

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

July 22, 1997

Mr. Prakash P. Patel President Ronak & Anish Corporation 2335 Temple Trail Bay#1 Winter Park, Florida 32785

Re: Facility No.: 0950373

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 4, 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: Ms. Marie Driscole, Orange County

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

Perchloroethylene Dry Cleaning Facility Notification R E C E I V E D

Facility Name and Location

JUN 4 1997

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner): RONAK & ANISH CORPORATION & Mobile Sources	ring
2.	Site Name (For example, plant name or number):	
	SPRINGFIELD CLEANERS	
3.	Hazardous Waste Generator Identification Number:	
	EPA 1D NO!- FLD 981 - 866-510	
4.	Facility Location: 2335 TEMPLE TRAIL BAY#1 Street Address:	
	City: WINTER PARK County: ORANGE Zip Code: 32789	
5.	Facility Identification Number (DEP Use):	
	0950313	
	Responsible Official	
6.	Name and Title of Responsible Official:	
	PRAKASH P. PATEL Pres.	
7.	Responsible Official Mailing Address: Organization/Firm: RONAK & ANISH CORPORATION Street Address: 2335 TEMPLE TRAIL BAY #1 City: County: ORANGE Zip Code: 32785	
8.	Responsible Official Telephone Number:	
	Telephone: (467) 740 - \$093 Fax: () -	
	Facility Contact (If different from Responsible Official)	
1	Name and Title of Facility Contact (For example, plant manager):	
	DOES NOT APPLY	
10.	Facility Contact Address: 1-14- Parct DOEST NOT APPLY Street Address:	
	Greet Addition	
	City: Zip Code:	
11.	Facility Contact Telephone Number:	
	Telephone: () - Fax: () -	

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

p 16	# 0950373 SPAINGFIELD CLEAVERS add Permit numbers
· .	Sign and date velsnowledging changes
<u>.</u>	
<u> </u>	

١,

Perchloroethylene Dry Cleaning Facility Notification R E C E I V E D

Facility Name and Location

JUN 4 1997

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner): RONAK & ANISH CORPORATION & Mobile Source	itoring ces
2.	Site Name (For example, plant name or number):	
	SPRINGFIELD CLEANERS	
3.	Hazardous Waste Generator Identification Number:	
	EPA 1D NO!- FLD 981 - 866-510	
4.	Facility Location: 2335 TEMPLE TRAIL BAY#1 Street Address:	
	City: WINTER PARK County: ORANGE Zip Code: 32789	
5.		
	0950373	
	Responsible Official	
6.	Name and Title of Responsible Official:	
	PRAKASH P. PATEL Pres.	
7.	Responsible Official Mailing Address: Organization/Firm: RONAK & ANISH CORPORATION	
	Street Address: 2335 TEMPLE TRAIL BAY #1	
	City: WINTER PARK County: ORANGE Zip Code: 32789	
8.	Responsible Official Telephone Number:	
	Telephone: (407) 740 - 8093 Fax: () -	
	Facility Contact (If different from Responsible Official)	
9.	Name and Title of Facility Contact (For example, plant manager):	
	DOES NOT APPLY	
10.	Facility Contact Address: V-M. Part Doest Not Apply	,
	Street Address:	
	City: County: Zip Code:	
11.	Facility Contact Telephone Number:	
	Telephone: () - Fax: () -	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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-
Dry-to-Dry Unit									*
(1) w/ ref. condenser	1	9.6.95	9.6-95						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	5	The District of the second			, extension		•		
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(II) w/carbon adsorber						ı			
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the second of the secon	are re quant galle	equired to be ity of perchlo ons ow many? [_	installed [_ oroethylene (perc)	_] purchased in				
3. What is the facility's son (Indicate with an "X". S Existing small are Existing large are	Selec ea so	t one classifi	cation only.) Ne	w sn	nitions found nall area sour rge area sour	ce X]	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 14 of 16

Surrender of Existing Air Permit(s)

Ple	ase 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 statements maintain	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 pron	poly notify the Department of any changes to the information contained in this notification. Polycoph Problem Date						

TITLE V AIR QUÂLITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 0930 TIME OUT: 10 TYPE OF FACILITY: Dry Cleans	000 AIRS ID#: 0950373
FACILITY NAME: Spring field C FACILITY LOCATION: 2335 TEMPI	le Trail Blrd
winter Park	377 89
RESPONSIBLE OFFICIAL: PVG Kash P. Pat.	PHONE NUMBER: 740-8093
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	,
<u></u>	
COMMENTS:	
Facility in	Order,
The Annual Compliance Certification form has been properly certification.	ied and submitted to the inspector. YES NO
	pproximate) Fletchev
	PHONE NUMBER: 836 9524

Page___of___.

Revised 10/96

Orange County Environmental Protection Department

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ARRIVA	м. РЕСТЮН	COMPLAINTI/DISCO	OVERY (C)
ARS 10#: 0950373 DATE: FACILITY NAME: Spring FACILITY LOCATION: 2-33	6/6/97 Field & Temp Iter Par	TIME IN: 0930 TIME Cherners De Trail Blud. K Fl 32789	EOUT: 1000
PART 1: NOTHEICATION (check appropriate box) 1. Existing facility notified DARM by 9/1/2. New facility notified DARM 30 days processed in the second secon	ior to startup		ים ים
Facility indicated on notification form t (check appropriate box) A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr	U 2. No dry to trans	ew small area source o-dry only, x<140 gal/yr fer 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, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>(cons</td><td>types, x<140 gal/yr structed on or after 12/9/91) lew large area source o-dry only, 140<x<2, 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" gal="" on="" only,="" or="" sfer="" structed="" td="" types,="" yr=""><td>נו</td></x<2,></td></x<2,>	(cons	types, x<140 gal/yr structed on or after 12/9/91) lew large area source o-dry only, 140 <x<2, 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" gal="" on="" only,="" or="" sfer="" structed="" td="" types,="" yr=""><td>נו</td></x<2,>	נו
This is a correct facility classification If no, please check the appropriate class facility qualified for a facility exceeds above	general permit as	CIN s numberabove eligible for a general permit	
B. The total quantity of perchloroethylo	ne (perc) purcha	sed within the preceding 12 mon	ths by this dry cleaning

Revised 10/28/96

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? 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? PARTIV: 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 installedprior 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? WY CIN CIN/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 מארם ארם ארע condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after

verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:		::- n=G::	
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?	المحت	UN	N/A N/A N/A
2.	Measured and recorded the washer exhaust temperature at the condenser inter and outlet weekly?	ШY	ПИ	MA
	Is the temperature differential equal to or greater than 20° F7	ШY	ПИ	NIA
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?	UY	UN	UN/A
	Is the pere concentration equal to or less than 100 ppm?	ÜҮ	ПИ	NA
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?	ШY	ИU	N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	UN.	מ/אני
6.	Routed airflow to the carbon adsorber (if used) at all times?	US Y	UN	איאים ו

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	
1. Maintained receipts for pere purchased?	CHY CIN
2. Maintained rolling monthly averages of perc consumption?	EK. UN
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or;	TAL CIM
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אט אט
4. Maintained calibration data? (for direct reading instruments only)	אואים אנו אנו
5. Maintained exhaust duct monitoring data on perc concentrations?	CIY CIN WIY
6. Maintained startup/shutdown/malfunction plan?	RY, UN
7. Maintained deviation reports?	אט אַט
Problem corrected?	אנט אנט אַט
8. Maintained compliance plan, if applicable?	מא מט אט אט איי

ſ	TO LAST TO DIVIDENTAL AND DEPARTURE	ll l
- 1	PART VI: LEAK DETECTION AND REPAIRS	15 25 25 21 11 11 11 11 11 11 11 11 11 11 11 11
1	INV I'M	II.
	1. Does the responsible official conduct a weekly leak detection and repair inspection?	11
	1. Does the responsible expension	

. Which method of detection is used by the responsible official?								
Visual examination (condensed sol	rfaces)	CH/						
Physical detection (airflow felt three	Physical detection (airflow felt through gaskets)							
Odor (noticeable perc odor)				U				
Use of direct-reading instrumentat	ion (FID/	PHD/calor	imetric (ubes)					
If using direct-reading instrumen	ntation, is	s the equi	pment:					
a. Capable of detecting p	ere vapor	concentra	ations in a range of 0-500 ppm?	DY D	14			
b. Calibrated against a st (PID/FID only)?	andard ga	is prior to	and after each use	OY U	М			
c. Inspected for leaks and	l obvious	signs of v	vear on a weekly basis?	OY ON				
d. Kept in a clean and so	cure area	when not	in use?	UY UN				
c. Verified for accuracy	by use of	duplicate	samples (calorimetric only)?	CIY CIN				
3. Has the facility maintained a leak log?				UY U	1-1			
4. Does the responsible official check the	following	areas for	leaks?					
Hose connections, fittings, couplings, and valves	Y	מט	Muck cookers	ON.	CIN			
Door gaskets and scating	ĽΣY	ON	Stills	ιΖΥ	ÜИ			
Filter gaskets and scating	CAY.	ПN	Exhaust dampers	LΑΥ	CHI			
Pumps	CIY	ПN	Diverter valves	ŒΥ	ПИ			
Solvent tanks and containers	(ZY	ПN	Cartridge filter housing	s ZZY	ИП			
Water separators	UXY	UN						

Name of Responsible Official Todd Fletcher

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

6/6/98
Approximate Date of Flext Inspection

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<u>a</u>	COMPLAINT/DISCO	VERY & Mobile	JUN 2 3
AIRS 1D#: <u>0950373</u> d FACILITY NAME:SD	ring-tield	Clea	uev s	OUT: 11,	Monitorine
FACILITY LOCATION:	2335 Ter Winter	4	·	 ਨੇਖ	_
RESPONSIBLE OFFICIAL:					- 3
CONTACT NAME:	•		PHONE:		_
	•				
PART I: NOTIFICATION					110
(check appropriate box)					
1. New facility notified DARM 3	30 days prior to startup	•			
2. Facility failed to notify DARN	4 to use general permit			<u> </u>	
PART II: CLASSIFICATION			Server i transfer i et en		
Facility indicated on notification (check appropriate box)	on form that it is:	Al-Ministración de est instituín de estado	☐ No notification form☐ Drop store/out of but		1
A. 1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	yr dry tra bot	ansfer only, $x < 1$ oth types, $x < 1$	x < 140 gal/yr < 200 gal/yr		
3. Existing large area source dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$)	100 gal/yr drj 0 gal/yr tra gal/yr bo	ansfer only, 20 oth types, 140	rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after 12/9/91)		
5. This is a correct facility cl	assification 🚨	NO A	□Can not determine		
☐ facili	appropriate classification ty qualified for a general ty exceeds above limits	al permit as m			
B. The total quantity of perchlof facility was _\(\forall \) gallons.		hased within t	he preceding 12 months	s by this dry clear	ning

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? UN UNIA 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 CAY LIN LINIA 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 DN DN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) EW LIN 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 □N □N/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 DN DN/A condenser exceeded 45° F7 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?	ΠY	ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	
	Is the temperature differential equal to or greater than 20° F?	ÜΥ	ÜN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΠY	ПN	□N/A
	Is the pere concentration equal to or less than 100 ppm?	ΠY	ПИ	□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 any bend, contraction,	ΓIV	(TN	□N/A
	or expansion; and downstream from no other inlet?	U I	ÜИ	UIV/X
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	. CIY	Ωи	□N/A

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

PA	PART VI: LEAK DETECTION AND REPAIRS						
1.	1. Does the responsible official conduct a weckly (for small sources, bi-weckly) leak detection and repair						
	inspection?			DY DN			
2.	Has the facility maintained a leak log?			ØY ON			
3.	Does the responsible official check the fe	ollowing areas for leaks	7				
	Hose connections, fittings, couplings, and valves	מאעם אום מאיא	Muck cookers	CIY CIN CIN/A			
	Door gaskets and scating	מארם אם בואיע	Stills	מארם אום אים			
	Filter gaskets and seating	אואם אם אים	Exhaust dampers	מא מא מאיע			
	Pumps	GAA ON ON/V	Diverter valves	DAY CIN CIN/Y			
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	אום אם צם			
	Water separators	EAY ON ON/A					
4.	Which method of detection is used by the	ne responsible official?					
	Visual examination (condensed so	lvent on exterior surfac	cs)	□ (a)			
	Physical detection (airflow felt thr	ough gaskets)	·	Q			
	Odor (noticeable perc odor)						
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	Halogen leak detector			u /			
	If using direct-reading instrumentation, is the equipment:			DAN/A			
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			OY ON			
	b. Calibrated against a s (PID/FID only)?	OY ON					
	c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	אט צט			
	d. Kept in a clean and so	eenre area when not in i	ısc?	CIY CIN			
	e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	UY UN			
	TODD Fletcher 6/10/98						
_	Inspector's Name (Please Print) Date of Inspection						
_	dodd Flitch 6/10/99						
	Inspector's Signature	Next Inspection					

A	ADDITIONAL SITE INFORMATION:
	·
	•

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: V ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11:10 TIME OUT: 114	OAIRS ID#: 0956 373
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Springfield Clau	URVS DATE: 6/10/98
FACILITY LOCATION: 2335 Temple	Track Blod
- winter Park	F1 32789
RESPONSIBLE OFFICIAL: Rakash P. Patel	PHONE NUMBER: (407) 740 - 8093
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	_ ,
Based on the results of the compliance requirements evaluadiscrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
#	R E
	JIN 29 R Mobile
	KD Nyyy Nonitoring Sources
	, under the control of the control o
	· .
COMMENTS:	
Facility in Ovd	e V
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSIDECTION	<u> </u>
INSPECTION CONDUCTED BY: 1000 F	proximate) -letchev ease(Print)
INSPECTOR'S SIGNATURE:	CL PHONE NUMBER: 836-9524

Page of .

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

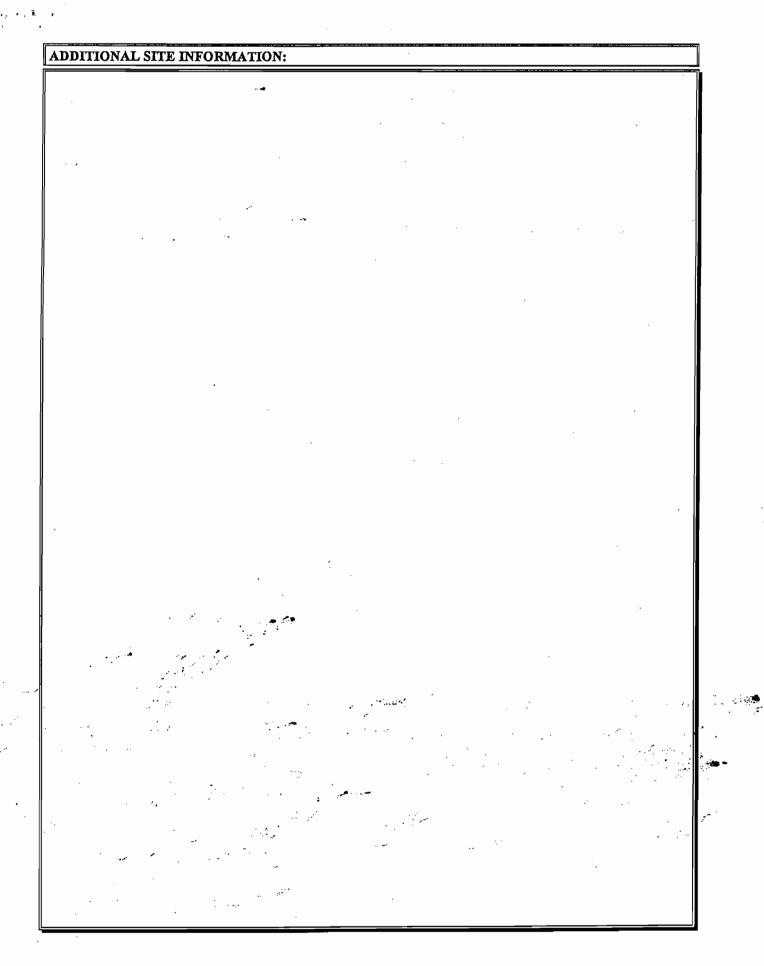
TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	DN 🗆		COMPLAINT/DISCOV	ERY CO
AIRS ID#: 0950373 FACILITY NAME: Spri FACILITY LOCATION: 2 RESPONSIBLE OFFICIAL:	ingifield (1335 Tem Vinter Pa	Cleane ple Trank, F	<u>rs</u> 211	Blud. 32789	Re Sources Office
CONTACT NAME:				PHONE:	
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM	30 days prior to star	rtup			a
2. Facility failed to notify DARI	M to use general per	rmit			
PART II: CLASSIFICATION	<u> </u>				
☐ facilit	ce	2. New smadry-to-dry of transfer only both types, a (constructed) 4. New largedry-to-dry of transfer only both types, I (constructed) TY	nly, x (x < 14 on o ge ar nly, 1 (y, 200 40 \le on o	c < 140 gal/yr 200 gal/yr 40 gal/yr ar after 12/9/91) ea source 140 ≤ x ≤ 2,100 gal/yr 0 ≤ x ≤ 1,800 gal/yr ar after 12/9/91) □ Can not determine Day to be a general permit Day to be	
B. The total quantity of perchlor facility was gallons.	roethylene (perc) pu	irchased withi	n the	e preceding 12 months by	this dry cleaning

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? 2. Examining the containers for leakage? □N □N/A 3. Closing and securing machine doors except during loading/unloading? אם עצם 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? □N □N/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DNA 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 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 ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	/
Maintained receipts for perc purchased?	MA AN
2. Maintained rolling monthly total of perc consumption?	DY DN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ďy □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?	בארם מם צם
4. Maintained calibration data? (for applicable direct reading the streements)	OY ON CONIA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON OW/A
6. Maintained startup/shutdown/malfunction plan?	ØY ON
7. Maintained deviation reports?	DY DN ØN/A
Problem corrected?	OY ON ON/A
8. Maintained compliance plan, if applicable?	OY ON DAN/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 f	ollowing areas for leaks?					
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	Y ON ON/A			
Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A			
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	MY ON ON/A			
Pumps	DY ON ON/A	Diverter valves	MY ON ON/A			
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A			
Water separators	DY ON ON/A					
4. Which method of detection is used by th	e responsible official?					
Visual examination (condensed so	vent on exterior surfaces)		(2			
Physical detection (airflow felt thro	ough gaskets)					
Odor (noticeable perc odor)						
Use of direct-reading instrumentation	ion (FID/PID/calorimetric to	ubes)				
Halogen leak detector						
If using direct-reading instru	mentation, is the equipme	nt:	□N/A			
a. Capable of detecting po	erc vapor concentrations in	a range of 0-500 ppm?	חם אם			
b. Calibrated against a sta (PID/FID only)?	andard gas prior to and after	r each use	□Y □N			
c. Inspected for leaks and	obvious signs of wear on a	weekly basis?	□Y □N			
d. Kept in a clean and sec	ture area when not in use?	••	□Y □N			
e. Verified for accuracy b	y use of duplicate samples (calorimetric only)?	OY ON			
· ·	· ·	• •				
	•					
•	. •					
Ilka Bundy		6-14-99				
Inspector's Name (Please Print)	Date of Inspec	tion			
Llha Bunch		6-14-2000)			
Inspector's Signature		Approximate Date of N	Jext Inspection			



Orange County Environmental Protection Department

AIRS ID#: 0950373

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

		<u> </u>	
FACILITY NAME: Spring field Clear FACILITY LOCATION: 2335 Temple Winter Park, F	ners	DATE:	6-14-99
FACILITY LOCATION: 2335 Temple	Trail Blud,		
Winter Park, F	L 32789		
Annual Reporting Period:	1995 TO	June	19 <u>59</u>
Based on each term or condition of the Title V general air p 62-213.300, Florida Administrative Code (F.A.C.), during			EP Rule NO
If NO, complete the following:			
#1. Term or condition of the general permit that has not be	een in continuous compliand	ce during the reporting perio	od stated above:
Exact period of non-compliance: from	t	0	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:	·		
#2. Term or condition of the general permit that has not be	en in continuous complianc	e during the reporting perio	d stated above:
Exact period of non-compliance: from	to		
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
As the responsible official, I hereby certify, based on informade in this notification are true, accurate and complete. I upon rolling averages of purchase receipts, does not exceed year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print	Further, my annual consum	ption of perchloroethylene :	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.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNU	JAL V COM	PLAINT/DISCOVERY	RE-INSPECTION	
TIME IN: 1000	гіме оит: 1030	AIRS ID#:	0950373	
TYPE OF FACILITY: Dry Clea	iner			
FACILITY NAME: Spring fi			DATE: 6-14-9	,9
FACILITY LOCATION: 2335	Temple · Trail	Blud.		
	- Park, FL	32789		
RESPONSIBLE OFFICIAL: Prakas		PHONE NUMBER	2: 407-740-809	3
Based on the results of the compliance with DEP Rule 62-21			acility is found to be in	
Based on the results of the compl discrepancies were noted:	iance requirements evalua	ted during this inspection, the fo	ollowing compliance	
COMPLIANCE REQUIREM	ENT/PROBLEM	FOLLOW-UP ACT	TION REQUIRED	
			*	
			•	
·				
·			•	
			.*	
			· · · · · · · · · · · · · · · · · · ·	
•				
		·	<u> </u>	
0010100	· · · · · · · · · · · · · · · · · · ·			
COMMENTS: Facility	in compl	iance	· .	
The Annual Compliance Certification for	m has been properly certifi	ed and submitted to the inspect	or. YES NO]
DATE OF NEXT INSPECTION:	6/19 (AD	J 2000 proximate)		
INSPECTION CONDUCTED BY:	Ilka B	oundy		
INSPECTOR'S SIGNATURE:	Mea Bim	phone NUMBE	r: 836-952	4_
	Page \	of \	Revise	d 10/96



300974

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

TOTAL AMOUNT DUE: \$50.00

RECEIVED MAIL ROOM JAN 27 00

Do NOT Remove Label

AIRS ID#0990373

RONZONI ENTERPRISES INC RALPH RONZONI 600 N CONGRESS AVE DELRAY BEACH FL 33445 FOR GOVERNMENT USE ONLY

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

Puna: 20-2-03: Obj.: 002273

301082

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0950373

RONAK & ANISH CORPORATION PRAKASH P PATEL 2335 TEMPLE TRAIL BAY #1 WINTER PARK FL 32785

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Ођј.: 002273

0389665

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0950373

SPRINGFIELD CLEANERS PRAKASH P PATEL 2335 TEMPLE TRAIL BAY #1 WINTER PARK FL 32785 MAIL ROOM

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

0355267

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0950373

SPRINGFIELD CLEANERS PRAKASH P PATEL 2335 TEMPLE TRAIL BAY #1 WINTER PARK FL 32785

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0950373

SPRINGFIELD CLEANEDS

SPRINGFIELD CLEANERS MOHAMED KANJI 2335 TEMPLE TRAIL BAY#1 WINTER PARK FL 32789

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273