

# Department of Environmental Protection

Lawton Chiles Governor Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400 November 25, 1996

Virginia B. Wetherell Secretary

Ms. Natwarlal K. Patel Williamsburg Dry Cleaners 5458 Central Florida Parkway Orlando, Florida 32821

Re: Facility I.D. No. 090337 (0956337)

Dear Ms. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 5, 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

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

## PERCHLOROETHYLENE DRY CLEANERS

	7
BEST AVAILABLE COPY	•
PERCHLOROETHYLENE DRY CLEANERS  TITLE V GENERAL PERMIT  COMPLIANCE INSPECTION CHECKLIST	MAL OF MINO
TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY  RE-INSPECTION	IN MOTI
AIRS ID#: <u>6956337</u> DATE: <u>4/28/98</u> TIME IN: <u>10:45</u> TIME OUT: <u>1</u>	1:15
FACILITY NAME: Williamsburg Dry Cleaner	· · · · · · · · · · · · · · · · · · ·
FACILITY LOCATION: 5458 Contral FI PKY	
Orlando FI 32821	
RESPONSIBLE OFFICIAL: Naturala   Pater PHONE: 407 239-0	835
CONTACT NAME: PHONE:	
PART I: NOTIFICATION	
(check appropriate box)	
New facility notified DARM 30 days prior to startup	Ü
2. Facility failed to notify DARM to use general permit	
DADTH. ALACHEVATUON	
PART JI: CLASSIFICATION	
Facility indicated on notification form that it is:  (check appropriate box)  □ No notification form □ Drop store/out of business/pet	roleum
Λ. 1. Existing small area source   2. New small area source	
dry-to-dry only, $x < 140$ gal/yr dry-to-dry only, $x < 140$ gal/yr	
transfer only, $x < 200 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$	
both types, $x < 140$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91)	
(constructed before 12/9/91)	
3. Existing large area source	
3. Existing large area source $\Box$ 4. New large area source $\Box$ dry-to-dry only, $140 \le x \le 2,100$ gal/yr $\Box$ dry-to-dry only, $140 \le x \le 2,100$ gal/yr	
3. Existing large area source $\Box$ 4. New large area source $\Box$ dry-to-dry only, $140 \le x \le 2,100$ gal/yr $\Box$ dry-to-dry only, $140 \le x \le 2,100$ gal/yr $\Box$ transfer only, $200 \le x \le 1,800$ gal/yr $\Box$ transfer only, $200 \le x \le 1,800$ gal/yr	
3. Existing large area source $\Box$ 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 both types, $140 \le x \le 1,800$ gal/yr	
3. Existing large area source $\Box$ 4. New large area source $\Box$ dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr	
3. Existing large area source $\square$ 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 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	
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 $12/9/91$ )	
3. Existing large area source ☐ 4. New large area source ☐ dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)	
3. Existing large area source $\square$ 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 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 $12/9/91$ ) $\square$ 5. This is a correct facility classification $\square$ $\square$ $\square$ Can not determine	

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) אואט אט אט 1. Storing perchloroethylene in tightly scaled and impervious containers? מ/אנט אנט צמ 2. Examining the containers for leakage? MD AD 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at מאמט אט אַנ least 24 hours prior to disposal? 5. Maintaining solvent-to-earbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part H-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? אואם אם אַצו 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 ONA condenser upon opening the door? 4. Measured and recorded the temperature of the ontlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:			
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?	ÜΥ	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ÜΥ	ПN	UN/A
	Is the temperature differential equal to or greater than 20° F?	ÜY	UN	UN/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?			UN/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΠИ	ÜN/V
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?	ÜΥ	ÜN	ÜΝ/Λ
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	СIY	מט	□N/A
6.	Routed airflow to the earbon adsorber (if used) at all times?	ÜΥ	ПN	UN/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	מט אַט
2. Maintained rolling monthly total of perc consumption?	אט אט
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	איארו ארו אצו
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	מארון אום לאם
4. Maintained calibration data? (for applicable direct reading instruments)	CIY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON ON
6. Maintained startup/slmtdown/malfunction plan?	DY ON
7. Maintained deviation reports?	אואלט אט צט
Problem corrected?	אואם אם אם
8. Main(ained compliance plan, if applicable?	אואפן אם אם

PA	ART VI: LEAK DETECTION AND F	REPAIRS		
1.	Does the responsible official conduct a	weekly (for small source	s, bi-weekly) leak detection an	id repair
	inspection?			DAY LIN
2.	Has the facility maintained a leak log?			אט אט
3.	Does the responsible official check the	following areas for leaks	57	
	Hose connections, fittings, couplings, and valves	מ/אנט אנט צעט	Muck cookers	OM ON/A
	Door gaskets and scating	DY ON ON/A	Stills	CAY CIN CIN/A
	Filter gaskets and scating	מ/אנט אנט אלט	Exhaust dampers	א/אם אם צם
	Pumps	מאום אם אם	Diverter valves	א/אם אם איא
	Solvent tanks and containers	מאס אס אס	Cartridge filter housings	אואם אם אם
	Water separators	DY UN UN/A		
4.	Which method of detection is used by t	he responsible official?		
	Visual examination (condensed s	olvent on exterior surfac	ces)	<b>c</b> 2
	Physical detection (airflow felt th	rough gaskets)		<b>12</b>
	Odor (noticeable perc odor)			
	Use of direct-reading instrumenta	ü		
	Halogen leak detector	a (		
	If using direct-reading instr	CHYIA		
	a. Capable of detecting	מט עט		
	b. Calibrated against a : (PID/FID only)?	d after each use	OY UN	
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	LIY ÜN
	d. Kept in a clean and s	secure area when not in	use?	UY ÜN
	e. Verified for accuracy			
		(	. 1	10-1
	Inspector's Name (Please Pr	int)	Date of Insp	3/98 ection
	doch (Tele		4/28	199
-	Inspector's Signature		Approximate Date of	Next Inspection

ADDITIONAL SITE INFORMATION:	
·	
'	

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL CO	MPLAINT/DISCOVERY	RE-INSPECTION L
TIME IN: 10:45	TIME OUT: \\:\	S AIRS ID#:	950337
TYPE OF FACILITY:	DEN CLEANER	·	
FACILITY NAME: (1)11	Iamsbure Day	Meaner	DATE: 4/28/98
FACILITY LOCATION: 54	158 Central FI	Pky	
	OVIando FI	32821	
RESPONSIBLE OFFICIAL: 1	stuarial Patel	PHONE NUMBER:	407-239-6839
	he compliance requirements eval ule 62-213.300, Florida Adminis	uated during this inspection, the factorative Code (F.A.C.).	ility is found to be in
Based on the results of the discrepancies were noted	-	uated during this inspection, the follows	owing compliance
COMPLIANCE REQU	JIREMENT/PROBLEM	FOLLOW-UP ACTI	ON REQUIRED
7			
			R
<del>`</del>			m
		·	E C
			R. S. C.
	<u></u>		To L
	,	·	ole Sources
<u> </u>	<del></del>		CG TOTAL
			<b>60</b>
,			
·			• .
COMMENTS:			
This	Facility is in	Compliance 1	•
•	•		
	<u> </u>		
The Annual Compliance Certific		tified and submitted to the inspector	YES NO
DATE OF NEXT INSPECTIO		<del>, , ,</del>	· .
		Approximate)	
INSPECTION CONDUCTED		letchev Please Print)	
INSPECTOR'S SIGNATURE:	de la Clather	,	: 407 836-9524

#### INTEROFFICE MEMORANDUM

Date:

18-Jun-1997 04:15pm EST

From:

Todd J. Fletcher ORL

Dept:

FLETCHER\_TJ@A1@EPIC66

Tel No:

Orange County 407/836-7400

SUNCOM:

**FO:** Sandy Bowman TAL

( BOWMAN S@A1@DER )

Subject: Notification forms

Sandy, Would you please send me the original notification forms for facility #0950352 (dry clean USA) AND FACILITY #0950337 (Williamsburg Dry Cleaners). I need to have the RESPONSIBLE official resign them. Thank you.

Copies Mere Sent out on 6/26/97 Shannon

### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

	·
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	NATWARLAL K. PATEL
2.	Site Name (For example, plant name or number):
	OILLIAMSBURG DRY-CLEANERS.
3.	Hazardous Waste Generator Identification Number:
	·
4.	Facility Location:
	Street Address: 5458 CENTRAL FL. PRKOY.
	Street Address: 54 58 CENTRAL FE, PRKOY.  City: GRLANDO COUNTY: CRANGE Zip Code: 32821
5.	Facility Identification Number (DEP Use):
	00502311
	0950337
	Responsible Official
6.	Name and Title of Responsible Official:
	NATWARIAL K. PATEL. (COWNER)
7.	Responsible Official Mailing Address:
	Organization/Firm: Co?LL?AMSBURG DRY-CLEANERS
	City: ORMANDO County: County: Zip Code: 32821
	Organization/Firm: WILLIAMSBURG DRYCLEANERS Street Address: 5458 GENTRAL FL. PARKWAY City: ORGANDO, County: ORANGE Zip Code: 32821
8.	
	Telephone: (407) 239 - 0839 Fax: ( ) -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10	Facility Contact Address:
10.	racinty Contact Address.
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -
	RECEIVE

SEP 4 1996

Bureau of Air Monitoring & Mobile Sources

# #0950337

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(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 Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1		12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit	#							e e e e e e e e e e e e e e e e e e e	
(1) w/ ref. condenser	1. 1.	<u> </u>		Ì	<u> </u>	·			
(2) w/ carbon adsorber			·					L	
(3) w/ no controls	X								-
Washer Unit			l Danishin Haradan	. 6. 2.			150		L Lagar 1960
(4) w/ ref. condenser		1 1111	I	r i	1	i i		The state of the s	7.50 7.3
(5) w/ carbon adsorber			-						
(6) w/ no controls					-			<u> </u>	
Dryer Unit				<u>.</u>	47 <sub>9</sub> 594.63			i. Perendakan	
(7) w/ ref. condenser	N			Ī	<u> </u>	1	-	1	
(8) w/ carbon adsorber					-				
(9) w/ no controls			_		-				
Reclaimer Unit	1200				1 19. dojugaje na 1840.		1 1		L Lugadyska,
(10) w/ ref. condenser	<u> </u>	1 41.41.4	1	Ι	1	<u> </u>		. 55 13 132,5 5	
(11) w/carbon adsorber								<u> </u>	-
(12) w/ no controls			_						
<ul> <li>(b) Control devices are</li> <li>(c) No control devices</li> <li>2.(a) What was the total of the control devices</li> <li>(b) If less than 12 montrol Check why it is less</li> </ul>	are ro	equired to be ity of perchloons ow many? [_	installed [_ oroethylene (	perc)	_] purchased in				
3. What is the facility's so (Indicate with an "X".  Existing small ar	Selec ea so	t one classifi	cation only.)	ew sm	nall area sour	rce []		Part II?	
Existing large are	ea soi	irce [X	Ne	w lai	ge area sour	ce			

DEP Form No. 62-213.900(2)

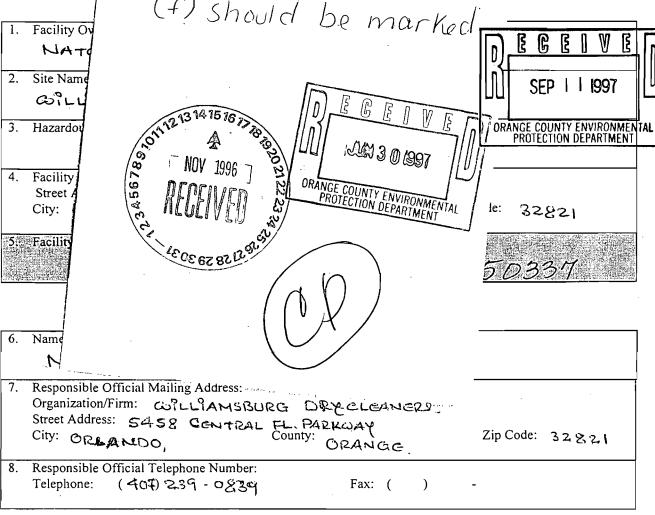
Effective: 6-25-96

4. What control technology is required on machines (Indicate with an "X".)	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 []	
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 than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring 2	nd Recordkeeping Information
Check all logs which are required to be kept on-site	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mon	itoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

Please indicat	e with an "X" the appropriate selection:				
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)					
	No air permits currently exist for the operation of the facility indicated in this notification form.				
	Responsible Official Certification				
this notifi statemeni maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.				
I will pro	mptly notify the Department of any changes to the information contained in this notification.				
Signature	Nobell 8/29/96.				

# Central V BEST AVAILABLE COPY #0950337 (f) should be marked



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#### Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Co	ontact (For example, plar	nt manager):					
10. Facility Contact Address:							
Street Address:				~· ·			
City:	County:			Zip Code	::		
11. Facility Contact Telephone N	umber:				<del>.</del>		
Telephone: ( )	-	Fax: (	)	-			
						<del>329                                    </del>	- F F15
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Bureau of Air Menitoring & Mobile Sources

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 13 of 16

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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):
	NATOARLAL K. PATEL
2.	Site Name (For example, plant name or number):
	WILLIAMSBURG DRY-CLEANERS.
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location:
	Street Address: 5458 CENTRAL FE PRKEY.  City: GRANGE Zip Code: 32821
	OPA NACE
5.	Facility Identification Number (DEP Use):
	0950337
	Responsible Official
6.	Name and Title of Responsible Official:
	NATWARIAL K. PATEL. (OWNER)
7.	Responsible Official Mailing Address: Organization/Firm: WILLIAMSBURG DRYCLEANERS Street Address: 5458 CENTRAL FL. PARKWAY City: ORRANDO, County: CRANGE Zip Code: 32821
8.	
	Telephone: (407) 239 - 0839 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: ( ) -
	Telephone: ( ) - Fax: ( ) -
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Bureau of Air Menitoring & Mobile Sources

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

Page 13 of 16

#### **Facility Information**

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

,		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
	#1	08-Dec	91			_			
Dry-to-Dry Unit	#	<del>- 08-8e</del>	291 NA						
(1) w/ ref. condenser	• 1	10JAN9	JAN 10 97						
(2) w/ carbon adsorber		Mike	HIKP						
(3) w/ no controls -	X								
Washer Unit			· .						•
(4) w/ ref. condenser									
(5) w/ carbon adsorber						,			
(6) w/ no controls	_								
Dryer Unit			<u> </u>	٠					
(7) w/ ref. condenser									
(8) w/ carbon adsorber	<b></b>	1							
(9) w/ no controls									
Reclaimer Unit			1 4 4 4	:					
(10) w/ ref. condenser	-								
(11) w/carbon adsorber	<del>                                     </del>								
(12) w/ no controls									
(b) Control devices are	·	HKP	•	-[-	HILP				
2.(a) What was the total of NKP  (b) If less than 12 mont Check why it is less	<del>galle</del> hs, h	ons 40 g	NEP MEP months			•			ſ 1
New	M	1chine	ive owner.		New store	Did	not k	ccp records.	
	714								
3. What is the facility's so (Indicate with an "X".					initions found	•	. 0	Part II?	
Existing small ar			Ne	w sn	nall area sour	rce X	W		
Existing large are	ea-soi	urce [X]	Ne	w la	rge area sour	ce [		•	

4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of I	Part II of this notification form?
Existing large area source		
Carbon adsorber NKP	Refrigerated condenser	
New small area source Refrigerated condenser		
New large area source Refrigerated condenser		•
5. A facility which contains non-exempt emissions to Rule 62-213.300, F.A.C. Verify that all steam an exemption criteria or that no such units exist on-site.	d hot water generating unit	
All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by n during which propane or fuel oil containing no more	atural gas except for perio	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site		
Equipment Monitoring a	and Recordkeeping Infor	mation
Check all logs which are required to be kept on-site	in accordance with the req	uirements of this general permit:
(a) Purchase receipts and solvent purchases		[ <b>X</b> ]
(b) Leak detection inspection and repair		(X)
(c) Refrigerated condenser temperature monitoring		
(d) Carbon adsorber exhaust perc concentration mor	nitoring	, []
(e) Instrument calibration		<u></u>
(f) Start-up, shutdown, malfunction plan		منكاه

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

Please indicate with an "X" the appropriate selection:

Thereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)

(IKP [X]

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

#### Responsible Official Certification

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

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

Signature  $\frac{8|29|96}{Date_1}$ 

plals 10/30/9=

#### **Best Available Copy**

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DRY CLE	EANER AIR Q	<b>UALITY GEN</b>	NERAL PER	MIT	
ANNI	NATWARLAL K PA'	AIRS ID 095033 TEL TEL		MAR 0  ureau of A  Mobile	
	5458 CENTRAL FLO ORLANDO FL 32821			2 iven	VED
	Do <u>NC</u>	OT Remove Label		,	
Annual Reporting Period: JANUAR	1 /22.	_19 <u>97</u> TO _	Decom	BCU . 315	1977
Based on each term or condition of the Title 72=213.300, FIORICA Administrative Code (F.	V general air permit, A.C.), during the per	my facility has rema	ined in compliance	with DEP Rul	e 10
If NO, complete the following:					
#1. Term or condition of the general permit	that has not been in c	ontinuous complianc	e during the report	ting period state	ed above:
Exact period of non-compliance: from		t	o		
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:	· .	· ·			
#2. Term or condition of the general permit	that has not been in c	ontinuous complianc	e during the report	ting period state	ed above:
Exact period of non-compliance: from		to			
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:					
As the responsible official, I hereby certify, base notification are true, accurate and complete. Findoes not exceed 2,100 gallons per year for dry-to	urther, my annual cons	umption of perchloroe	thylene solvent, bas	ed upon purchas	
RESPONSIBLE OFFICIAL:	ARLAL K. P	ATEL	Nignature Signature	2/21	1'98. Date

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

# PERCHLOROETHYLENE DRY CLEANERS CEIVED

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

DEC 5 1997

ANNUAL

COMPLAINT PUBGO VEINT Monitoring & Mobile Sources

RE-INSPECTION	Mobile Sources
·	97 TIME IN: 11:30 TIME OUT: 12:00
FACILITY NAME: Will ravusb	urg Dry Cleuner
FACILITY LOCATION: 5458 Cev	atual Fl. PKy.
	Fl 32821
	Patel PHONE: 407-239-6839
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to startu	p · □
2. Facility failed to notify DARM to use general perm	nit 🚨
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	2. New small area source  dry-to-dry only, x < 140 gal/yr  transfer only, x < 200 gal/yr  both types, x < 140 gal/yr  (constructed on or after 12/9/91)
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	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
	tion: cral permit as number above ts and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pur facility was 40 gallons.	chased 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?	DY ON ON/A					
2. Examining the containers for leakage?	DY ON ONA					
3. Closing and securing machine doors except during loading/unloading?	מט עם					
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A					
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN DN/A					
PART IV: PROCESS VENT CONTROLS						
In Part II-A:						
If classification 1 has been checked, no controls are required. Proceed to Part	V.					
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).						
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993						
If classification 4 has been checked, the machine should be equipped with a 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?	מס אם					
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	MY ON ON/A					
3. 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?	DY WN					
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	DY ON DN/A					
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY CN					

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	ПN	□Ν/Λ
	Is the temperature differential equal to or greater than 20° F?	$\Box$ $\lambda$ .	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΠY	ПN	□n/∧
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΠN	□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	ПΝ	□n/∧
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ΩN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПΥ	ПN	□N/A
-				
P	ART V: RECORDKEEPING REQUIREMENTS			
T.T	as the responsible official:			

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	DAY ON					
2. Maintained rolling monthly averages of perc consumption?	OY DAN					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or;	OY CHY ON/A					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ØN ON/A					
4. Maintained calibration data? (for applicable direct reading instruments)	חא שא ש אין					
5. Maintained exhaust duct monitoring data on pere concentrations?	OY ON DANA					
6. Maintained startup/shutdown/malfunction plan?	DY DN					
7. Maintained deviation reports?	איאם אם צם					
Problem corrected?	איאם אם אם					
8. Maintained compliance plan, if applicable?	טא פא אט אט					

P.A	RT VI: LEAK DETECTION AND	) REPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair.						
	inspection?			DY DN			
2.	Has the facility maintained a leak lo	g?		DA BA			
3.	Does the responsible official check t	he following areas for leaks?					
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	OY ON ON/A			
	Door gaskets and scating	DY ON ON/A	Stills	DY ON ON/A			
)	Filter gaskets and seating	BY ON ON/A	Exhaust dampers	DY ON ON/A			
	Pumps	OY ON ON/A	Diverter valves	DY ON ON/A			
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A			
	Water separators	אום אם אם אם					
4.	Which method of detection is used by	by the responsible official?		_			
	Visual examination (condense	G G					
	Physical detection (airflow fel-						
	Odor (noticeable perc odor)						
	Use of direct-reading instrume	ic tubes)					
	Halogen leak detector						
	If using direct-reading in	istromentation, is the equip	ment:	ØN/A			
	a. Capable of detecti	ng pere vapor concentrations	in a range of 0-500 ppm?	□Y □N			
	b. Calibrated against (PID/FID only)?	t a standard gas prior to and a	after each use	OY ON			
	c. Inspected for leak	s and obvious signs of wear o	on a weekly basis?	□Y □N			
	d. Kept in a clean ar	nd secure area when not in us	e?	OY ON			
	e. Verified for accur	acy by use of duplicate sampl	es (calorimetric only)?	OY ON			
	1,111						
ļ <u></u>	معهور و معهور الدوري به و بدور الدوري ( در الدورية و الدورية و الدورية الدورية الدورية و الدورية و المعهورية و المعهورة و معهور الدورية الدورية الدورية الدورية و	n may be a state of the first section of the control of the contro					
			,				

Inspector's Name (Please Print)

Date of Inspection

U 30/97

U 30/98

Inspector's Signature

Approximate Date of Next Inspection

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMPLAINT/	DISCOVERY _	RE-IN	SPECTION
TIME IN: 11:30	TIME OUT:		AIRS ID#:	09503	37
	Dry Cleaner Ismsburg Dry 458 Central Orlando Fl	/ Cleaners		DATE:	0/30/97
RESPONSIBLE OFFICIAL:			PHONE NUMB	ER: 407	239 - 0839
compliance with DEP R		dministrative Code ts evaluated during	(F.A.C.).	following comp	pliance
No rolling Perc. (	Consumption La	<b>'</b> }	314	month v	einspection
No leak detection	in Log		l,	14	Į)
No Corrective A	ction Form		\t	W.	M
No condenser -	temp. log			н	· ·
				REC	EIVED
	-				of Air Monitoring
COMMENTS:  This 13  Complied	sepport inspe I with the (	ctión of Jeneval Pev	facility.		
The Annual Compliance Certific		rly certified and sub		ctor. YES	NO
INSPECTION CONDUCTED INSPECTOR'S SIGNATURE	BY: TOOD	Fletal (Please Print	186	er: 836-	9524

# Orange County Environmental Protection Department

## PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	LI	COMPLAINTYDISCO	VERY	<u>,</u>
AIRS ID#: 0956337 EFACILITY NAME: 5	Illiams bu	vs Dvy	Clearers PKY		
PARTI: NOTIFICATION					
(check appropriate box)	The late of the control of the contr	***************************************	egenetőfők a minti kardza szazászászászásásásásásásásásásásásásásá		
1. Existing facility notified DAI	RM by 9/1/96				<u>u</u>
2. New facility notified DARM	30 days prior to startu	p			
3. Facility failed to notify DAR	M to use general perm	it			
PART II: CLASSIFICATION  Facility indicated on notificati (check appropriate box)		and the second of the second o		70-17-18-18-18-18-18-18-18-18-18-18-18-18-18-	
A.  1. Existing small area soundry-to-dry only, x<140 gal/y transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	r (	2. New small : dry-to-dry only transfer only, x both types, x<1 (constructed or	, x<140 gal/yr <200 gal/yr		
3. Existing large area soundry-to-dry only, 140 <x<2, (constructed="" 1="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" ga="" only,="" td="" transfer="" types,=""><td>00 gal/yr gal/yr l/yr</td><td>transfer only, 2 both types, 140</td><td>area source , 140<x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">2<x<1,800 gal="" yr<br="">1 or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td>ū</td><td>·</td></x<2,>	00 gal/yr gal/yr l/yr	transfer only, 2 both types, 140	area source , 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">2<x<1,800 gal="" yr<br="">1 or after 12/9/91)</x<1,800></x<1,800></x<2,>	ū	·
This is a correct facility classi	fication	MA ON			
If no, please check the approp	riate classification:				
☐ facility exceed	fied for a general pern eds above limits and is	not eligible fo	r a general permit		-1
B. The total quantity of perch	doroethylene (perc) pu is.	rchased within	the preceding 12 month	is by this do	y cleaning

Revised 10/28/96

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?	r. TIN				
2. Examining the containers for leakage?	UY LIN				
3. Closing and securing machine doors except during loading/unloading?	CIY LIN				
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	DY ON NA				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אוא אוט אוט אוט				
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 $\Delta$ below).					
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete $\Lambda$ 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 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?	BY ON				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	מ/אם אם צש				
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 basis?	DY WY				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	מאס אם				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אבט צום.				

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?	ON CIN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	אר אם אם אם אם אם אם אם אם אום אום אום אום
	Is the temperature differential equal to or greater than 20° F?	אן אט צט און
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 ØÁ/A
	Is the perc concentration equal to or less than 100 ppm?	אט צט
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring pere concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	אע אט צט /A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	איאָם אט אַט
6.	Routed airflow to the carbon adsorber (if used) at all times?	חאים אם איי

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	/
1. Maintained receipts for perc purchased?	מצ טא ן
2. Maintained rolling monthly averages of perc consumption?	DY GM
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	CIY LAN
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
4. Maintained calibration data? (for direct reading instruments only)	מא מא פאוע אינו
5. Maintained exhaust duct monitoring data on perc concentrations?	און און צום און
6. Maintained startup/shutdown/malfunction plan?	LKY LIN
7. Maintained deviation reports?	CIY CHY
Problem corrected?	אט צם
8. Maintained compliance plan, if applicable?	טאס אט אט

The same of the sa		
PART VI: LEAK DETECTION AND REPAIRS		
1. Does the responsible official conduct a weekly leak detection	and repair inspection?	UY UN

2.	Which method of detection is used by the	e responsi	ble offic	ial?		
	Visual examination (condensed so	lyent on <b>e</b> :	xterior si	irfaces)		
	Physical detection (airflow felt thro	ough gask	cts)	•	U	
	Odor (noticeable perc odor)			•		
	Use of direct-reading instrumentat	ion (FID/I	'IID/calo	rimetric tubes)		
	If using direct-reading instrument	ntation, is	the equ	ipment:		
	<ol> <li>Capable of detecting p</li> </ol>	ere vapor	concent	rations in a range of 0-500 ppm?	DY D	Ŋ
	<ul><li>b. Calibrated against a st (PID/FID only)?</li></ul>	andard ga	s prior t	o and after each use	ם צם	7
	c. Inspected for leaks and	d obvious	signs of	wear on a weekly basis?	ט צט	И
	d. Kept in a clean and se	ecure area	when no	et in use?	UY U	И
	e. Verified for accuracy l	by use of c	Iuplicate	samples (calorimetric only)?	UY U	И
3.	Has the facility maintained a leak log?			•	UY U	M
4.	Does the responsible official check the	following	areas for	· leaks?		•
	Hose connections, fittings, couplings, and valves	CIX	ПN	Muck cookers	ON .	ПN
	Door gaskets and scating	CHY	ПN	Stills	Carr	ПИ
	Filter gaskets and scating	CIY	ПИ	Exhaust dampers	UY	ПN
	Pumps	ĽΊΥ	ПИ	Diverter valves	UZY	ПИ
	Solvent tanks and containers	ĽΥ	ПN	Cartridge filter housings	TY	ПИ
	Water separators	GY	ИС		,	

Naturalal Name of Responsible Official

Todd Fletcher

Inspector's Signature

Approximate Date of Next Inspection

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMPLAI	NT/DISCOVERY [	RE-IN	SPECTION
TIME IN: 11:00	TIME OUT:	11:45	AIRS ID#	0950	337
TYPE OF FACILITY:	Dry Clear	nev		·	
FACILITY NAME:	Olliams burg	Dry C	leaners	DATE:	4/23/97
FACILITY LOCATION:	4158 Cenfr	al Fl.	PKY		
(	Ovlando Fl	3 z	.8 Z I		
RESPONSIBLE OFFICIAL:	latuavial Pat	te.l	PHONE NUN	/BER: 407 Z	39 = :0839
	the compliance requiremen	· ·		the facility is found	to be in ·
	Rule 62-213.300, Florida Ac				
Based on the results of discrepancies were note	the compliance requirement	ts evaluated du	aring this inspection,	the following comp	liance
COMPLIANCE REQU		EM	FOLLOW-UP	ACTION REO	HIRED
		(.)	<del>-</del>	<del></del>	
No Rolling	Perc Log		51X	mouth	ve inspectio
		(2)		)/	Marine M
No Leak I	retection Log		1/	·	,
		(3)			
No Cornecti	ive Action for	m	n	1/	1,
		. \			
No Condens	a Temp log	4)	i li	بو	1/
				Ender Secret	
					·
	**************************************				
-					
COMMENTS:		•		•	
		*			
		user			
			1 1 2 2 2 2		
The Annual Compliance Certific	cation form has been proper	riy certified an	a submitted to the ins	spector. YES	NO
DATE OF NEXT INSPECTIO	)N:	10   43 (Approxi	/ 7 /		
INCORPORTON CONTRACTOR	DV.	سبس	To L. I.	,	
INSPECTION CONDUCTED	R.Y.	DO Please I	rint)	r	
. INSDECTOD'S SIGNATUDE	H X164.	Val	•	MRFR 836	257Ü

Page of .

Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

TYPE	OF	INSP	ECT	ION:

BES	ST AVAILABLE COPY
TITLE V (	YLENE DRY CLEANERS SENERAL PERMIT NSPECTION CHECKLIST
TYPE OF INSPECTION: ANNUAL, RE-INSPECTION	COMPLAINTYDISCOVERY COMPLAINTYDISCOVERY
AIRS ID#: <u>0956337</u> DATE: 4/18/	98 TIME IN: 10:45 TIME OUT: 11:15
FACILITY NAME: Williams burg	Dry Cleaner
facility location: <u>5458</u> Co	′ 0
Ovlando	F1 32821
RESPONSIBLE OFFICIAL: Naturala	1 Patel PHONE: 407 239-0839
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	P
(check appropriate box)	0
New facility notified DARM 30 days prior to star	tup & E
2. Facility failed to notify DARM to use general per	rmit 300 C
PART II: CLASSIFICATION	<u> </u>
Facility indicated on notification form that it is: (check appropriate box)	☐ 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 gal/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	DY UN Can not determine
If no, please check the appropriate classifi facility qualified for a go facility exceeds above li	cation: eneral permit as number above mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) proceedings of facility was 40 gallons.	ourchased within the preceding 12 months by this dry cleaning

	ъZ 333 b	ьо эгь 1999					
	US Postal Service Receipt for Certified Mail						
54	ILLIAMSBURG DRY ATWARLAL K PATE 58 CENTRAL FLORI RLANDO FL 32821	Ţ					
	Postage	\$					
	Certified Fee						
	Special Delivery Fee						
ا م	Restricted Delivery Fee						
1995	Return Receipt Showing to Whom & Date Delivered						
April	Return Receipt Showing to Whom, Date, & Addressee's Address						
800	TOTAL Postage & Fees	\$					
PS Form <b>3800</b> ; April 1995	Postmark or Date						

	top of envelope to		·
on the reverse side?		e can return this ce does not le number.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.
ADDRESS completed	AIRS ID # 9950337 WILLIAMSBURG DRY CLEANERS NATWARLAL K PATEL 5458 CENTRAL FLORIDA PKWY ORLANDO FL 32821	4b. Service ☐ Registere ☐ Express	Type  ed Certified  Mail Insured  ceipt for Merchandise COD
s your RETURN	5. Aeceived By: (Print Name) 6. Signature: (Addressee of Agent)	8. Addresse and fee is	e's Address (Only if requested paid)
\ _	PS Form 3811, December 1994 10	2595-97-B-0179	Domestic Return Receipt

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

0361106

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

RECEIVED

FEB 2 5 1999

Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

AIRS ID # 0950337

WILLIAMSBURG DRY CLEANERS NATWARLAL K PATEL 5458 CENTRAL FLORIDA PKWY ORLANDO FL 32821 FEB | 9 99

RECEIVED MAIL ROOM

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

#### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	COM DIMICE II	IOI ECITOR C	ALLICINIST.	An II
TYPE OF INSPECTION:	ANNUAL	· <b>ਓ</b>	COMPLAINT/DISC	CEVERY D _
	RE-INSPECTION	4 🗆		\$ 100 F
	RE-INSPECTION	<b>,</b> u		& Mobile S. Mo
				~ · · · · · · · · · · · · · · · · · · ·
AIRS ID#: <u>0950337</u>	DATE: 4/8/6	79 TIME	<sub>IN:</sub> <u>1500</u> <sub>TIM</sub>	1E OUT: 1530
FACILITY NAME:				<u> </u>
FACILITY LOCATION:5	1458 Centra	al Florida	a Parkway	·
	Irlando, F	L 3287	<u> </u>	
RESPONSIBLE OFFICIAL :	•			l l
TOOL OTTOMAS.	7731700			
CONTACT NAME:			_ PHONE:	
		111111111111111111111111111111111111111		
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	30 days prior to start	up		
2. Facility failed to notify DAR	M to use general perr	nit		
PART II: CLASSIFICATION	<u> </u>	·		,
Facility indicated on notificati	on form that it is:		☐ No notification fo	
(check appropriate box)			☐ Drop store/out of	business/petroleum
1. Existing small area sour	·ce 🗆	2. New small a	areá source	<b>122</b>
dry-to-dry only, x < 140 gal/		dry-to-dry only		
transfer only, x < 200 gal/yr		transfer only, x	_ •	•
both types, x < 140 gal/yr		both types, x <		·
(constructed before 12/9/91)		(constructed on	or after 12/9/91)	
3. Existing large area sour	ce 🗆	4. New large a	rea source	<u> </u>
dry-to-dry only, $140 \le x \le 2$			$140 \le x \le 2,100 \text{ gal/y}$	r
transfer only, $200 \le x \le 1,80$			$00 \le x \le 1,800 \text{ gal/yr}$	
both types, $140 \le x \le 1,800$			$\leq x \leq 1,800 \text{ gal/yr}$	
(constructed before 12/9/91)		(constructed on	or after 12/9/91)	w*
		MY DN		
5. This is a correct facility c	lassification	MA UN	□Can not determine	3
If no please check the		ition:		
If no, please check the ☐ facili	appropriate classifica		umber abov	e ·
☐ facili	appropriate classifica	eral permit as n	umber abov gible for a general pern	-
☐ facili ☐ facili	appropriate classifica ty qualified for a gene ty exceeds above limi	eral permit as nates its and is not eli	gible for a general perr	nit
☐ facili	appropriate classifica ity qualified for a gene ity exceeds above limi proethylene (perc) pur	eral permit as nates its and is not eli	gible for a general perr	nit

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

PART III: GENERAL CONTROL REQUIREMENTS

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?	QY QN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/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?	
_	•	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A

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

PART VI:	ART VI: LEAK DETECTION AND REPAIRS									

THAT YI. BEING BEING THAT HE THAT										
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair									
	inspection?	DRY / ON								
2.	Has the facility maintained a leak log?	the facility maintained a leak log?								
3.	Does the responsible official check the fe									
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	DY ON ON/A						
	Door gaskets and seating	MY ON ON/A	Stills	DY ON ON/A						
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	MY ON ON/A						
	Pumps	CY ON ON/A	Diverter valves	ty on ona						
	Solvent tanks and containers	DY/ON ON/A	Cartridge filter housings	DY ON ON/A						
	. Water separators	MY ON ON/A								
4.	Which method of detection is used by the	e responsible official?								
	Visual examination (condensed so									
	Physical detection (airflow felt three									
	Odor (noticeable perc odor)									
	Use of direct-reading instrumentat									
	Halogen leak detector									
	If using direct-reading instru	□N/A								
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? □Y □N									
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?									
	c. Inspected for leaks and ovious signs of wear on a weekly basis?									
	c. Inspected for leaks and obvious signs of wear on a weekly basis?  d. Kept in a clean and secure area when not in use?									
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?									
			\							
	Ilka Rundy 4-8-99									
_	Inspector's Name (Please Print)  Date of Inspection									
	Was Ruman 4-8-2000									
_	Inspector's Signature		Approximate Date of							
	1 7			-						

ADDITIONAL SITE INFORMATION:	
	1.1
	.
· ·	

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔽	COMPL	AINT/DIS	SCOVERY [	RE-INSP	ECTION
TIME IN: 1500	TIME OUT:	1530	)	AIRS ID#:	0950337	
TYPE OF FACILITY: DIN C					,	
FACILITY NAME: William		aner			DATE: 4	-8-99
FACILITY LOCATION: 5458			LWY		, sec	
	ndo FL 32821	<u>.</u>				
RESPONSIBLE OFFICIAL: Nat				PHONE NUMBE	ir: 407-239	-0839
Based on the results of the compliance with DEP Rul	•		-	•	facility is found to	be in*
Based on the results of the discrepancies were noted:	compliance requirement	its evaluated	d during th	is inspection, the I	following complia	nce
COMPLIANCE REQUI	REMENT/PROBL	EM	FOL	LOW-UP AC	TION REQUI	RED
						£ t
			· · · · · · · · · · · · · · · · · · ·			
				<del> </del>		
COMMENTS:						
Facility in	complia	nce.				
1 activity in	Compilor	,				
The Annual Compliance Certificat	ion form has been prope	rly certified	and subm	itted to the inspec	tor. YES	] NO[
DATE OF NEXT INSPECTION	:4-	8-20			· -	
INSPECTION CONDUCTED B	y: Ilka B		oximate)			
INSPECTOR'S SIGNATURE:_	Ilka I		se Print)	PHONE NUMBI	er: 836	-9524
_		Page 1				Revised 10/96

<u> </u>	ounty Envi					2 []
AIRS ID#: 09 50 33	<u>/</u>		Me	0) [8	િ િ િ V Revise	g 10/10/96
DRY	CLEANER A	IR QUALI	TY GENER	AL PERMI	SEP - 8 1999	
FACILITY NAME:	liamsburg 5458 Cent	Dry Ci	leaners PLWY		DATE: 8	31/79_
	Irlando F	FL 328	512			
Annual Reporting Period:	· · · · · · · · · · · · · · · · · · ·		·			19_99
Based on each term or condition of 62-213.300, Florida Administration						
If NO, complete the following:	•			•		
#1. Term or condition of the gene	ral permit that has r	not been in conti	nuous compliance		ting period stated	_
Exact period of non-compliance:	from		to	es	P 2 8 1999	
Action(s) taken to achieve compli	ance:					
Method used to demonstrate comp	oliance:				of Air Moniteri Nobile Sources	
#2. Term or condition of the gene	eral permit that has r	not been in conti	nuous compliance	during the repor	ting period stated	l above:
Exact period of non-compliance:	froin		to			
Action(s) taken to achieve compli	ance:			****	<del></del>	·
Method used to demonstrate comp	oliance:					·
•						
As the responsible official, I herel made in this notification are true, upon rolling averages of purchase year for transfer or combination f	accurate and comple receipts, does not e	lete. Further, m	y annual consump	tion of perchloro	ethylene solvent,	based
RESPONSIBLE OFFICIAL:	Name (Please		TEL ()	Signature	18/31	99. ate

\*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.

ARM 50 \$

### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	Ø	COMPLAINT/DISCO	OVERY	90
	RE-INSPECTION				
				Ø	
airs id#: <u>0950337</u>	DATE: 4-14-00	TIME IN	n:_ <u>1048</u> _ тімі	E OĞĞ	120 6
FACILITY NAME: Wil	liamsburg I	ory Cla	eaner '	Obile C.	Royal Barrell
				KWang	onlio
<del>.</del>	Orlando, Fl	<u> 328</u>	12	<u> </u>	
RESPONSIBLE OFFICIAL	.: Natwarlal F	Patel	PHONE: 407 - 2	239-0	839
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DAR	M 30 days prior to startup				
2. Facility failed to notify DA	ARM to use general permit				<b>Q</b>
					<del></del>
PART II: CLASSIFICATIO	ON				
Facility indicated on notifica		***	☐ No notification for		
Facility indicated on notificate (check appropriate box)			☐ No notification for ☐ Drop store/out of b		troleum
Facility indicated on notifica	ation form that it is:	New small a	☐ Drop store/out of b		i
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gr	urce 2.	y-to-dry only,	☐ Drop store/out of brea source x < 140 gal/yr	ousiness/pe	ee
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 grantsfer only, x < 200 gal/y	urce 2. al/yr dry	y-to-dry only, ansfer only, x	Drop store/out of brea source  x < 140 gal/yr < 200 gal/yr	ousiness/pe Se Ad	ee Iditional
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gransfer only, x < 200 gal/y both types, x < 140 gal/yr	urce	y-to-dry only, ansfer only, $x < t$ oth types, $x < t$	Drop store/out of brea source  x < 140 gal/yr < 200 gal/yr 40 gal/yr	ousiness/pe  Se  Acc	ce Iditional te
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 grantsfer only, x < 200 gal/y	urce 2. al/yr dry yr tra bo	y-to-dry only, ansfer only, x on th types, x < l onstructed on	Drop store/out of brea source  x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	ousiness/pe  Se  Acc	ee Iditional
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/9)  3. Existing large area so	ation form that it is:  urce	y-to-dry only, ansfer only, x on th types, x < loonstructed on New large an	Drop store/out of brea source  x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)  rea source	ousiness/pe  Se  Acc	ce Iditional te
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/9)  3. Existing large area so dry-to-dry only, 140 ≤ x ≤	ation form that it is:  urce	y-to-dry only, ansfer only, x on th types, x < loonstructed on New large any-to-dry only,	□ Drop store/out of brea source  x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)  rea source  140 ≤ x ≤ 2,100 gal/yr	Si S	ce Iditional te
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gal/yr (constructed before 12/9/9)  3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1,	ation form that it is:  urce	y-to-dry only, ansfer only, x on the types, x < left on the types on types on the types of types of types on the types of types	Prop store/out of brea source x < 140  gal/yr < 200  gal/yr 40  gal/yr or after $12/9/91$ ) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$	Si S	ce Iditional te
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr (constructed before 12/9/9)  3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,80	ation form that it is:  urce	y-to-dry only, ansfer only, x softh types, x < loonstructed on a New large and y-to-dry only, ansfer only, 20 oth types, 140 gives.	□ Drop store/out of brea source  x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)  rea source  140 ≤ x ≤ 2,100 gal/yr	Si S	ce Iditional te
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/9)  3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,80 (constructed before 12/9/9)	ation form that it is:  urce	y-to-dry only, ansfer only, x on the types, x < left on the types, x < left on the types on the types on the types on the types, 140 on the types, 140 on the types of types o	Drop store/out of brea source x < 140  gal/yr < 200  gal/yr 40  gal/yr or after $12/9/91$ ) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $< x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )	Si S	ce Iditional te
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/9)  3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,80 (constructed before 12/9/9)  5. This is a correct facility	ation form that it is:  urce	y-to-dry only, ansfer only, x on the types, x < loostructed on New large any-to-dry only, ansfer only, 20 on the types, 140 constructed on	Drop store/out of brea source x < 140  gal/yr < 200  gal/yr 40  gal/yr or after $12/9/91$ ) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	Si S	ce Iditional te
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/9  3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,80 (constructed before 12/9/9  5. This is a correct facility  If no, please check the	ation form that it is:  urce	y-to-dry only, ansfer only, x on the types, x < left on the types, x < left on the types, the types only, ansfer only, 20 on the types, 140 on the types, 14	□ Drop store/out of brea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $40 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )  □ Can not determine	Si Si	ce Iditional te
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/9)  3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,80 (constructed before 12/9/9)  5. This is a correct facility  If no, please check the face	ation form that it is:  urce	y-to-dry only, ansfer only, x of the types, x < leonstructed on New large and y-to-dry only, ansfer only, 20 on the types, 140 on the types, 140 on The Inc.	Drop store/out of brea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $40 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )  Can not determine	Si Si	ce Iditional te
Facility indicated on notifical (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/9)  3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,80 (constructed before 12/9/9)  5. This is a correct facility  If no, please check the face	ation form that it is:  urce	y-to-dry only, ansfer only, x of the types, x < leonstructed on New large and y-to-dry only, ansfer only, 20 on the types, 140 on the types, 140 on The Inc.	Drop store/out of brea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $40 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )  Can not determine	Si Si	ce Iditional te

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

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	/
1. Maintained receipts for perc purchased?	DAX ON
2. Maintained rolling monthly total of perc consumption?	MAX ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON DAN/A
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	OY ON CON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN WWA/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	MY ON
7. Maintained deviation reports?	OY ON MIN/A
Problem corrected?	OY ON UN/A
8. Maintained compliance plan, if applicable?	OY ON MON/A

PART	VI: LEAK DETECTION AND R	EPAIRS		·	
1. Doe	s the responsible official conduct a v	weekly (for s	small sources, b	i-weekly) leak detection ar	nd repair
insp	ection?				MY ON
2. Has	the facility maintained a leak log?				ØY □N
3. Does	s the responsible official check the f	ollowing are	eas for leaks?		
	Hose connections, fittings, couplings, and valves	DY ON	□n/a	Muck cookers	Y ON ON/A
	Door gaskets and seating	MA CIN	□n/a	Stills	DY ON ON/A
	Filter gaskets and seating	MY ON	□N/A	Exhaust dampers	MY ON ON/A
	Pumps	ØY ON	□N/A	Diverter valves	MY ON ON/A
	Solvent tanks and containers	MY MN	□N/A	Cartridge filter housings	OY ON ON/A
	Water separators	DY ON	□N/A		
4. Whi	ch method of detection is used by th	e responsibl	le official?		j
	Visual examination (condensed so	lvent on exte	erior surfaces)		र्घ
	Physical detection (airflow felt thr	ough gasket	s)		
	Odor (noticeable perc odor)				
	Use of direct-reading instrumentat	ion (FID/PII	D/calorimetric t	ubes)	<b>a</b> ,
. ,	Halogen leak detector				<b>u</b> /
	If using direct-reading instru	mentation,	is the equipme	ent:	ON/A
	a. Capable of detecting p	erc vapor co	oncentrations in	a range of 0-500 ppm?	□Y □N
	<ul><li>b. Calibrated against a st (PID/FID only)?</li></ul>	andard gas p	orior to and afte	r each use	OY ON
	c. Inspected for leaks and	d obvious si	gns of wear on	a weekly basis?	OY ON
	d. Kept in a clean and se	cure area wł	nen not in use?		□Y □N
	e. Verified for accuracy	by use of du	plicate samples	(calorimetric only)?	□Y □N
					•
	•				
	Ilka Bundy			4-14-0	D
	Inspector's Name (Please Prin	t)		Date of Inspection	
				•	
	Ilka Bund			4-14-00	
	Inspector's Signature	)		Approximate Date of	Next Inspection

4-14-00 Possibly going to Exxon 2000 whin 2 mos. Will notify Tallahassee if Permit will be surrendered. The Bundy

$$2-12-99$$
 10.0

 $5-14-99$  10.0

 $8-13-99$  10.0

 $9-21-99$  10.0

 $1-5-99$  10.0

 $1-28-00$  10.0

 $3-10-00$   $20$  0.0

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

FACILITY NAME: _Wi	lliams	ourg D	ry Clea	ner	·	DATE: 4-	<u>14-00</u>
FACILITY LOCATION: _	5458	Central	Florid		Parkway		
<del></del>	Orland	o, FL	32821				
		·			· · · · · · · · · · · · · · · · · · ·	·	
Annual Reporting Period:	April	8, 1999	20 \$10	то	April	14	20 00
Based on each term or conditi	on of the Title	V general air pe	rmit, my facility	/ has rem	ained in compliance	with DEP Rule	
62-213.300, Florida Administ					<b></b> /	_	О
If NO, complete the following	3:						
#1. Term or condition of the	general permit	that has not beer	n in continuous	complian	nce during the reporti	ng period stated	above:
Exact period of non-complian	ice: from				to		
Action(s) taken to achieve con	mpliance:		· · · · · · · · · · · · · · · · · · ·		······································	·.	·
Method used to demonstrate of	compliance:		· · · · · · · · · · · · · · · · · · ·				
#2. Term or condition of the	general permit	that has not been	n in continuous	complian	nce during the reporti	ng period stated	above:
Exact period of non-complian	ce: from				to		
Action(s) taken to achieve con	mpliance:			<u>.</u>			
Method used to demonstrate of	compliance:	<del> </del>			<u> </u>	<u>-</u>	· 
As the responsible official, I h in this notification are true, as purchase receipts, does not excombination facilities.	ccurate and co	omplete. Further allons per year fo	, my annual con r dry-to dry fac	isumption ilities or	n of perchloroethylen	e solvent, based	' ироп
RESPONSIBLE OFFICIAL		TEARLAI me (Please Print)		90	Signature	Date	1000

<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.

## BEST AVAILABLE COPY TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🗸	COMP	LAINT/DIS	COVERY [	F	RE-INSPECTION
TIME IN: 1048-	_TIME OUT:	1120		AIRS ID#:	0950	337
TYPE OF FACILITY: Dry	Cleaner			,		
FACILITY NAME: Willia	imsburg Dry	Cleane			DAT	re: 4-14-00
FACILITY LOCATION: 54		Florid	a Parl	Kway		
	<del></del>	32821	· .		<del></del>	
RESPONSIBLE OFFICIAL:	latumrial Pa	tel		PHONE NUM	iber: <u>407</u>	- 239 - 0839
compliance with DEP I	the compliance requirements	Administrati ,	ve Code (F.	<b>A</b> .C.).	·	<i>*</i>
Based on the results of discrepancies were note	the compliance requirements	ents evaluate	d during thi	is inspection, tl	he following	compliance
COMPLIANCE REQ		LEM	FOL	LOW-UP A	ACTION I	REQUIRED
	<u> </u>	-:				
	· P <sub>0</sub>	ibi y	· · · · · · · · · · · · · · · · · · ·		<u> </u>	2300
		1.5	13			
.————						f
	<u> </u>					
			у .	1		· 
						<i>.</i>
4	*					
COMMENTS:	1		•			
Facility i	n compliar	ice,				
2	10,0					•
The Annual Compliance Certific		arly partition	d and subm	itted to the inc	nactor	YES NO
·		- 14-		itted to the msj	pector.	TES NO
DATE OF NEXT INSPECTIO	)N:		oximate)			
INSPECTION CONDUCTED	BY:	ka Bu	ndy			
		.,	ise Print)			631 1110
INSPECTOR'S SIGNATURE	: Uha B	und	·1	PHONE NUM	IBER:	836-1400
		Page	of <u>/</u> .			Revised 10/96

260193

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00 FEB 10 97

Do NOT Remove Label

AIRS ID# 0950337 WILLIAMSBURG DRY CLEANERS NATWARLAL K PATEL 5458 CENTRAL FLORIDA PKWY ORLANDO FL 32821 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



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

303850

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
FEB 26 98

Do NOT Remove Label

AIRS ID 0950337

NATWARLAL K PATEL NATWARLAL K PATEL 5458 CENTRAL FLORIDA PKWY ORLANDO FL 32821 <u> 303</u>85(

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

389231

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
DEC -9 99

Do NOT Remove Label

AIRS ID # 0950337 WILLIAMSBURG DRY CLEANERS NATWARLAL K PATEL 5458 CENTRAL FLORIDA PKWY ORLANDO FL 32821

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

7407060 HAR 92001

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 # 0950337 WILLIAMSBURG DRY CLEANERS NATWARLAL K PATEL 5458 CENTRAL FLORIDA PKWY ORLANDO FL 32821 EIVED R 1 2 2001 Nobile Sources

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273 3-6-01.
TO; SANDAA BOWMAN;

As our conversation are are not.

Using perc anymore Because are replaced meal

Machine which is work with DF-2000 new solvent.

So now are switch from pere to DF-2000 New solved.

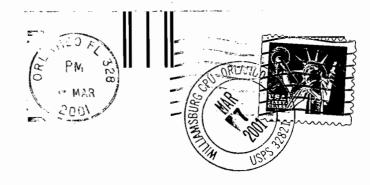
From - Nick Parce.

My AIRS ID #0950337.

CO; LLEAMSBURG DRY-CLEANERS.

SASS CCHTRAL FLA PRKWY.

ORLANDO, FL 32821



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

92915X9970

Lillian Charles and the Control of t

3907		MAIL REC	EIPT Coverage Provided)
4127	Postage Certified Fee	\$	Postmert:
900	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here
7000 0600	Street, A 5458 CENT City, Sta. ORLANDO	BURG DRY CLEANE AL K PATEL RAL FLORIDA PKW FL 32821	Y
	PS Form 3800 February 2	(000)	See Reverse for Instructions

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.  1. Article Addressed to:  AIRS ID # 0950337  WILLIAMSBURG DRY CLEANERS  NATWARLAL K PATEL	A. Received by (Please Print Clearly)  B. Date of Delivery  Agent  Addressee  D. Is delivery address different from item 1?  If YES, enter delivery address below:
5458 CENTRAL FLORIDA PKWY ORLANDO FL 32821	3. Service Type  Certified Mail
2. Article Number (Copy from service label)	42M 3907 III
PS Form 3811, July 1999 Domestic Ref	turn Receipt 102595-99-M-1789
1+	

0969		MAIL REC	EIPT Coverage Provided	)
41.26	Postage Certified Fee	\$		
교	Return Receipt Fee (Endorsement Required)		Postmark Here	
	Restricted Delivery Fee (Endorsement Required)	<b>c</b>		
00 0000	Street, At NATWAR			
700	City, State ORLAND	O FL 32821		uctions

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.  D. Is delivery	(Please Print Clearly) B. Date of Deliver
AIRS ID # 0950337 WILLIAMSBURG DRY CLEANERS NATWARLAL K PATEL 5458 CENTRAL FLORIDA PKWY ORLANDO FL 32821  3. Service Ty Certifie	Agent Addresse
ORLANDO FL 32821  3. Service Ty Certifie  Registe	defiress different from item 1?
1 B 4344	Mail ☐ Express Mail ded ☐ Return Receipt for Merchandis Mail ☐ C.O.D.
2. Article Number (¢opylfrom service label)	Delivery? (Extra Fee)

, j	P 1,74 05	ο SPD S
	US Postal Service Receipt for Cert No Insurance Coverage F Do not use for Internation	Provided.
	Sent to	
\ NA	LLIAMSBURG DRY ( TWARLAL K PATEL	
54:	58 CENTRAL FLORID	A PKWY
	LANDO FL 32821	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800,	TOTAL Postage & Fees	\$
PS Form <b>3800</b> , April 1995	Postmark or Date	

SENDER:  "Complete items 1 and/or 2 for additional services.  "Complete items 3, 4a, and 4b.  "Print your name and address on the reverse of this form so that we card to you.  "Attach this form to the front of the mailpiece, or on the back if space permit.  "Write "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered and delivered.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address  1.  Restricted Delivery
AIRS ID # 0950337  WILLIAMSBURG DRY CLEANERS NATWARLAL K PATEL 5458 CENTRAL FLORIDA PKWY ORLANDO FL 32821	4a. Article Number  4b. Service Type  Registered Express Mail Return Receipt for Merchandise  7. Date of Delivery
5. Received By (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994	8. Addressee's Address (Only if requested and fee is paid)  2595-97-B-0179 Domestic Return Receipt

	U.S. Postal Servi CERTIFIED M (Domestic Mail	AIL RECEIPT	e Coverage Provided)
وب ا			
775			
	Postage	\$	$\mathcal{L}$
8	Certified Fee		9
2	Return Receipt Fee (Endorsement Required)		Postmark Here
	Restricted Delivery Fee (Endorsament Required)	,	12
7000 0520	WILLIAMSBUR 5458 CENTRAL ORLANDO FL 3	G DRY CLEANER: FLORIDA PKWY 2821	S maller)
20	PS Form 3800, Februa	-	See Reverse for Instructions

<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
10 AIRS ID # 0950337001AG NATWARLAL K PATEL WILLIAMSBURG DRY CLEANERS 5458 CENTRAL FLORIDA PKWY ORLANDO FL 32821	3. Service Type  Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-99-M:1789

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	Z.333 6	13	01,9
	US Postal Service Receipt for Cer No.Insurance Coverage	tifie	ed Mail
	NATWARLAL K PAT NATWARLAL K PAT 5458 CENTRAL FLOR ORLANDO FL 32821	EL	PKWY
	Postage	\$	
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
1 1995	Return Receipt Showing to Whom & Date Delivered		
, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address		
80	TOTAL Postage & Fees	\$	
PS Form <b>3800</b> , April 1995	Postmark or Date		

SENDER:  =Complete items 1 and/or 2 for additional services.  =Complete items 3, 4a, and 4b.  =Print your name and address on the reverse of this form so that we card to you.  =Attach this form to the front of the mailpiece, or on the back if space permit.  =Write 'Return Receipt Requested' on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to 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 0950337  NATWARLAL K PATEL  NATWARLAL K PATEL  5458 CENTRAL FLORIDA PKWY  ORLANDO FL 32821  5. Neceived By: (Print Name)	4a. Article N  3  4b. Service  Registere  Express  Return Red  7. Date of De	Type ad   Mail   Insured   rept for Merchandise   COD
Skinature: (Addressee & Agent)     X	8. Addressed and fee is	e's Address (Only if requested paid)  Domestic Return Receip