

Department of Environmental Protection

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

David B. Struhs Secretary

October 25, 2001

Mr. Bhokilal Vyas
Oak Hill Cleaners
6650 Old Winter Garden Road
Orlando, Florida 32835

Re: Facility No.: 0950335-002

Dear Mr. Vyas:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 25, 2001.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/iw

cc: Ms. Marie Driscoll, Orange County

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

Printed on recycled paper.

Fees Paid 96-00 50C 3 Compliance IN



Department of **Environmental Protection**

leb Bush Governor

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

David B. Struhs Secretary

January 6, 2003

Mr. Manoj Patel 6650 Old Winter Garden Road Orlando, Florida 32835 #0950335 Dear Mr. Patel:

Thank you for your note received on January 3 notifying the Department of your purchase of Oakhill Cleaners.

In accordance with Rule 62-213.300(3), Florida Administrative Code (F.A.C.), the Title V Air General Permit is not-transferable and does not follow a change in ownership of the facility. For each facility intending to operate under the provisions of the Title V air general permit, a new Perchloroethylene Dry Cleaner Air General Permit Notification Form must be completed and submitted to the Department.

For your convenience, I am enclosing a Perchloroethylene Dry Cleaner Air General Permit Notification Form.

If you have any additional questions or need additional information, please contact me at 850/921-9583.

Sincerely

Sandra Bowman

Bureau of Air Monitoring

and Mobile Sources

SB/

Enclosure

Butler, Rick

From:

Sent: To:

John.Parker@ocfl.net Tuesday, June 24, 2003 1:54 PM Bowman, Sandy

Butler, Rick

Cc: Subject:

Oakhill Cleaners airs# 0950335

Sandy:

During a site inspection today, I discovered that Oakhill Cleaners, airs# 0950335 is no longer using Perchloroethylene as a solvent. I was told by the new owner, Mr. Patel that the facility began using petroleum as a solvent on November 1, 2002. Please Update your records.

Thank You,

John X. Parker Environmental Specialist Orange County Air Quality Phone: (407) 836-1445 (407) 836-1498 Fax: <mailto:John.Parker@ocfl.net>

Bowman, Sandy

From:

Bowman, Sandy

Sent:

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Wednesday, June 25, 2003 7:05 AM

To:

'John.Parker@ocfl.net'

Cc:

Butler, Rick

Subject:

RE: Oakhill Cleaners airs# 0950335

John,

Thank you for the update. I checked ARMS on this facility. Currently, this facility is "Inactive". In January of this year, we received a note informing us that the ownership had changed and the status was changed at that time.

The last owner of record in ARMS is Bhokilal Vyas. He applied for re-entitlement in 10/26/01.

Thanks again.

Sandy Bowman
Environmental Consultant
Division of Air Resource Management
850/921-9583 or sandy.bowman@dep.state.fl.us

----Original Message----

From: John.Parker@ocfl.net [mailto:John.Parker@ocfl.net]

Sent: Tuesday, June 24, 2003 12:54 PM

To: Bówman, Sandy Cc: Butler, Rick

Subject: Oakhill Cleaners airs# 0950335

Sandy:

During a site inspection today, I discovered that Oakhill Cleaners, airs# 0950335 is no longer using Perchloroethylene as a solvent. I was told by the new owner, Mr. Patel that the facility began using petroleum as a solvent on November 1, 2002. Please Update your records.

Thank You,

John X. Parker
Environmental Specialist
Orange County Air Quality
Phone: (407) 836-1445
Fax: (407) 836-1498
<mailto:John.Parker@ocfl.net>

Bowman, Sandy

From:

John.Parker@ocfl.net

Sent:

Tuesday, June 24, 2003 12:54 PM

To:

Bowman, Sandy

Cc: Subject: Butler, Rick Oakhill Cleaners airs# 0950335

Sandy:

During a site inspection today, I discovered that Oakhill Cleaners, airs# 0950335 is no longer using Perchloroethylene as a solvent. I was told by the new owner, Mr. Patel that the facility began using petroleum as a solvent on November 1, 2002. Please Update your records.

Thank You,

John X. Parker
Environmental Specialist
Orange County Air Quality
Phone: (407) 836-1445
Fax: (407) 836-1498
<mailto:John.Parker@ocfl.net>

page 15 0950335-002 1(a) Existing should be circled under Status for 1989 machines. choose and Circle appropriate Control Device Reg. add Date Control Device Installed for 1989 machine. 3. Large Area Source should be marked for 200 gallons usage. Page 16 4. Existing machines at languaged source should be marked. Responsible official sign and date for changes made. Page 17 Spoke to Bhokilal, Uyas and he stated that 10/18/01 the dry to dry machine has a the frenchenser and it was installed, when the magnine, was purchased. He also stated that there vere no trousfer pere machines on-site.

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 owner):	
VIBRO Enerpree guc	
2. Site Name (For example, plant name or number):	
OAK HILL CLEAMERS 6650 Old Winter Saville RD. ORIGINAL	
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: 6650 old winter GAMOSh PO City: Opique County: when the Zip Code: 328,35	
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0950335002	2
Responsible Official	
6. Name and Title of Responsible Official: Name: BHORIEL CYTHS Title: PRESIDENT	
7. Responsible Official Mailing Address: Organization/Firm: VIBRO OAK HIN CISATEMS Street Address: GC 50 OLD WITHOUT SAMEL MD City: ORIGINAL FL County: ORYR Zip Code: FL 32835	-
8. Responsible Official Telephone Number: Telephone: (日の) 578-7762 Fax: (4の) 578-9011	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
ASHOK YTAS	
10. Facility Contact Address: 6650 Old Winter garden Rp	\dashv
Street Address: City: ORIGIDO County: ORIGIDO Zip Code: 32837	5 7.
City: ORIGIDO County: O-REYL Zip Code: 32823 11. Facility Contact Telephone Number: Telephone: (407) 578 7702 Fax: (407) 578 9000000000000000000000000000000000000	936
1-05 d. 0	

DEP Form No. 62-213.900(2) Effective: 2/24/99 14

031/33

Facility Information

1.(a) DRY-TO-DRY M	ACHINES ONL	Y	
How many dry-to-dry ma	chines do you hav	ve on-site?	
For each dry-to-dry mach	nine on-site, pleas	e provide the following information	on:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
1985	Existing/No	RC/CA/None required	
· · · · · · · · · · · · · · · · · · ·	Existing/Ne	ew RC/CA/None required	
	Existing/Ne	ew RC/CA/None required	· · · · · · · · · · · · · · · · · · ·
*CONTROL DEVICE K	EY: RC = r	efrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?		
How many dryers/reclain	ners do you have o	on-site?	
unit. If the transfer mach. 1993, it is a NEW unit (r	ine was purchased no units purchased	from the manufacturer between	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, owed to operate under this general formation:
Date Initially Purchased Status Control Device Re From Manufacturer (circle one) (circle one)		Control Device Required* (circle one)	Date Control Device Installed (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 K	EY: RC = r	efrigerated condenser CA =	carbon adsorber
2.(a) How much perchlo	roethylene (perc)	have you used within the last 12 r	nonths?
[200] gallo	ns (You must fill	this in)	
(b) If less than 12 mor	nths, how many?	[] months	
Check why it is les	ss than 12 months	: New owner: [] Did not kee	ep records: []
	÷	New store: New machin	e []
		Unopened store [] (date of	expected opening)

3. What is the facility's source classification be Indicate with an "X". Select one classific	ased on the definitions found in section (3) of Part II? ation only.)
Small Area Source	<u> </u>
Dry-to-dry machines only or Transfer only on-site Both machine types on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
Large Area Source	
Dry-to-dry machines only or Transfer only on-site Both machine types on-site	n-site (used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on mad (Indicate with an "X".)	chines pursuant to section (5) of Part II of this notification form?
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
	ssions units shall not be eligible to use the general permit pursuant to and hot water generating units on-site meet the following on-site (see attached memo for the criteria).
All steam and hot water generating units exen No such units on-site	npt [] OR
How many boilers do you have on-site?	.0
For each boiler, indicate its horsepower (HP)	rating:
No	pane [] natural gas . 2 fuel oil [] No. 4 fuel oil . 6 fuel oil [] Other (please list)
6. Equipment Monitoring and Recordkeeping	Information
Check all logs which are required to be kept of	n-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/so	lvent addition log
(b) Leak detection inspection and repair	· · · · · · · · · · · · · · · · · · ·
(c) Refrigerated condenser temperature monitor	oring
(d) Carbon adsorber exhaust perc concentration	on monitoring
(e) Startup, shutdown, malfunction plan	

7. Surrender of Existing DEP Air Permit(s) Please indicate 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. Responsible Official Certification I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification. I will promptly notify the Department of any changes to the information contained in this notification. Print name of responsible official

Signature

1(a) Existing should be circled under Status for 1989 machines. 0950335-002 **BEST AVAILABLE COPY** choose and circle appropriate Control Device Reported Date Control Device Installed for 1989 machine. Page 16) 3. Large Area Source should be marked for 200 gallons usage. e form. Send i for your files. 4. Existing machines at large ared source should be marked orlando Page 17 Responsible afficial sign and date for changes made. 835 Spoke to Bhokilal, Uyas and he stated that 10/18/01 the dry to dry machine has a help condenser oud it was installed when the machine was purchased be also stated that these vere no tronsfer pere machines on-site. 35832 OCT 29 2001 IV. FACHILY CUMBEL AUGIESS: 6650 OLD WINTER JAVARE 129 Street Address: Zip Code: 37835 County: OREYR O RIGHAN 11. Facility Contact Telephone Number: Fax: (467) 578-00110 OZNIZOZZ Telephone: (407) 578 1702

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 owner):
VIBRO Enerprice guc
2. Site Name (For example, plant name or number):
OAK HILL CLEANERS 6650 Old Winter Saville RD ORIGINAL
3. Hazardous Waste Generator Identification Number: ID # 095033500146
10 # 013
4. Facility Location: Street Address: 6650 Old WINTER GAMOSIN RD
City: ORIGINALO County: WENTE Zip Code: 3:2835
5: Facility Identification Number (DEP Use ONLY - do not fill in):
1950335002
Responsible Official
6. Name and Title of Responsible Official: Name: BHOGICL C 7199 Title: PRESIDENT
Ontouries
7. Responsible Official Mailing Address:
Organization/Firm: VIBRUI OAK HIN CISANSA Street Address: GC 50 Old WINTON SAVEL AD
City: O Riando Fi County: Oraye Zip Code: FL 32835
8. Responsible Official Telephone Number:
Telephone: (401) 578-7762 Fax: (401) 578-0011
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
ASHOK Y JAJ
10. Facility Contact Address: 6650 Old winter Sander Ry
Street Address:
City: ORIGIALO County: OREYL Zip Code: 32835
11. Facility Contact Telephone Number:
11. Facility Contact Telephone Number: Telephone: (407) 578 7702 DEP Form No. 62-213.900(2) Effective: 2/24/99
DEP Form No. 62-213.900(2)
Effective: 2/24/99

Best Available Copy

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1.(a) DRY-TO-DRY M	ACHINES ONL	Y ONE	
How many dry-to-dry ma	ichines do you ha	ve on-site?	tone!
For each dry-to-dry mach	nine on-site, pleas	e provide the following information	on:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
1985	Existing/N	ew ROCA/None required	7-992 BM
	Existing No	ew RC/CA/None required	
	Existing/No	ew RC/CA/None required	
*CONTROL DEVICE K	EY: RC = r	refrigerated condenser CA =	= carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	4	,
How many washers do yo	ou have on-site?	on-site? [] O	ark out
How many dryers/reclain	ners do you have	on-site? []	
1993, it is a NEW unit (r			December 9, 1991 and September 22,
permit). For each transfe Date Initially Purchased From Manufacturer		e, please provide the following in Control Device Required* (circle one)	formation: Date Control Device Installed (if already included at time of
Date Initially Purchased	Status (circle one)	e, please provide the following in Control Device Required* (circle one)	formation: Date Control Device Installed
Date Initially Purchased	Status (circle one) Existing/New	e, please provide the following in Control Device Required*	formation: Date Control Device Installed (if already included at time of
Date Initially Purchased	Status (circle one)	e, please provide the following in Control Device Required* (circle one)	formation: Date Control Device Installed (if already included at time of
Date Initially Purchased	Status (circle one) Existing/New	e, please provide the following in Control Device Required* (circle one) RC/CA/None required	formation: Date Control Device Installed (if already included at time of
Date Initially Purchased From Manufacturer *CONTROL DEVICE K	Status (circle one) Existing/New Existing/New Existing/New Existing/New	e, please provide the following in Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA =	formation: Date Control Device Installed (if already included at time of purchase, write "SAME") = carbon adsorber months?
CONTROL DEVICE K 2.(a) How much perchlo	Status (circle one) Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New Existing/New	e, please provide the following in Control Device Required (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = thave you used within the last 12 regions in this in)	formation: Date Control Device Installed (if already included at time of purchase, write "SAME") = carbon adsorber months?
CONTROL DEVICE K 2.(a) How much perchlo [2.60] gallo (b) If less than 12 more	Existing/New	e, please provide the following in Control Device Required (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = have you used within the last 12 relation in the last 1	formation: Date Control Device Installed (if already included at time of purchase, write "SAME") = carbon adsorber months? Slean all all all all all all all all all a
CONTROL DEVICE K 2.(a) How much perchlo [2.60] gallo (b) If less than 12 more	Existing/New	e, please provide the following in Control Device Required (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = have you used within the last 12 relation in for the l	formation: Date Control Device Installed (if already included at time of purchase, write "SAME") = carbon adsorber months? be clean act of manual of the
CONTROL DEVICE K 2.(a) How much perchlo [2.6] gallo (b) If less than 12 more	Existing/New	e, please provide the following in Control Device Required (circle one) RC/CA/None required RC/CA/None required RC/CA/None required CA = have you used within the last 12 relation in the last 1	formation: Date Control Device Installed (if already included at time of purchase, write "SAME") = carbon adsorber months? **To Clary act of machine in the precords: [] at []

	cility's source classificatio h an "X". Select one class		initions found in section	on (3) of Part II?	•
Small A	Area Source		The Control of the State	६७ को अन्तर हुन, अक्ष	·
	Dry-to-dry machines only Transfer only on-site Both machine types on-s	(used le	ess than 140 gallons of ess than 200 gallons of ess than 140 gallons of		
Large A	Area Source				•
	Dry-to-dry machines only Transfer only on-site Both machine types on-s	(used 2	40 - 2,100 gallons of p 00 - 1,800 gallons of p 40 - 1,800 gallons of p	erc per year)	A.
4. What control (Indicate with	technology is required on the an "X".)	machines pursuant	to section (5) of Part	II of this notification for	m?
	g machines at small area so	ource — H	New machines at sm Refrigerated condens		•
Carbon	g machines at large area so adsorber	ource Should be	New machines at large Refrigerated condens		
Rule 62-213.300 exemption criter	ich contains non-exempt e 0, F.A.C. Verify that all storia or that no such units ex out water generating units e	eam and hot water ist on-site (see atta	generating units on-si ched memo for the cri	te meet the following	
No such units or	n-site			er en er Terrer en er	B. Vyas
How many boile	rs do you have on-site?		. 0	•	
For each boiler,	indicate its horsepower (H	P) rating:	11 		
What type of fue		propane No. 2 fuel oil No. 6 fuel oil	natural gas No. 4 fuel oil Other (please		
6. Equipment M	onitoring and Recordkeep	ing Information			•
Check all logs w	hich are required to be kep	pt on-site in accord	lance with the requirer	ments of this general pe	rmit:
(a) Purchase rece	eipts and solvent purchases	s/solvent addition	log [_	5	
(b) Leak detection	on inspection and repair		<u>_</u>	\triangle	
(c) Refrigerated	condenser temperature mo	nitoring	[_,		
(d) Carbon adsor	rber exhaust perc concentr	ation monitoring	<u> </u>	K Com	
	tdown, malfunction plan	•		$\mathcal{L}_{\text{type}}$	

Please indicate 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. Responsible Official Certification I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form. I will promptly notify the Department of any changes to the information contained in this notification. BHOKILGLE Y AM Print name of responsible official

Signature

7. Surrender of Existing DEP Air Permit(s)

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 # 0950335 OAKHILL CLEANERS BHOKILAL VYAS 6650 OLD WINTER GARDEN ROAD ORLANDO FL 32835

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obi.: 002273



(cut nere)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING



421085 DEC262002

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#0950335

OAKHILL CLEANERS MANOT PATEL 6650 OLD WINTER GARDEN ROAD ORLANDO FL

32835

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO; A1 Fund: 20-2-035001

Obj.: 002273

To whom , I- moy concern?

In we have just purchased this business

from the Vebro Enterprise Please

fransfer this permit to MPSA, Inc.

Yo Manoj Rutel

Thomas