

*N/A*



**ADDITIONAL SITE INFORMATION:**

[Empty box for additional site information]



# Orange County Environmental Protection Department

## PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0950311 DATE: 6/13/97 TIME IN: 0900 TIME OUT: 1130  
 FACILITY NAME: S & S Dry Cleaner  
 FACILITY LOCATION: 6853-A West Colonial Dr  
Orlando FL 32812

### PART I: NOTIFICATION

- (check appropriate box)
- 1. Existing facility notified DARM by 9/1/96
  - 2. New facility notified DARM 30 days prior to startup
  - 3. Facility failed to notify DARM to use general permit

### PART II: CLASSIFICATION

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

A.	1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	<input type="checkbox"/>	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)	<input checked="" type="checkbox"/>
	3. Existing large area source dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed before 12/9/91)	<input type="checkbox"/>	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)	<input type="checkbox"/>

This is a correct facility classification

If no, please check the appropriate classification:

- facility qualified for a general permit as number \_\_\_\_\_ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 61 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

BEST AVAILABLE COPY

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?   | <input type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | <input type="checkbox"/> Y <input type="checkbox"/> N                              |
| Is the temperature differential equal to or greater than 20° F?  | <input type="checkbox"/> Y <input type="checkbox"/> N                              |
| 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?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the pere concentration equal to or less than 100 ppm?   | <input type="checkbox"/> Y <input type="checkbox"/> N                              |
| 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? | <input type="checkbox"/> Y <input type="checkbox"/> N                              |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:  
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

- |   |  |
|---|--|
| 1. Does the responsible official conduct a weekly leak detection and repair inspection? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
|---|--|

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

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

If using direct-reading instrumentation, is the equipment:

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

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

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

- |   |  |                           |  |
|---|--|---------------------------|--|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Stillls                   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Divetter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |                           |  |

Sammukh L Patel

Name of Responsible Official

**Todd Fletcher**

Inspector's Name (Please Print)

Todd Fletcher

Inspector's Signature

6/13/97

Date of Inspection

6/13/98

Approximate Date of Next Inspection

✓

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

**TYPE OF INSPECTION:** ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 0900 TIME OUT: 0930 AIRS ID#: 0950311  
 TYPE OF FACILITY: Dry Cleaner  
 FACILITY NAME: S+S Dry Cleaner DATE: 6/13/97  
 FACILITY LOCATION: 6853-A West Colonial Dr.  
Orlando FL 32817  
 RESPONSIBLE OFFICIAL: Sanmukh L. Patel PHONE NUMBER: (407)290-1447

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS: Facility in order

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

DATE OF NEXT INSPECTION: 6/13/98  
(Approximate)

INSPECTION CONDUCTED BY: Todd Fletcher  
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 836-9524

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FEB 6 1998

Bureau of Air Monitoring & Mobile Sources

*all*

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0950311
SANMUKH L PATEL SANMUKH L PATEL 6853 AW COLONIAL DRIVE ORLANDO FL 32818

Do NOT Remove Label

Annual Reporting Period: JAN 1 19 97 TO DEC 31 19 97

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

If NO, complete the following:

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

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

RESPONSIBLE OFFICIAL: SANMUKH L PATEL SPC/act 1/27/98  
 Name (Please Print) Signature Date

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

✓ 301704

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

**TOTAL AMOUNT DUE: \$50.00**

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MAIL ROOM  
FEB -4 98

Do **NOT** Remove Label

AIRS ID#0950311

SANMUKH L PATEL  
SANMUKH L PATEL  
6853 AW COLONIAL DRIVE  
ORLANDO FL 32818

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



**Best Available Copy**  
**PERCHLOROETHYLENE DRY CLEANERS**  
**TITLE V GENERAL PERMIT**  
**COMPLIANCE INSPECTION CHECKLIST**

**RECEIVED**  
 JUN 28 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

TYPE OF INSPECTION:

ANNUAL  *11/20/98*

COMPLAINT/DISCOVERY

RE-INSPECTION  *11/20/98*

AIRS ID#: 0950311 DATE: \_\_\_\_\_ TIME IN: \_\_\_\_\_ TIME OUT: \_\_\_\_\_

FACILITY NAME: S + S Dry Cleaners

FACILITY LOCATION: 6853-A West Colonial Dr

Orlando FL 32812

RESPONSIBLE OFFICIAL: Saumokh L. Patel PHONE: 407-290-1447

CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PART I: NOTIFICATION**

(check appropriate box)

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

**RECEIVED**  
 NOV 30 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

**PART II: CLASSIFICATION**

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

- No notification form
- Drop store/out of business/petroleum

A.

- |  |   |
|--|---|
| 1. Existing small area source <input type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91) | 2. New small area source <input checked="" type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91) |
|--|---|

- |  |  |
|--|--|
| 3. Existing large area source <input type="checkbox"/><br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed before 12/9/91) | 4. New large area source <input type="checkbox"/><br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed on or after 12/9/91) |
|--|--|

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

If no, please check the appropriate classification:

- facility qualified for a general permit as number \_\_\_\_\_ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 61 gallons.

TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

11/20/98 AR

TYPE OF INSPECTION:

ANNUAL  COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 11:40 TIME OUT: 12:10 AIRS ID#: 0950311

TYPE OF FACILITY: Dry Cleaner

FACILITY NAME: S4S Dry Cleaner DATE: 6/16/98

FACILITY LOCATION: 6853-A West Colonial Dr  
Orlando FL 32812

RESPONSIBLE OFFICIAL: Sanmukh L. Patel PHONE NUMBER: 407-290-1447

- 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
	RECEIVED NOV 20 1998 Bureau of Air Monitoring & Mobile Sources
	RECEIVED JUN 29 1998 Bureau of Air Monitoring & Mobile Sources

COMMENTS:

Facility in Compliance

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

DATE OF NEXT INSPECTION: 6/16/99 (Approximate)

INSPECTION CONDUCTED BY: Todd Fletcher (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 836-9524

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 0845 TIME OUT: 0910 AIRS ID#: 0950310  
 TYPE OF FACILITY: Dry Cleaner  
 FACILITY NAME: Florida Center Cleaner DATE: 6-19-00  
 FACILITY LOCATION: 5685 Vineland Rd.  
Orlando, FL 32819  
 RESPONSIBLE OFFICIAL: Jong V. Lee PHONE NUMBER: 407-351-4616

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:  
Facility in compliance

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

DATE OF NEXT INSPECTION: 6-19-01  
(Approximate)

INSPECTION CONDUCTED BY: Ilka Bundy  
(Please Print)

INSPECTOR'S SIGNATURE: Ilka Bundy PHONE NUMBER: 407-836-1400

JB 6-15-99  
+ SOR

PERCHLOROETHYLENE DRY CLEANERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

RECEIVED  
JUN 27 1999  
Bureau of Air Monitoring  
& Mobile Sources

TYPE OF INSPECTION: ANNUAL   
RE-INSPECTION

COMPLAINT/DISCOVERY   
TIME IN: 1050 TIME OUT: 115

AIRS ID#: 0950311 DATE: 6-3-99  
FACILITY NAME: S & S Dry Cleaner  
FACILITY LOCATION: 6853-A West Colonial Drive  
Orlando, FL 32818  
RESPONSIBLE OFFICIAL: Sanmukh L. Patel PHONE: 407-290-1447  
CONTACT NAME: PHONE:

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

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

<p>A.</p> <p>1. Existing small area source <input type="checkbox"/> dry-to-dry only, <math>x &lt; 140</math> gal/yr transfer only, <math>x &lt; 200</math> gal/yr both types, <math>x &lt; 140</math> gal/yr (constructed before 12/9/91)</p>	<p>2. New small area source <input checked="" type="checkbox"/> dry-to-dry only, <math>x &lt; 140</math> gal/yr transfer only, <math>x &lt; 200</math> gal/yr both types, <math>x &lt; 140</math> gal/yr (constructed on or after 12/9/91)</p>
<p>3. Existing large area source <input type="checkbox"/> dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr transfer only, <math>200 \leq x \leq 1,800</math> gal/yr both types, <math>140 \leq x \leq 1,800</math> gal/yr (constructed before 12/9/91)</p>	<p>4. New large area source <input type="checkbox"/> dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr transfer only, <math>200 \leq x \leq 1,800</math> gal/yr both types, <math>140 \leq x \leq 1,800</math> gal/yr (constructed on or after 12/9/91)</p>

1994 aquired machine  
1984 machine Built  
ref. cond. put on in 1994  
plate on machine back

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

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

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

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:**  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

*Ilka Bundy*

Inspector's Name (Please Print)

*6-3-99*

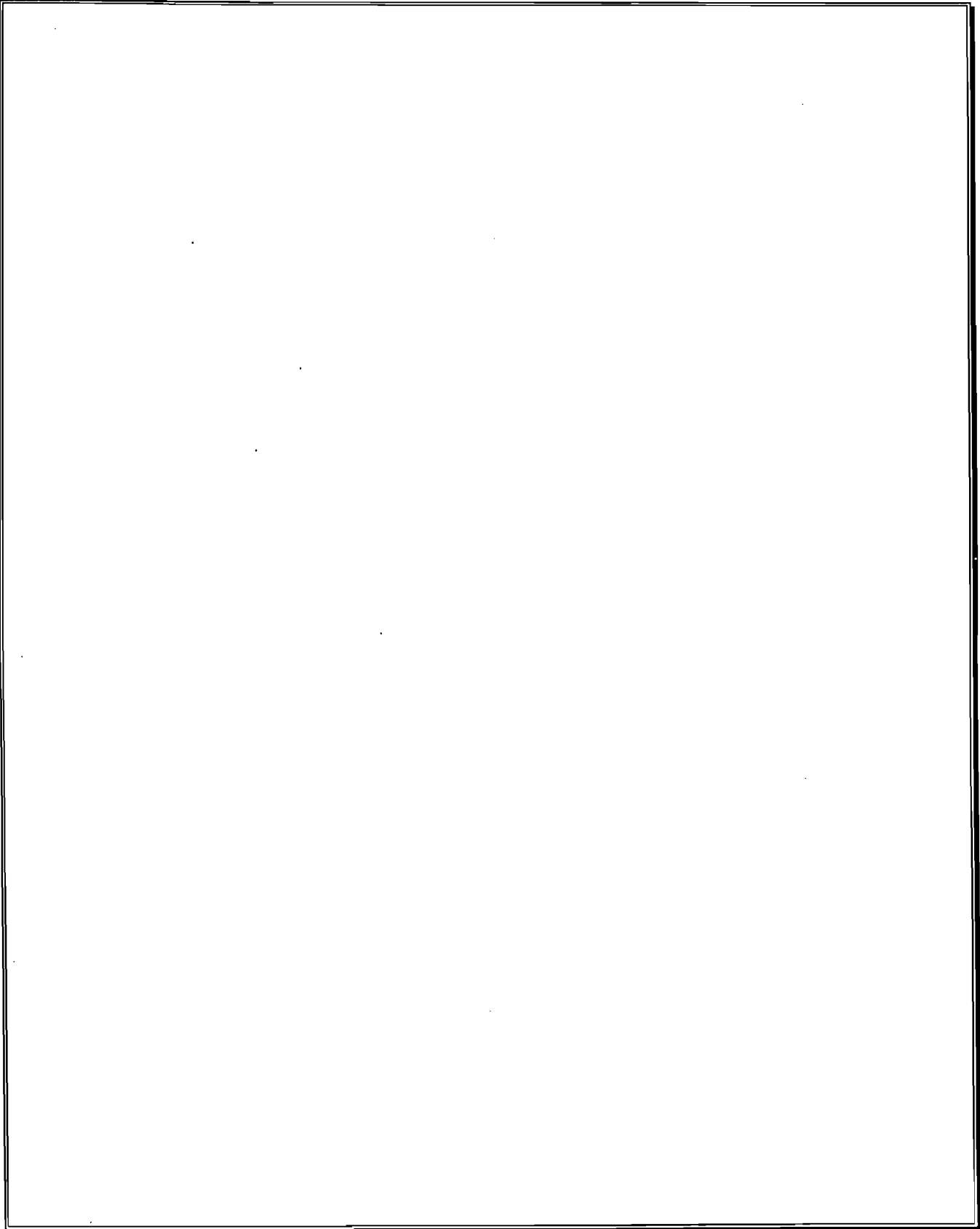
Date of Inspection

*Ilka Bundy*  
Inspector's Signature

*6-3-2000*

Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**





# Orange County Environmental Protection Department

AIRS ID#: 0950311

ACC ✓

Revised 10/10/96

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

FACILITY NAME: <u>S &amp; S Dry Cleaner</u>	DATE: <u>6-3-99</u>
FACILITY LOCATION: <u>6853-A West Colonial Drive</u> <u>Orlando, FL 32818</u>	

Annual Reporting Period: JUNE 1998 TO 3 JUNE 1999

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

If NO, complete the following:

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of 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: SANMUKH L PATEL [Signature] 6/3/99  
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.

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 1045 TIME OUT: 1115 AIRS ID#: 0950311  
 TYPE OF FACILITY: Dry Cleaner  
 FACILITY NAME: S & S Dry Cleaner DATE: 6-3-99  
 FACILITY LOCATION: 6853-A West Colonial Drive  
Orlando, FL 32818  
 RESPONSIBLE OFFICIAL: Sanmukh L. Patel PHONE NUMBER: 407-290-1447

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS: Facility in compliance. Needs to change permit condition to existing small area source. - Send Tallahassee. Machine constructed in 1984. Refrigerated Condenser added in 1994.

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

DATE OF NEXT INSPECTION: 6-3-2000  
(Approximate)

INSPECTION CONDUCTED BY: Ilka Bundy  
(Please Print)

INSPECTOR'S SIGNATURE: Ilka Bundy PHONE NUMBER: 836-9524

AIRS ID#: 0950311

Revised 01/18/00  
ARM 6/8/00 JB

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

FACILITY NAME: S & S Dry Cleaner DATE: 6/8/2000  
FACILITY LOCATION: 6853-A West Colonial Drive  
Orlando, FL 32818

Annual Reporting Period: June 3, 1999 ~~2000~~ TO June 8 2000

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

If NO, complete the following:

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

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

RESPONSIBLE OFFICIAL: SANMUKH L. PATEL [Signature] 6/8/2000  
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.

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 0840 TIME OUT: 0900 AIRS ID#: 0950311  
 TYPE OF FACILITY: Dry Cleaner  
 FACILITY NAME: S & S Dry Cleaner DATE: 6-8-00  
 FACILITY LOCATION: 6853 - A West Colonial Drive  
Orlando FL 32818  
 RESPONSIBLE OFFICIAL: Sanmukh L. Patel PHONE NUMBER: 407-290-1447

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:  
Facility in compliance.

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

DATE OF NEXT INSPECTION: 6-8-01  
(Approximate)

INSPECTION CONDUCTED BY: Ilka Bundy  
(Please Print)

INSPECTOR'S SIGNATURE: Ilka Bundy PHONE NUMBER: 407-836-1400

**PERCHLOROETHYLENE DRY CLEANERS**

**TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST**

*address*  
ARMS 6/8/00 JB  
Thura 5 6-19-00 JB

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0950311 DATE: 6-8-00 TIME IN: 0840 TIME OUT: 0900  
 FACILITY NAME: S & S Dry Cleaner  
 FACILITY LOCATION: 6853-A West Colonial Drive  
Orlando, FL 32818  
 RESPONSIBLE OFFICIAL: Sanmukh L. Patel PHONE: 407-290-1447  
 CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RECEIVED  
JUN 21 2000  
Bureau of Air Monitoring & Mobile Sources

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

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

A.

1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	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) <input checked="" type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	4. New large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91) <input type="checkbox"/>

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 15 gallons.

*OK*  
1984 -  
1994 -  
Mach. built  
Ref. cond.  
added.

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:**  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

Ilka Bundy  
Inspector's Name (Please Print)

6-8-00  
Date of Inspection

Ilka Bundy  
Inspector's Signature

6-8-01  
Approximate Date of Next Inspection



**ADDITIONAL SITE INFORMATION:**

8-27-00 15.0



(Cut)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258962

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

RECEIVED  
MAIL ROOM

JAN 24 97

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

S&S DRY CLEANER SANMUKH L PATEL 6853 AW COLONIAL DRIVE ORLANDO FL 32818	AIRS ID# 0950311
--	------------------

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0356833

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

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

S&S DRY CLEANER SANMUKH L PATEL 6853 AW COLONIAL DRIVE ORLANDO FL 32818	AIRS ID # 0950311
--	-------------------

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

RECEIVED  
MAIL ROOM  
JAN 11 99



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389582

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

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID # 0950311

S&S DRY CLEANER  
SANMUKH L PATEL  
6853 AW COLONIAL DRIVE  
ORLANDO FL 32818

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

RECEIVED  
MAIL ROOM  
DEC 16 98



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400590

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

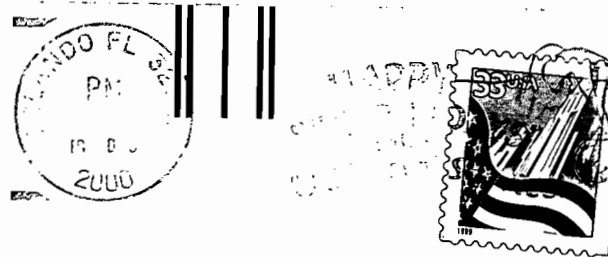
**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

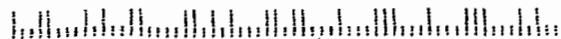
AIRS ID # 0950311
S&S DRY CLEANER SANMUKH L PATEL 6853 AW COLONIAL DRIVE ORLANDO FL 32818

RECEIVED MAIL ROOM  
 DEC 29 09  
**FOR GOVERNMENT USE ONLY**  
 Org.: 37550101000 EO: A1  
 Fund: 20-2-03500  
 Obj.: 002273

**S & S DRY CLEANERS & ALTERATIONS**  
 Hiwassee Woods Shopping Center  
 6853-A W. Colonial Drive  
 Orlando, FL 32818  
 290-1447



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



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

7000 1670 0006 7361 5715

**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	\$	

Sent 10 AIRS ID # 0950311001AG  
 Street SANMUKH L PATEL  
 City S&S DRY CLEANER  
 6853 AW COLONIAL DRIVE  
 ORLANDO FL 32818

PS Form Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

**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:  
 10 AIRS ID # 0950311001AG  
 SANMUKH L PATEL  
 S&S DRY CLEANER  
 6853 AW COLONIAL DRIVE  
 ORLANDO FL 32818

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature X L. S. Patel  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below.

**RECEIVED**  
 JUN 13 2001

3. Service Type: Bureau of Air Monitoring & Mobile Sources  
 Certified Mail  Registered  Insured Mail  Return Receipt for Merchandise  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)  
 7000 1670 0006 7361 5715

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