

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

March 14, 1997

Mr. Kishor Patel Manager Majestic Cleaners and Laundry 12177 Apopka Vineland Road Orlando, Florida 32836

Re: Facility No. 0950365

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 17, 1997.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Dennis Nester, Orange County

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

Printed on recycled paper.





Department of Environmental Protection

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

Virginia B. Wetherell Secretary

February 4, 1997

Mr. Kishor Patel Majestic Cleaners & Laundry 12177 Apopka Vineland Road Orlando, Florida 32836

Dear Mr. Patel:

The Bureau of Air Monitoring and Mobile Sources recently received your Perchloroethylene Dry Cleaners Notification Form.

We appreciate your submittal. However, the form you obtained, completed, and submitted to us is not the currently valid notification form. DEP Form No. 62-213.900(5), effective 6-25-96 is the valid Title V General Permit Notification Form.

For your convenience, I am enclosing a copy of the current valid notification form. Please complete this form and submit it to us. I am returning the notification form that you submitted to us since we cannot accept this copy.

We certainly appreciate your efforts to comply with the new requirements, and apologize for this inconvenience. If I can be of further assistance, please call me at 904/488-6140.

Sincerely,

Sandra Bowman

Mobile Source Control Section Bureau of Air Monitoring

and Mobile Sources

/SB

Enclosures

cc: Todd Fletcher, Orange County

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DIS	COVERY	
airs id#: <u>C956345</u>					
FACILITY NAME:		Cle	aners d	Laund	<u> </u>
FACILITY LOCATION:	12177 Ap	opks 1	Vineland	RL	
	Ovlando		37 <i>8</i> 30		<u> </u>
RESPONSIBLE OFFICIAL :	Kishov K	atel	PHONE: 40	7 239-	68 <u>83</u>
CONTACT NAME:			PHONE:		RE
PART I: NOTIFICATION					0
(check appropriate box)				3 ª N	7
1. New facility notified DARM	1 30 days prior to startup			le s	% _ /
2. Facility failed to notify DAI	• • •			of Air Monitor	E C
				30 30	
PART II: CLASSIFICATIO	N			-	
Facility indicated on notificate (check appropriate box)	tion form that it is:		☐ No notification☐ Drop store/out o		rolcum
A. 1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91)	l/yr dr r tra bo	y-to-dry only insfer only, x th types, x <	area source y, x < 140 gal/yr x < 200 gal/yr 140 gal/yr n or after 12/9/91)		
3. Existing large area soudry-to-dry only, $140 \le x \le 1.8$ transfer only, $200 \le x \le 1.8$	2,100 gal/yr dr	y-to-dry only ausfer only,	area source y, $140 \le x \le 2,100$ ga $200 \le x \le 1,800$ gal/y		
both types, $140 \le x \le 1,800$ (constructed before 12/9/9)	0 ,		$0 \le x \le 1,800 \text{ gal/yr}$ n or after 12/9/91)		·
both types, $140 \le x \le 1,800$	(c			inc	
both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/9) 5. This is a correct facility If no, please check the	(c	onstructed on In	n or after 12/9/91) □Can not determ numberab	oove	

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? DN DN/A 2. Examining the containers for leakage? UN UN/A 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? CHÝ LIN LIN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) LIY UN 1. Equipped all machines with the appropriate vent controls? DY ON ONIA 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the Y 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 DAY CIN CIN/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?	ďΥ	UN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	ŒΝΊΛ
	Is the temperature differential equal to or greater than 20° F?	ΟY	ПΝ	ΔN/Λ
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm?			DINIV
	is the pere concentration equal to or less than 100 ppint	G i	114	Q211/7X
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?	ĽΙΥ	ÜΝ	M/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?	ΠY	DИ	ØN/A
-				

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

P	PART VI: LEAK DETECTION AND REPAIRS						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			CYY	ÜN		
2.	2. Has the facility maintained a leak log?			ΠY	ПN		
3.	 Does the responsible official check the follo 	wing areas for leaks?					
	Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers		אלאם אב		
	Door gaskets and scating	Y ON ON/A	Stills		אאם אב		
	Filter gaskets and seating	Y ON ON/A	Exhaust dampers	DY C	אאם אב		
	Pumps	Y ON ON/A	Diverter valves	DY C	אאם אכ		
	Solvent tanks and containers	Y ON ON/A	Cartridge filter housings	ΔY C	אאם אכ		
	Water separators	Y ON ON/A					
4.	4. Which method of detection is used by the re	esponsible official?		/			
	Visual examination (condensed solver	nt on exterior surfaces)		র্ত্র			
	Physical detection (airflow felt throug	ılı gaskets)					
	Odor (noticeable perc odor)						
	Use of direct-reading instrumentation	(FID/PID/calorimetric	tubes)	C			
	Halogen leak detector			u /			
	If using direct-reading instrume	entation, is the equipme	ent:	DAN/A			
	a. Capable of detecting perc	vapor concentrations in	a range of 0-500 ppm?	□Y (ПN		
	b. Calibrated against a stand (PID/FID only)?	dard gas prior to and afte	er each use	OY (N		
	c. Inspected for leaks and of	bvious signs of wear on a	a weekly basis?	□Y !	ПN		
	d. Kept in a clean and secur	re area when not in use?		ΠY	ШN		
	e. Verified for accuracy by t	use of duplicate samples	(calorimetric only)?	ΠY	ПN		
_	Inspector's Name (Please Print)	Lev	Date of Inspe	9.8 ection			
_	Inspector's Name (Please Print) Date of Inspection Approximate Date of Next Inspection						

ADDITIONAL SITE INFORMATION:	
	ı
·	Ï
	1
·	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION RE-INSPECTION
TIME IN: 10:45 TIME OUT: 1	1.15 AIRS ID#: 0950365
TYPE OF FACILITY: Dry Clause	<u> </u>
FACILITY NAME: Majostic Chan	DATE: 6/4/98
FACILITY LOCATION: 12177 Apople	Vinetand Rd
Ovlando	F1 32836
RESPONSIBLE OFFICIAL: KICHOL Pate	PHONE NUMBER: 407 - 239 - 088 3
Based on the results of the compliance requirements compliance with DEP Rule 62-213.300, Florida Adm	evaluated during this inspection, the facility is found to be in ninistrative Code (F.A.C.).
Based on the results of the compliance requirements discrepancies were noted:	evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLE	M FOLLOW-UP ACTION REQUIRED
	R
; ;	CE/V
	Air Monitoring 1948
	· · · · · · · · · · · · · · · · · · ·
i.	
The second secon	
-	
COMMENTS:	
Facility in (Compliance
The Annual Compliance Certification form has been properly	
DATE OF NEXT INSPECTION: 6 4 9	
INSPECTION CONDUCTED BY: 1 OOD	(Approximate) Fled chev (Please Print)
INSPECTOR'S SIGNATURE: TO LA TILLE	PHONE NUMBER: 826-9524

Page \ of _.

Revised 10/96

Majestic Cleaners 12177 South Apopka Vineland Rd. Orlando,Fl 32836

Dept. of Envir. Proct.

Tallahassee, Fl 32399-2400

RECEIVED

MAR 1 2002

Bureau of Air Monitoring
& Mobile Sources

Dear Sandy,

I am herely writing with reference to the conversation we had today.

Effective from 2nd week of March 2002, we shall be changing our perc solvent machine to hydro carbon.

We shall not be using perc solvent in the plant once the hydor machines are installed.

Please let me know if you need any futher information.

Thank You, Sincerly,

(manager)

Butler, Rick

filo

From: Sent:

Parker, John [John.Parker@ocfl.net] Friday, June 07, 2002 4:55 PM

To: Cc: Butler, Rick

Subject:

Bowman, Sandy

Majestic Cleaners airs# 0950365

Hi Rick and Sandy:

I inspected Majestic Cleaners (airs # 0950365) today, and found that they had inactivated their Perc dry cleaning machine as of May 17th. They are now using a petroleum based solvent in two newly purchased machines. The responsible official: Kishor Patel said he had sent written notification to the Department of Environmental Protection in Tallahassee regarding this change. I just wanted to update you on this facility's change in status.

John X Parker

Environmental Specialist Phone: 407-836-1445 Fax: 407-836-1498

Bowman, Sandy

From: Sent: Parker, John [John.Parker@ocfl.net] Friday, June 07, 2002 4:55 PM

To:

Butler, Rick

Cc: Subject: Bowman, Sandy

Majestic Cleaners airs# 0950365

Hi Rick and Sandy:

I inspected Majestic Cleaners (airs # 0950365) today, and found that they had inactivated their Perc dry cleaning machine as of May 17th. They are now using a petroleum based solvent in two newly purchased machines. The responsible official: Kishor Patel said he had sent written notification to the Department of Environmental Protection in Tallahassee regarding this change. I just wanted to update you on this facility's change in status.

John X Parker

Environmental Specialist Phone: 407-836-1445 Fax: 407-836-1498

#0950365

Spoke to Kishor Patel,

Excel Properties is

Incorporated. He is in

Charge of all operation

Of the facility at all

times.

P. 14

1.(c) should not be marked

3. New large should be

marked

P. 15

H. new large r. C.

Should be marked

Perchloroethylene Dry Cleaning Facility Notification

FEB 1 7 1997

Facility Name and Location

Bureau of Air Monitoring

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	EtCEL PROPERTIES
2.	Site Name (For example, plant name or number):
l	MAJESTIC CLEANERS & LAUNDRY
3.	Hazardous Waste Generator Identification Number:
	FLR 000025254
4.	Facility Location: MAJESTIC CLEARENCE & LAUNDBY Street Address: 1213) APOPKA VINIETAND Rd
	City: ORLANDO -FL County: ORANGE Zip Code: 32836
5.	Facility Identification Number (DEP Use):
	0950365
	Responsible Official
-	Name and Title of Deprenaille Officials
	Name and Title of Responsible Official:
	KISHOR PATEL MANAGER. Responsible Official Mailing Address:
7.	
	Organization/Firm: As - Also VE Street Address:
	City: County: Zip Code:
8.	Responsible Official Telephone Number:
	Telephone: (40) 239 -0883 Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	AS ABOVE -
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

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.

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	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit					<u> </u>				1
(1) w/ ref. condenser	#1	10209	1						
(2) w/ carbon adsorber	#1	"	1-1-97						
(3) w/ no controls			<u> </u>		<u> </u>			<u> </u>	
Washer Unit	4.7							in the books	*
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		1.94 - 1., 511					.'		petholiti
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit				: "		es Ing			
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls							• • •		
 (b) Control devices are (c) No control devices 2.(a) What was the total of the control of the contr	are re quant gallo	equired to be ity of perchlons ow many?	installed [oroethylene (perc)	<u>-</u>]		? mor	nths?	
	illall	12 months:	New owner:		New store	Did	not k	eep records:	

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 a	and Recordkeeping Information
Check all logs which are required to be kept on-site	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	[]
(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	

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

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:					
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)					
	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification					
this notific statement maintain i	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.					
I will proi	mptly notify the Department of any changes to the information contained in this notification.					
Signature	<u>2-12-97.</u> Date					

· ·	#0950365 BEST AVAILABL	5 COPY
	3/12/97	CEIVE
Pe		FEB 1 7 1997
	Excel Properties is Incorporated. He is in	reau of Air Monitorin
1. Facility Owner/Co		
E+CEL 2. Site Name (For ex	Charge of all operation of the facility at all	-
MAJES 3. Hazardous Waste	times.	
FLR	1.(c) should not be marked	
4. Facility Location Street Address:	3. New large should be	
City: ORLA	marked	836
5. Facility Identific	11 main acal C.C.	365
	Shovid be marked MAR	A PRINTER
6. Name and Title		1/97
KISHOA	\@ '!\ <i>\[\</i>	
7. Responsible Official	al Mailing Address.	
Organization/Firm:	AJ-AROVE	-05 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
Street Address: City:	County: Zip Code	E C C
8. Responsible Official Telephone: (4)	al Telephone Number:	
, , , , , , , , , , , , , , , , , , ,		

Facility Contact (If different from Responsible Official)

9.	Name and Title of Facility Contact	(For example, plan	t manager):		
	AS	ABOVE.	·		
10. I	Facility Contact Address:				
	Street Address: City:	County:		Zip Code:	
1	Facility Contact Telephone Number Felephone: () -	·:	Fax: ()	-	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification

FEB 1 7 1997

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

1.	racinty Owner/Company Name (Name of Corporation, agency, or individual owner).
	EtCEL PROPERTIES
2.	Site Name (For example, plant name or number):
	MAJESTIC CLEANERS & LAUNDRY
3.	Hazardous Waste Generator Identification Number:
	FLR 000025254
4.	Facility Location: MPT=TIC CLEANING & FRUNDLY
	Facility Location: MAJESTIC CLERALEM X LAUNDBY Street Address: 12123 APOPKA VINETAND Rd
	City: ORLANDO FL County: ORANJE Zip Code: 32236
-5:	Facility Identification Number (DEP Use):
	0950365
12.154	
	Responsible Official
6	Name and Title of Responsible Official:
	KISHOR PATEL MANAGER. Responsible Official Mailing Address:
7.	Responsible Official Mailing Address: Organization/Firm: ALCONE
	Street Address:
	City: County: Zip Code:
8.	Responsible Official Telephone Number:
	Telephone: (407)239 -0883 Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	AS ABOVE -
10.	Facility Contact Address:
	Carrie Addition
	Street Address: City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

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	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	10.20%	1-1-97						
(2) w/ carbon adsorber	#1	11	1-1-57	_					
(3) w/ no controls									
Washer Unit			•		•			•	•
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit					<u> </u>			-	<u>' </u>
(7) w/ ref. condenser									
(8) w/ carbon adsorber				,					
(9) w/ no controls									
Reclaimer Unit				·					
(10) w/ ref. condenser									
(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 mont Check why it is less	are re quanti gallo	equired to be ity of perchloons ow many? [2	installed [oroethylene (perc)	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small are Existing large are	Selec ea so	t one classifi	cation only.) Ne	W SII	And.	ee [/	<u> -</u>		

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

4. What control technology is required on machines pursuant to (Indicate with an "X".)	section (5) of Part II of this notification form?
Existing large area source Carbon adsorber [] Refrigerate	ed condenser []
New small area source Refrigerated condenser	\$
New large area source Refrigerated condenser [
	•
5. A facility which contains non-exempt emissions units shall not to Rule 62-213.300, F.A.C.: Verify that all steam and hot water gexemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total boiler HP or less), and (2) are fired exclusively by natural gas exduring which propane or fuel oil containing no more than one per th	xcept for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordi	keeping Information
Check all logs which are required to be kept on-site in accordance	ce 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 monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[🚧]

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

Surrender of Existing Air Permit(s)

Please 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 statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
i I will pro	mptly notify the Department of any changes to the information contained in this notification.
Signature	$\frac{2-12-97}{Date}$
L	luse &

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

64

TYPE OF INSPECTION: ANNUAL COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11:00 TIME OUT: 17.00	AIRS ID#: 095036
TYPE OF FACILITY: Dry Clause	
	45 2 Laundry DATE: 5/22/97
FACILITY LOCATION: 12177 Apople 1	•
RESPONSIBLE OFFICIAL: KIShov Patel	72836 PHONE NUMBER: 234-0883
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
No weekly leak. Detection taken (Done on a monthly Bases)	NIA
No weekly Condenser temp taken (Done on a monthly Bases)	MA
Control of the state of the sta	
COMMENTS:	
The Annual Compliance Certification form has been properly certifi	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 5/5	ZZ/98
INSPECTION CONDUCTED BY: TOD	
MEDICATION COLOR AND LA TOTAL	PHONE NUMBER: 936-9574



PERCILLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANEWAL. RE-INSPECTION	ly LI	COMPLAINTIMISCO	OVERY	C)
AIRS 10#: <u>0450365</u> FACILITY NAME: <u>N</u> FACILITY LOCATION:	lajestic Cle	anevs G	nd Laundry neland Rd		
PART I: NOTHICATION			· ·		
(check appropriate box)					/
1. Existing facility notified DA	RM by 9/1/96				التا
2. New facility notified DARM		·			Cl
3. Facility failed to notify DAF	tM to use general peri	mit 			<u> </u>
FART II: CLASSIFICATIO Facility indicated on notifical (check appropriate box) A. 1. Existing small area souther to describe a souther the second	tion form that it is:		dl arca source nly, x<140 gal/yr	o ·	
dry-to-dry only, x<140 gal/ transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	transfer only both types, a (constructed	v, x<200 gal/yr c<140 gal/yr on or after 12/9/91)		
3. Existing large area soudry-to-dry only, 140 <x<2, (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 9)<="" before="" both="" g="" only,="" td="" transfer="" types,=""><td>100 gal/yr O gal/yr al/yr</td><td>dry-to-dry o transfer onl both types,</td><td>ge area source nly, 140<x<2, 100="" gal="" yr<br="">y, 200<x<1,800 gal="" yr<br="">140<x<1,800 gal="" yr<br="">I on or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td>G</td><td></td></x<2,>	100 gal/yr O gal/yr al/yr	dry-to-dry o transfer onl both types,	ge area source nly, 140 <x<2, 100="" gal="" yr<br="">y, 200<x<1,800 gal="" yr<br="">140<x<1,800 gal="" yr<br="">I on or after 12/9/91)</x<1,800></x<1,800></x<2,>	G	
This is a correct facility class	ification	UY U	И		
If no, please check the appro	priate classification:				
☐ facility qua	lified for a general pe ceds above limits and	rmit as mumbo is not eligible	erabove for a general permit		
B. The total quantity of perc	thloroethylene (perc) ;	purchased wit	hin the preceding 12 mon	ths 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?	RV. TIN
2. Examining the containers for leakage?	UY UN
3. Closing and securing machine doors except during loading/unloading?	מט אט
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	OK ON
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אלאם אח גם
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	
If classification 2 has been checked, the machine should be equipped with a refri (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mu installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refr (complete Δ 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?	CAY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	מא טא טאיע
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	LIY WIN
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	QY ON
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	טא טא

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?	ĽÝ	ПИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ÜΥ	UИ	л//.4
	Is the temperature differential equal to or greater than 20" F7	ÜУ	ÜИ	N/A N/A
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?	ŪΥ	UN	NIA N/A
	Is the perc concentration equal to or less than 100 ppm?	ÜΥ	ÜИ	MA
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?	ΟY	ШN	NIA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ÜΥ	ПΝ	□N/∧
6.	Routed airflow to the carbon adsorber (if used) at all times?	ÜΥ	ПN	⊡√/Λ

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	/
1. Maintained receipts for perc purchased?	GY ON
2. Maintained rolling monthly averages of perc consumption?	DAY CIN
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or;	אט אַצּט
b documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DA ON
4. Maintained calibration data? (for direct reading instruments only)	מא שא ש אמ
5. Maintained exhaust duct monitoring data on perc concentrations?	אט אט אט אט אט
6. Maintained startup/shutdown/malfunction plan?	אט אט
7. Maintained deviation reports?	WY UN
Problem corrected?	DAY CON
8. Maintained compliance plan, if applicable?	טא מא אס אס

1. Does the responsible official conduct a weekly leak detection and repair inspection?

PART VI: LEAK DETECTION AND REPAIRS

OY ON

2.	Which method of detection is used by the	c responsi	ble official?		The second secon	
	Visual examination (condensed sol	vent on e	sterior surfaces)		囡	
	Physical detection (airflow felt three	ough gask	ets)			
	Odor (noticeable perc odor)				র্ত্ত	
	Use of direct-reading instrumentat	ion (FID/I	PID/calorimetric to	nbes)		
	If using direct-reading instrumer	ntation, is	the equipment:			
	a. Capable of detecting p	ere vapor	concentrations in	a range of 0-500 ppm?	DY DI	4
	b. Calibrated against a st (PID/FID only)?	andard ga	s prior to and afte	r each use	מט אם	4
	c. Inspected for leaks and	l obvious	signs of wear on a	weekly basis?		7
	d. Kept in a clean and se	cure area	when not in use?		OY O	N
	e. Verified for accuracy l	by use of c	luplicate samples ((calorimetric only)?	OY U	14
3.	Has the facility maintained a leak log?				UY U	И
4.	Does the responsible official check the f	following	areas for leaks?			
	Hose connections, fittings, couplings, and valves	CZY	ΩN	Muck cookers	ΘY	ΩИ
	Door gaskets and scating	UY	ПИ	Stills	CIY	ÜИ
	Filter gaskets and scating	CJY	ПM	Exhaust dampers	UY	ÜN
	Pumps	ЦХ	ON	Diverter valves	עֿע	ÜΝ
	Solvent tanks and containers	ŒΥ	CIN	Cartridge filter housings	אָבֶט :	ПN
	Water separators	UY	טא			

Name of Responsible Official

Todd Fletcher

Inspector's Name (Please Print)

Inspector's Signature

Todd Fletcher

5/22/97

Date of Inspection

5/22/98

Approximate Date of Next Inspection

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0950365
EXCEL PROPERTIES
KISHOR PATEL
12177 APOPKA VINELAND ROAD
ORLANDO FL 32836

Do NOT Remove Label

Annual Reporting Period:		_19 <i>97</i>	то	1//3.	19 <i>_98</i>
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F					
If NO, complete the following:					
#1. Term or condition of the general permit	that has not been in co	ontinuous c	compliance du	ECEIVED JAN 2 2 1998	d above:
Exact point of non-compliance, from			, to		
Exact period of non-compliance: from				JAN 2 2 1998	
Action(s) taken to achieve compliance:			· · · · · · · · · · · · · · · · · · ·	of Air Monitoring	
Method used to demonstrate compliance:				& Mobile Sources	
#2. Term or condition of the general permit	that has not been in co	ontinuous c	compliance du	ring the reporting period state	d above:
Exact period of non-compliance: from			to		
Action(s) taken to achieve compliance:				*	
Method used to demonstrate compliance:	· .			<u> </u>	
As the responsible official, I hereby certify, bass notification are true, accurate and complete. F does not exceed 2,100 gallons per year for dry-t	urther, my annual consi	umption of	perchloroethyl	ene solvent, based upon purchas	made in this e receipts,
RESPONSIBLE OFFICIAL: Nai	ne (Please Print)		J Pa Sij	gnature D	rate

*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.

11/06/97

300388

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 UNI 20 98

Do NOT Remove Label

AIRS ID#0950365

EXCEL PROPERTIES KISHOR PATEL 12177 APOPKA VINELAND ROAD ORLANDO FL 32836

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

INSPECTION, SUMMARY REPORT COMPLAINT/DISCOVERY TYPE OF INSPECTION: _AIRS ID#:__○♀ ≦, ○ ⊇, 6, ≤ TIME IN: TIME OUT: TYPE OF FACILITY: FACILITY NAME: FACILITY LOCATION: 32836 PHONE NUMBER: 407 - 239 - 088 = RESPONSIBLE OFFICIAL: Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: Facility in Compliance The Annual Compliance Certification form has been properly certified and submitted to the inspector. NOL YES DATE OF NEXT INSPECTION: (Approximate)

TITLE V AIR QUALITY GENERAL PERMIT

PHONE NUMBER: 826-9

INSPECTION CONDUCTED BY:

INSPECTOR'S SIGNATURE:

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY
R <u>E-INSPECTIO</u>	N Q
11/20/9	8 th
	98 time in: 1095 time out: 1115
FACILITY NAME: Majestic	- Cleaners & Laundry
FACILITY LOCATION: 12177 A	*popka Vineland Rd
- iovland	o Fl 32836
RESPONSIBLE OFFICIAL: KIShov	Patel PHONE: 407 239-6883
CONTACT NAME:	PHONE:
PART I: NOTIFICATION .	
(check appropriate box)	& M. K. Out P.S.
1. New facility notified DARM 30 days prior to star	tub & Share A
2. Facility failed to notify DARM to use general per	mil solo N. Sources Nonito
The second secon	5 70 2
PART II: CLASSIFICATION	
TANKA M. CENSON ACTION	G O
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is: (check appropriate box) A.	☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	☐ Drop store/out of business/petroleum 2. New small area source ☐ dry-to-dry only, x < 140 gal/yr
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	☐ Drop store/out of business/petroleum 2. New small area source ☐ dry-to-dry only, x < 140 gal/yr
Facility indicated on notification form that it is: (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 (constructed before 12/9/91)	Drop store/out of business/petroleum 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
Facility indicated on notification form that it is: (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 (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	Drop store/out of business/petroleum 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) 4. New large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr
Facility indicated on notification form that it is: (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 (constructed before 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	Drop store/out of business/petroleum 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr
Facility indicated on notification form that it is: (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 (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	Drop store/out of business/petroleum 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) 4. New large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr
Facility indicated on notification form that it is: (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 (constructed before 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	Drop store/out of business/petroleum 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) 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
Facility indicated on notification form that it is: (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 (constructed before 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) 5. This is a correct facility classification If no, please check the appropriate classification	Drop storc/out of business/petrolemm 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 $12/9/91$) 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 $12/9/91$) \square
Facility indicated on notification form that it is: (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 (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr 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 classification gacility qualified for a general source.	Drop store/out of business/petrolemm 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) 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) \square

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	⊠ cc	OMPLAINT/DISCOVERY	1
AIRS ID#: 0950365 FACILITY NAME: Ma FACILITY LOCATION: RESPONSIBLE OFFICIAL: CONTACT NAME:	jestic Clear 12177 Apopk Orlando, F	ners & L La - Vinel L 328 Ltel PH	aundrage 19 and Rate 18	-0883
(check appropriate box)				
New facility notified DARM	f 30 days prior to startup			۵
2. Facility failed to notify DAF	dM to use general permit			, 🗖
PART II: CLASSIFICATIO	N			
Facility indicated on notificat (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 (constructed before 12/9/91) 5. This is a correct facility constructed before 12/9/91)	rce	New small area so to-dry only, $x < 200$ th types, $x < 140$ gainstructed on or aftonesis area so to-dry only, $x < 200 \le x$ th types, $x < 140 \le x \le x \le x \le x$.	40 gal/yr 0 gal/yr al/yr eer 12/9/91) ource ≤ x ≤ 2,100 gal/yr x ≤ 1,800 gal/yr 1,800 gal/yr eer 12/9/91) can not determine	/petroleum
☐ facili B. The total quantity of perchlo	ity exceeds above limits ar	nd is not eligible f	or a general permit	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? MY DN DN/A 2. Examining the containers for leakage? MA DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY DN DN/A 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) 1. Equipped all machines with the appropriate vent controls? MY 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 DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	ZY ON		
2. Maintained rolling monthly total of perc consumption?	oy on		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	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)	OY ON BN/A		
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A		
6. Maintained startup/shutdown/malfunction plan?	ØY □N		
7. Maintained deviation reports?	DY DN ØN/A		
Problem corrected?	OY ON MAJA		
8. Maintained compliance plan, if applicable?	OY ON ØN/A		

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduc	t a weekly (for small sources,	bi-weekly) leak detection a	nd repair		
inspection?			ody on		
2. Has the facility maintained a leak lo	g?		DY ON		
3. Does the responsible official check	he following areas for leaks?				
Hose connections, fittings, couplings, and valves	ey on on/a	Muck cookers	ØY ON ON/A		
Door gaskets and seating	DY ON ON/A	Stills	MY ON ON/A		
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A		
Pumps	DY ON ON/A	Diverter valves	DY ON ON/A		
Solvent tanks and containers	⊠Y □N □N/A	Cartridge filter housings	QY ON ON/A		
Water separators	MY ON ON/A				
4. Which method of detection is used b	y the responsible official?				
Visual examination (condense	d solvent on exterior surfaces)		र्घ		
Physical detection (airflow felt					
Odor (noticeable perc odor)	a				
Use of direct-reading instrume					
Halogen leak detector					
If using direct-reading in	DAN/A				
a. Capable of detection	OY ON				
b. Calibrated against (PID/FID only)?	OY ON				
c. Inspected for leaks	and obvious signs of wear on	a weekly basis?	□Y □N		
d. Kept in a clean and	□Y □N				
e. Verified for accura	□Y □N				
		· ·			
Ilka Bundu		6-7-99			
Inspector's Name (Please F	rint)	Date of Inspe	ction		
Llea Brunda -		6-7-20x)		
Inspector's Signature		Approximate Date of N	Vext Inspection		

ADDITIONAL SITE INFORMATION:		
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Orange County Environmental Protection Department

airs id#: 0950365

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Majest	ic Cleaner	's & Launa	dry	DATE:6/7/59
FACILITY LOCATION: 1217	7 Apopka	- Vineland	Rd.	
Orla	7 Apopka	32836		
	,			
Annual Reporting Period:	une 7	19 _98 to	June	19 .99
Based on each term or condition of the 62-213.300, Florida Administrative Coo			<u> </u>	_
If NO, complete the following:				
#1. Term or condition of the general pe	rmit that has not been	n continuous compliar	nce during the repo	orting period stated above:
	•			
Exact period of non-compliance: from			to	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance	: :			
#2. Term or condition of the general pe	rmit that has not been i	n continuous complian	nce during the repo	rting period stated above:
Exact period of non-compliance: from		to	0	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance	:			
	-			
As the responsible official, I hereby cert made in this notification are true, accur- upon rolling averages of purchase recei year for transfer or combination facilitie	ate and complete. Furi pts, does not exceed 2, 1	her, my annual consur	nption of perchloro	pethylene solvent, based
RESPONSIBLE OFFICIAL:	MSHOR B	liter	Kong	6/2/19
	Name (Please Print)		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.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: AND	NUAL [V]	MPLAINI/DISCOVERY	RE-INSPE	CTION [
TIME IN: 1040	тіме оит: 1110	AIRS ID#:	095036:	5
TYPE OF FACILITY: Dry C	leaner			
FACILITY NAME: Maiestic		Laundry	DATE: 6-	7-99
FACILITY LOCATION: 12177	Apopka - Vinela			
A /	do, FL 3283		,,-	
RESPONSIBLE OFFICIAL: Kisho			BER: 407-239	0883
Based on the results of the comcompliance with DEP Rule 62-	•		e facility is found to b	e in
Based on the results of the comdiscrepancies were noted:	ipliance requirements evalu	uated during this inspection, th	e following compliand محم	ce
COMPLIANCE REQUIRE	MENT/PROBLEM	FOLLOW-UP A	CTION REQUIR	KED
			1	
			1	
				· .
COMMENTS: Facility in	compliance	· ·		
The Annual Compliance Certification for	orm has been properly cert		ector. YES	NO
DATE OF NEXT INSPECTION:	 , , · ·	Approximate)		
INSPECTION CONDUCTED BY:	(1	Bundy Please Print)		
INSPECTOR'S SIGNATURE:	Alka Bundy	PHONE NUM	BER: 836-	9524
	Page	1 of		Revised 10/96



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TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0950365 MAJESTIC CLEANERS & LAUNDRY KISHOR PATEL 12177 APOPKA VINELAND ROAD ORLANDO FL 32836

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

Majestic		1325
Cleaners and Jaundry Phone (407) 239-0883		
12177 S. Apopká Vineland Road Orlando, FL 32836-6802	Date /2/4/99	
Jeffy dollar of order of Jeffy dollars of 100 only	Ψ	So . So
SunTrust		Oeralia on back.
SunTrust Bank, Central Florida, N.A. Lake Buena Vista Office Lake Buena Vista, FL (407) 839-4786	1,0	,
For	House	MP

MAIL ROOM DEC-7 00

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Bureau of Air Monitoring & Mobile Sources



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TOTAL AMOUNT DUE: \$50.00

AIRS ID # 0950365

MAJESTIC CLEANERS & LAUNDRY
KISHOR PATEL
12177 APOPKA VINELAND ROAD
ORLANDO FL 32836

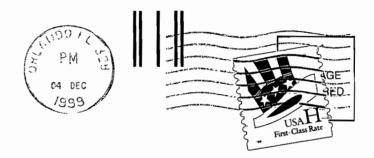
DEC.

AIRS ID # 0950365

PT

FFOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Fobj.: 002273

MAJESTIC CLEANERS & LAUNDRY 12177 APOPKA VINELAND RD ORLANDO, FL 32836 (407) 239-0883



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

BEBIENBOTO

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS 6-12-00 JB Thora 5 6-12-00 JB B.T.

TYPE OF INSPECTION:

ANNUAL

ď

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: <u>0950365</u> DATE: 6-12-00 TIME	
FACILITY NAME: Majestic Cleaners	
FACILITY LOCATION: 12177 Apopka-1	line land Rd.
Orlando, FL 328	,36
RESPONSIBLE OFFICIAL: Kishor Patel	
CONTRACTONIANCE	₩
CONTACT NAME:	PHONE:
CUNTACT NAME:	PHONE: Francisco Control Contr
CUNTACT NAME:	PHONE: Francisco Control Contr
PART I: NOTIFICATION	PHONE: Ur Bau E O
	eau of Air s
PART I: NOTIFICATION	& Dord Control

	·
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A.	
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, x < 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, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800 \text{ gal/yr}$	both types, $140 \le x \le 1,800$ gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	MY ON OCan not determine
If no, please check the appropriate classific	cation:
a facility qualified for a ge	eneral permit as number above
	mits and is not eligible for a general permit
<u> </u>	
B. The total quantity of perchloroethylene (perc) p	urchased within the preceding 12 months by this dry cleaning
facility was 17 gallons.	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/A 2. Examining the containers for leakage? MY ON 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at ØIY □N □N/A least 24 hours prior to disposal? Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON WN/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? 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 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 □N □N/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after ØY □N 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?	□Ү □и
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?	□Y □N □N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	·
	or expansion; and downstream from no other inlet?	□Y □N □N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

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

PART VI: LEAK DETECTION AND R	FPAIRS	<u></u>	
1. Does the responsible official conduct a		es bi-weekly) leak detection a	nd renair
inspection?	weekly (for small source	os, or weekly) louk detection as	tay on
2. Has the facility maintained a leak log?			DY ON
3. Does the responsible official check the	following areas for leaks	;?	
Hose connections, fittings, couplings, and valves	dy on on/a	Muck cookers	MY ON ON/A
Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A
Filter gaskets and seating	MY ON ON/A	Exhaust dampers	DY ON ON/A
Pumps	DY ON ONA	Diverter valves	MY ON ON/A
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	MY ON ON/A
Water separators	DY ON ON/A		
4. Which method of detection is used by the	ne responsible official?	•	
Visual examination (condensed so	lvent on exterior surface	es)	a
Physical detection (airflow felt thr	ough gaskets)	•	
Odor (noticeable perc odor)			
Use of direct-reading instrumental	ion (FID/PID/calorimet	ric tubes)	
Halogen leak detector			
If using direct-reading instru	mentation, is the equip	oment:	⊠N/A
a. Capable of detecting p	erc vapor concentration	s in a range of 0-500 ppm?	OY ON
b. Calibrated against a st (PID/FID only)?	andard gas prior to and	after each use	OY ON
c. Inspected for leaks and	d obvious signs of wear	on a weekly basis?	OY ON
d. Kept in a clean and se	cure area when not in us	se?	OY ON
e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	OY ON
· · · · · · · · · · · · · · · · · · ·			
Inspector's Name (Please Prin			
Inspector's Name (Please Prin	t)	Date of Inspection	
Alla Bund	<i></i>	6-12-01	

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

2-21-00 19.5

Temperatures for condensor over 45°F due to overloading machine (wt.)

BEST AVAILABLE COPY

IRS ID#: 0950365

Revised 01/18/00

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM	Thoras B.T.
ACILITY NAME: Majestic Cleaners & Laundry DATE: ACILITY LOCATION: 12177 Apopka Vineland Rd. Orlando, FL 32836	6/12) 20m
Orlando, FL 32836	
nnual Reporting Period: June 7, 1999 200 To June 12	20 00
lased on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Re	ule
2-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	NO
f NO, complete the following:	
1. Term or condition of the general permit that has not been in continuous compliance during the reporting period sta	ited above:
Exact period of non-compliance: from	·
Action(s) taken to achieve compliance:	· .
Method used to demonstrate compliance:	· .
22. Term or condition of the general permit that has not been in continuous compliance during the reporting period sta	ated above:
Exact period of non-compliance: fromto	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
ls the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the s In this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, ba The purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfe Combination facilities.	ised upon
RESPONSIBLE OFFICIAL: XIS ME Print) Signature Date	2000

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.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🗸	COMPLAIN	T/DISCOVERY	RE-INSPECTION
TIME IN: 1010	TIME OUT:	1035	AIRS ID#:	0950365
TYPE OF FACILITY: Dry	Cleaner			
FACILITY NAME: Maje	stic Cleaners	& L'aun	914	DATE: 6-12-00
FACILITY LOCATION: 131	1 1 1-1	ineland R	d.	
		52836	•	102 139-0462
RESPONSIBLE OFFICIAL:	Kishor Putel		PHONE NUMBE	r: 407-239-0883
استما	the compliance requirement Rule 62-213.300, Florida A		- :	facility is found to be in
discrepancies were not				- ,
COMPLIANCE REQ	UIREMENT/PROBL	EM	FOLLOW-UP AC	TION REQUIRED
			·	f
				,
	•		•	
COMMENTS:		<u></u>		
	y in complia	NCC.		
The Annual Compliance Certif	ication form has been prope	rly certified and	submitted to the inspec	tor. YES NO
DATE OF NEXT INSPECTI	ON:	6-12-		
	117	(Approxim	ate)	
INSPECTION CONDUCTED) BY:	SUNUY (Please Pr	int)	
INSPECTOR'S SIGNATURE	E: Mha Bu	md)	PHONE NUMBI	ER: 407-836-1400
		Page of_	<u>_</u> .	Revised 10/96

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)								led)			
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2870	Sent To KISHOR PATEL MAJESTIC CLEANERS & LAUNDRY										
2000	12177 APOPKA VINELAND ROAD City, State, Zip. ORLANDO FL 32836										
	PS Forn	n 3800), May 2	2000				See F	Reverse for	Instru	ctions

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■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 10 AIRS ID # 0950365001AG KISHOR PATEL MAJESTIC CLEANERS & LAUNDRY 12177 APOPKA VINELAND ROAD ORLANDO FL 32836	A. Received by (Please Print Clearly) C. Signature X
	Certified Mail
70002870000070274282	4. Restricted Delivery? (Extra Fee) Yes
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FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



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12177 APOPKA VINELAND ROAD ORLANDO FL 32836

KISHOR PATEL

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ONE HOUR MARTINIZING PETER C AVERITZ 4133 N FEDERAL HWY BOCA RATON FL 33431 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

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121	AJESTIC CLEANERS SHOR PATEL 77 APOPKA VINELA L'ANDO FL 32836	
	Postage	\$
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	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 3800 , April 1995	Postmark or Date	

on the reverse side?	O] ƏdojəAuə jo doj 16 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. 3. Article Addressed to:	e can return this e does not e number.	I also wish to refollowing service extra fee): 1. Address 2. Restrice Consult postma	ces (for an ssee's Address cted Delivery aster for fee.
N ADDRESS completed	AIRS ID # 0950365 MAJESTIC CLEANERS & LAUNDRY KISHOR PATEL 12177 APOPKA VINELAND ROAD ORLANDO FL 32836	2 33: 4b. Service ☐ Registere ☐ Express I	Type od Mail ceipt for Merchandi	327 ⊠ Certified Insured ise □ COD
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