

# 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

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCO	VEIR IS SOURCE TO
AIRS 1D#: <u>0950311</u>	_ DATE:	TIME IN	l: TIME	COUT:
FACILITY NAME:	525 Dy	Cloun	.τν	
FACILITY LOCATION: _				
	Orlando			
RESPONSIBLE OFFICIAI	L: Saumokh	L. Patel	PHONE: 407 -	290-1447
CONTACT NAME:			PHONE:	
34,				
PART I: NOTIFICATION			WELL STREET, S	
(check appropriate box)				·
1. New facility notified DAI	RM 30 days prior to startu	ıp		a
2. Facility failed to notify D	ARM to use general perm			
PART II: CLASSIFICAT				
Facility indicated on notific			☐ No notification for	
(check appropriate box)  A.	cation form that it is:		☐ Drop store/out of b	
1. Existing small area s dry-to-dry only, x < 140 transfer only, x < 200 ga both types, x < 140 gal/y (constructed before 12/9/	gal/yr l/yr r	2. New small a dry-to-dry only, transfer only, x toth types, x < (constructed on	x < 140 gal/yr < 200 gal/yr	Œ.
3. Existing large area s dry-to-dry only, $140 \le x$ transfer only, $200 \le x \le$ both types, $140 \le x \le 1.8$ (constructed before 12/9)	≤ 2,100 gal/yr 1,800 gal/yr 300 gal/yr	transfer only, 20 both types, 140	rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )	
5. This is a correct facili	ity classification	DAY CIN	Can not determine	
, co ,	the appropriate classificate for a genuality qualified for a genuality exceeds above limited.	eral permit as n		
B. The total quantity of pe	rchloroethylene (perc) pu	rchased within t	he preceding 12 month	s by this dry cleaning

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? CA CIN CIN/A CAY LIN LIN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? DM DIN 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? מארם אם בא 5. Maintaining solvent-to-carbon ratios and steam pressure for earbon adsorber beds according to the manufacturer's specifications? CIY CIN CIN/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? אווי אנו אַ 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 Y LIN LIN/A condenser upon opening the door? 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 AVAID NID Y 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:			
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?	ĽΊΥ	ШN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ĽΙΥ	ПN	□N/ <b>A</b>
	Is the temperature differential equal to or greater than 20° F?	ΠY	ШΝ	□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?	ĽΙΥ	ÜИ	ÜΝ/Λ
	Is the perc concentration equal to or less than 100 ppm?	ΠY	Ωи	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring pere concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΠV	CINI	CINVA
	or expansion, and downstream from no other mict?	ЦΥ	Пи	□N/∧
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	Ωи	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ÜN	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	מבע בא
2. Maintained rolling monthly total of perc consumption?	CAS CIN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	אאם אם אם
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	DY CIN CIN/A
4. Maintained calibration data? Gor applicable direct reading Instruments)	DY DN MN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON OX/A
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	DY DN MN/A
Problem corrected? .	עואם אם אם
8. Maintained compliance plan, if applicable?	מאל מם אם אם

P	ART VI: LEAK DETECTION AND I	REPAIRS			And the second of the second second second section and the second
1.	Does the responsible official conduct a	weekly (for sin	all sources, bi	-weekly) leak detection an	d repair
	inspection?				CHY LIN
2.	Has the facility maintained a leak log?				DY DN
3.	Does the responsible official check the	following areas	s for leaks?		
	Hose connections, fittings, couplings, and valves	ם אם מ	N/A	Muck cookers	מא מא מאיע
	Door gaskets and seating	ם אם אמ	IN/A	Stills	MY ON ON/A
	Filter gaskets and scating	ם אם אם	IN/A	Exhaust dampers	מא מו מו מאיע
	Pumps	QA ON O		Diverter valves	QY ON ON/A
	Solvent tanks and containers	ם אם אנט		Cartridge filter housings	CY ON ON/A
	Water separators	ם אם אם	IN/A		
4.	Which method of detection is used by t	he responsible	official?		
	Visual examination (condensed s	olvent on exter	rior surfaces)		<b>a</b>
	Physical detection (airflow felt the	rough gaskets)			
1	Odor (noticeable perc odor)			,	
	Use of direct-reading instruments	ation (FID/PID	/calorimetric (	lubes)	ם
	Halogen leak detector				<b>u</b> /
	If using direct-reading histi	rumentation, i	s the equipme	ent:	RINIV
	a. Capable of detecting	perc vapor con	centrations in	a range of 0-500 ppm?	מט צט
	b. Calibrated against a (PID/FID only)?	standard gas pi	rior to and afte	er each use	חט מט
	e. Inspected for leaks a	nd obvious sigi	is of wear on a	weekly basis?	DY DN
	d. Kept in a clean and	secure area who	en not in use?		מט עם
	e. Verified for accuracy	by use of dupl	licate samples	(calorimetric only)?	DY DN
L					
	Inspector's Name (Please Pr	tcher		Date of Inspe	J98
_	Inspector's Signature	tc	<b>)</b>	Approximate Date of	Next Inspection

ADDITIONAL	SITE INFORMATION:		,
			·
	•		
	•		
		•	
			•
	*		

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

Page l of l.

Revised 10/96

1. Fa	S+S Dry Cleaner  P.14 1.(0) mark out "X" and invita  P.15 4 Should be new small area  Source w/refrig. con.	LEANER
		• *
3. I		LIVE
4.		32818
5.	RECEIVED	311
	DEC 3 1996 (5) (3)	
	DEC 3 1996  BUREAU OF AIR REGULATION  BUREAU OF AIR REGULATION	0-1 150R
6.		OPERATOR DRIVE Code: 32818
7	60, 1534 PE	-DKING
	1000	O Code: 32818
	· · · · · · · · · · · · · · · · · · ·	and the second s
\		And the second s
L		
1	9. Name and Title of Facility Contact (For example, plant manager):	
	9. Name and Thie or 1	
	10. Facility Contact Address:	at Cado
	Street Address: County:	Zip Code:
	11. Facility Contact Telephone Number: Fax: ( )	-
	Telephone: ( )	- CEIVEL

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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):
SANMUKH L. PATEL SESDRY CLEANES  2. Site Name (For example, plant name or number):
SES DRY CLEANER
3. Hazardous Waste Generator Identification Number:
• *
4. Facility Location: 6853 A. W. COLONIAL DRIVE  Street Address:
Street Address: 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: Organization/Firm: 6853 A. W. COLONIAL DRIVE Street Address:
7. Responsible Official Mailing Address:
Street Address: 6853 H. W. Co CO 1917 C DRIVE
City: ORLANDO County: ORANGE Zip Code: 32818
8. Responsible Official Telephone Number:
Telephone: $(46)290.1447$ 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:
County. Zip Couc.
11. Facility Contact Telephone Number:
Telephone: ( ) - Fax: ( ) -

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

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Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MÄR-
Dry-to-Dry Unit	Π.			? .					
(1) w/ ref. condenser	1	4-18-94	10 ADQ	<b>†</b>	<del>                                     </del>		T		T
(2) w/ carbon adsorber	<del>                                     </del>	1 10 17	12/11						
(3) w/ no controls									<del></del>
Washer Unit					_				
(4) w/ ref. condenser	<del></del>					1			T
(5) w/ carbon adsorber									<del> </del>
(6) w/ no controls								-	
Dryer Unit	:			<u>.</u>	· · · · · · · · · · · · · · · · · · ·		٠.	<del></del>	<u> </u>
(7) w/ ref. condenser			ľ					Ī	
(8) w/ carbon adsorber							_		<u> </u>
(9) w/ no controls									
Reclaimer Unit	11.	The state of the s		11.5	The state		٠.,.		1
(10) w/ ref. condenser								T	
(11) w/carbon adsorber	,			!					
(12) w/ no controls					<u> </u>				
<ul><li>(b) Control devices are</li><li>(c) No control devices</li></ul>	requ	ired, but not equired to be	yet installed	\ <u>\</u>	5 9 (//	Jus.			
2.(a) What was the total of []  (b) If less than 12 mont Check why it is less	quant gallo	ity of perchlons ow many? [_	oroethylene (	perc)	purchased in	n the latest 12			
3. What is the facility's so (Indicate with an "X".  Existing small ar	Selec	t one classifi	cation only.)	)	initions found		ŕ	Part II?	
Existing large are	ea soi	urce []	Ne	ew la	rge area sour	ce [	]		

DEP Form No. 62-213.900(2)

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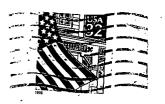
	nat control technology is required adicate with an "X".)	uired on machines	s pursuant to section (5) of	Part II of this notification form?
	Existing large area sourc Carbon adsorber	<u>e</u> []	Refrigerated condenser	
	New small area source Refrigerated condenser	× 9 ch	<del>ue -</del>	
	New large area source Refrigerated condenser			
to Rul		y that all steam an	id hot water generating uni	o use the general permit pursuant ts on-site meet the following
boiler		ed exclusively by r	natural gas except for perio	10 million BTU/hr or less (298 ods of natural gas curtailment s fired.
	eam and hot water generatin ch units on-site	g units exempt		
			. ·	
	Equipn	nent Monitoring	and Recordkeeping Infor	mation
Check	all logs which are required	to be kept on-site	in accordance with the req	uirements of this general permit:
(a) Pu	rchase receipts and solvent p	purchases		$\mathcal{X}$
(b) Le	ak detection inspection and	repair		$(\lambda)$
(c) Re	frigerated condenser temper	ature monitoring		
(d) Ca	arbon adsorber exhaust perc	concentration mor	nitoring	
(e) lns	strument calibration			
(f) St	art-up, shutdown, malfunction	on plan		X

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 statemen maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in lication. 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.
Signature	S. L. Pare 8/17/96
	8 Mais 11/27/96

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



A

DEPT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BURG
2600 BLAIRSTONE ROAD
TALLAHASSE FLORDA 32399
2400

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

	•
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
5	SIE Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	SES DRY CLEANER
3.	Hazardous Waste Generator Identification Number:
	• <sup>1</sup>
4.	Street Address: 6853 A. W. CoLONIAL DRIVE
	City: ORLANDO County: ORANGE Zip Code: 32818
5.	Facility Identification Number (DEP Use):
	0950311
SS-0055,117	
	Responsible Official
6.	Name and Title of Responsible Official:
	SAVMUKH L PATEL OWNER OPERATOR Responsible Official Mailing Address: Organization/Firm: 6853 A. W. COLONIAL DRIVE Street Address:
7.	Responsible Official Mailing Address:
	Street Address: 6833 A. W. COLONIAC DRIVE
	City: ORLANDO County: County: Zip Code: 32818
8.	Responsible Official Telephone Number:
	Telephone: (46) 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:
	County. Zip Couc.
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -
1	

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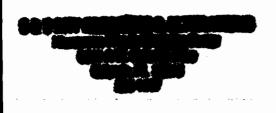
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Bureau of Air Monitoring & Mobile Sources

# #0950311

,	-71-0120al
	S+S Dry Cleaner
P.14	1.(c) mark out "X" and inotial
P.13	4. Should be new small area
	1.(c) mark out "X" and install 4. Should be new small area Source W/ refrig. con.
,	
,	



6/3/99 AIR ID 0950311

GENERAL PERMITS SECTION

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

THANK YOU

#### **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.

Towns CM aking	I.D.	Date Machine Initially	Date Control Device	ID.	Date Machine Initially	Date Control Device	ID	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			9(	4	. A The Contract	and the			· · · · · · · · · · · · · · · · · · ·
(1) w/ ref. condenser	1	4-18-94	18MR						
(2) w/ carbon adsorber		7							
(3) w/ no controls									
Washer Unit	- 1	e eta jiha e					. ;	1,11	i terresión.
(4) w/ ref. condenser									-
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	(11.1)	i nab ii	red Spirit d	eg i			. 1		
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	-9.	San				3 - 3 - 7 - 7 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4		Markey III	11.74.1 4 <sup>4</sup> 1.7
(10) w/ ref. condenser		1			1	1		1	
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control of the control devices  (b) If less than 12 montrol of the control	are ro	equired to be ity of perchlo ons ow many? [_	installed [_a	perc)	purchased in			·	
3. What is the facility's so (Indicate with an "X".  Existing small ar  Existing large are	Selec ea so	t one classifi	cation only.) Ne	w sm	nitions found nall area sour	ce 🗡		Part II?	

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What control technology is required on machines pursuant to section (5) of I (Indicate with an "X".)	Part II of this notification form?
Existing large area source Carbon adsorber Refrigerated condenser	
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating unit 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 the boiler HP or less), and (2) are fired exclusively by natural gas except for perioduring which propane or fuel oil containing no more than one percent sulfur is	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping Information	mation
Check all logs which are required to be kept on-site in accordance with the requ	uirements of this general permit:
(a) Purchase receipts and solvent purchases	X
(b) Leak detection inspection and repair	$[\lambda]$
(c) Refrigerated condenser temperature monitoring	(2)
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	∟   <i>X</i>
(f) Start-up, shutdown, malfunction plan	$\angle$

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)					
4	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification					
this notifi statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.					
Signature	S. L. Vater Separtment of any changes to the information contained in this notification.					

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

#### Orange County Environmental Protection Department

#### TITLE VAIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TIME IN: 1200 TIME OUT: 1245 AIRS IDH: 095031  TYPE OF FACILITY: Dry Cleaner  FACILITY NAME: 505 Dry Cleaner  FACILITY LOCATION: 6853 A. W. Colonial Dr.  OVIGING FI 32817  RESPONSIBLE OFFICIAL: Sanmokh L Patel PHONE NUMBER: (40) 290-1  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 REQUIREM  Need to Place a temp  Superince with Check Neyt inspection of the conduction of the following compliance discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIREM  Need to Place a temp  Superince with Check Neyt inspection of the following compliance discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIREMENTS of the conduction of the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).  FIGURE 11/2  RESPONSIBLE OFFICIAL: Sanmokh L Patel PHONE NUMBER: (40) 290-1	27   9 <u> </u> 447
FACILITY NAME: S&S DV1 Cleaned DV.  FACILITY LOCATION: 6853 A. W. Colonial DV.  OV lands Fl 32812  RESPONSIBLE OFFICIAL: Sanmukh L Patel PHONE NUMBER: (40) 290-1  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 REQUIRES	447 D
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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 REQUIRES	D .
Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRES	
discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRES	
COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRES	
page in exhaust side of will check next ins	pection
gage in exhaust side of	
	in .
	45
<ul><li>(株) (株) (株) (株) (株) (株) (株) (株) (株) (株)</li></ul>	·
	,
	•
	1
COMMENTS:	
The Annual Compliance Certification form has been properly certified and submitted to the inspector.	Тои
	110
DATE OF NEXT INSPECTION: 5 27 97 (Approximate)	
INSPECTION CONDUCTED BY: TODD Fletcher	
INSPECTOR'S SIGNATURE: 100 JULIAN PHONE NUMBER (407) 836	
Page of	- 9525

Revised 10/96

#### Orange County Environmental Protection Department

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	LY	COMPLAINT/DISC	OVERY 🗀	
	RE-INSPECTION				
(SEP)				- 45	
airs 10#: <u>095<b>0</b>3/1</u>				1243	-
FACILITY NAME:S	15 Dry C	leaner.		•	-
FACILITY LOCATION:	6853	A w	. Colonial	Dr	_
	Orland	0 F)	328	12	_
The state of the s					
PART 1: NOTIFICATION					
(check appropriate box)		- manus de la manu			
1. Existing facility notified DARN	M by 9/1/96		: •	UZ .	ı
2. New facility notified DARM 30	0 days prior to start	up		а	ı
3. Facility failed to notify DARM	to use general peri	nit		<u>u</u>	ı
The contract of the contract o	**************************************				
PART II: CLASSIFICATION				:	
Facility indicated on notification	o form that it is:	Factor and acres desirable on the			
(check appropriate box)				• ,	
Λ.		:	***. ***.*		ľ
1. Existing small area source	e 🗀	2. New small		<b>122</b>	
dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr		dry-to-dry only transfer only,	y, x<140 gal/yr	· 10 4	
both types, x<140 gal/yr		both types, x<			
(constructed before 12/9/91)			n or after 12/9/91)	(V)	
3. Existing large area source	e 🗀	4. New large	area source		
dry-to-dry only, 140 <x<2, 100<="" td=""><td>) gal/yr</td><td></td><td>y, 140<x<2, 100="" gal="" td="" yr<=""><td>(</td><td></td></x<2,></td></x<2,>	) gal/yr		y, 140 <x<2, 100="" gal="" td="" yr<=""><td>(</td><td></td></x<2,>	(	
transfer only, 200 <x<1,800 gs<="" td=""><td></td><td></td><td>200<x<1,800 gal="" td="" yr<=""><td>RECEIV</td><td>E</td></x<1,800></td></x<1,800>			200 <x<1,800 gal="" td="" yr<=""><td>RECEIV</td><td>E</td></x<1,800>	RECEIV	E
both types, 140 <x<1,800 (constructed="" 12="" 9="" 91)<="" before="" gal="" td="" y=""><td>yr</td><td></td><td>0<x<1,800 -="" <b="" gal="" yr="">( on or after 12/9/91)</x<1,800></td><td></td><td></td></x<1,800>	yr		0 <x<1,800 -="" <b="" gal="" yr="">( on or after 12/9/91)</x<1,800>		
This is a correct facility classific	cation	DAY CIN		DEC 9 1996	6
If no, please check the appropria	nte classification:			Bureau of Air Moni & Mobile Source	
	ed for a general per s above limits and is				
B. The total quantity of perchlor facility was _ 6 \( \frac{1}{2} \) gallons.	roethylene (pere) pa	irchased within	the preceding 12 mon	ths by this dry cleanin	ıg

# Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS

#### In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) מם אם 1. Equipped all machines with the appropriate vent controls? 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 DAY DIN DIN/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? 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?

	<u>, , , , , , , , , , , , , , , , , , , </u>
<ol><li>Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?</li></ol>	DY ON (A)
Is the temperature differential equal to or greater than 20° F?	DY DN NA
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?	DY DN MA
Is the pere concentration equal to or less than 100 ppm?	OY ON
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON WA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ZINA
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON DINA
。如在1997年 - 1997年 - 19	T MAN TO THE
PART V: RECORDKEEPING REQUIREMENTS	Carrie 1
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY DN
2. Maintained rolling monthly averages of perc consumption?	MY DATE
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 lirs? or;	en on
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	מם צפ
4. Maintained calibration data? (for direct reading instruments only)	אואנה אם אנט
5. Maintained exhaust duct monitoring data on perc concentrations?	· DY DN (A)
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	DY DAY
Problem corrected?	DY UN (NO 10 De
8. Maintained compliance plan, if applicable?	OY ON DAN/A
**************************************	
PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	OY ON
2. Which method of detection is used by the responsible official?	
Visual examination (condensed solvent on exterior surfaces)	र्ख 📗
Physical detection (airflow felt through gaskets)	<b>12</b>
Odor (noticeable perc odor)	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	

	If using direct-reading instrum	entation,	is the equip	pment:			
	a. Capable of detecting	pere vap	or concentra	tions in a range of 0-500 ppm?	$\Box$ Y	DM )	
	b. Calibrated against a (PID/FID only)?	standard	gas prior to	and after each use	ΩY	on (	<i>ا   ر</i>
	c. Inspected for leaks ar	nd obviou	is signs of w	ear on a weekly basis?	$\Box Y$	om y	₹. <sup>‡</sup>
	d. Kept in a clean and s	secure are	a when not	in use?	$\Box Y$	אם /	
	e. Verified for accuracy	by use o	f duplicate s	amples (calorimetric only)?		ON,	1
3.	Has the facility maintained a leak log?				ΔY	WANT !	
4.	The following areas should be checked	l for leak	s by the <del>insp</del>	ector. Respons official		1 CAR	
	C		Detected?	N N	Leak	Detected?	
	Hose connections, fittings,		/			<i>&gt;</i>	;
	couplings, and valves	$\Box$ Y	ŪKI ∕	Muck cookers	ΠY	DN	
	Door gaskets and seating	ΠY	BN	Stills	$\Box Y$	ØN	
	Filter gaskets and scating	ΠY	Cary	Exhaust dampers	ΠY	DN	
	Pumps	ÜΥ	UN	Diverter valves	ΠY	ND	
	Solvent tanks and containers	ΠY	ЮN	Cartridge filter housings	ΠY	ΔN	
	Water separators	ĽΙΥ	ME			July 1	
	Sunmukh L. Pa			· · · · · · · · · · · · · · · · · · ·			
	Name of Responsible Offic	1111					

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

	***	
•	11 A 11 A 1 1 A 1 A 14	
ADDITIONAL SITE INFORMATION:	CATALOG STATE	
ADDITIONAL SITE INFORMATION:		
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### Orange County Environmental Protection Department

#### PERCHLOROFTHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	АНБИАL REAMSPECTION	COMPLAINT/DISCO	OVERY (J
AIRS JD#: 0950311	DATE: 6   1.3	ST TIME IN: OGOQ TIME	: our: ::930
FACILITY NAME: 52	S Duy C	leaner	
FACILITY LOCATION:	6853 - A	west Colonial	DV
	Ovlando	Lleaner West Colonial Fl 32817	
PARTI: NOTHICATION			
(check appropriate box)			/
1. Existing facility notified DA	RM by 9/1/96		Ľ <b>y</b>
2. New facility notified DARM	30 days prior to start	up	C.I
3. Facility failed to notify DAR	M to use general peri	nit	Ü
FART II: CLASSIFICATION  Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sou 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)	ion form (hat it is: rce UJ yr	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)	
3. Existing large area soudry-to-dry only, 140 <x<2, (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 9)<="" before="" both="" g="" i="" only,="" td="" transfer="" types,=""><td>100 gal/yr ) gal/yr al/yr</td><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td>CI</td></x<2,></td></x<2,>	100 gal/yr ) gal/yr al/yr	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td>CI</td></x<2,>	CI
This is a correct facility class	ification	ELA CIM	
If no, picase check the approp	priate classification:		
		mit as numberabove is not eligible for a general permit	
B. The total quantity of percl	hloroethylene (perc) p	ourchased within the preceding 12 mont	hs by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	cks cm
2. Examining the containers for leakage?	uK un
3. Closing and securing machine doors except during loading/unloading?	LK' UN
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	Gr un
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OA CH FRAN
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 refr (complete A below).	
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber no installed — prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refu (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	UK UN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	GY LIN LINIA
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	מא הא כואיע
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	מא סא
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	אט אט
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אט אט

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	UY	UN	
2:	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ЦΥ	ÜN	
	Is the temperature differential equal to or greater than 20° F7	ÜΥ	LIN	
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?	ÜY	ИП	ÜN/A
	Is the pere concentration equal to or less than 100 ppm?	ÜY	LIN	
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duet diameters downstream of any bend, contraction, or expansion; is at least 2 duet diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ÜΥ	ЦN	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ŪΥ	UN	ONA
6.	Routed airflow to the carbon adsorber (if used) at all times?	ÜY	NU	N/AC)

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	,
1. Maintained receipts for perc purchased?	TA, TIM
2. Maintained rolling monthly averages of perc consumption?	LÍY LIN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 lus? or;	CK. CIN
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אט אָט
4. Maintained calibration data? Gor direct reading instruments only)	מאט אט אט אט
5. Maintained exhaust duct monitoring data on perc concentrations?	בוא מוז און
6. Maintained startup/shutdown/malfunction plan?	GY UN
7. Maintained deviation reports?	LAY LIN
Problem corrected?	EXY LIN
8. Maintained compliance plan, if applicable?	איאא אט אט

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection	17 DY DN

2.	. Which method of detection is used by the responsible official?					
	Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow felt the	ough gask	ccts)	•	r	
	Odor (noticeable pere odor)				凶	
	Use of direct-reading instrumental	ion (印D/	PHD/calo	rimetrie tubes)	C)	
	If using direct-reading instrume	ntation, i	s the equ	ipment:		
	a. Capable of detecting p	ocic vapor	concenti	rations in a range of 0-500 ppm?	CIY C	114
	<ul><li>b. Calibrated against a st (PID/FID only)?</li></ul>	tandard ga	as prior (	o and after each use	מא הא	
	c. Inspected for leaks an	d obvious	signs of	wear on a weekly basis?	מט עט	
	d. Kept in a clean and so	есте агеа	when no	et in use?	מא מא	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?					מט אט	
3.	3. Has the facility maintained a leak log?					7114
4.	Does the responsible official check the	following	areas for	· leaks?		
	Hose connections, fittings, couplings, and valves	CY	ИП	Muck cookers	UY	ÜИ
	Door gaskets and scating	CY	ПИ	Súlls	(JY	ÜN
	Filter gaskets and seating	CYY	ПN	Exhaust dampers	LÍY	CIM
	Pumps	CAY.	ИΩ	Diverter valves	ЦÝ	ПИ
	Solvent tanks and containers	CIY	ПN	Cartridge filter housings	ďχ	ПN
	Water separators	CYY	ИП			

Samonikh L Patel	:
Name of Responsible Official	
Todd Fletcher	6/13/97
Inspector's Name (Please Print)	Date of Inspection
Jodl Fletch	6/13/98
Inspector's Signature	Approximate Date of Next Inspection

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL [	COMPLAINT/DIS	SCOVERY	RE-INSPECTION
TIME IN: 6900	TIME OUT:	0930	AIRS ID#:O9	50311
TYPE OF FACILITY:	Dry Clean	e V	· .	
FACILITY NAME: 5	25 Dry Clea	Men		DATE: 6/13/97
FACILITY LOCATION: (	2853 - A	West Col	onial Dr.	
	Ovlando FI	32817		
RESPONSIBLE OFFICIAL:	Schmukh L. F	Lte1	_PHONE NUMBER:(	107)290-1447
	he compliance requirements ule 62-213.300, Florida Adr	=	•	y is found to be in
Based on the results of to	he compliance requirements d:	evaluated during th	is inspection, the follow	ving compliance
COMPLIANCE REQU	JIREMENT/PROBLE	M FOL	LOW-UP ACTIO	N REQUIRED
To the state of th				* * *
				,
The state of the s				
				). ).
al .				
COMMENTS:				
Fa	cility in	ovder	/	
The Annual Compliance Certific		certified and subm	itted to the inspector.	YES NO
DATE OF NEXT INSPECTIO	6	(Approximate)		·
INSPECTION CONDUCTED	BY:	(Please Print)"	tchev	934-9524

Revised 10/96

# RECEIVED FEB 6 1998 Bureau of Air Monitoring & Mobile Sources

# 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

	Do 1101 Remove Baser		
Annual Reporting Period: TAYL	19_ <b>9</b>	Doc 31	19
Based on each term or condition of the Title V gen	eral air nermit my facility has re	mained in compliance wit	h DFP Rule
<del>-</del>	•	<u> </u>	
62-213.300, Florida Administrative Code (F.A.C.),	during the period covered by thi	s statement. YES	□NO
If NO, complete the following:			
#1. Term or condition of the general permit that ha	as not been in continuous compli	ance during the reporting	period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:	· .	· · ·	
#2. Term or condition of the general permit that ha	as not been in continuous complia	ance during the reporting	period stated above:
Exact period of non-compliance: from		_ to	
Action(s) taken to achieve compliance:	· 		
Method used to demonstrate compliance:			
· · · · · · · · · · · · · · · · · · ·			
As the responsible official, I hereby certify, based on in notification are true, accurate and complete. Further, does not exceed 2,100 gallons per year for dry-to dry fa	my annual consumption of perchlo	oroethylene solvent, based up or transfer or combination fa	oon purchase receipts, scilities. f
RESPONSIBLE OFFICIAL: S'AN µ U Name (Ple	KH LVATCL ase Print)	Signature Signature	1/27/98 Date

<sup>\*</sup>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

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

RECEIVED MAIL ROOM

**TOTAL AMOUNT DUE: \$50.00** 

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

Оыј.: 002273

Best Available Copy
PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLIANCE IN	SPECTION CHECKLIST S I
TYPE OF INSPECTION: ANNUAL ///	COMPLAINT/DISCOVERS, T. C. S.
	AN COMPENINTIDISCOVERS. 4. CI
RE-INSPECTION	11/20/98 A QUANTE
AIRS 10#: <u>095031 </u> DATE:	TIME OUT.
<b>√</b> .	TIME IN: TIME OUT:
FACILITY NAME: 525 Dry	Cleaner
facility location: <u>6853 - A</u>	West Colonial Dr
Orlando	
responsible official: Saumokh	L. Patel MIONE: 407 - 290-1447
CONTACT NAME:	PHONE:
The second secon	
PART I: NOTIFICATION	
(check appropriate box)	The Copy of the Co
1. New facility notified DARM 30 days prior to star	tup 150 0
2. Facility failed to notify DARM to use general per	tup \$10, 70 Commit Start Commit Commi
	CIT. III.
PART II: CLASSIFICATION	7 78
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A. 1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, $x \le 200$ gal/yr both types, $x \le 140$ gal/yr
both types, x < 140 gal/yr (constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$
both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91)
5. This is a correct facility classification	TV IN DCan not determine

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

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

If no, please check the appropriate classification:

facility was 6 gallons.

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

	11/20/98	AR
_		_/

Type of Inspection. ADMIA 7/1/2009	
	PLAINT/DISCOVERY RE-INSPECTION
	10 AIRS 10#: 0950311
TYPE OF FACILITY: Dry Cleaner	6/16/98
FACILITY NAME: 545 DIY Clean	
FACILITY LOCATION: 6853-A (L)OCT.	Colonial DV A
Ovlando Fl	32817
RESPONSIBLE OFFICIAL: Sanmikh L. Pat.	PHONE NUMBER: 467 - 290 - 1447
Based on the results of the compliance requirements evaluat compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaluate discrepancies were noted:	ed during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	P
	The state of the s
Su	W. CL
e	Mobile Solutioning Solutioning Solutions of the Solutioning Solutioning Solutioning Solutioning Solutioning Solutioning Solutions of the Solutioning S
	Se Monie
	TOS OFFICE OFFIC
	8
<del> </del>	
·	
COMMENTS:	<u> </u>
	oli i
Facility in C	ompliance
/	
The Annual Compliance Certification form has been properly certification.	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 6/16/99	
	proximate)
WEDECTION CONDUCTED BY	Te + 1

Page | of 1.

(Please Print)

Revised 10/96

PHONE NUMBER: 836-9574

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL [y] COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 0845 TIME OUT: 0910	AIRS ID#: 095 0310
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Florida Center Cleane	DATE: (0-19-00
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 evaluate compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
· ·	
	<u> </u>
	· ·
COMMENTS:	
Facility in compliar	nce
The Annual Compliance Certification form has been properly certification.	<del></del>
DATE OF NEXT INSPECTION: 6-19	-0/ proximate)
INSPECTION CONDUCTED BY: I//ca	Bundy case Print) *
INSPECTOR'S SIGNATURE: Sha Bund	PHONE NUMBER: 407-836-1400
Page	of / . Revised 10/96

# PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPE	CTION C	com	IPLAINT/DISCOND  R Mobile S	1999 ED	
responsible official: Sanmu	Cleane West FL 3	Coloni 2818 tel pho	al Drive NE: 407-290		
PART I: NOTIFICATION  (check appropriate box)		·			
New facility notified DARM 30 days prior     Facility failed to notify DARM to use gene	•			0	
PART II: CLASSIFICATION  Facility indicated on notification form that (check appropriate box)	it is:		o notification form	ness/netroleum	
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)	dry-to-dry transfer or both types	mall area so y only, x < 14 nly, x < 200 s, x < 140 ga ted on or afte	urce ☑ IO gal/yr gal/yr I/yr	,	refined of
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )			1984 machine Built		
5. This is a correct facility classification  If no, please check the appropriate c  facility qualified for facility exceeds ab  B. The total quantity of perchloroethylene (practity was 20 gallons.	assification: r a general permi ove limits and is r	it as number not eligible fo	or a general permit	this dry cleaning	ι ο ο . ( 

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?	ZY ON ON/A
2. Examining the containers for leakage?	DY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	ery on
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	MY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON DANA
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	v.
If classification 2 has been checked, the machine should be equipped with a refu (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber me installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refu (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	םא םא
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΔY	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?	ΟY	□и	□N/A
	Is the perc concentration equal to or less than 100 ppin?	ΠY	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	□и	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПΝ	□N/A

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

Y	PART VI: LEAK DETECTION AND REPAIRS					
1.	Does the responsible official conduct a v	veekly (for small sources, t	oi-weekly) leak detection an	id repair		
	inspection?			CTY ON		
2.	Has the facility maintained a leak log?			MD DN		
3.	Does the responsible official check the fe	ollowing areas for leaks?				
	Hose connections, fittings, couplings, and valves	My ON ON/A	Muck cookers	DY ON ON/A		
	Door gaskets and seating	DY ON ON/A	Stills	MY ON ON/A		
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	ZY ON ON/A		
	Pumps	אואם אם אוא	Diverter valves	DY ON ON/A		
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A		
	Water separators	GY ON ON/A				
4.	Which method of detection is used by the	e responsible official?		/		
	Visual examination (condensed so	lvent on exterior surfaces)		red		
	Physical detection (airflow felt three	ough 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:			EZN/A		
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			OY ON		
	<ul> <li>b. Calibrated against a standard gas prior to and after each use (PID/FID only)?</li> </ul>					
	c. Inspected for leaks and	d obvious signs of wear on	a weekly basis?	OY ON		
	d. Kept in a clean and se	cure area when not in use	?	OY ON		
	e. Verified for accuracy l	by use of duplicate sample	s (calorimetric only)?	OY ON		
_	Ilka Bundy		6-3-99			
	Inspector's Name (Please Prin	II)	Date of Inspo	CHON		
	Mka Bunda		6-3-2000			
	Inspector's Signature		Approximate Date of	Next Inspection		

ADD	ITIONAL SITE IN	FORMATION:		_	
	•				
		•			
<b>)</b>					
			÷		

# Orange County Environmental Protection Department

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

<u> </u>	
FACILITY NAME: S & S Dry Cleaner DA	TE: <u>6-3-99</u>
FACILITY LOCATION: 6853-A West Colonial Drive	
Orlando, FL 32818	
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 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	DEP Rule
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting p	eriod stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting p	eriod stated above:
Exact period of non-compliance: fromto	
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, to made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethyle upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  SAMMUKH L PATEL  Name (Please Print)  Signature	ne <b>s</b> olven <b>t</b> , based

<sup>\*</sup>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

The state of the s

TYPE OF INSPECTION: ANNUAL V COMI	PLAINT/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 Colon	· · · · · · · · · · · · · · · · · · ·
Orlando, FL 32818	
RESPONSIBLE OFFICIAL: Sanmukh L. Patel	PHONE NUMBER: 407-290-1447
Based on the results of the compliance requirements evaluat compliance with DEP Rule 62-213.300, Florida Administrat	•
Based on the results of the compliance requirements evaluat discrepancies were noted:	ed during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
1	
COMMENTS: Facility in compliance.	Needs to change permit
COMMENTS: Facility in compliance.  Condition to existing Small area  Machine ronstructed in 1984. Refrigere	source Send Tallahassee.
The Annual Compliance Certification form has been properly certific	
DATE OF NEXT INSPECTION: $6-3-7$	الله الله الله الله الله الله الله الله
	proximate)
(Ple	ase Print)
INSPECTOR'S SIGNATURE: June Dumon	PHONE NUMBER: 836-9524

Page of .

Revised 10/96

AIRS ID#:	0950311	
THE TOTAL	O 13 01.	

Revised 01/18/00

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: S & S	Dry Cleane	<u></u>		DATE: 6/8/960
FACILITY LOCATION: 6853	A' West Co	olonial Dr	ive	1 / /
Orland				
	(0), 12 )	<u> </u>		
Annual Reporting Period:	3,1999	_26 € TO	June	8 20 (2)
Based on each term or condition of the T	Fitle V general air permit	, iny facility has reir	nained in compliance v	with DEP Rule
62-213.300, Florida Administrative Cod	e (F.A.C.), during the pe	riod covered by this	statement. YES	S DNO
If NO, complete the following:				
#1. Term or condition of the general per	rmit that has not been in	continuous compliai	nce during the reporting	g period stated above:
Exact period of non-compliance: from				
Action(s) taken to achieve compliance:			<u>.</u>	
Method used to demonstrate compliance	·			
#2. Term or condition of the general per	rmit that has not been in	continuous complia	nce during the reportin	ng period stated above:
Exact period of non-compliance: from		·	to	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance	;			
	<u> </u>			· · · · · · · · · · · · · · · · · · ·
As the responsible official, I hereby certs in this notification are true, accurate and purchase receipts, does not exceed 2,100 combination facilities.	d complete. Further, my ) gallons per year for dr	annual consumption	n of perchloroethylene	solvent, based upon
RESPONSIBLE OFFICIAL:S	AMMUKH ( Name (Please Print)	L (AZEL	Signature	Date

<sup>\*</sup>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 🗹	COMPLA	INT/DISCOVERY	RE-INSPECTION
TIME IN: 0840	TIME OUT:	0900	AIRS ID#: 0°	150311
TYPE OF FACILITY: Dry	Cleaner			<u>/                                    </u>
FACILITY NAME: S 4 'S	Dry Clean	er		DATE: 6-8-00
FACILITY LOCATION: 685	3- A' West (	Colonial	Drive	
^ .	ando FL	32818	,	
RESPONSIBLE OFFICIAL:	Sanmukh L.	Patel	PHONE NUMBER:	407-290-1447
	he compliance requirements		uring this inspection, the facil	lity is found to be in
Based on the results of t discrepancies were note	=	ents evaluated d	uring this inspection, the follo	owing compliance
COMPLIANCE REQU		LEM	FOLLOW-UP ACTION	ON REQUIRED
			:	
	·			
				V
·				
	•			
			<u> </u>	
COMMENTS:				
Facility	in complic	ance.		
The Annual Compliance Certific	ation form has been prop	perly certified ar	nd submitted to the inspector.	YES NO
DATE OF NEXT INSPECTIO	•	6-8-	01	
INSPECTION CONDUCTED	DV.	IIKa B	. /	
INSPECTION CONDUCTED	1.1	(Please)	Print)	
INSPECTOR'S SIGNATURE:	Ilha	Bundy	PHONE NUMBER:	407-836-1400
		Pageof_	1	Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

10 / /		
LC ARMS	6/8/00	Hb.
Thora5		

TYPE OF INSPECTION:

ANNUAL

M

COMPLAINT/DISCOVERY

**RE-INSPECTION** 

<u> </u>		
	-00 time in: 0840 time out: 0900	
FACILITY NAME: S&S Dry C		
FACILITY LOCATION: 6853-A	West Colonial Drive	
Orlando, F	FL 32818	
	L. Patel PHONE: 407-290-1447	
CONTACT NAME:	PHONE:	
,		·
PART I: NOTIFICATION	& ea 😕 🔘	
(check appropriate box)	o of T	
New facility notified DARM 30 days prior to sta	artup	
2. Facility failed to notify DARM to use general pe	ermit Source	
,	# Till	
PART II: CLASSIFICATION		
Facility indicated on notification form that it is:	☐ No notification form	
(check appropriate box)	☐ Drop store/out of business/petroleum	
A.	1	, ,
1. Existing small area source dry-to-dry only, x < 140 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr	Mach. bui
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr	A . C
both types, x < 140 gal/yr	both types, $x < 140$ gal/yr $1994 - 1994$	Ret conc
(constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)	added.
3. Existing large area source	4. New large area source	
dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$	
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800 \text{ gal/yr}$	
(constructed before 12/9/91)	(constructed on or after 12/9/91)	
5. This is a correct facility classification	May □ Can not determine	
If no, please check the appropriate classific	1	
facility qualified for a ge	<u> </u>	
facility exceeds above li	imits and is not eligible for a general permit	•
B. The total quantity of perchloroethylene (perc) perchloroethylene (pe	ourchased within the preceding 12 months by this dry cleaning	

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

B	. Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ΠY	ΠИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	□и	□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?	ПY	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	□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?	ΠY	□N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ūΥ	ΩN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПN	□N/A

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: Y 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 applicable direct reading instruments) DY ON DAY/A DY ON DINA 5. Maintained exhaust duct monitoring data on perc concentrations? DY ON 6. Maintained startup/shutdown/malfunction plan? DY DN BN/A 7. Maintained deviation reports? DY DN DN/A Problem corrected? 8. Maintained compliance plan, if applicable? DY DN DN/A

PART VI: LEAK DETECTION AND REPAIRS						
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?			MY ON			
2. Has the facility maintained a leak log?	•		ETY ON			
3. Does the responsible official check the	following areas for leaks?		·			
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON ON/A			
Door gaskets and seating	MY ON ON/A	Stills	MY ON ON/A			
Filter gaskets and seating	MY ON ON/A	Exhaust dampers	DY ON ON/A			
Pumps	MA CIN CIN/A	Diverter valves	MY ON ON/A			
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A			
Water separators	MY ON ON/A					
4. Which method of detection is used by the	ne responsible official?					
Visual examination (condensed so	lvent on exterior surfaces)		<b>5</b>			
Physical detection (airflow felt thr						
Odor (noticeable perc odor)	<b>1</b>					
Use of direct-reading instrumentat	O					
Halogen leak detector	<b>u</b> /					
If using direct-reading instru	UZN/A					
a. Capable of detecting p	OY ON					
<ul><li>b. Calibrated against a st (PID/FID only)?</li></ul>	חם עם					
c. Inspected for leaks and	OY ON					
d. Kept in a clean and se	OY ON					
e. Verified for accuracy	DY DN					
		,				
Inspector's Name (Please Print)  O - 8 - 00  Date of Inspection						
Inspector's Signature  Co - 8 - 0   Approximate Date of Next Inspection						

ADDITIONAL SITE INFO	ORMATION:				
·					
				,	
		·			
	8-27-00	15.0			
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٠.					
					.•

#### 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

**TOTAL AMOUNT DUE: \$50.00** 

JAN 24 97

Do NOT Remove Label

AIRS ID# 0950311

3&S DRY CLEANER 3ANMUKH L PATEL 3853 AW COLONIAL DRIVE DRLANDO FL 32818 FOR GOVERNMENT USE ONLY

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

Оы.: 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** 

MAIL ROOP

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



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 AIL ROOM

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

#### 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**

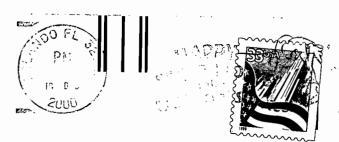
Do NOT Remove Label

AIRS ID # 0950311

S&S DRY CLEANER SANMUKH L PATEL 6853 AW COLONIAL DRIVE ORLANDO FL 32818 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273

#### S&S DRY CLEANERS & ALTERATIONS

Flawascoe Woods Shopping Center \* 6253-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)				
571,5	OFF	ICLAL	. 0.8	[	
7367	Postage Certified Fee	\$	Postmar	k	
0000	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here	`	
7000 1670	Total Postana & Fees \$  Sent 10 AIRS ID # 0950311001AG				

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	A. Received by (Please Print Clearly)  B. Dafe of Delivery  C. Signature  X J. S. Palel
ORLANDO FL 32818	3. Service TyBureau of Air Monitoring  Certified Ma& Malbine Scrutices  Registered Return Receipt for Merchandise Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Copy from service label) 7000 /1070 D006	7361 5715
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789