

# Department of **Environmental Protection**

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

Virginia B. Wetherell Secretary

November 18, 1996

Mr. Harendra Nathoo Golden Touch Dry Cleaners 2453 South Hiawassee Road Orlando, Florida 32835

Re: Facility I.D. No. 0950321

Dear Mr. Nathoo:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 1996.

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

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

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Fl 32399-2400

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District

### PERCIILOROETHYLENE DRY CLEANERS

ANNUAL

TYPE OF INSPECTION:

|            | ORIJEI(WD LEIGHT)    |
|------------|----------------------|
| COMPLIANCE | INSPECTION CHECKLIST |

COMPLAINT/DISCOVERY

| RE-INSPECTION  | N 🖸   |
|--|---|
| 1  | 99 TIME IN: 1410 TIME OUT: 1415   |
| FACILITY NAME: Golden Touch  | <i>t</i>  |
| FACILITY LOCATION: 2453 S. H   | liawassee Rd  |
| Orlando, F   | L 32835   |
|  | Nathoo PHONE: 407-290-0437  |
| CONTACT NAME:  | PIIONE:   |
| PART I: NOTIFICATION   |   |
| (check appropriate box)  |   |
| New facility notified DARM 30 days prior to star   | tup   |
| 2. Facility failed to notify DARM to use general per   | 1   |
|  |   |
| PART II: CLASSIFICATION  | _   |
| Facility indicated on notification form that it is:  | ☐ No notification form  |
| (check appropriate box)  A.  | Drop store/out of business/petroleum  |
| 1. Existing small area source  dry-to-dry only, x < 140 gal/yr   | 2. New small area source  |
| transfer only, x < 200 gal/yr  | transfer only, $x < 200$ gal/yr   |
| both types, x < 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, $140 \le x \le 2,100 \text{ gal/yr}$<br>transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ | dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr |
| both types, $140 \le x \le 1,800 \text{ gal/yr}$   | both types, $140 \le x \le 1,800$ gallyr  |
| (constructed before 12/9/91)   | (constructed on or after 12/9/91)   |
| 5. This is a correct facility classification   | □Y ☑N □Can not determine  |
|  | ration: neral permit as number above nits and is not eligible for a general permit        |
|  |   |

| PART III: GENERAL CONTROL REQUIREMENTS  |                     |  |  |
|---|---------------------|--|--|
| Is the responsible official of the dry cleaning facility:<br>(check appropriate boxes)  |                     |  |  |
| 1. Storing perchloroethylene in tightly scaled and impervious containers?   | OY ON ON/A          |  |  |
| 2. Examining the containers for leakage?  | OY ON ON/A          |  |  |
| 3. Closing and securing machine doors except during loading/unloading?  | OY ON               |  |  |
| 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?   | OY ON ON/A          |  |  |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?   | OY ON ON/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 ref (complete A below).   | rigerated condenser |  |  |
| If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 |                     |  |  |
| If classification 4 has been checked, the machine should be equipped with a ref (complete A and B below).   | rigerated condenser |  |  |
| A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)   |                     |  |  |
| 1. Equipped all machines with the appropriate vent controls?  | OY ON               |  |  |
| 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?   | ΩY | ПN |       |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | ΩY | ПN | □N/A  |
|    | Is the temperature differential equal to or greater than 20° F?   | ΩY | ПN | □N/A  |
| 3. | Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?   | ΩY | ПN | □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 | ΩΝ | □N/A, |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | ΟY | ПN | □N/A  |
| 6. | Routed airflow to the carbon adsorber (if used) at all times?   | ΩY | ΩΝ | □N/A  |

| PART V: RECORDKEEPING REQUIREMENTS   |            |  |  |  |
|--|------------|--|--|--|
| Has the responsible official: (check appropriate boxes)  |            |  |  |  |
| 1. Maintained receipts for perc purchased?   | מצ מא      |  |  |  |
| 2. Maintained rolling monthly total of pere consumption?   | OY ON      |  |  |  |
| 3. Maintained leak detection inspection and repair reports for the following:  |            |  |  |  |
| a. documentation of leaks repaired w/in 24 hrs? or;  | אואם אם אם |  |  |  |
| 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 ON/A |  |  |  |
| 4. Maintained calibration data? (for applicable direct reading instruments)  | OY ON ON/A |  |  |  |
| 5. Maintained exhaust duct monitoring data on perc concentrations?   | OY ON ON/A |  |  |  |
| 6. Maintained startup/shutdown/malfunction plan?   | אם צם      |  |  |  |
| 7. Maintained deviation reports?   | OY ON ON/A |  |  |  |
| Problem corrected?   | OY ON ON/A |  |  |  |
| 8. Maintained compliance plan, if applicable?  | OY ON ON/A |  |  |  |

| 1.     | ART VI: LEAK DETECTION AND R  | ELVIÚS       |                  |   |        |            |
|--------|---|--------------|------------------|---|--------|------------|
| 1.     | Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair |              |                  |   |        |            |
|        | inspection?   | $r_{ij}$     |                  |   | ПΥ     | ПN         |
| 2.     | Has the facility maintained a leak log?   | . •          |                  |   | ΟY     | ПΝ         |
| 3.     | Does the responsible official check the i   | following ar | cas for leaks?   |   |        | •          |
|        | Hose connections, fittings, couplings, and valves   | OY ON        | □N/A             | Muck cookers                            | ΩY     | □N □N/A    |
|        | Door gaskets and scating  | OY ON        | □N/A             | Stills                                  | ΟY     | ON ON/A    |
|        | Filter gaskets and seating  | OY ON        | □N/A             | Exhaust dampers                         | ΩY     | □N □N/A    |
|        | Pumps   | OY ON        | □N/A             | Diverter valves                         | ΠY     | □N □N/A    |
|        | Solvent tanks and containers  | OY ON        | □N/A             | Cartridge filter housings               | ПY     | ON ON/A    |
|        | Water separators  | OY ON        | □N/A             |   |        |            |
| 4.     | Which method of detection is used by the  | ie responsib | le official?     |   |        |            |
|        | Visual examination (condensed so  | olvent on ex | terior surfaces) |   |        |            |
|        | Physical detection (airflow felt the  | rough gaske  | ts)              |   |        |            |
|        | Odor (noticeable perc odor)   |              |                  | : · · · · · · · · · · · · · · · · · · · |        |            |
|        | Use of direct-reading instrumenta   | tion (FID/P  | ID/calorimetric  | tubes)                                  |        |            |
|        | Halogen leak detector   |              |                  |   |        |            |
|        | If using direct-reading instr   | unicntation  | , is the equipm  | ent:                                    | ПN     | <b>'</b> A |
|        | a. Capable of detecting p   | pere vapor e | oncentrations in | a a range of 0-500 ppm?                 | ΠY     | ПN         |
|        | b. Calibrated against a s (PID/FID only)?   | tandard gas  | prior to and aff | er each use                             | ΟY     | ΩΝ         |
|        | c. Inspected for leaks an   | d obvious si | gns of wear on   | a weekly basis?                         | ΠY     | ΩN         |
|        | d. Kept in a clean and s  | ccure area w | hen not in use?  | •                                       | ΩY     | ПN         |
|        | e. Verified for accuracy  | by use of di | plicate samples  | (calorimetric only)?                    | ΠY     | ПN         |
| ]<br>[ | ·<br>   | 1            |                  |   |        |            |
| _      |   | ·            |                  |   |        |            |
|        |   |              |                  |   |        | •          |
| •      |   | •            |                  |   |        |            |
| -      | Inspector's Name (Please Pri  | nt)          | <del></del>      | Date of Inspe                           | ection |            |
|        |   |              |                  |   |        |            |
| _      | Inspector's Signature   |              |                  | Approximate Date of                     | Next   | Inspection |

Appx. 8 mos. ago, got rid of machine.
Store is now drop off.

### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION:  | ANNUAL RE-INSPECTION   | СОМЕ   | CAINTYDISCOVERY CONTRACTOR CONTRA |             |
|--|--|--|--|-------------|
| AIRS ID#:095032 <br>FACILITY NAME:G  |  |  |  | Sources (90 |
| FACILITY LOCATION:   |  | - Hawess<br>- Fl. 32   |  |             |
| RESPONSIBLE OFFICIAL :   | Haviendra  | Nathao PHON  | IE: 407 ZGO-00   | .37         |
| CONTACT NAME:  |  | PHON   | E:   |             |
| BASTER WAR OF STREET AND FACTOR OF A STREET ASSESSMENT OF STREET AND A STREET ASSESSMENT OF A STREET ASSESSMENT ASSESSMENT OF A STREET ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSES | and the second s |  |  |             |
| PART I: NOTIFICATION   |  |  |  |             |
| (check appropriate box)  |  |  |  |             |
| New facility notified DARM   |  |  |  |             |
| 2. Facility failed to notify DAR   | tM to use general perm   | it   |  |             |
| PART II: CLASSIFICATIO   | <u> </u>   |  |  |             |
| Facility indicated on notificat (check appropriate box)  A.  |  |  | notification form op store/out of business/pe  | trolçum     |
| 1. Existing small area sou<br>dry-to-dry only, x < 140 gal<br>transfer only, x < 200 gal/yr<br>both types, x < 140 gal/yr<br>(constructed before 12/9/91   | /yr c<br>r t   | 2. New small area soulry-to-dry only, $x < 140$ ransfer only, $x < 200$ tooth types, $x < 140$ gale (constructed on or after | ) gal/yr<br>al/yr<br>⁄yr   |             |
| 3. Existing large area south dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1.8$ both types, $140 \le x \le 1.800$   | 2,100 gal/yr   | 4. New large area soudry-to-dry only, $140 \le x \le 1$ transfer only, $200 \le x \le 1$ both types, $140 \le x \le 1$       | x ≤ 2,100 gal/yr.<br>≤ 1,800 gal/yr<br>,800 gal/yr   |             |
| (constructed before 12/9/91  | )  | (constructed on or after   | 12/9/91)   |             |
| (constructed before 12/9/91) 5. This is a correct facility   | •  |  | n not determine  |             |
| 5. This is a correct facility  If no, please check th  | •  | tion: eral permit as number  | n not determineabove   |             |

### BEST AVAILABLE COPY

| 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?   | מ/אנט אנט אַצַ      |  |
| 2. Examining the containers for leakage?  | CHY UN UN/A         |  |
| 3. Closing and securing machine doors except during loading/unloading?  | OY ON               |  |
| 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?   | מארח אוח או         |  |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?   | U. UN QUIV          |  |
| 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).  | igerated condenser  |  |
| If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 |                     |  |
| If classification 4 has been checked, the machine should be equipped with a reference (complete $\Lambda$ 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?  | פאי טא              |  |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  | ע/אנט אוט אַצאַ     |  |
| Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?   | MY ON ON/A          |  |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?  | מא מא               |  |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?   | מאואש אם אם         |  |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  | CY 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?   | EY UN          |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | מא מא מא אט אמ |
|    | Is the temperature differential equal to or greater than 20° F?   | אואם אם אם     |
| 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 pere concentration equal to or less than 100 ppm?  | מאים אם איא    |
| 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 WN/A     |
| _  |   |                |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | OY ON GNIA     |
| 6. | Routed airflow to the carbon adsorber (if used) at all times?   | DY ON DN/A     |

| PART V: RECORDKEEPING REQUIREMENTS   |              |  |  |  |
|--|--------------|--|--|--|
| Has the responsible official: (check appropriate boxes)  |              |  |  |  |
| 1. Maintained receipts for pere purchased?   | ON' UN'      |  |  |  |
| 2. Maintained rolling monthly total of perc consumption?   | OÝ ON        |  |  |  |
| 3. Maintained leak detection inspection and repair reports for the following:  | ,            |  |  |  |
| a. documentation of leaks repaired w/in 24 hrs? or;  | LAY UN UN/A  |  |  |  |
| <ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days<br/>and parts installed w/in 5 days of receipt?</li> </ul> | DY ON ONA    |  |  |  |
| 4. Maintained calibration data? (for applicable direct reading instruments)  | בוא בוא באוע |  |  |  |
| 5. Maintained exhaust duct monitoring data on perc concentrations?   | ם א מא מאיע  |  |  |  |
| 6. Maintained startup/shutdown/malfunction plan?   | מאַ טאַ      |  |  |  |
| 7. Maintained deviation reports?   | אואט אם צם   |  |  |  |
| Problem corrected?   | ON ON QNIV   |  |  |  |
| 8. Maintained compliance plan, if applicable?  | מאס אם אס    |  |  |  |

| PA    | PART VI: LEAK DETECTION AND REPAIRS   |                             |                           |                 |  |  |
|-------|---|-----------------------------|---------------------------|-----------------|--|--|
| 1.    | Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair |                             |                           |                 |  |  |
|       | inspection?   |                             |                           | GY, UN          |  |  |
| 2.    | Has the facility maintained a leak log?   |                             |                           | MY ON           |  |  |
| 3.    | Does the responsible official check the   | following areas for leaks?  | ,                         | ,               |  |  |
|       | Hose connections, fittings,   | 150                         |                           |                 |  |  |
|       | couplings, and valves   | AN ON ONIV                  | Muck cookers              | DY ON ON/A      |  |  |
|       | Door gaskets and scating  | AY ON ONIA                  | Stills                    | GY ON ON/A      |  |  |
|       | Filter gaskets and seating  | אאם אם אוט איא              | Exhaust dampers           | MY UN UNA       |  |  |
|       | Pumps   | DY ON ONIA                  | Diverter valves           | מאַ טא טאא      |  |  |
|       | Solvent tanks and containers  | BY ON ONIV                  | Cartridge filter housings | GY ON ON/A      |  |  |
|       | Water separators  | GY ON ON/A                  |                           |                 |  |  |
| 4.    | Which method of detection is used by  | the responsible official?   |                           | <i>]</i> :      |  |  |
|       | Visual examination (condensed   | solvent on exterior surface | s)                        | G               |  |  |
|       | Physical detection (airflow felt the  | irough gaskets)             |                           |                 |  |  |
|       | Odor (noticeable perc odor)   |                             |                           | <b>a</b> .      |  |  |
|       | Use of direct-reading instrumentation (FID/PID/calorimetric tubes)                                      |                             |                           |                 |  |  |
|       | Halogen leak detector   |                             |                           |                 |  |  |
|       | If using direct-reading instrumentation, is the equipment:  |                             |                           | AN/V            |  |  |
|       | a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?                              |                             |                           | מט אם.          |  |  |
|       | <ul><li>b. Calibrated against a<br/>(PID/FID only)?</li></ul>   | standard gas prior to and   | after each use            | OY ON           |  |  |
|       | e. Inspected for leaks :  | and obvious signs of wear   | on a weekly basis?        | OY ON           |  |  |
|       | d. Kept in a clean and  | secure area when not in us  | sc?                       | מע עמ           |  |  |
|       | e. Verified for accurac   | y by use of duplicate samp  | oles (calorimetric only)? | UY UN           |  |  |
|       |   |                             |                           |                 |  |  |
| Earon |   |                             |                           |                 |  |  |
|       |   | \                           | 1                         | 1               |  |  |
| _     | TODD Fle  |                             | 1/2/                      | 98              |  |  |
|       | Inspector's Name (Please P  | rint)                       | Date of Insp              | ection          |  |  |
|       | Add (101)   |                             |                           |                 |  |  |
| -     | Inspector's Signature   |                             | Approximate Date of       | Next Inspection |  |  |

| ADDITIONAL SITE INFORMA | TION: |   |
|-------------------------|-------|---|
|                         |       |   |
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|                         |       |   |

### Perchloroethylene Dry Cleaning Facility Notification

#### **Facility Name and Location**

| 1.  | Facility Owner/Company Name (Name of corporation, agency, or individual owner):  NATHOO NC.                                 |
|-----|---|
| 2.  |   |
| ۷.  |   |
|     | GOLDEN TOUCH DRYCLEANERS,   |
| 3.  | Hazardous Waste Generator Identification Number:  |
|     | FLD 984198028   |
|     |   |
| 4.  | Facility Location: 2453 S. HIAWASSEE 10. Street Address:  |
|     | City: ORLANDO FLA County: THE ORANGE Zip Code: 32835  |
| 5.  | Facility Identification Number (DEP Use):   |
|     | 1095032/  |
|     | Responsible Official  |
| 6.  | Name and Title of Responsible Official:  HARISHDRA NATHOO   |
| 7.  | Responsible Official Mailing Address:  Organization/Firm: 3 GOLDEN TOUCH BRYCLEANERS  Street Address: 2453 S. HI AWASCEE AD |
|     | City: ORLANDO. FLA County: ORANGE Zip Code: 32835   |
| 8.  | Responsible Official Telephone Number: Telephone: (4の) 290 - 0637 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: Zip Code:   |
| 11  | Facility Contact Telephone Number:  |
| 11. | Telephone: ( ) - Fax: ( ) -   |
|     | ( )   |
|     | , e F   |
|     | CEIVED  |

RECEIVED

SFP 3 1446

Bureau of Air Monitoring & Mobile Sources

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

#0950321

10-1-96 Spoke to Golden touch Drycleaners Harendra Nathoo is the owner.

P. 13 6. add title - Owner

P. 14

1. (c) should not be marked

3. existing large should be marked

P.15

4. existing large c-a-or

(f) should be marked

#### **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<br>Machine<br>Initially<br>Purchased             | Date<br>Control<br>Device<br>Installed | ID       | Date<br>Machine<br>Initially<br>Purchased | Date<br>Control<br>Device<br>Installed | ID    | Date<br>Machine<br>Initially<br>Purchased | Date Control Device Installed |
|---|----------------|---|--|----------|---|--|-------|---|-------------------------------|
| Example   | #1             | 03-OCT-93   | 12-NOV-93                              | #2       | 08-DEC-91                                 |  | #3    | 02-MAR-92                                 | 02-MAR-9                      |
| Dry-to-Dry Unit   |                |   |  | .*       |   |  |       |   |                               |
| (1) w/ ref. condenser   | #1             | 08 DEC 91   | !                                      | Ī        |   |  |       |   |                               |
| (2) w/ carbon adsorber  | , ,            |   |  |          |   |  |       |   |                               |
| (3) w/ no controls  |                |   |  |          |   |  |       |   |                               |
| Washer Unit   | 1.0            | · Karalia   |  | 1,       |   |  |       |   |                               |
| (4) w/ ref. condenser   |                | · ·   | 1                                      |          |   |  |       | T .                                       |                               |
| (5) w/ carbon adsorber  |                |   |  |          |   |  |       |   |                               |
| (6) w/ no controls  |                |   |  |          |   |  |       | 1   |                               |
| Dryer Unit  |                |   |  | Trigs.   |   |  |       |   |                               |
| (7) w/ ref. condenser   |                | <u> </u>  | 1                                      |          |   |  |       | T T                                       |                               |
| (8) w/ carbon adsorber  |                |   |  |          |   |  |       |   |                               |
| (9) w/ no controls  |                |   |  | l        |   |  |       |   |                               |
| Reclaimer Unit  | A Service      | n Brandin (transact                                   | en en e fen.                           |          |   |  | l     |   |                               |
| (10) w/ ref. condenser  |                |   | l                                      | <u> </u> | Ĭ .                                       |  |       |   |                               |
| (11) w/carbon adsorber  |                |   |  |          | ,   |  |       |   |                               |
| (12) w/ no controls   |                |   |  |          |   |  |       |   |                               |
| (b) Control devices are (c) No control devices  2.(a) What was the total of the least than 12 mont Check why it is less | are requant    | equired to be<br>ity of perchlo<br>ons<br>ow many? [_ | installed [                            | x '      | purchased in                              |  |       |   |                               |
| 3. What is the facility's so (Indicate with an "X".  Existing small ar  Existing large are                              | Selec<br>ea so | urce X  | cation only.)                          | ew sn    | nitions found<br>nall area sour           | ce [                                   | 3) of | Part II?                                  |                               |

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| <ol> <li>What control technology is required on machines<br/>(Indicate with an "X".)</li> </ol> | pursuant to section (5) of Part II of this notification form?  |
|---|--|
| Existing large area source  Carbon adsorber []  | Refrigerated condenser []  |
| New small area source Refrigerated condenser  [X]   |  |
| New large area source Refrigerated condenser []   |  |
|   |  |
|   | units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following                                 |
|   | have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment e than one percent sulfur is fired. |
| All steam and hot water generating units exempt No such units on-site                           | <u>X</u> '   |
|   |  |
|   |  |
| Equipment Monitoring a  | 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   | [ <u>X</u> ]   |
| (b) Leak detection inspection and repair  | [ <del>X</del> ]   |
| (c) Refrigerated condenser temperature monitoring   | [ * ]  |
| (d) Carbon adsorber exhaust perc concentration mor  | itoring []   |
| (e) Instrument calibration  |  |
| (f) Start-up, shutdown, malfunction plan  | · []   |

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

### Surrender of Existing Air Permit(s)

| ease indicate  | e with an "X" the appropriate selection:  |  |  |  |  |
|--|---|--|--|--|--|
|  | I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)   |  |  |  |  |
| <u>'</u> x'  | No air permits currently exist for the operation of the facility indicated in this notification form.   |  |  |  |  |
|  | Responsible Official Certification  |  |  |  |  |
| this notific<br>statement:<br>maintain i<br>comply w | dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.  I have been addressed in the properties of the information contained in this notification. |  |  |  |  |

DEP Form No. 62-213.900(2)

Effective: 6-25-96

### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: ANNUAL RE-INSPECTION   | N COMPLAINT/DISCOVERY  |
|--|--|
| FACILITY NAME:   | HIGWIGSSEE Rd<br>F1 32835<br>Nathon PHONE: 407 290-6637  |
| CONTACT NAME:  | PHONE:   |
| PART I: NOTIFICATION   |  |
| (check appropriate box)  1. New facility notified DARM 30 days prior to star  2. Facility failed to notify DARM to use general per   | ^  |
| PART II: CLASSIFICATION  |  |
| Facility indicated on notification form that it is: (check appropriate box)  A.  | ☐ No notification form ☐ Drop store/out of business/petroleum  |
| 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  | 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gál/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  |
| 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ ) | 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ ) |
| 5. This is a correct facility classification   | □Y □N □Can not determine   |
|  | cation: eneral permit as number above mits and is not eligible for a general permit  |
| B. The total quantity of perchloroethylene (perc) p facility was 141 gallons.  | 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)  |                    |
| 1. Storing perchloroethylene in tightly scaled and impervious containers?  | CY ON ON/A         |
| 2. Examining the containers for leakage?   | DY ON ON/A         |
| 3. Closing and securing machine doors except during loading/unloading?   | מט אם              |
| 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?  | ØY ON ON/A         |
| Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?   | אואם אם עם         |
| PART IV: PROCESS VENT CONTROLS   |                    |
| In Part II-A:  |                    |
| If classification 1 has been checked, no controls are required. Proceed to Part V  |                    |
| If classification 2 has been checked, the machine should be equipped with a refri<br>(complete A below).   | gerated 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 mu installed prior to September 22, 1993 |                    |
| If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).   | igerated 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?   | ⊠Y □N              |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?   | ם אום אום אום      |
| 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?   | ay dh              |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  | OY WN ON/A         |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?   | DY GN              |

| 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?   | ם א פאנ     |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | OY ON BY/A  |
|    | Is the temperature differential equal to or greater than 20° J-?  | OZ ON BYVY  |
| 3. | Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,  |             |
|    | if machines are equipped with a carbon adsorber?  | OY ON ON/A  |
|    | Is the perc concentration equal to or less than 100 ppm?  | DY DN DN/A  |
| 4. | Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, |             |
|    | or expansion; and downstream from no other inlet?   | OY ON ON/A  |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | CIY ON ON/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times?   | DY DN DXVA  |

| PART V: RECORDKEEPING REQUIREMENTS   |               |  |  |  |  |  |
|--|---------------|--|--|--|--|--|
| Has the responsible official: (check appropriate boxes)  |               |  |  |  |  |  |
| 1. Maintained receipts for perc purchased?   | BA. DN        |  |  |  |  |  |
| 2. Maintained rolling monthly averages of perc consumption?  | OY ON         |  |  |  |  |  |
| 3. Maintained leak detection inspection and repair reports for the following:  |               |  |  |  |  |  |
| a. documentation of leaks repaired w/in 24 hrs? or;  | OY QN ONV     |  |  |  |  |  |
| 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 ON/A    |  |  |  |  |  |
| 4. Maintained calibration data? (for applicable direct reading instruments)  | ם א. מא פאויע |  |  |  |  |  |
| 5. Maintained exhaust duct monitoring data on perc concentrations?   | טא טארט ארט   |  |  |  |  |  |
| 6. Maintained startup/shutdown/malfunction plan?   | GN, □N        |  |  |  |  |  |
| 7. Maintained deviation reports?   | OY ON QVA     |  |  |  |  |  |
| Problem corrected?   | OY ON ON/A    |  |  |  |  |  |
| 8. Maintained compliance plan, if applicable?  | מאאם אם איא   |  |  |  |  |  |

| PA | PART VI: LEAK DETECTION AND REPAIRS  |   |  |                 |  |  |  |  |
|----|--|---|--|-----------------|--|--|--|--|
| l. | 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair |   |  |                 |  |  |  |  |
|    | inspection?  |   |  | DA DA           |  |  |  |  |
| 2. | Has the facility maintained a leak log?  |   |  | ØY □N           |  |  |  |  |
| 3. | Does the responsible official check the f  | following areas for leak  | s?   |                 |  |  |  |  |
|    | Hose connections, fittings, couplings, and valves  | QY ON ON/A  | Muck cookers   | BY ON ON/A      |  |  |  |  |
|    | Door gaskets and scating   | DY ON ON/A  | Stills   | DY ON ON/A      |  |  |  |  |
|    | Filter gaskets and seating   | DY DN DN/A  | Exhaust dampers  | ON ON/A         |  |  |  |  |
|    | Pumps  | DY ON ON/A  | Diverter valves  | באמם מם צם      |  |  |  |  |
|    | Solvent tanks and containers   | CAY ON ON/A   | Cartridge filter housings  | MY ON ON/A      |  |  |  |  |
|    | Water separators   | Z BY ON ON/A  | <i>د</i> ر   |                 |  |  |  |  |
| 4. | Which method of detection is used by t   | he responsible official?  |  |                 |  |  |  |  |
|    | Visual examination (condensed se   | olvent on exterior surfa  | ces)   |                 |  |  |  |  |
|    | Physical detection (airflow felt th  | rough gaskets)  |  |                 |  |  |  |  |
|    | Odor (noticeable perc odor)  |   |  |                 |  |  |  |  |
|    | Use of direct-reading instrumenta  | ntion (FID/PID/calorim  | etric tubes)   |                 |  |  |  |  |
|    | Halogen leak detector  |   |  |                 |  |  |  |  |
|    | If using direct-reading instr  | umentation, is the equ  | ipment:  | DN/A            |  |  |  |  |
|    | a. Capable of detecting  | perc vapor concentration  | ons in a range of 0-500 ppm?   | OY ON           |  |  |  |  |
|    | b. Calibrated against a s<br>(PID/FID only)?   | standard gas prior to an  | nd after each use  | OY ON           |  |  |  |  |
|    | c. Inspected for leaks ar  | nd obvious signs of wea   | r ou a weekly basis?   | OY ON           |  |  |  |  |
|    | d. Kept in a clean and s   | _   | -  | OY ON           |  |  |  |  |
|    | •  |   | nples (calorimetric only)?   | OY ON           |  |  |  |  |
|    | o. , oo. , o. , u.o  | of the or an produce our  |  |                 |  |  |  |  |
|    | MANAGE MEMORY AS, LOVER AND LACK LACK LACK LACK LACK LACK LACK LACK  | delete a domini e velte de la fortel dense essentes de la cuante de | IN INCOME OF A CITAL PARTY OF THE PARTY OF T |                 |  |  |  |  |
|    |  |   |  |                 |  |  |  |  |
|    |  |   | , 1  |                 |  |  |  |  |
| _  | Inspector's Name (Please Pri   | nt)   | 10) 13 \ C   | ection          |  |  |  |  |
|    | Add Front  |   | 1/13/0   | ⊋ <b>\$</b> :   |  |  |  |  |
| -  | Inspector's Signature  |   | Approximate Date of  | Next Inspection |  |  |  |  |

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: ANNUAL COM  | IPLAINT/DISCOVERY RE-INSPECTION              |
|---|--|
| TIME IN: 2:00 TIME OUT: 230   |  |
| FACILITY NAME: Colden Touch Dry<br>FACILITY LOCATION: 2453 S. HIGHER<br>OVLando FI  |  |
| RESPONSIBLE OFFICIAL: Havindua Noth   |  |
| Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluated and the results of the compliance requirements. | ative Code (F.A.C.).                         |
| discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM   | FOLLOW-UP ACTION REQUIRED                    |
|   | FOLLOW-OF ACTION REQUIRED                    |
| NO Temp. condenser Log  |  |
| No Pere volling average Log   | The Change and the September 1977            |
| No corrective Action form   |  |
|   |  |
|   | 7b.  |
|   |  |
|   |  |
| COMMENTS:   |  |
|   |  |
| The Annual Compliance Certification form has been properly certification  | ied and submitted to the inspector.  YES  NO |
| DATE OF NEXT INSPECTION: (Ar  | proximate)                                   |
| INSPECTION CONDUCTED BY: 1000   | Fletcher<br>lease Print)                     |
| INSPECTOR'S SIGNATURE:  | PHONE NUMBER: 836-9524                       |

Page of .

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

| TYPE OF INSPECTION: ANNUAL COM   | PLAINT/DISCOVERY RE-INSPECTION                               |
|--|--|
| TIME IN: 1115TIME OUT:   | AIRS ID#: 095 03,2   |
| TYPE OF FACILITY: DRY CLERNER  | à  |
| FACILITY NAME: GOLDEN TOUCH DRYCLEAN   | DATE: 2/24/97  |
| FACILITY LOCATION: 2453 S. HIA WASSEE  |  |
| GRLANDO, FL 32835  |  |
| RESPONSIBLE OFFICIAL: 14 ARIENDRA NATHOO   | PHONE NUMBER: 407-290-0637                                   |
| Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra   | <u>-</u>   |
| Based on the results of the compliance requirements evalua discrepancies were noted:   | ted during this inspection, the following compliance         |
| COMPLIANCE REQUIREMENT/PROBLEM   | FOLLOW-UP ACTION REQUIRED                                    |
| Temp on condensers exceeds 456   | Take temp during cod -down teycle. It > 45°, correction acts |
| Need rolling average for porc  | Develop 105 ((an use form corrently in use)                  |
| Need corrective action los   | Develop los  |
|  |  |
| the state of the s |  |
|  | <i>y</i>   |
| •,   | ું કે <del>વ</del> ાગ<br>                                    |
| COMMENTS:  |  |
| •••  |  |
| <u> </u>   |  |
| The Annual Compliance Certification form has been properly certif  | ied and submitted to the inspector. YES NO                   |
| DATE OF NEXT INSPECTION: (Ap   | $8 \left  34 \right  9 \left  7 \right $                     |
| INSPECTION CONDUCTED BY: MARIE DRISCOLL /7   | ease Print)  |
| INSPECTOR'S SIGNATURE: Mair & Druce  | PHONE NUMBER: <u>836 - 7400</u>                              |

Revised 10/96



### **Orange County Environmental Protection Department**

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: ANNU RE-INS   | AL<br>SPECTION              | <b>a</b>   | COM  | APLAINT/E  | DISCOVERY      | ü            |
|---|-----------------------------|--|--|--|----------------|--------------|
| AIRS ID#: 0950321 DATE: DO 1  | 2/24/                       | 197 TIME   | .ти:   | 1115<br>Cleur  | TIME OUT: _    |              |
| FACILITY LOCATION: 24   | 53 ·                        | 5. 1-114   | was  | SCE  | RL             | · .          |
| ·   | Vlan                        | J E  |  | 3282   | ک              |              |
| PART I: NOTIFICATION  |                             |  |  |  |                |              |
| (check appropriate box)   |                             |  |  |  |                |              |
| 1. Existing facility notified DARM by 9/1   | /96                         |  |  |  |                | Q            |
| 2. New facility notified DARM 30 days p   | rior to start               | up   |  |  |                |              |
| 3. Facility failed to notify DARM to use a  | general peri                | nit  |  |  |                |              |
| PART II: CLASSIFICATION  Facility indicated on notification form (check appropriate box)  | that it is:                 | THE STATE OF STATE STATE OF ST |  |  |                |              |
| A.  1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)   |                             | 2. New sma<br>dry-to-dry or<br>transfer only<br>both types, ><br>(constructed  | aly, x<14<br>, x<200<br>x<140 ga   | 10 gal/yr<br>gal/yr<br>l/yr                                |                |              |
| 3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td></td><td>4. New lary dry-to-dry of transfer only both types, (constructed</td><td>nly, 140<br/>y, 200<x<br>140<x<1< td=""><td><x<2, 100="" {<br="">&lt;1,800 gal/<br/>,800 gal/yr</x<2,></td><td>'yr</td><td></td></x<1<></x<br></td></x<2,> |                             | 4. New lary dry-to-dry of transfer only both types, (constructed   | nly, 140<br>y, 200 <x<br>140<x<1< td=""><td><x<2, 100="" {<br="">&lt;1,800 gal/<br/>,800 gal/yr</x<2,></td><td>'yr</td><td></td></x<1<></x<br> | <x<2, 100="" {<br="">&lt;1,800 gal/<br/>,800 gal/yr</x<2,> | 'yr            |              |
| This is a correct facility classification   |                             |  | Ν  |  |                |              |
| If no, please check the appropriate class   | sification:                 |  |  |  |                |              |
| facility qualified for a facility exceeds above   | general per<br>limits and i | mit as numbo<br>is not eligible  | for a ge   | above<br>neral permi                                       | t              |              |
| B. The total quantity of perchloroethyle  | ene (pere) p                | urchased with  | nin the p  | receding 12  | months 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? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? UY UN DAY 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) LAY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY 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 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?   | א/א אם צם              |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | מץ מא א/א<br>מץ מא א/א |
| Is the temperature differential equal to or greater than 20° F?  | DY DN W/X              |
| 3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?   | OY ON ON/A             |
| Is the perc concentration equal to or less than 100 ppm?   | DY NO NY               |
| 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?   | טץ טא אום צים          |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | OY ON ON               |
| 6. Routed airflow to the carbon adsorber (if used) at all times?   | OY ON DANA             |
|  |                        |
| DADEN, DECORDEREDING DECHIDEMENTS  |                        |
| PART V: RECORDKEEPING REQUIREMENTS   |                        |
| Has the responsible official: (check appropriate boxes)  |                        |
| Has the responsible official:  | QA ON                  |
| Has the responsible official: (check appropriate boxes)  | OY ON                  |
| Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  | CIY OM                 |
| Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?   | בוץ בוא                |
| Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:  | OY OM                  |
| Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days   | בוץ בוא                |
| Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?   |                        |
| Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? **Gor direct reading instruments only*)  |                        |
| Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  |                        |
| Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 lrrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?  |                        |
| Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?  7. Maintained deviation reports?                    |                        |
| Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or,  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?  7. Maintained deviation reports?  Problem corrected? |                        |
| Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or,  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?  7. Maintained deviation reports?  Problem corrected? |                        |

| 2.  | Which method of detection is used by t            | lie respons      | sible official? | · · · · · · · · · · · · · · · · · · · |      |    |
|---|---|------------------|-----------------|---------------------------------------|------|----|
| ~.  | Visual examination (condensed s                   | _                |                 |                                       |      |    |
|   | Physical detection (airflow felt th               |                  |                 |                                       | 17   |    |
|   | Odor (noticeable perc odor)                       |                  |                 |                                       | F2   |    |
|   | Use of direct-reading instruments                 | ntion (EHD       | /PID/calorim    | netric tubes)                         |      |    |
|   | If using direct-reading instrum                   | ,                |                 | ,                                     |      |    |
|   | · ·   |                  | • •             | ons in a range of 0-500 ppm?          | OY O | N  |
|   | b. Calibrated against a                           | _                |                 |                                       | u, u | 14 |
|   | (PID/FID only)?                                   | standard g       | as prior to ai  | id and each use                       | OY O | N  |
|   | c. Inspected for leaks a                          | nd obvious       | s signs of wea  | ar on a weekly basis?                 | UY U | И  |
|   | d. Kept in a clean and s                          | secure area      | when not in     | use?                                  | OY O | И  |
|   | e. Verified for accuracy                          | by use of        | duplicate sau   | mples (calorimetric only)?            | OY O | M  |
| 3.  | 3. Has the facility maintained a leak log?        |                  |                 |                                       |      |    |
| 4. Does the responsible official check the following areas for leaks? |   |                  |                 |                                       |      |    |
|   | Hose connections, fittings, couplings, and valves | CAY              | ПΝ              | Muck cookers                          | ΟÝ   | ПΝ |
|   | Door gaskets and scating                          | ØY               | ΩΝ              | Stills                                | ZY   | ПИ |
|   | Filter gaskets and scating                        | ďΥ               | ПN              | Exhaust dampers                       | QY   | ПИ |
|   | Pumps   | QX               | DN              | Diverter valves                       | Q Y  | ΠN |
|   | Solvent tanks and containers                      | ĽΥ               | ΠN              | Cartridge filter housings             | ZY   | ΠN |
| l I   | Water separators                                  | $\Box_{\lambda}$ | ПN              |                                       |      |    |

Name of Responsible Official

Todd Fletcher

Unspector's Name (Please Print)

Inspector's Signature

Approximate Date of Next Inspection

|                               |   |   | #0950                                 | 321                     | BEST A    | VAILABLE COPY     |
|-------------------------------|---|---|---------------------------------------|-------------------------|-----------|-------------------|
| a <b>s</b>                    | P   |   | 6 Spoke<br>touch<br>Harendr<br>is the | Orycle<br>-a Na         | avers     |                   |
| 2. Site                       | cility Owner/C<br>NATHOC<br>e Name (For<br>TOLDEN                 | P. 13<br>6. ad<br>P. 14                   | d title-                              | Owner                   |           |                   |
| 4. Fac                        | zardous Was<br>FLD 98<br>cility Location<br>reet Address<br>y:    | 3. exis                                   | ould not<br>sting la<br>marked        |                         | - 0       | 2835              |
| 6. Nai                        | me and Title  | 4. exis                                   | sting lar<br>Should<br>nould be       | be m                    | .ar Ked   |                   |
| 7. Res<br>Org<br>Stre<br>City | sponsible Offiganization/Fireet Address:  y: CRLAN sponsible Offi | 2453 S.H<br>DO. FLA<br>cjal Telephone Nur | EN TOUCH 2 TAWASCEE County: Of        | DANGE<br>AD<br>SHICLEAN |           | Code: 32835       |
| Tel                           | lephone: (  | 401) 290 - 0<br>Facility Cont             | act (If different fro                 | Fax: (<br>m Responsible | Official) | 13 14 15 16 17 20 |
|                               |   |   | For example, plant                    | manager):               |           | NOV 1996          |
|                               | eility Contact<br>eet Address:<br>y:                              | Address:                                  | County:                               |                         | Zip Code: | 55.85 12.9 53°    |
| 1                             | cility Contact (lephone: (  | Telephone Number ) -                      |                                       | Fax: (                  | ) -       |                   |

RECEIVED

Bureau of Air Monitoring & Mobile Sources

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

Page 13 of 16

### **Best Available Copy**

### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

| 1.         | Facility Owner/Company Name (Name of corporation, agency, or individual owner):  NATHOO NC. |
|------------|---|
|            |   |
| 2.         | Site Name (For example, plant name or number):  |
|            | GOLDEN TOUCH DRYCLEANERS,   |
| 3.         | Hazardous Waste Generator Identification Number:  |
|            | FLD 984198028   |
| 4.         | Facility Location: 2453 S. HIAWASSEE 10. Street Address:                                    |
|            | City: ORLANDO FLA County: THE ORANGE Zip Code: 32835  |
| <b>§5.</b> | Facility Identification Number (DEP Use):   |
|            | 0950321   |
|            | Responsible Official  |
| 6.         | Name and Title of Responsible Official:  HARENDRA NATHOO  OWNER AN.                         |
| 7.         | Organization/Firm: D GOLDEN TOUCH DENCLEANERS.  Street Address: 2453 S. HT AWASSEE AD       |
|            | City: ORLANDO. FLA COUNTY: Zip Code: 32835  |
| 8.         | Responsible Official Telephone Number: Telephone: (4の) 290 - 0637 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: ( ) -   |
|            |   |

Burcau of Air Monitoring & Mobile Sources

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#### **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<br>Machine<br>Initially                          | Date<br>Control<br>Device   |         | Date<br>Machine<br>Initially | Date<br>Control<br>Device |    | Date<br>Machine<br>Initially | Date<br>Control<br>Device |
|--|-------------------------|---|-----------------------------|---------|------------------------------|---------------------------|----|------------------------------|---------------------------|
| Type of Machine  | ID                      | Purchased   | Installed                   | lD      | 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  |                         |   |                             |         |                              |                           |    |                              | <del>.</del>              |
| (1) w/ ref. condenser  | #1                      | 08 DEC 91   |                             |         |                              |                           |    |                              |                           |
| (2) w/ carbon adsorber   |                         |   |                             |         |                              |                           |    |                              |                           |
| (3) w/ no controls   |                         |   |                             |         |                              |                           |    |                              |                           |
| Washer Unit  |                         | <u> </u>  |                             |         | ·                            | •                         |    | -1                           |                           |
| (4) w/ ref. condenser  |                         |   |                             |         |                              |                           |    |                              |                           |
| (5) w/ carbon adsorber   |                         |   |                             |         |                              |                           |    |                              |                           |
| (6) w/ no controls   |                         |   |                             |         |                              |                           |    |                              |                           |
| Dryer Unit   |                         |   |                             |         |                              | <del></del>               |    |                              |                           |
| (7) w/ ref. condenser  |                         |   |                             |         |                              |                           |    |                              |                           |
| (8) w/ carbon adsorber   |                         |   |                             |         |                              |                           |    |                              |                           |
| (9) w/ no controls   |                         |   |                             |         |                              | ,                         |    |                              |                           |
| Reclaimer Unit   |                         |   |                             |         | <u>. L</u>                   |                           | 1  |                              |                           |
| (10) w/ ref. condenser   |                         |   |                             |         | ,                            |                           |    |                              |                           |
| (11) w/carbon adsorber   | 1                       |   |                             |         |                              |                           |    |                              |                           |
| (12) w/ no controls  |                         |   |                             |         |                              |                           |    | <u> </u>                     | <del>-</del>              |
| (b) If less than 12 mon  | are r<br>quant<br>gallo | equired to be<br>ity of perchlo<br>ons<br>ow many? [_ | oroethylene (               | X perc) | purchased in                 |                           |    |                              |                           |
| Check why it is less  3. What is the facility's so (Indicate with an "X".  Existing small an | ource<br>Selec          | classification  | based on the ication only.) | e defi  | initions found               | d in section (            |    |                              |                           |
| Existing large ar  | ea so                   | urce [X]  | ∧ N N∈                      | ew la   | rge area sour                | ce [                      | ]  |                              |                           |

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| 4. What control technology is required on machines pursuant to (Indicate with an "X".)   | o section (5) of Part II of this notification form? |
|--|---|
| Existing large area source  Carbon adsorber Refrigera  | ted condenser [X]                                   |
| New small area source  Refrigerated condenser [ X ]  |   |
| New large area source  Refrigerated condenser [X]  |   |
|  |   |
| 5. A facility which contains non-exempt emissions units shall r to Rule 62-213.300, F.A.C. Verify that all steam and hot water exemption criteria or that no such units exist on-site:                   |   |
| All steam and hot water generating units on-site (1) have a tota<br>boiler HP or less), and (2) are fired exclusively by natural gas a<br>during which propane or fuel oil containing no more than one p | except for periods of natural gas curtailment       |
| All steam and hot water generating units exempt  No such units on-site   |   |
|  |   |
| Equipment Monitoring and Record  | lkeeping Information                                |
| Check all logs which are required to be kept on-site in accordan   | nce with the requirements of this general permit:   |
| (a) Purchase receipts and solvent purchases  | [ × ]   |
| (b) Leak detection inspection and repair   | [ * ]   |
| (c) Refrigerated condenser temperature monitoring  | [ <del> </del>                                      |
| (d) Carbon adsorber exhaust perc concentration monitoring  |   |
| (e) Instrument calibration   |   |
| (f) Start-up, shutdown, malfunction plan   |   |

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

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

| Please indicate                                  | e with an "X" the appropriate selection:   |
|--|--|
|  | I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)  |
| <u>'x'</u>                                       | No air permits currently exist for the operation of the facility indicated in this notification form.  |
|  | Responsible Official Certification   |
| this notifi<br>statement<br>maintain<br>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 is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.  I hereby certify, based on information contained in this notification form.  Date  2/24/97 |

DRY CLEANER AIR QUALITY GENERAL PERMIT

ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0950321

NATHOO INC HARENDRA NATHOO 2453 S HIAWASSEE ROAD ORLANDO FL 32835

Do NOT Remove Label

| Annual Reporting Period:  | 1/1/97  | 19           | то _     | current date                   | 19                 |
|---|---|--------------|----------|--------------------------------|--------------------|
| Based on each term or condition of the Titl 62-213.300, Florida Administrative Code (   |   |              |          | <u> </u>                       | EP Rule<br>NO      |
| If NO, complete the following:  |   |              |          |                                |                    |
| #1. Term or condition of the general permi  | t that has not been in c                              | ontinuous c  | ompliano | ce during the reporting perio  | od stated above:   |
| Exact period of non-compliance: from  |   |              | 1        | to                             |                    |
| Action(s) taken to achieve compliance:  |   |              |          |                                |                    |
| Method used to demonstrate compliance:  |   |              | -        |                                |                    |
| #2. Term or condition of the general permi  | t that has not been in c                              | ontinuous co | omplianc | ce during the reporting perio  | od stated above:   |
| Exact period of non-compliance: from  | /   | R E          | CE.      | VED                            |                    |
| Action(s) taken to achieve compliance:  | /   |              | AN 2 2   | 2-1998                         |                    |
| Method used to demonstrate compliance:  | ·   |              |          | Monitoring<br>Sources          |                    |
| As the responsible official, I hereby certify, ba<br>notification are true, accurate and complete.<br>does not exceed 2,100 gallons per year for dry- | Further, my annual cons<br>to dry facilities or 1,800 | umption of p | erchloro | ethylene solvent, based upon p | ourchase receipts, |
| RESPONSIBLE OFFICIAL: HARRING   | y NATHOO-   |              |          |                                | 1598.              |
| Na  | me (Please Print)                                     |              |          | 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  | COMPLAIN                                  | T/DISCOVERY                    | RE-INSPECTION             |
|---|---|--------------------------------|---------------------------|
| TIME IN: 10/30 TIME OUT:  | 11:00                                     | AIRS ID#:                      | 950321                    |
| TYPE OF FACILITY: DVY Cleavev   |   |                                |                           |
| FACILITY NAME: Golden Touch T   | Dry Cla                                   | equev                          | DATE: 1/21/98             |
| FACILITY LOCATION: 7453 5. His  | 1 WG 5588                                 | Rd                             |                           |
| Ovlando FI  | 328                                       | 35                             |                           |
| RESPONSIBLE OFFICIAL: Haviendra Nat   | hoo                                       | PHONE NUMBER:_                 | 407 296-0637              |
| Based on the results of the compliance requiremen compliance with DEP Rule 62-213.300, Florida Ad |   | -                              | lity is found to be in    |
| Based on the results of the compliance requiremen discrepancies were noted:                       | ts evaluated duri                         | ing this inspection, the follo | owing compliance          |
| COMPLIANCE REQUIREMENT/PROBL  | EM  | FOLLOW-UP ACTION               | ON REQUIRED               |
| •   |   |                                |                           |
|   |   |                                | P                         |
|   |   |                                | 1                         |
| · -   |   |                                | Bur M.                    |
|   |   |                                | 130 1 L                   |
|   |   |                                | Bureau of Air Montrolling |
|   |   |                                | Arces Arioni              |
|   |   |                                | <b>6</b>                  |
| GAN-  |   |                                |                           |
|   |   |                                |                           |
|   |   |                                |                           |
|   |   |                                |                           |
| COMMENTS:   |   |                                |                           |
| Facility in   | 1 Con                                     | noliance                       |                           |
| jacinij   |   | 1                              |                           |
|   |   | <u> </u>                       |                           |
| The Annual Compliance Certification form has been prope   | rly certified and                         | submitted to the inspector.    | YES NO                    |
| DATE OF NEXT INSPECTION:  | <u>                                  </u> | rate)                          | ×                         |
| INSPECTION CONDUCTED BY:  | DO FI                                     | etcher                         |                           |
| 4,1000  | (Please Pr                                |                                | eret,                     |
| INSPECTOR'S SIGNATURE:  | Jeyc 1                                    | PHONE NUMBER:                  | 136-9524                  |

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: ANNUAL "/  | COMPLAINT/DISCOVERY   |
|--|---|
| RE <del>-INSPECTIO</del>   |   |
|  |   |
| AIRS ID#: 095032 DATE: 1/2/  | <b>火</b> 3.3 II   |
| FACILITY NAME: Golden Tou  | cl, Dry Cleaner &   |
| FACILITY LOCATION: 2453  |   |
| Orland   | o F1. 32835   |
| RESPONSIBLE OFFICIAL: Haviendra  | Nathau PHONE: 407 290-0637  |
| CONTACT NAME:  | PHONE:  |
| PATRICIA AND THE SECURITY OF T |   |
| PART I: NOTIFICATION   |   |
| (check appropriate box)  | & 16 C.   |
| 1. New facility notified DARM 30 days prior to star  | tup grant 1   |
| 2. Facility failed to notify DARM to use general per   | mit 130 P. O. S. P. |
| WATER STATE OF THE PROPERTY OF |   |
| 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   | 2. New small area source  |
| 1. Existing 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, $x < 200 \text{ gal/yr}$   |
| both types, $x < 140$ gal/yr (constructed before 12/9/91)  | both types, x < 140 gal/yr (constructed on or after 12/9/91)  |
| 3. Existing large area source  | 4. New large area source  |
| dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$  | 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, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr  |
| both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )   | (constructed on or after 12/9/91)   |
| 5. This is a correct facility classification   | □N □Can not determine   |
| If no, please check the appropriate classifi   |   |
|  | eneral permit as number above mits and is not eligible for a general permit   |
|  | ourchased within the preceding 12 months by this dry cleaning   |
| facility was 141 gallons.  |   |



# Department of Environmental Protection

Jeb Bush Governor Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400

David B. Struhs Secretary

tile # 250st

February 18, 1999

Mr. Harry Nathoo Golden Touch Dry Cleaners 2453 S. Hiawassee Road Orlando, Florida 32835

Dear Mr. Nathoo:

Thank you for your February 2 letter informing the Division of Air Resource Management that your facility no longer uses perchoroetylene. Your facility status has been changed to inactive in our files.

The invoice you received was for the annual air operation fee. Rule 62-213.300(3), Florida Administrative Code (F.A.C.), requires the owner or operator of a facility, upon written notice from the Department, to submit payment of an annual operation fee in the amount of \$50. This fee is due and payable annually between January 15 and March 1 for the preceding year which the facility was in operation and subject to the requirements. Therefore, since our files indicate that Golden Touch Dry Cleaners (AIRS ID #0950321) was in operation in 1998, the fee is now due.

Please call me at 850/921-9583, if you have any questions pertaining to your facility and the Title V General Permit program.

Sincerely,

Sandra Bowman

Mobile Source Control Section Bureau of Air Monitoring and

Mobile Sources

/SB

Goden Jonch Drycleenus AIRS 10 # 0950321 2453. S. Hranassee Rd. Ovanda, Fa 30835 (407) -290.0637. 2rd Feb 99.

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Dept of Environntal Potechoin. Gallahassee.

Sureau or Air Monitoring and concern, when this premises a Mosile Sources or have a depeleung made on this premises. Therefore we are not sure whether we must pay this \$50,000 or not the NA fire a dylleung The VAN General Permit to my knowledge is for a dylleung The VAN General promit to my knowledge is for a dylleung The VAN General Permit to my knowledge is hopfy we then the following the ore wrong in this matter. There we want you

HARRY NATH DO

ID# 0950321 Pal98

Lavetba (011) 96

Male en active

Male en a



# Department of Environmental Protection

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

TO: Holder of Title V Air General Permit

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

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

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

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

RECEIVED

FEB 1 0 1999



(cut nere)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

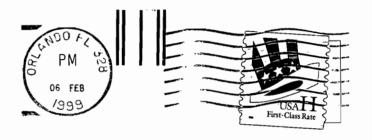
AIRS ID # 0950321 GOLDEN TOUCH DRY CLEANERS HARENDRA NATHOO 2453 S HIAWASSEE ROAD ORLANDO FL 32835

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

GOLDEN TOUCH CLEANERS 2453 SOUTH HIAWASSEE ROAD METROWEST VILLAGE PLAZA ORLANDO, FLORIDA 32835



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



# PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM



## Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

| Facility Name and Location  |                 |
|---|-----------------|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual) | dual owner):    |
| MATHOD INS  | 1-17:00 B       |
| 1.2. Site Name (For example, plant name or number):                         | ·               |
| GOLDEN TONCH BRYCLEANERS  |                 |
| 3. Hazardous Waste Generator Identification Number:                         |                 |
| AIRS 10 # 0950321001  | AG.             |
| 4. Facility Location: 2453, S. HAWASSERD                                    | •               |
| Street Address:   | ·               |
| City: ORLANDO. County: CRANGES  | Zip Code: 32831 |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in):          |                 |
|   | 10321-001       |
|   | Carl Cugar      |
| Describle Official  |                 |
| Responsible Official  6 Name and Title of Personnible Officials             | · ·             |
| 6. Name and Title of Responsible Official:  Name: HARRY NATHOO,  Title: DR  | ·               |
| Name: HARRY NATHOO, Title PR  |                 |
| 7. Responsible Official Mailing Address: HARRY NATHOO                       |                 |
| Organization/Firm: SUCA CHIMA COSE RD                                       |                 |
| Street Address:   | 7: 0.1          |
| City: ORANGE  | Zip Code: 32836 |
| 8. Responsible Official Telephone Number:                                   |                 |
| Telephone: $(407) 390 = 0637$ Fax: (  | ) - ·           |
| 1 407 70705 0037  | ,               |
|   |                 |
| 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: (   | ) -             |
| ,, ,, ,,  | ,               |

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### **Facility Information**

## 1.(a) DRY-TO-DRY MACHINES ONLY How many dry-to-dry machines do you have on-site? For each dry-to-dry machine on-site, please provide the following information: Date Initially Purchased Status Control Device Required\* Date Control Device Installed From Manufacturer (if already included at time of (circle one) (circle one) purchase, write "SAME") Existing/New RC/CA/None required Existing/New RC/CA/None required Existing/New RC/CA/None required RC = refrigerated condenser \*CONTROL DEVICE KEY: = carbon adsorber 1.(b) TRANSFER MACHINES ONLY How many washers do you have on-site? How many dryers/reclaimers do you have on-site? If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a NEW unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information: Date Initially Purchased Control Device Required\* Date Control Device Installed Status From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") Existing/New RC/CA/None required Existing/New RC/CA/None required Existing/New RC/CA/None required \*CONTROL DEVICE KÉY: RC = refrigerated condenser CA = carbon adsorber 2.(a) How much perchloroethylene (perc) have you used within the last 12 months? / gallons (You must fill this in) (b) If less than 12 months, how many? [ ] months Check why it is less than 12 months: New owner: Did not keep records: New store: New machine . Unopened store [\_\_\_\_] (date of expected opening

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| 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.)  |   |
|--|---|
| Small Area Source []   |   |
| Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)  Transfer only on-site (used less than 200 gallons of perc per year)  Both machine types on-site (used less than 140 gallons of perc per year)  |   |
| Large Area Source  |   |
| Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)  Transfer only on-site (used 200 - 1,800 gallons of perc per year)  Both machine types on-site (used 140 - 1,800 gallons of perc per year)  |   |
| 4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)   |   |
| Existing machines at small area source (NONE REQUIRED)    New machines at small area source   Refrigerated condenser   |   |
| Existing machines at large area source Carbon adsorber Refrigerated condenser  New machines at large area source Refrigerated condenser  New machines at large area source Refrigerated condenser  |   |
| 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 (see attached memo for the criteria).  All steam and hot water generating units exempt  OR  No such units on-site |   |
| How many boilers do you have on-site? []   |   |
| For each boiler, indicate its horsepower (HP) rating: [] []  |   |
| What type of fuel do you use?  [] propane  [] natural gas  [] No. 2 fuel oil  [] No. 4 fuel oil  [] Other (please list)  |   |
| 6. 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/solvent addition log   |   |
| (b) Leak detection inspection and repair   |   |
| (c) Refrigerated condenser temperature monitoring []   |   |
| (d) Carbon adsorber exhaust perc concentration monitoring  |   |
| (e) Startup, shutdown, malfunction plan  |   |

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| ase indicat          | e with an "X" the appropriate selection:  |
|----------------------|---|
|                      |   |
|                      | I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are   |
|                      | No DEP air permits-currently exist for the operation of the facility indicated in this notification form.   |
| spopsible (          | Official Contification  |
| sponsible (          | Official Certification  |
| comply w  I will pro | the air pollutant emissions units and air pollution control equipment described above so as to eith all terms and conditions of this general permit as set forth in Part II of this notification form.  Impuly notify the Department of any changes to the information contained in this notification.  The or responsible official  Date |
|                      |   |
| Pre                  | esently do not home a per Drycle on Aremaio - homere we might   |

Presently do not house a per Incleand.

machine on francis - house we might

presibilet have a thydrocarbon using Dr 2000 (Goxon)

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Our landlord of landing historie.

DEP Form No. 62-213.900(2)

Effective: 2/24/99

# **Instructions for Completing Part III of Notification Form**

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

#### Facility Name and Location

- Facility Owner/Company Name Enter the name of the corporation, agency, or individual that has
  ownership or control of the dry cleaning facility for which this notification is submitted.
- 2. Site Name Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
- 3. Hazardous Waste Generator Identification Number Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
- 4. Facility Location Enter the street address and zip code of the facility and the city and county in which it is located.
- 5. Facility Identification Number (DEP Use ONLY) Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

### Responsible Official

- 6. Name and Title of Responsible Official Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
- Responsible Official Mailing Address Enter the mailing address for the responsible official if different than
  the address entered in No. 4 above.
- 8. Responsible Official Telephone Number Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

#### **Facility Contact**

Name and Title of Facility Contact - Enter the name of the facility contact, if other than the
responsible official. For example, a plant manager could be designated as the facility contact for
Department inspections.

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- 10. Facility Contact Address Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.
- 11. Facility Contact Telephone Number Enter the telephone number and facsimile number, if available, at which this person can be contacted.

#### **Facility Information**

- 1. For each machine located at the facility, select the appropriate machine type and type of air pollution control device installed on the machine (for example, dry-to-dry unit w/ ref. condenser). If the dry-to-dry machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING unit. If the dry-to-dry machine was purchased from the manufacturer after December 9, 1991, it is a NEW unit. Beginning with dry-to-dry machines, enter the date the machine was initially purchased from the manufacturer in the dd-mth-yy format. If you do not know the exact date of purchase, but can confirm it was prior to December 9, 1991, enter 08-DEC-91. Indicate the status of the machine as either new or existing. Circle the required control equipment for that machine (if required) and enter the date of its installation (in the dd-mth-yy format). If control equipment is required, but has not yet been installed, indicate this with an "X". If the control device was already included at the time of purchase, enter "SAME". Up to three dry-to-dry machines may be entered across this table. Complete the other table for transfer machines located at the facility, as applicable. Submit additional copies of these tables if more than three machines per type are located at the facility.
- 2. Enter the total amount, in gallons, of perchloroethylene consumed during the preceding twelve months. If this amount represents a period of less than twelve months, indicate the actual time period used to determine solvent consumption and the reason for this discrepancy (for example, new store). New owners should attempt to obtain solvent purchase records from the previous owner.
- 3. Using the amount of perc entered in No. 2 above, select the facility's classification. The classification is based on the definitions found in paragraph (3) of Part II.
- 4. Indicate which control technology is required on machines pursuant to paragraph (5) of Part II, based upon the selection in No. 3 above. Existing small area sources are not required to install any additional control equipment.
- 5. Indicate with an "X" that all steam and hot water generating units on-site are exempt from permitting pursuant to Rule 62-210.300(3), F.A.C., or that the facility has no such units on-site. Provide information on the quantities of boilers, their horsepower rating(s), and fuel used.

#### Equipment Monitoring and Recordkeeping Information

6. Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".

#### Surrender of Existing DEP Air Permit(s)

7. Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing DEP air permits authorizing the operation of a facility a condition precedent for the entitlement to a DEP air general permit. Indicate whether the responsible official surrenders such permit(s) or whether no such permit(s) exist with an "X" and list all existing DEP air permit numbers.

#### Responsible Official Certification

This statement must be both printed and signed by the person named on page 13, Field 6, of this form.

Effective: 2/24/99

# **IMPORTANT**

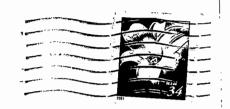
A facility is eligible to operate under a Title V air general permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate with an air Title V general permit

| enclosed no<br>Protection a | tification form and return it to the Department of Environmental the address included with the notification form. A fee is not this notification submittal   |
|-----------------------------|--|
|                             | ☐ If you are a new owner, please check this and return this form with your completed notification form.  |
|                             | ☐ If you are a <b>new RO</b> (Responsible Official), and/or your existing business has <b>moved</b> to a new location, please check this box and return this form with your completed notification form. |

• If you do not wish to continue your eligibility, please disregard this notice.

# GOLDEN TOUCH CLEANERS 2453 SOUTH HIAWASSEE ROAD METROWEST VILLAGE PLAZA ORLANDO, FLORIDA 32835





General Permit Section.
Brian of Arr Manitorny & Mobile Sources ms. 1510.
Dept-of Environmental Protection
2600 Blair Stone Rd.
Trailahaisea, Fla. 32399.2400.

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258633

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 ROOM

JAN 21 97

Do NOT Remove Label

AIRS ID# 0950321 GOLDEN TOUCH DRY CLEANERS HARENDRA NATHOO 2453 S HIAWASSEE ROAD ORLANDO FL 32835 FOR GOVERNMENT USE ONLY

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

Оы.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

<u>300333</u>

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 <u>NOT</u> Remove Label

NATHOO INC HARENDRA NATHOO 2453 S HIAWASSEE ROAD ORLANDO FL 32835 AIRS ID#0950321

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0363864

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 # 0950321

AIRS ID # HARENDRA NATHOO 2453 S HIAWASSEE ROAD ORLANDO FL 32835

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

NATHOO, INC. / DBA GOLDEN TOUCH DRYCLEANERS ·E V AIR GENERAL PERMITS **ENVOIREMENTAL** 

2/25/99

50.00

9162

golden touch cleaner

AIRDS ID # 0950321

50.00

|                                  | ₹ Z 333 6E   | 10 да |  |
|----------------------------------|--|---|--|
|                                  | US Postal Service<br><b>Receipt for Cerl</b>                   | ified Mail  |  |
|                                  |  | AIRS ID # 0950321   |  |
| GOI                              | DEN TOUCH DRY C  | LEANERS   |  |
| HAI                              | RENDRA NATHOO  |   |  |
|                                  | S HIAWASSEE ROA  | ND .  |  |
| ORI                              | LANDO FL 32835   |   |  |
|                                  |  |   |  |
|                                  | Postage  | \$  |  |
|                                  | Certified Fee  |   |  |
|                                  | Special Delivery Fee   |   |  |
| 10                               | Restricted Delivery Fee  |   |  |
| 199                              | Return Receipt Showing to<br>Whom & Date Delivered             |   |  |
| PS Form <b>3800</b> , April 1995 | Return Receipt Showing to Whom,<br>Date, & Addressee's Address |   |  |
| 800,                             | TOTAL Postage & Fees   | \$  |  |
| <u> </u>                         | Postmark or Date   |   |  |
| Ę.                               |  |   |  |
| ပ္                               |  |   |  |
| 4                                |  |   |  |

| SENDER:  Complete items 1  Complete items 3  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write 'Return Receipt Requested' on the mailpiece below the article at the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write 'Return Receipt Requested' on the mailpiece below the article at delivered. | e can return this te does not le number. | b wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee. |
|--|--|---|
| 3. Article Addressed to:  AIRS ID # 0950321  GOLDEN TOUCH DRY CLEANERS  HARENDRA NATHOO  2453 S HIAWASSEE ROAD  ORLANDO FL 32835   | 4b. Service  Registere  Express          | Type  ed Certified  Mail Insured  ceipt for Merchandise COD   |
| 5. Received By: (Print Name)  6. Signature: (Addressee or Agent)   | 8. Addresse<br>and fee is                | e's Address (Only if requested  |

| GOLDEN TOUCH DR<br>HARENDRA NATHO                              | AIRS ID # 095030 |
|--|------------------|
| 453 S HIAWASSEE R<br>PRLANDO FL 32835                          | O<br>OAD         |
| Postage  | \$               |
| Certified Fee  |                  |
| Special Delivery Fee   |                  |
| Restricted Delivery Fee  |                  |
| Return Receipt Showing to<br>Whom & Date Delivered             |                  |
| Return Receipt Showing to Whom,<br>Date, & Addressee's Address |                  |
| TOTAL Postage & Fees   | \$               |
| Postmark or Date   |                  |

| ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that a card to you. ■ Attach this form to the front of the mailpiece, or on the back if spapermit. ■ Write "Return Receipt Requested" on the mailpiece below the artis. ■ The Return Receipt will show to whom the article was delivered addivered. | 1. Addressee's Addressel's Add |
|---|--|
| 3. Article Addressed to:  AIRS ID # 0950321 GOLDEN TOUCH DRY CLEANERS HARENDRA NATHOO 2453 S HIAWASSEE ROAD ORLANDO FL 32835  | 4a Article Number  4b. Service Type  Registered  Express Mail Return Receipt for Merchandise  COD  7. Date of Delivery   |
| 5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X   | 8. Addressee's Address (Only if requested and fee is pa id)  |

| 2393      |   | MÁIL REC                     | EIPT<br>Coverage Provided) |
|-----------|---|------------------------------|----------------------------|
| 0026 4130 | Postage  Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required) | \$                           | Postmark · Here            |
| 2000 0000 | HARENDRA N  | CH DRY CLEANE!<br>.SSEE ROAD |                            |

| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY  |
|---|--|
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  AIRS ID # 0950321001AG HARENDRA NATHOO GOLDEN TOUCH DRY CLEANERS | A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X  |
| 2453 S HIAWASSEE ROAD<br>ORLANDO FL 32835   | 3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.  4. Restricted Delivery? (Extra Fee) |
| 2. Article Number (Copy) from service label   3013139   PS Form 3811, July 1999   Domestic Ret  | 23   |