

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 16, 1997

Mr. Mahendra Kaiadia Contemporary Cleaners 4882 Kirkman Road Orlando, Florida 32811

Re: Facility I.D. No. 0950343

Dear Mr. Kaiadia:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 9, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST



TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY

RE-INSPECTION		
RESPONSIBLE OFFICIAL: Mahendra	Ovary Cleaners Kirkman Rd o Fl 32811	5 - 1414
PART I: NOTIFICATION		
(check appropriate box) 1. New facility notified DARM 30 days prior to star 2. Facility failed to notify DARM to use general per		
PART II: CLASSIFICATION		
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of busine	ss/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)	B.
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 $12/9/91$)	INN 2 7 109.8 Sureau of Air Monitoring & Mobile Sources
	ication: cueral permit as number above mits and is not eligible for a general permit	itoring
B. The total quantity of perchloroethylene (perc) percification facility was 299 gallons.	purchased within the preceding 12 months by t	his 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? WY UN UN/A MY LIN LINIA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? UY UN 4. Draining cartridge filters in their housing or in sealed containers for at UN UNIA least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY UN WW/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) FAY CIN 1. Equipped all machines with the appropriate vent controls? מארם אח שאיע 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 CAY CIN CIN/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 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:	*******	-11 p	
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?	GY!	ÜN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?			ראה אינו
	Is the temperature differential equal to or greater than 20° F?	ШY	ÜN	DN/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 releases?	(T) V	(") > 1	TX1/A
	if machines are equipped with a carbon adsorber?			CAN/A
	Is the perc concentration equal to or less than 100 ppm?	ШΥ	ЙΝ	UN/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?	ÜΥ	ПN	N/V
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?			QNIV
6.	Routed airflow to the carbon adsorber (if used) at all times?	ÜΥ	ΠN	אואט או

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	DAY CIN.				
2. Maintained rolling monthly total of perc consumption?	MA ON				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	BY UN UN/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 ON ON/A				
4. Maintained calibration data? Gor applicable direct reading instruments)	OY ON WNA				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DAYA				
6. Maintained startup/shutdown/malfunction plan?					
7. Maintained deviation reports?	עואָה אם גם				
Problem corrected?	מאת אה אה				
8. Maintained compliance plan, if applicable?	אואט אט צט				

12/	PART VI: LEAK DETECTION AND REPAIRS						
1.	Does the responsible official conduct a	weekly (for small	sources, bi-weekly) leak detection an	d repair			
	inspection?		•	אנט עצ			
2.	Has the facility maintained a leak log?			UY UN			
3.	Does the responsible official check the	following areas fo	r leaks?				
	Hose connections, fittings, couplings, and valves	DY UN DN//	\ Muck cookers	BY ON ON/A			
	Door gaskets and scating	A DN DN/	A Stills	GY ON ON/A			
	Filter gaskets and scating	AL ON ON!	A Exhaust dampers	CAY UN UN/A			
	Pumps	BY DN DN/	A Diverter valves	DY ON ON/A			
	Solvent tanks and containers	מא טא טאי	A Caitridge filter housings	מא בוא בואיא			
	Water separators	ON ON ON	٨				
4.	Which method of detection is used by	the responsible offi	icial?				
	Visual examination (condensed s	solvent on exterior	surfaces)	e e			
	Physical detection (airflow felt the	ırouglı gaskets)		ט			
	Odor (noticeable perc odor)			ο.			
	Use of direct-reading instrument	ation (FID/PID/cal	lorimetric tubes)	Ü			
	Halogen leak detector						
	If using direct-reading inst	rumentation, is th	ie equipment:	MNIN			
	a. Capable of detecting	, pere vapor concer	ntrations in a range of 0-500 ppm?	אט צט			
	b. Calibrated against a (PID/FID only)?	standard gas prior	to and after each use	UY UN			
	c. Inspected for leaks a	and obvious signs o	f wear on a weekly basis?	UY ÚN			
	d. Kept in a clean and	secure area when r	not in use?	UY ÜN			
	e. Verified for accurac	y by use of duplica	te samples (calorimetric only)?	אט עט			
	;						
Bacan							
_	Inspector's Name (Please Print) Inspector Date of Inspection						
_	Inspector's Signature	lel	Approximate Date of				

ADDITIONAL SITE INFORMA	ATION:		
	"		
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		,	
	,		

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION PLAINT/DISCOVERY
TIME IN: 200 TIME OUT: 230	AIRS 10#: 0950343
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Contemporary	Legners DATE: 1/20/98
FACILITY LOCATION: 4882 KIVK Man	122
	32811
RESPONSIBLE OFFICIAL: Mahendra Kapadia	PHONE NUMBER: 407 - 295-1414
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·
COMMENTS:	
Facility in con	1 Pliance
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 1/20/90	1
INSPECTION CONDUCTED BY: TODD	proximate) e + c he v
INSPECTOR'S SIGNATURE:	ease Print) PHONE NUMBER: 036-9524

Page of .

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		P.15				
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1.	Facility Own	C. 4.	or,	· (·		
	COM	Sho	ould b	e mark	6d	
2.	Site Name (I	(C)	C L 1 .	. 1		
3.	Hazardous Y	4)	Should	y be		
٠.	F L		mark	Ce Cl		•
4.	Facility Lo	000				
	Street Add City:	123%	OR YES			32811
E CERN		9 DED 10	96 7 33	10		
	Facility Id	12386 DEC 19 DEC 19 DEC 19 DEC 19	133	A()		0343.
50,00		28 1111				
		الخارجة	Cl Bl.ll.			
6.	Name an	2122	15.00			a Col
						MER MANAGER AN ROOM
7.	Responsible O Organization/F	fficial Mailing Add	ress: 4	806 -		an Road
	Street Address		Countri	El	7:	ip Code: 3 2 8 []
		•		. , , , ,	۷.	
8.		fficial Telephone N (407) 29J -		Fax: () -	
		Facility Co	ntact (If different	from Responsible	e Official)	·
9.	Name and Title	e of Facility Contac	t (For example, pla	ant manager):		
10.	Facility Contac	ct Address:				
	Street Address	:				
	City:		County:		Zip Cod	e:
11.	Facility Contact Telephone:	ct Telephone Numb	er:	Fax: () -	
	z erepnone.	,		- 4/1.	•	
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DEP Form No. 62-213.900(2)

Effective: 6-25-96

FEB 1 () אללו Page 13 of 16 Bureau of Air Monitoring & Mobile Sources

Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	. Facility Owner/Company Name (Name of corporation, agency, or individual owner):							
	CONTEN PORARY	11/2	ANTERS					
	60/4/21110/4/10/	<u> </u>	1.4010		•			
2.	Site Name (For example, plant name or	number):		-1	A			
	Content of the Name (For example, plant name or Content of the NAM)	7 60	EHNO	0 /C	J			
	1							
3.	Hazardous Waste Generator Identificati	on Number:						
	FLD 07322619				•			
	, - 9 0/3 22 3//	J .						
1	Facility Location: 489.2	KIRK	<u> </u>	-1	1)			
7.	Street Address:	$\mathcal{L} / \mathcal{L} / \mathcal{L}$	MAN	/Ce	y or or			
	0'	County:	FZ		Zip Code: 32811			
	City: ORLANDO	County.	70		Zip Code. 3 2 0 7 7			
me too		TO CAMP CANTAGONOMICS	e 1938 da - Maria Pindria da 183	Y-1806,34 x 6 26-008	TO SEE ALL VERTICAL SEE ALL SEE	alaters i		
). 	Facility Identification Number (DEP Us	e):						
					095034	2 = "		
			- A					
		Responsible (Official					
6.	Name and Title of Responsible Official:		111	/	·			
	MAHENDRA	KAIA	DIA		OWNER	1		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•		/	OWNER MANAGE	er C		
7.	Responsible Official Mailing Address:	12	Q 2	~	Runa Dana	/		
	Organization/Firm:	40	0 Z	~ 1	rentification reserves			
	Street Address:				_	.		
	City: ORLANDO	County:	FL	_	Zip Code: 3 2 8 l	'		
	,	-	,			·		
8.	Responsible Official Telephone Numbe	r: _						
	Telephone: (407) 295 - 141		Fax: ()	-			
	, (1-), - (1-)	/	`	,	•			
•								
	Facility Contact	(If different fr	om Responsi	ble Off	icial)			
	z admity contact	(11 411101011011	om respons					
9.	Name and Title of Facility Contact (For	evample plant	t manager).					
/.	realite and Thie of Facility Contact (1 of	example, plant	manager).					
10	Facility Contact Address:							
10.	Facility Contact Address:							
	Charle Addison							
	Street Address:				7 : 0 1			
	City:	County:			Zip Code:			
		. <u>.</u> .						
11.	Facility Contact Telephone Number:							
	Telephone: () -		Fax: ()	-	ļ		
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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date	Date		Date	Date		Date	Date	
		Machine	Control		Machine	Control		Machine	Control	1
		Initially .	Device		Initially	Device		Initially	Device	
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed	
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92	
Dry-to-Dry Unit	mu	itimit to	E INSTALL	ED	AllRex. 1	988.		PER	MAC	Z.
(1) w/ ref. condenser			1993						1953.	",
(2) w/ carbon adsorber		001	BOTH	14	ACHING	Ret	120	et icy		
(3) w/ no controls										
Washer Unit		Cona	enja	_	Inot 11	e./ 50	me	chere	1.0 19	93-
(4) w/ ref. condenser		_								
(5) w/ carbon adsorber	_									
(6) w/ no controls										
Oryer Unit		•		· <u></u> -			•	•		
(7) w/ ref. condenser			-							
(8) w/ carbon adsorber	_									
(9) w/ no controls			,							
Reclaimer Unit			<u> </u>	·						
(10) w/ ref. condenser										İ
(11) w/carbon adsorber	<u> </u>									1
(12) w/ no controls	_						\top		1	1
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the c	are re	equired to be ity of perchlons 29:	oroethylene (perc)	٦	n the latest 1	2 moi	nths?		
(b) If less than 12 mont Check why it is less					_] New store	: [] Did	not k	eep records:		
3. What is the facility's so (Indicate with an "X".					nitions found	d in section ((3) of	Part II?		
Existing small ar	ea so	urce []	Ne	w sm	nall area sour	ce []			
Existing large are	ea soi	urce 🔀	Ne	w lar	ge area sour	ce []			

4. What control technology is required on machines (Indicate with an "X".)	oursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser [X] mk
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
•	
	nits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following
	nave a total heat input of 10 million BTU/hr or less (298 utural 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	<u>X</u> ;
•	
Equipment Monitoring a	nd Recordkeeping Information
Check all logs which are required to be kept on-site i	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	ليخا
(b) Leak detection inspection and repair	<u>(X</u>)
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mon	toring []
(e) Instrument calibration '	
(f) Start-up, shutdown, malfunction plan	[X] ME

Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)				
K)	No air permits currently exist for the operation of the facility indicated in this notification form.				
	Responsible Official Certification				
this notifi statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts 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.				
this notifi statemen maintain comply w	ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts 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				

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	•			
1.	Facility Owner/Company Name (Name	of corporation,	agency, or indi	vidual owner):
	CONTEN PORARY	CLEA	NERS	
2.	Site Name (For example, plant name or	number):	ENVIC	-l 1
	Site Name (For example, plant name or a Content of RAN)	7 66	BANG	
3.	Hazardous Waste Generator Identification			
	FLD 073 22619	3		•
4.	Facility Location: 4882 Street Address:	KIRK	MAN	Road
		County:	FL	Zip Code: 32811
- 207 - 110au - 90				. 2-0-
277000000000000000000000000000000000000	Facility Identification Number (DEP Use		美国 植产品	
				0950343
		Responsible C	Official	
-	Name and Title of Desmansible Officials			
6.	Name and Title of Responsible Official: MAHENDRA	KAIA	DIA	OWNER MANAGER
7.	Responsible Official Mailing Address: Organization/Firm:	48	82 K	CIRKMAN Road
	Street Address: City: ORLANDO	County:	FL	Zip Code: 3 2 8 <i>[]</i>
8.	Responsible Official Telephone Number			
	Telephone: (407) 295 - 141	4	Fax: () -
	Facility Contact ((If different fro	om Responsible	e Official)
9.	Name and Title of Facility Contact (For	avamnla nlant	managar):	
9.	Name and The of Facility Contact (For	example, plant	manager).	
10.	Facility Contact Address:			
	Street Address:			
	Street Address: City:	County:		Zip Code:
		,		
11.	Facility Contact Telephone Number: Telephone: () -		Fax: () -
	receptione. () -		I ax. (
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Bureau of Air Monitoring & Mobile Sources

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

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4. existing large

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Should be marked

(f) Should be

marked

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Facility Information

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

		Date	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-92
Dry-to-Dry Unit	mu	itimit tic	INSTALL	ED	AllRox. 1	1988.	·	PERI	1993
(1) w/ ref. condenser		,	1993		**				1953.
(2) w/ carbon adsorber		1561	BOTH	μ	ACHINO	Ret.	110	ct-icn	
(3) w/ no controls		l. 🖳 .	L	l	1		-		
Vasher Unit	*.	Cond	ensor	_	Lno+11	ed So	me	chere	12 19
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Oryer Unit		ing the second	1945 (1945)	74.4.1	The state of	North Colon			i jijka yelet .
(7) w/ ref. condenser							-		
(8) w/ carbon adsorber									
(9) w/ no controls									
eclaimer Unit	11.7			- 4-	7. P. S.			in the plantage	Pro Lettorija
		_							
(10) w/ ref. condenser									
(10) w/ ref. condenser (11) w/carbon adsorber									
<u>, , , , , , , , , , , , , , , , , , , </u>								-	
(11) w/carbon adsorber	are requanting gallo	equired to be ity of perchlorins 2-93 ow many? [_	oroethylene (y perc)] purchased i				
(11) w/carbon adsorber (12) w/ no controls (b) Control devices are (c) No control devices 2.(a) What was the total of the control devices (b) If less than 12 montrol	are requanting gallo	equired to be ity of perchloms 2.93 ow many? [oroethylene (GGL months New owner: a based on the ication only.)	perc)	purchased in	:: [] Did	not k	eep records:	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)	inies pursuant to section (3) 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	
	ions units shall not be eligible to use the general permit pursuant m and hot water generating units on-site meet the following -site:
	e (1) have a total heat input of 10 million BTU/hr or less (298 by natural gas except for periods of natural gas curtailment more than one percent sulfur is fired.
All steam and hot water generating units exemp No such units on-site	t <u>X</u>
Equipment Monitor	ing and Recordkeeping Information
Check all logs which are required to be kept on	-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	(X)
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitor	ring [X]
(d) Carbon adsorber exhaust perc concentration	monitoring []
(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)
K	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
-	mptly notify the Department of any changes to the information contained in this notification. [4-1-1]
Signature	Date

Orange County Environmental Protection Department

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ABBUAL RE-INSPECTION		VIVDISCOVERY	
AIRS ID#: 095 0 3 43	DATE: 1/15/97	TIME IN: <u>0940</u>	TIME OUT: _	
FACILITY NAME: <u>Conte</u>	MPORARY CLE	ANURS		
FACILITY LOCATION:4	1882 KIRKMAN) RD		
	ORLANDO, FL	32811		
PART I: NOTIFICATION				
(check appropriate box)	and appropriate the second of the contract of	APPENDING TO THE SECOND CONTRACTOR OF THE SECOND SE		\\r\\
1. Existing facility notified Da	NRM by 9/1/96	·		
2. New facility notified DARN	A 30 days prior to star	tup		
3. Facility failed to notify DA	RM to use general per	mit		
PART II: CLASSIFICATIO	N			
Facility indicated on notifica (check appropriate box)	tion form that it is:			
A. 1. Existing small area so dry-to-dry only, x<140 gal transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/9	/yr	2. New small area source dry-to-dry only, x<140 gal/y transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9)	•	
3. Existing large area so dry-to-dry only, 140 <x<2, (constructed="" 12="" 140<x<1,800="" 200<x<1,80="" 9="" 9<="" before="" both="" g="" only,="" td="" transfer="" types,=""><td>100 gal/yr 0 gal/yr gal/yr</td><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9)<="" after="" both="" ga="" i="" on="" only,="" or="" td="" transfer="" types,=""><td>gal/yr l/yr</td><td></td></x<2,></td></x<2,>	100 gal/yr 0 gal/yr gal/yr	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9)<="" after="" both="" ga="" i="" on="" only,="" or="" td="" transfer="" types,=""><td>gal/yr l/yr</td><td></td></x<2,>	gal/yr l/yr	
This is a correct facility class	sification	OY UN		
If no, please check the appro	priate classification:			
		mit as number above is not eligible for a general pe		
B. The total quantity of perc		urchased within the preceding	3 12 months by this	dry cleaning

Revised 10/28/96

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

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?	DY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
	Is the temperature differential equal to or greater than 20° J ⁷ ?	OY OM
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 ZN/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY ON WNIX
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ØN/A
-	ART V: RECORDKEEPING REQUIREMENTS	
	as the responsible official: heck appropriate boxes)	/
1.	Maintained receipts for perc purchased?	OX ON
2.	Maintained rolling monthly averages of perc consumption?	DY DY
3.	Maintained leak detection inspection and repair reports for the following:	
	a. documentation of leaks repaired w/in 24 hrs? or;	OY ON
	a. documentation of leaks repaired w/in 24 hrs? or;b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	
4.	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	
1	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	מאט אַט
5	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only)	מעט עט מעט אט אט אט
5	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A
5	 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? 	OY ON ON/A
5,67	 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? 	OY ON OY ON OY ON
5 6 7	 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? 	
5 6 7	 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? 	

2 Which mathed of least in the state of the	1	'l 1 'Y'	. 10		
2. Which method of detection is used by t	•				
Visual examination (condensed s	surfaces)	T			
Physical detection (airflow felt th					
Odor (noticeable perc odor)		ט			
Use of direct-reading instruments					
If using direct-reading instrum	sipment:				
 Capable of detecting 	perc vapor	concent	rations in a range of 0-500 ppm?	DY D	И
b. Calibrated against a (PID/FID only)?	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				
 e. Inspected for leaks an 	nd obvious	signs of	wear on a weekly basis?	UY O	N
d. Kept in a clean and s	secure area	when no	ot in use?	OY O	N
e. Verified for accuracy	by use of	duplicate	e samples (calorimetric only)?	OY ON/	
3. Has the facility maintained a leak log?				DY DN	
4. Does the responsible official check the	following	areas fo	r leaks?		
Hose connections, fittings, couplings, and valves	CY	ПИ	Muck cookers	OY	ПN
Door gaskets and scating	ĽΊΥ	N	Stills	ПХ	ΠИ
Filter gaskets and seating	ĽΊΥ	ПИ	Exhaust dampers	ďΥ	ΠИ
Pumps	TY	ПП	Diverter valves	ĽΙΥ	ПN
Solvent tanks and containers	CYY	ПN	Cartridge filter housings	Δ Λ.	ПN
Water separators	ΠY	ΠN			
Name of Responsible Office Todd Fletcher	cial		:		
Inspector's Name (Please P	rint)		Date of Insp	ection	
Tuencator's Cignoture			Approximate Date of	Next In	spection

BEST AVAILABLE COPY

Orange County Environmental Protection Department

TITLE VAIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	мы уни товсол	TERY	RE-INSPECTI	ON []
TIME IN: 945 TIME OUT:	······································	AIRS ID#:O	750343	
TYPE OF FACILITY: Dry C	leaning			
FACILITY NAME: Contemporary Clear FACILITY LOCATION: 4882 KINKMAN OVENDE FI	nev S Rd			
RESPONSIBLE OFFICIAL: Mahendra Kapadia	··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··	DHE NUMBER:	295 - 1414	
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Adminis	*		ity is found to be in	1
Based on the results of the compliance requirements eval discrepancies were noted:	nated during this in:	spection, the follo	owing compliance	
COMPLIANCE REQUIREMENT/PROBLEM			ON REQUIRE	
No Rolling total of Perc consumption Log on 31te		x month	veruspeer	Fion
No corrective action form	£(Ł(11	
No leak check Log on site	2)	· · · · · · · · · · · · · · · · · · ·	, t	·
Haz container not sealed	11	((VI.	
, .				
COMMENTS:				
		•		
The Annual Compliance Certification form has been properly of DATE OF NEXT INSPECTION: 7/15/9	7			NO
INSPECTION CONDUCTED BY:	(Approximate) Id Fletcher (Iflease Print)			
INSPECTOR'S SIGNATURE:	<u> </u>	HONE NUMBE	(407) 8	836-9524

Page of .

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	COMPLAINT/DISC	COVERY
AIRS ID#: <u>0950343</u> D/	•		ме оит: <u>3:30</u>
facility name: <u>Co</u> v	1 tempovar	y Cleuners	
FACILITY LOCATION:	1882 KIVK	man Rd	
		F1 38811	
RESPONSIBLE OFFICIAL : _			295-1414
CONTACT NAME:		PHONE:	
PART I: NOTIFICATION			
(check appropriate box)			
(check appropriate box) 1. New facility notified DARM 30) days prior to startup		
2. Facility failed to notify DARM	•		
2. 1 100000 100000 200000	to also general permit		
PART II: CLASSIFICATION	·		
Facility indicated on notification (check appropriate box)	form that it is:	☐ No notification f☐ Drop store/out o	f business/petroleum
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	2. N	lew small area source	
transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	dry-t trans both	so-dry only, $x \le 140$ gal/yr sfer only, $x \le 200$ gál/yr types, $x \le 140$ gal/yr structed on or after 12/9/91)	
transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr	dry-t trans both (con 2 4. N 00 gal/yr dry-t gal/yr trans	co-dry only, x < 140 gal/yr sfer only, x < 200 gál/yr types, x < 140 gal/yr	□ ′yr
transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ gal	dry-t trans both (con 4. N 00 gal/yr dry- gal/yr trans l/yr both (con	fo-dry only, $x < 140$ gal/yr sfer only, $x < 200$ gál/yr types, $x < 140$ gal/yr structed on or after 12/9/91) New large area source to-dry only, $140 \le x \le 2,100$ gal/yr types, $140 \le x \le 1,800$ gal/yr types, $140 \le x \le 1,800$ gal/yr structed on or after 12/9/91)	□ ′yr
transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ ga (constructed before $12/9/91$) 5. This is a correct facility class of the property of the pro	dry-t trans both (con 4. N 00 gal/yr dry-t gal/yr trans il/yr both (con ssification DY ppropriate classification: qualified for a general p	fo-dry only, $x < 140$ gal/yr sfer only, $x < 200$ gál/yr types, $x < 140$ gal/yr structed on or after $12/9/91$) New large area source to-dry only, $140 \le x \le 2,100$ gal/yr sfer only, $200 \le x \le 1,800$ gal/yr types, $140 \le x \le 1,800$ gal/yr structed on or after $12/9/91$) $\square N$ \square Can not determine	□ /yr ne

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 DN DN/A				
2. Examining the containers for leakage?	מארם אם איע				
3. Closing and securing machine doors except during loading/unloading?	חט מס אם				
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	מ/אם אם צם				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	□Y □N □N/A				
PART IV: PROCESS VENT CONTROLS					
In Part II-A:					
If classification 1 has been checked, no controls are required. Proceed to Part	v.				
If classification 2 has been checked, the machine should be equipped with a ref (complete A below).	rigerated condenser				
If classification 3 has been checked, the machine should be equipped with eithe condenser or a carbon adsorber (complete A and B below). Carbon adsorber m 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?	er on				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	. OY ON ON/A				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	QY ON ON/A				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ay on				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	dy on ona				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY ON				

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?	œK,	ПN	·
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?			CHV/A
	Is the temperature differential equal to or greater than 20° F?	ОΥ	ПN	C/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?			QN/V
	Is the pere concentration equal to or less than 100 ppin?	ПΥ	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	DИ	ŒΝ/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	ПN	DNIA
-				

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	מס אם
2. Maintained rolling monthly averages 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;	אואם ואם עם
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 DN/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ONIA
6. Maintained startup/shutdown/malfunction plan?	CX ON
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	אואס אם צם
8. Maintained compliance plan, if applicable?	אואס אם אום

PA	ART VI: LEAK DETECTION AND	REPAIRS			
1.	Does the responsible official conduct a	weekly (for small source	s, bi-weekly) leak detection as	nd repair	
	inspection?			GY ON	
2.	Has the facility maintained a leak log's)		DY ON	
3.	Does the responsible official check the	e following areas for leaks	7		
	Hose connections, fittings, couplings, and valves	מ/אם אם אס	Muck cookers	DY DN DN/A	
	Door gaskets and scating	DY ON ON/A	Stills	DY ON ON/A	
	Filter gaskets and scating	באתם אם אא	Exhaust dampers	DY DN DN/A	
	Pumps	CAY ON ON/A	Diverter valves	אואם אם עם	
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY DN DN/A	
	Water separators	אומם מם אים			
4.	Which method of detection is used by	the responsible official?		,	
	Visual examination (condensed	solvent on exterior surfac	es)		
	Physical detection (airflow felt t	hrough gaskets)			
	Odor (noticeable perc odor)				
	Use of direct-reading instrumen	tation (FID/PID/calorime	tric tubes)		
	Halogen leak detector				
	If using direct-reading ins	trumentation, is the equi	pment:	G/N/A	
	a. Capable of detecting	g pere vapor concentration	ns in a range of 0-500 ppm?	OY ON	
	b. Calibrated against a (PID/FID only)?	a standard gas prior to and	l after each use	OY ON	
	c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	OY ON	
	d. Kept in a clean and	secure area when not in	isc?	OY ON	
	e. Verified for accurac	cy by use of duplicate sam	ples (calorimetric only)?	OY ON	
777	MATERIAL PROPERTY AND	HA KAJIF I AMBORI AMAZAR ZIZINGA DANI MININTER TSUJA. U I DOBO DOMOS	(Aller of States of Aller of the States of t		
	No.				
	Topo Fleto	_	10/12/	$C \supset$	
-	Inspector's Name (Please P		Date of Insp	ection	
	Godd Flat	tct	12/1/3	198	
_	Inspector's Signature		Approximate Date of	Next Inspection	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 300 TIME OUT: 3: TYPE OF FACILITY: DW/ Cleaner	30 AIRS ID#: 0950343
FACILITY NAME: CONTEMPOVENY (FACILITY LOCATION: 4887 KIVKME OVLANDE FI	1 lequers DATE: 10/13/97 n Rd 3 2811
RESPONSIBLE OFFICIAL: Mahandra Kapad	
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluated discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM	rative Code (F.A.C.).
No Rolling Pera consumption Log on site	
No Corrective Action form	"
No leak Detection Log on sit	'Z
COMMENTS:	
The Annual Compliance Certification form has been properly cert	ified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 180 13	pproximate)
INSPECTION CONDUCTED BY: TODD F	Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 836-9524

Page of .

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLIANCE I	NSPECTION CHECKLIST
TYPE OF INSPECTION: ANNUAL	11/20/98 COMPLAINT/DISCOVERY LI
RE dnspectio	<i>IN</i> . /
	11/20/98 M
AIRS 10#: 0950343 DATE: 1/20	98 TIME IN: 200 TIME OUT: 230
FACILITY NAME: Contemp	Dovary Cleaners
FACILITY LOCATION: 4887	·
Ovland	o F 3281
	Kapadia PHONE: (407) 295-1414
CONTACT NAME:	PHONE:
Market	
PART I: NOTIFICATION	
(check appropriate box)	Sun May 17
1. New facility notified DARM 30 days prior to sta	rtup & & L
2. Facility failed to notify DARM to use general pe	mit Objet 14 M
BEICHERDER SON AND CONTRACTOR OF THE SON AND	
PART II: CLASSIFICATION	रेंद्र वेता
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box) A.	□ Drop store/out of business/petroleum
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	
transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
(constructed before 12/9/91)	both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91) Source (CN 516 (Alternative Property of Source)
5. This is a correct facility classification	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 $12/9/91$) Constructed on or after $12/9/91$) Constructed on or after $12/9/91$)

Revised 9/15/97

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 299 gallons.

facility qualified for a general permit as number _____above

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

If no, please check the appropriate classification:

PERCIILOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSP	PECTION []	
FACILITY NAME: Contempor		340
FACILITY LOCATION: 4882 Orlando	o, FL 32811	
RESPONSIBLE OFFICIAL: 11 G h e	endra Kajadia PHONE: (407) 295-1414 PHONE:	1
PART I: NOTIFICATION 3		
(check appropriate box) 1. New facility notified DARM 30 days prio 2. Facility failed to notify DARM to use gen	•	0
PART II: CLASSIFICATION	· · · · · · · · · · · · · · · · · · ·	
Facility indicated on notification form that (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	□ Drop store/out of business/peti	roleum
(constructed before 12/9/91) 3. Existing large area source	 (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr 	
dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after 12/9/91)	
transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate facility qualified	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) The second construction of a construction o	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) BY ON ONA 1. Storing perchloroethylene in tightly scaled and impervious containers? DY ON ONA 2. Examining the containers for leakage? DY DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at BY UN UNIA least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ØN/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 DN 1. Equipped all machines with the appropriate vent controls? PY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ONA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated PAY ON 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?

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?	œ/Y	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?			Ωλί√∨ Ω
	Is the temperature differential equal to or greater than 20° F?	ΠY	Пи	ΔN/V
3.	Measured and recorded the pere concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?			MINIA
	Is the perc concentration equal to or less than 100 ppin?	ΩY	ПN	ØN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ΩΝ	ØN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ΩΝ	ØN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΠИ	ØN/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	CHY CIN
2. Maintained rolling monthly total of perc consumption?	r on yr
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 lirs? or;	DY CIN CIN/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?	ΩΛ. ΠΩ ΠΝ'Ψ
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON OM
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN MYA
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	DY DN EMIA
Problem corrected?	DA DN DAN'Y
8. Maintained compliance plan, if applicable?	DY DN DN/A

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) lea	ak detection and repair
inspection?	œY □N
2. Has the facility maintained a leak log?	ØY ON
3. Does the responsible official check the following areas for leaks?	
Hose connections, fittings, couplings, and valves	ers By ON ON/A
Door gaskets and scating	MY ON ON/A
Filter gaskets and seating	impers DY ON ON/A
Pumps Diverter va	lves 🖄 🗆 N 🗆 N/A
Solvent tanks and containers DY DN DN/A Cartridge fi	ilter housings ☑Y □N □N/A
Water separators	
4. Which method of detection is used by the responsible official?	
Visual examination (condensed solvent on exterior surfaces)	L
Physical detection (airflow felt through gaskets)	٥
Odor (noticeable perc odor)	. 0
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	0
Halogen leak detector	
If using direct-reading instrumentation, is the equipment:	BINIA
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)?	OY ON
c. Inspected for leaks and obvious signs of wear on a weekly bas	sis?
d. Kept in a clean and secure area when not in use?	מם עם
e. Verified for accuracy by use of duplicate samples (calorimetri	ic only)?
Ilka Bundy	1/6/99
Inspector's Name (Please Print)	Date of Inspection
Ilka Bundy	1/6/2000
Inspector's Signature Approx	simate Date of Next Inspection

DDITIONAL SITE INFORMATION:			
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	• •		
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30.5%

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPL	LAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1320 TIME C	DUT: 1340	AIRS ID#:	950343
TYPE OF FACILITY: Dry Cleaner		·	· · · · · · · · · · · · · · · · · · ·
FACILITY NAME: Contemporary FACILITY LOCATION: 4882 Kirl	Cleaners Kman Rd.		DATE: 1/6/99
Orlando F	L 32811	·	1/4-1 20 F : 11111
RESPONSIBLE OFFICIAL: Mahendra	. Kaiadia	PHONE NUMBER:	(407) 295-1414
Based on the results of the compliance recompliance with DEP Rule 62-213.300,		-	lity is found to be in
Based on the results of the compliance rediscrepancies were noted:	equirements evaluated	d during this inspection, the foll	owing compliance
COMPLIANCE REQUIREMENT/	PROBLEM	FOLLOW-UP ACTI	ON REQUIRED
			Exproper.
		·	
			,
COMMENTS:	-	•	
Facility in a	ompliance	2	
The Annual Compliance Certification form has b	1/6/200	J	YES NOL
INSPECTION CONDUCTED BY:	Ilka Bun	oximate) d \(\frac{1}{2} \) se Print)	
INSPECTOR'S SIGNATURE:		PHONE NUMBER	836-9524
4.5°	Page \	of <u> </u>	Revised 10/96

Best Available Copy

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS	
1-20-0C	
Ja.	

	•	/	-X
TYPE OF INSPECTION:	ANNUAL	ν	COMPLAINT/DISCOVERY_
	DE DIODEOUS	_	E 170

•	ANNUAL	M COM	PLAINT/DISCOVERY	
	RE-INSPECTION	· Q	JNN.	
AIRS 1D#: 0950343		_ i	55 Figure Sout	1130
FACILITY NAME: Con	temporary (Cleaners	Cuiri Mon torin Sources	
FACILITY LOCATION:			torins;	
	Orlando, FL	32811		
RESPONSIBLE OFFICIAL			E: 407 - 295	- 1414
CONTACT NAME:		PHON	E:	
PART I: NOTIFICATION				
(check appropriate box)				
I. New facility notified DARN	A 30 days prior to startup			a
2. Facility failed to notify DA	RM to use general permit			Q
				
CT ACCIDICATION				
PART II: CLASSIFICATIO				
Facility indicated on notificat (check appropriate box)			notification form	/petroleum
Facility indicated on notificat	tion form that it is: arce		p store/out of business ce Q gal/yr ll/yr	/petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gall transfer only, x < 200 gally both types, x < 140 gallyr	tion form that it is: 2. 1/yr dry trai bot (cc 2,100 gal/yr dry gal/yr bot bot bot trai bot trai bot trai	New small area sour y-to-dry only, x < 140 nsfer only, x < 200 ga th types, x < 140 gal/y	ep store/out of business ce gal/yr ll/yr /r 12/9/91)	Bought New Machine March 1999.
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	tion form that it is: 2. 2. 2. 2. 2. 3. 4. 2.100 gal/yr 3. 3. 4. 3. 4. 4. 4. 4. 4. 4.	New small area sour y-to-dry only, $x < 140$ nsfer only, $x < 200$ ga th types, $x < 140$ gal/y onstructed on or after New large area sour y-to-dry only, $140 \le x$ nsfer only, $200 \le x \le 1$, th types, $140 \le x \le 1$, onstructed on or after	ep store/out of business ce gal/yr ll/yr /r 12/9/91)	

facility was 14 gallons.

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A I. Storing perchloroethylene in tightly sealed and impervious containers? MY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/A least 24 hours prior to disposal? 5. 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) 1. Equipped all machines with the appropriate vent controls? ZY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the 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?	MY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	MY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	MY 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?	DY DN OM/A
	Is the perc concentration equal to or less than 100 ppm?	DY DN EM/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?	DY ON CON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON MIN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON WAN/A

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

TART VI. LEAR DETECTION AND REPAIRS						
1. Does the responsible of	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?				MC N		
2. Has the facility mainta	ined a leak log?			ETY ON		
3. Does the responsible o	3. Does the responsible official check the following areas for leaks?					
Hose connection couplings, and	•	MY ON ON/A	Muck cookers	DY ON ON/A		
Door gaskets and	l seating	Y ON ON/A	Stills	MY ON ON/A		
Filter gaskets and	d seating	Y ON ON/A	Exhaust dampers	DY ON ON/A		
Pumps	1	EY ON ON/A	Diverter valves	CHY ON ON/A		
Solvent tanks and	d containers	MY ON ON/A	Cartridge filter housings	MY ON ON/A		
Water separators		DY ON ON/A				
4. Which method of detec	ction is used by the	responsible official?				
Visual examinati	on (condensed solv	ent on exterior surfaces)		র্		
Physical detectio	0					
Odor (noticeable	٥					
Use of direct-read	0					
Halogen leak det						
If using dire	⊡ N/A					
a. Capa	□Y □N					
	 a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? DY DN 					
c. Inspe	ected for leaks and o	obvious signs of wear on	a weekly basis?	□Y □N·		
d. Kept	in a clean and secu	re area when not in use?		OY ON		
e. Verif	ied for accuracy by	use of duplicate samples	(calorimetric only)?	□Y □N '		
						
Ilka	Bundy		1-20-00)		
	ame (Please Print)		Date of Inspection			
Llko	Bunch		1-20-0	İ		
Inspector	's Signature		Approximate Date of 1	Next Inspection		

ADDITIONAL	SITE	INFORMATION	:
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19.5
1/6/99
1/15/99
           19.5
                      7 Bought New Machine
2/4/99
           19.5
          58.5
3/8/99
9/16/99
           19.5
19.5
11/10/99
           19.5
11/30/99
            39.0
12/20/99
           2145
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Orange County Environmental Protection Department

AIRS 1D#: 0950343

Had

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ARMS 00 ARMS 00

THE COVE YOUR STATE OF		- 4		
FACILITY NAME:	rtemporary	Cleaners	DAT	E: 1/20/04
FACILITY LOCATION: <u>4</u>	882 Kirkm	an Rd.		. '
	rlando, FL	32811	,	
Annual Reporting Period:	JAN. 6	19 <u>99</u> to	JAN . 20	
Based on each term or condition of 62-213.300, Florida Administrativ			11.	DEP Rule
If NO, complete the following:			,	
#1. Term or condition of the gene	eral permit that has not bee	n in continuous complia	nce during the reporting po	eriod stated above:
Exact period of non-compliance:	from		to	
Action(s) taken to achieve complia	ance:			···
Method used to demonstrate comp	liance:			
#2. Term or condition of the gene	ral permit that has not bee	n in continuous complian	nce during the reporting pe	eriod stated above:
		·	nce during the reporting pe	eriod stated above:
Exact period of non-compliance:	from	·		eriod stated above:
Exact period of non-compliance: Action(s) taken to achieve compliance	from	·		eriod stated above:
#2. Term or condition of the general section. Exact period of non-compliance: Action(s) taken to achieve compliance compliance to demonstrate compliance the responsible official, I hereby made in this notification are true, upon rolling averages of purchase year for transfer or combination for RESPONSIBLE OFFICIAL:	from ance: bliance: oy certify, based on informaccurate and complete. For receipts, does not exceed acilities.	ation and belief formed durther, my annual consu	olo offer reasonable inquiry, th nuption of perchloroethyles	nat the statements ne solvent, based

Page ____ of ____.

^{*}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

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TYPE OF INSPECTION: ANNUAL	COM	LAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1055 TIME	OUT: 1130	AIRS ID#:	0950343
TYPE OF FACILITY: Dry Cleaner			
FACILITY NAME: Contemporary			DATE: 1-20-00
	kman Rd.		
0.47700,	FL 32811	, <u>*</u>	1107 205 11111
RESPONSIBLE OFFICIAL: Mahendra	a Kaiadia	PHONE NUMBER	: 407-295-1414
Based on the results of the compliance compliance with DEP Rule 62-213.300	•		cility is found to be in
Based on the results of the compliance discrepancies were noted:	requirements evaluat	ed during this inspection, the fol	lowing compliance
COMPLIANCE REQUIREMENT	/PROBLEM	FOLLOW-UP ACT	ION REQUIRED
			-
All restrictions and the			· · · · · · · · · · · · · · · · · · ·
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71 71 71.5			
A State of the sta			•
1117 117 119			,,
Commence of the Commence of States			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
and the second s	,		
COMMENTS:		-	
Facility in compl	iance.		
Facility in compl Bought new machine	e in Mar	ch 1999.	
The Annual Compliance Certification form has			r. YES NO
DATE OF NEXT INSPECTION:	1-20	-01	
INSPECTION CONDUCTED BY		oroximate) Bundy	
INSPECTION CONDUCTED BY: INSPECTOR'S SIGNATURE: ,		ase Print)	. 836-1400.
AND ECTOR OBIGINATURE.	Page	of [Revised 10/96

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PERCHLOROETHYLENE DRY CLEANERS

NKMS 2-1-01 JB

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

1 ,	COM LIANCE IN	SI ECHON CHEC	KLISI (
TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	•	MPLAINT/DISCOVER	
		· ·	<u> </u>	
AIRS 10#: 0950343				T: 9760 C
FACILITY NAME:CO	it emporary	Cleaners	5 July 5	CONTRACTOR OF THE PARTY OF THE
FACILITY LOCATION:				9,
!!				
<u> </u>	Orlando, F	L 32811	·	
RESPONSIBLE OFFICIAL	: Mahendra	Kaiadia PHO	ONE: 407-295	-1414
". "			ONE:	
In the second second				
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	1 30 days prior to startu	P _i	·	
2. Facility failed to notify DAI	CM to use general perm	ăt'		D.
		·		
DADT IL CLASSIFICATIO	n.i	· · · · · · · · · · · · · · · · · · ·		
PART II: CLASSIFICATIO				
Facility indicated on notificat	ion form that it is:		No notification form	
(check appropriate box) A.	Ó	uı	Orop store/out of busine	ess/petroleum
1. Existing small area sou	rce 🗅 2	2. New small area so	ource 🗓	
dry-to-dry only, x < 140 gal		dry-to-dry only, $x \le 1$	40 gal/yr	•
transfer only, $x \le 200$ gal/yr	e t	ransfer only, $x < 200$	gal/yr	
both types, $x \le 140$ gal/yr	, · · · · · · · · · · · · · · · · · · ·	both types, $x \le 140$ g	al/yr	·
(constructed before 12/9/91)) (constructed on or aft	er 12/9/91)	
3. Existing large area som	rce 🖸 4	4. New large area so	mrce M	
dry-to-dry only, $140 \le x \le 2$		dry-to-dry only, 140		
transfer only, $200 \le x \le 1.80$		ransfer only, $200 \le x$		
both types, $140 \le x \le 1,800$		poth types, $140 \le x \le$		
(constructed before 12/9/91)		constructed on or aft		
5. This is a correct facility of		-/	Can not determine	

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

facility qualified for a general permit as number

If no, please check the appropriate classification:

 \mathbf{O}

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

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DAY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? MY ON ON/A 2. Examining the containers for leakage? DAY ON Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? DN DN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DNA beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification I 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? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the ØY ON ONA 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? ENY DIN

			 -	
i 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?	ŪΥ	□N ·	
2.	Measured and recorded the washer exhaust temperature at the condenser	•		
	inlet and outlet weekly?	ŪΥ	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ŪΥ	ПN	[]א/א
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?	ÜУ	ПN	UN/A
	Is the perc concentration equal to or less than 100 ppm?	ŪΥ	ΩΝ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring pere concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ŪΥ	ПN	עאעם)
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	Qи	□n/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ŪМ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	,
1. Maintained receipts for perc purchased?	MA CIM
2. Maintained rolling monthly total of perc consumption?	ETY 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?	eay on on/a
4. Maintained calibration data? (for applicable direct reading instruments)	CIY ON DAIN
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN BN/A
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	OA ON BUNY.
Problem corrected?	מואם אם אם
8. Maintained compliance plan, if applicable?	CIY CIN CAN/A

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?			DY ON	
2. Has the facility maintained a leak log?			EY ON	
3. Does the responsible official check the	following areas for leaks?			
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON ON/A	
Door gaskets and scating	GY ON ONY	Stills	MY ON ONA	
Filter gaskets and scating	DY ON DNA	Exhaust dampers .	אוחם אם צע	
Pumps	ETY ON ONA	Diverter valves	MA ON ONVY	
Solvent tanks and containers	מאם מם אמ	Cartridge filter housings	מאום אם אם	
Water separators	CAY ON ON/A			
4. Which method of detection is used by the	he responsible official?		·	
Visual examination (condensed so	olvent on exterior surface	s)	ଷ	
Physical detection (airflow felt th	<u> </u>			
Odor (noticeable perc odor)	α,			
Use of direct-reading instrumenta	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			
Halogen leak detector			α	
If using direct-reading instru	umentation, is the equip	ment:	ØN/A	
a. Capable of detecting p	perc vapor concentrations	s in a range of 0-500 ppm?	OY ON	
b. Calibrated against a st (PID/FID only)?	tandard gas prior to and a	fler each use	OY ON	
c. Inspected for leaks an	d obvious signs of wear o	on a weekly basis?	OY ON	
d. Kept in a clean and se	cure area when not in us	c?	OY ON	
e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	DY DN	

Ilka Bundy
Inspector's Name (Please Print)

2-1-2001 Date of Inspection

The Bund Inspector's Signature

2-1-2002

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

BEST AVAILABLE COPY

ursid#: 0950343

ASS DRY

Revised 01/18/00

ARMS 2-1-01 yb

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Contem	porary Cle	Paners_	DAT	E: 2/1/01
FACILITY LOCATION: 4882	Kirkman K	?d.		. ,
Orla	ndo FL 3	2811		
	·			
Annual Reporting Period:	nuary	20 <u>00</u> TO	January	20 0 (
Based on each term or condition of the 62-213.300, Florida Administrative Co			1_	DEP Rule
If NO, complete the following:				
#1. Term or condition of the general p	ermit that has not been i	n continuous compliance	e during the reporting per	riod stated above:
Exact period of non-compliance: from		· · · · · · · · · · · · · · · · · · ·	to	
Action(s) taken to achieve compliance:			· 	
Method used to demonstrate compliance	e:			· · · · · · · · · · · · · · · · · · ·
#2. Term or condition of the general p	ermit that has not been i	n continuous compliance	e during the reporting pe	riod stated above:
Exact period of non-compliance: from		·)	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance	ee:			·
As the responsible official, I hereby cer in this notification are true, accurate a purchase receipts, does not exceed 2,10 combination facilities	nd complete. Further, n	ny annual consumption o dry-to dry facilities or I,	of perchlorocthylene solv	ent, based upon
RESPONSIBLE OFFICIAL:	Name (Please Print)	2 /	Signature	Date

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

Page of _____

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

TYPE OF INSPECTION: ANNUAL COMPL	AINT/DISCOVERY RE-INSPECTION
TIME IN: 1030 TIME OUT: 1100	AIRS 1D#: 0950343
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Contemporary Cleaner	S DATE: 2-1-2001
FACILITY LOCATION: 4882 Kirkman Rd.	*
Orlando, FL 32811	
RESPONSIBLE OFFICIAL: Mahendra Kajadia	PHONE NUMBER: 407-295-1414
RESPONSIBLE OFFICIAL. MANAGEMENTAL MANAGEMENTAL	THORE NOWIBER. 10 2.10 TH
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administrative	
Based on the results of the compliance requirements evaluated discrepancies were noted:	d during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
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COMMENTS:	
Facility in compliance	
The Annual Compliance Certification form has been properly certified	and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: $2-1-2$	2002 oximate)
INSPECTION CONDUCTED BY: Ika B	
	se Print)
INSPECTOR'S SIGNATURE: The Bunch	PHONE NUMBER: 407-836-1400
Page_/_	of / Revised 10/90

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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TOTAL AMOUNT DUE: \$50.00

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FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оы.: 002273



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Fund: 20-2-035001

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CONTEMPORARY CLEANERS MAHENDRA KAIADIA 4882 KIRKMAN ROAD ORLANDO FL 32811

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4882 KIRKMAN ROAD ORLANDO FL 32811

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Obj.: 002273

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