

# Department of Environmental Protection

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

David B. Struhs Secretary

February 4, 1999

Mr. Prakash Joshi Polo Cleaners 7512 Drive Phillips Boulevard #30 Orlando, Florida 32879

Re: Facility No.: 0951205

Dear Mr. Joshi:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 29, 1999.

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, of 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 Driscoll, Orange County

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

0951205

2-3-99

Spoke to Prakash Joshi and he stated that he is the manager/ Vice president of the corporation. He also stated that be operates one dry to dry machine with ref. Condenser. The boiler on the premeris is 15 HP and faeled by natural eyas. p14 1.(a)(1) - add date control device installed it some as purchase date, and some date Marbout date Mush out date l(a)(3) 16) Should not be marked Marbout Existing small area source should not be marked. Marks out and inited. New small area source should be marked. 4. New small area source Ref. Cord. should 5. Choose one A.O. signand date for charges made

Marie

### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):  CENTRAL PARK CLEANTRS INC.  2. Site Name (For example, plant name or number):  POLD Cleaners  3. Hazardous Waste Generator Identification Number:  FLO ONO 44311 9.  4. Facility Location:  Street Address: 7512 Dx Phillips Blud. #30  City: Oxlandor Fr County: Oxange Zip Code: 32819
2. Site Name (For example, plant name or number):  POLO CIECNES  3. Hazardous Waste Generator Identification Number:  FLO ONO LY 311 9.  4. Facility Location:  Street Address: 7512 D8 Phillips Blud. # 30
2. Site Name (For example, plant name or number):  POLO CIECNES  3. Hazardous Waste Generator Identification Number:  FLO ONO LY 311 9.  4. Facility Location:  Street Address: 7512 D8 Phillips Blud. # 30
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FLO 000 44311 9.  4. Facility Location: Street Address: 7512 Dr Phillips Blud. # 30
4. Facility Location: Street Address: 7512 De Phillips Blud. # 30
Street Address: 7512 Dx Phillips Blook # 30
Street Address: 7812 D8 1 1111 PS 31001. IF 30 , City: 7812 D8 1 1111 PS 31001. IF 30 , City: 7812 D8 1 1111 PS 31001. IF 30 ,
D 6 100 100 1 C.
5. Facility Identification Number OEP Use
FLO COLLY 311-9 095 1205
Responsible Official
6. Name and Title of Responsible Official:
PRAKASH JOSHI
7. Responsible Official Mailing Address:
Organization/Firm: Same as # 4. Mor 1990
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:  Sume as # 4.  Zip Code:  Zip Code:  Sumo as # 4.  Zip Code:  Su
Oly To
8. Responsible Official Telephone Number:
Telephone: (407) 354-3400 Fax: ( ) -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address:
10. Facility Contact Address.
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: ( ) - Fax: ( ) -
TREED WED.
IN BEBINE
1/25
1 2 2 1999 (D)
DEP Form No. 62-213.900(2) Page 13 of 16 ORANGE COUNTY ENVIRONMENTAL

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	Γ	Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
	1	Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1		12-NOV-93	#2	08-DEC-91	·	#3	02-M1.4R-92	
Dry-to-Dry Unit	<u> </u>								
(1) w/ ref. condenser					1		•	\$ 9 mar 9,	2
(2) w/ carbon adsorber					-		0	19-170297	
(3) w/ no controls		· -			1			19-May 97	
Washer Unit								114 - 14 104 - 44	
(4) w/ ref. condenser					I	<u> </u>			
(5) w/ carbon adsorber									
(6) w/ no controls					_				
Oryer Unit					•				
(7) w/ ref. condenser		1			· · ·				
(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		irad but mat	ادمالمعمدة عدد	r	,				
(o) common devices are	requ	nea, out not	yet mstaned						
(c) No control devices	are re	equired to be	installed [ .	/	1				
(c) 110 control devices	are re	equired to be	ilistaneu 🗀	_	J				
2.(a) What was the total q	anti	ty of parable	roothylana (r						
"(a) What was the total q	uann	ty of percino			murahasad in	the latest 12		the?	
	11-		roemyiene (p	erc)	purchased in	the latest 12	mon	ths?	
	gallo		roemyrene (p	erc)	purchased in	the latest 12	mon	ths?	
		ns		erc)	purchased in	the latest 12	mon	ths?	
(b) If less than 12 month	hs, ho	ns ow many? [_	] months						. ,
	hs, ho	ns ow many? [_	] months						
(b) If less than 12 month	hs, ho	ns ow many? [_	] months						
(b) If less than 12 month	hs, ho	ns ow many? [_	] months						
(b) If less than 12 month Check why it is less	hs, ho than	ns ow many? [ 12 months: !	] months New owner: [		] New store:	[] Did :	not k	eep records:	
(b) If less than 12 month Check why it is less . What is the facility's sou	hs, ho than	ns  ow many? [_ 12 months: 1	] months New owner: [ based on the		] New store:	[] Did :	not k	eep records:	
(b) If less than 12 month Check why it is less	hs, ho than	ns  ow many? [_ 12 months: 1	] months New owner: [ based on the		] New store:	[] Did :	not k	eep records:   Part II?	R
(b) If less than 12 month Check why it is less  What is the facility's sou (Indicate with an "X".	hs, ho than urce o	ow many? [	] months New owner: { based on the cation only.)	defi	] New store:	Did i	not k	eep records:   Part II?	R
(b) If less than 12 month Check why it is less	hs, ho than urce o	ow many? [	] months New owner: { based on the cation only.)	defi	] New store:	Did i	not k	eep records:   Part II?	R
(b) If less than 12 month Check why it is less  3. What is the facility's sou (Indicate with an "X". S  Existing small are	hs, ho than urce o Select	ow many? [	] months New owner: { based on the cation only.)	defi	] New store:	Did i	not k	eep records:   Part II?	R
(b) If less than 12 month Check why it is less  3. What is the facility's sou (Indicate with an "X".	hs, ho than urce o Select	ow many? [	] months New owner: { based on the cation only.)	defin	] New store:	Did in section (3	not k	eep records:   Part II?	R
(b) If less than 12 month Check why it is less  . What is the facility's sou (Indicate with an "X". S  Existing small are	hs, ho than urce o Select	ow many? [	] months New owner: { based on the cation only.)	defin	] New store: nitions found	Did in section (3	not k	eep records:   Part II?	R
(b) If less than 12 month Check why it is less  . What is the facility's sou (Indicate with an "X". S  Existing small are	hs, ho than urce o Select	ow many? [	] months New owner: { based on the cation only.)	defin	] New store: nitions found	Did in section (3	not k	eep records:   Part II?	R
(b) If less than 12 month Check why it is less  . What is the facility's sou (Indicate with an "X". S  Existing small are	hs, ho than urce o Select	ow many? [	] months New owner: { based on the cation only.)	defin	] New store: nitions found	Did n	not k	eep records:   Part II?	R

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(Indicate with an "X".)	suant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber [] Ro	efrigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
	• • • • • • • • • • • • • • • • • • •
5. A facility which contains non-exempt emissions units to Rule 62-213.300, F.A.C. Verify that all steam and ho exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have boiler HP or less), and (2) are fired exclusively by natur during which propane or fuel oil containing no more that	al gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and	Recordkeeping Information
Check all logs which are required to be kept on-site in ac	
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitor	ing
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	Burea Sa
	JAN 29 199 Bureau of Air Mo Bureau of Air Mo & Mobile Sol

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

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

lease indica	te 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)
X	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in facilion. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	emptly notify the Department of any changes to the information contained in this notification.
•	Atola 1-22-98
Signature	

RECEIVED

JAN 29 (1993)

Bureau of Air Monitoring

Bureau of Air Monitoring

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

# PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT

TYPE OF INSPECTION:	ANNUAL COMPLAIN RE-INSPECTION	NTODISCOVERY 1 -
FACILITY NAME: Polo		% /ik
FACILITY LOCATION: 75	512 - 30 Doctor Phillip rlando, FL 32819 Prakash Joshi PHONE:	s Blvd. 407-354-3400
	PHONE:	
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 3	0 days prior to startup	٥
2. Facility failed to notify DARM	to use general permit	<b>a</b> . ·
DADE II OX ACCITION		
PART II: CLASSIFICATION		
Facility indicated on notification (check appropriate box)		ication form pre/out of business/petroleum
Facility indicated on notification	☐ Drop sto	ore/out of business/petroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop sto  2. New small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2, gal/yr transfer only, 200 ≤ x ≤ 1,800	yr  /91)  100 gal/yr 0 gal/yr gal/yr
Facility indicated on notification (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 ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal	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/  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 g (constructed on or after 12/9/	ore/out of business/petroleum  (91)  100 gal/yr 0 gal/yr gal/yr (91)
Facility indicated on notification (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 ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91)  5. This is a correct facility class If no, please check the appropriate to the property of the	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/  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 g (constructed on or after 12/9/ lessification	ore/out of business/petroleum  yr  /91)  100 gal/yr 0 gal/yr gal/yr /91)  determine  above

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DNA 2. Examining the containers for leakage? DN DN/A 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled 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 beds according to the manufacturer's specifications? DY ON DINA 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) ω√ ⊓N 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 DY ON ONA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DN DN/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? MY ON

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

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

rA	ALVI: LEAK DETECTION AND R	rryliky .			PART VI: LEAK DETECTION AND REPAIRS						
1.	Does the responsible official conduct a w	veckly (for small so	arces, bi-weekly) leak detection ar	id repa	ıir						
	inspection?	1.5		ΘY	ПИ						
2.	Has the facility maintained a leak log?	. •		ØÝ	ПИ						
3.	Does the responsible official check the fe	ollowing areas for le	eaks?								
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	ďΥ	□N □N/A						
	Door gaskets and scating	אואם אם איא	Stills	ďΥ	□N □N/A						
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	ØΥ	□N □N/A						
	Pumps	DY DN DN/A	Diverter valves	ØΥ	□N □N/A						
	Solvent tanks and containers	DY DN DN/A	Cartridge filter housings	ØΥ	□N □N/A						
	Water separators	MY ON ON/A									
4.	Which method of detection is used by the	ne responsible offici	a1?	,							
	Visual examination (condensed so	olvent on exterior su	rfaces)								
	Physical detection (airflow felt thr	ough gaskets)									
	Odor (noticeable perc odor)		· · · · · · · · · · · · · · · · · · ·								
	Use of direct-reading instrumenta	tion (FID/PID/calor	imetric tubes)								
	Halogen leak detector		,								
	If using direct-reading instr	umentation, is the	equipment:	DA NA	//						
	a. Capable of detecting p	oere vapor concentr	ations in a range of 0-500 ppm?	ΩY	ПN						
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to	and after each use	ΟY	ПИ						
	c. Inspected for leaks an	d obvious signs of s	vear on a weekly basis?		ПN						
	d. Kept in a clean and so	_	-		. ПИ						
	•	•	samples (calorimetric only)?	_	N						
	· · · · · · · · · · · · · · · · · · ·										
<u>_</u>		·									
	•										
	Ilka Bundy 2/2/99										
_	Inspector's Name (Please Pri	nt)	Date of Insp	pection	1						
	Lika Bunda		2/2/20	000							
	Inspector's Signature		Approximate Date o	l Next	Inspection						

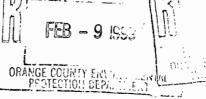
#### ADDITIONAL SITE INFORMATION:

Is using perc from previous year.
No perc was purchased in previous 12 months.

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL [	СОМР	LAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1000 TIME	OUT: 1030	AIRS ID#:	
TYPE OF FACILITY: Dry Cleane	τ		· .
FACILITY NAME: Polo Cleaner			DATE: 2/2/99
FACILITY LOCATION: 7512 - 30	Doctor Phi	illips Blvd.	
Orlando	FL 32819		1
RESPONSIBLE OFFICIAL: Prakash	Joshi	PHONE NUMBER	407-354-3400
Based on the results of the compliance compliance with DEP Rule 62-213.300	•	- •	cility is found to be in
Based on the results of the compliance discrepancies were noted:	requirements evaluate	d during this inspection, the fol	lowing compliance
COMPLIANCE REQUIREMENT	PROBLEM	FOLLOW-UP ACT	ION REQUIRED
			,
	,		
			· · · · · · · · · · · · · · · · · · ·
·		•	
•			
			•
COMMENTS:			
Facility in compliance	<b>?</b> .		
The Annual Compliance Certification form has	been properly certified	d and submitted to the inspector	YES NOU
DATE OF NEXT INSPECTION:	2/2/20	OO roximate)	
INCRECTION CONDUCTES BY	Ilka Bun		
INSPECTION CONDUCTED BY:		se Print)	
INSPECTOR'S SIGNATURE:		PHONE NUMBER	: 836-9524
	Page_\	0	 Revised 10/96

Effective: 6-25-96



#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

	•								
1.	Facility Owner/Company Name (Nam	e of corporation,	agency, or ir	idividual	owner):				
	CENTRAL PARK CLEANERS INC								
2.	Site Name (For example, plant name or	r number):							
	Polo Cleaners								
3.	Hazardous Waste Generator Identificat								
		0 000 44	311 9						
4.	Street Address: 7512 Dx Phillips Blud. #30. City: Oxlando FL. County: Oxange Zip Code: 32819								
in the soil of			U		<del></del>	1			
ĵ.	Facility Identification Number (CEP U	s <i>9</i> ): Luly 3.1.1 E	<b>1</b>	09.	5/2 <b>0</b> 5				
		Responsible O	(ficial	<u></u>		^			
		Responsible O	IIICIAI			7x			
6.	Name and Title of Responsible Official	:					•		
	PRAKASH	JOSH1	AM	NA(	JER. 6	Jan .	~/		
7.	Responsible Official Mailing Address: Organization/Firm: Street Address: City:	Same County:	98	#	Li- Zip Code:	Toly of Air Morre	Og.		
8.	Responsible Official Telephone Number	er:							
	Telephone: (407) 354-340		Fax: (	)	· -				
	Facility Contact	(If different fro	m Responsi	ble Offic	ial)				
9.	Name and Title of Facility Contact (For	r example, plant r	nanager):		<del></del>				
10.	Facility Contact Address:	<del> </del>							
	Street Address: City:	County:	junio di Salamania	Z	ip Code:				
i 1.	Facility Contact Telephone Number: Telephone: ( ) -		Fax: (	)	-				
					TO E P	2 1999			

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#### Facility Information

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

		Date	Date	Ì	Date	Date		Date	Date
1		Machine	Control		Machine	Control		Machine	Control
Type of Machine	,,,	Initially	Device	١,,	Initially	Device	١.,	Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#/	03-OCT-93	12-NO1-93	#2	08-DEC-91		#3	02-MAR-92	02-M1/1R-92
Dry-to-Dry Unit									·
(1) w/ rcf. condenser								DG Mar 9	+ 17 March 19
(2) w/ carbon adsorber								19-19-19-17	
(3) w/ no controls							<del> </del>	19 - Max 97	
Washer Unit		-			•	<u> </u>			<del></del>
(4) w/ rcf. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			_		•				
(7) w/ ref. condenser					•	4-			
(8) w/ carbon adsorber						. 🛰			'
(9) w/ no controls									
Reclaimer Unit									• • •
(10) w/ ref. condenser									
(11) w/carbon adsorber								1	
(12) w/ no controls									
(c) No control devices  2.(a) What was the total q  (b) If less than 12 monto Check why it is less	uanti gallo	ity of perchlons	roethylene (p						
						5.6		•	

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4. What control technology is required on machines pursu (Indicate with an "X".)	ant to section (5) of Part II of this notification form?
Existing large area source  Carbon adsorber [] Ref	rigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser	
	· · · · · · · · · · · · · · · · · · ·
5. A facility which contains non-exempt emissions units to Rule 62-213.300, F.A.C. Verify that all steam and hot exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have boiler HP or less), and (2) are fired exclusively by natural during which propane or fuel oil containing no more than	gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and R	ecordkeeping Information
Check all logs which are required to be kept on-site in acc	
(a) Purchase receipts and solvent purchases	[ ×1
(b) Leak detection inspection and repair.	<u>\</u>
(c) Refrigerated condenser temperature monitoring	[X']
(d) Carbon adsorber exhaust perc concentration monitorin	g
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	JAN 2  Bureau of 1 2. Mobile 1

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 15 of 16

RECEIVED
JAN 29 1999
JAN 29 1999
Burgau of Air Monitoring
Burgau of Air Monitoring

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

	-
Please indicate	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)
ıχı .	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain t comply wi	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in eation. I hereby certify, based on information and belief formed after reasonable inquiry, that the 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 the all terms and conditions of this general permit as set forth in Part II of this notification form.  Inply notify the Department of any changes to the information contained in this notification.
Signature	Pally - Fox Change made 2-23-99

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





# Department of Environmental Protection

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

David B. Struhs Secretary

February 1, 1999

# 095/205

Mr. Prakash Joshi Polo Cleaners 7512 Drive Phillips Boulevard, Unit 30 Orlando, Florida 32819

Dear Mr. Joshi:

The Bureau of Air Monitoring and Mobile Sources recently received your Perchloroethylene Dry Cleaning Notification Form and check (#3871) in the amount of \$50.00

We appreciate your submittal. However, your check is being returned to you since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation and subject to the requirements of the general permit. The Department will send you an invoice in time for the next payment cycle.

If you have any questions, please call me at 850/921-9583.

Sincerely,

Sandra Bowman
Environmental Manager
Mobile Source Control Section
Bureau of Air Monitoring
and Mobile Sources

CENTRAL PARK CLEANERS, INC.

DBA POLO CLEANERS

7512 DR. PHILLIPS BLVD., UNIT 30

ORLANDO, FL 32819

PH. 407-354-3400

DATE / ZZ 99

FIFTY DOLLARS TO DOLLARS

Nations Bank

Nations Ban

PERCIILOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINT/DISCOVERY	<b>e</b>
0951205	RE-INSPECTION	<u> </u>		<del></del>
		TIME IN	н: <u>1345</u> тіме оит: _	1410
facility name: Po	lo Cleaners	· · ·		
FACILITY LOCATION:	7512 - 30 Da	octor P	hillips Blud.	
	Orlando, FL	328	19	
RESPONSIBLE OFFICIAL :	Prakash Jo	oshi .	PIIONE: 407-354-34	100
CONTACT NAME:	<del>.</del>		PHONE:	
	. 3			
(check appropriate box)				
1. New facility notified DARM	•			
2. Facility failed to notify DAR	M to use general permit			<u> </u>
PART II: CLASSIFICATION	1			
Facility indicated on notificati (check appropriate box)	7		☐ No notification form ☐ Drop store/out of business/pc	troleum
Facility indicated on notificati	ion form that it is:  rce	nsfer only, x < h types, x < 1	□ Drop store/out of business/percerea source ☑  x < 140 gal/yr < 200 gal/yr	etroleum
Facility indicated on notificati (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr	ion form that it is:  rce	t-to-dry only, asfer only, a shippes, a shippes, a shippes and the shippes and	☐ Drop store/out of business/percerea source  x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	etroleum
Facility indicated on notificati (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800	ion form that it is:  ree	r-to-dry only, ansfer only, ansfer only, and a types, and	Drop store/out of business/porea source $x < 140$ gal/yr $< 200$ gal/yr $< 40$ gal/yr or after $12/9/91$ )  rea source $  140 \le x \le 2,100$ gal/yr $0 \le x \le 1,800$ gal/yr $\le x \le 1,800$ gal/yr	etroleum
Facility indicated on notificati (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility of the facilit	ion form that it is:  ree	r-to-dry only, ansfer only, ansfer only, and anstructed on one of the second on the se	Drop store/out of business/perrea source $x < 140$ gal/yr $< 200$ gal/yr $< 40$ gal/yr $< 40$ gal/yr $< 60$ gal/yr $< 60$ gal/yr $< 70$ gal/yr $< 70$ gal/yr $< 70$ gal/yr $< 70$ $< 70$ gal/yr $< 70$ $< 70$ gal/yr $< 70$ gal/yr $< 70$ can not determine $< 70$ gal/yr $< 70$ can not determine $< 70$ gal/yr $< 70$ can not determine	etroleum

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	/
1. Storing perchloroethylene in tightly scaled and impervious containers?	DY ON ON/A
2. Examining the containers for leakage?	DAY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	ØY □N
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	MY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	בא מא מאיע
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	<i>7</i> .
If classification 2 has been checked, the machine should be equipped with a refu (complete A below).	igerated 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 me installed prior to September 22, 1993	r a refrigerated ust have been
If classification 4 has been checked, the machine should be equipped with a refu (complete A and B below).	rigerated condenser
A. II as the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	QY 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?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	DY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	DY ON ONA
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	MA ON

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?	ΟY	ΩN	·
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ΠN	□N/A
1	Is the temperature differential equal to or greater than 20° F?	ΠY	ΩN.	□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	
	Is the perc 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 no other inlet?	ΠY	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΩИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	,
1. Maintained receipts for perc purchased?	tay cin
2. Maintained rolling monthly total of perc consumption?	□Y 02N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	אואם אים אם
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	OY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON PHY/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON PANIA
6. Maintained startup/shutdown/malfunction plan?	EY ON
7. Maintained deviation reports?	DY ON ONA
Problem corrected?	OY ON BNIA
8. Maintained compliance plan, if applicable?	OY ON ON/A

PART VI: LEAK DETECTION AND I	REPAIRS		
1. Does the responsible official conduct a	weekly (for small sources,	bi-weekly) leak detection ar	ıd repair
inspection?	<b>*</b>		ETY ON
2. Has the facility maintained a leak log?			DY DAN
3. Does the responsible official check the	following areas for leaks?		
Hose connections, sittings, couplings, and valves	DY ON ON/A	Muck cookers	ΟΥ ON ON/A
Door gaskets and scating	DY ON ON/A	Stills	BY ON ON/A
Filter gaskets and seating	MY ON ON/A	Exhaust dampers	ØY □N □N/A
Pumps	BY ON ON/A	Diverter valves	DY ON ON/A
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A
Water separators	DY ON ON/A		
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed s	solvent on exterior surfaces	5)	<b>©</b>
Physical detection (airflow felt th	rough gaskets)		
Odor (noticeable perc odor)		: · · · · ·	<b>G</b>
Use of direct-reading instrument	ntion (FID/PID/calorimetr	ic tubes)	
Halogen leak detector			
If using direct-reading inst	rumentation, is the equip	ment:	<b>⊠</b> N/∧
a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	OY ON
b. Calibrated against a (PID/FID only)?	standard gas prior to and a	after each use	OY ON
c. Inspected for leaks a	nd obvious signs of wear o	n a weekly basis?	OY ON
d. Kept in a clean and	secure area when not in us	c?	OY ON
e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	OY ON
: 			
Ilka Bundy			3 <i>a</i>
Inspector's Name (Please Pr	int\	Date of Insp	ection
inspector's ranne (ricase ri	iii,)	Date of Hisp	CCHON
Mha Bundh		3/6/	99
Inspector's Signature		Approximate Date of	Next Inspection

Left Mr. Joshi a 1999 Dry Cleaner Compliance Calendar and a Perchloroethylene Dry Cleaner Air General Permit Notification Form.

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMP	LAINT/DISCOVERY RE-INSPECTION
TIME IN: 1345 TIME OUT: 1410	AIRS ID#:
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Polo Cleaners	DATE: 1/6/99
FACILITY LOCATION: 7512 - 30 Doctor Phi	11:ps Blvd.
RESPONSIBLE OFFICIAL: Prakash Joshi	PHONE NUMBER: 407-354-3400
RESPONSIBLE OFFICIAL: TIAKAS A O SATI	PHONE NUMBER: 10 1 701 2100
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administrati  Based on the results of the compliance requirements evaluate discrepancies were noted:	ve Code (F.A.C.). ed during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No AIRS ID permit	Re-inspection in 3 mos.
No perc rolling log	11
No leak detection log	11 -
No temperature log	· //
COMMENTS:	
The Annual Compliance Certification form has been properly certifie	d and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: $\frac{3/6/9}{6}$	roximate)
	ndy
INSPECTOR'S SIGNATURE: Jlka Bu	nse Print) nd PHONE NUMBER: 836 -9524
Page /	of 1. Revised 10/96

#### PERCHLOROETHYLENE DRY CLEÁNERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	4	COMPLAINT/DIS	COVERY	
	RE-INSPECTION				
			•		5
AIRS ID#: 095 1205  FACILITY NAME: Pol  FACILITY LOCATION:	DATE: 2-9-00	TIME I	N: 415 JB TU	ME OUT:	1009
FACILITY NAME: Pol	o Cleaners			ECL	B 2 1 201 mitor
FACILITY LOCATION:	512 - 30 Do	ector	Phillips B	olid. Fr	B. Wille
0	rlando FL	328	19		CEST OF PIL Whito,
RESPONSIBLE OFFICIAL :	Prakash Josh		PHONE: 407-	354-3	400
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION					
(check appropriate box)			· · · · · · · · · · · · · · · · · · ·		·
1. New facility notified DARM	30 days prior to startup		•		· 📴
  2. Facility failed to notify DARI	M to use general permit				
PART II: CLASSIFICATION	·	· · · · · · · · · · · · · · · · · · ·			
Facility indicated on notification (check appropriate box)	on form that it is:		☐ No notification f ☐ Drop store/out o		roleum
A.			a prop store, out o	· ousiness/per	toletin.
1. Existing small area source			rea source	0	,
dry-to-dry only, x < 140 gal/y	_		, x < 140 gal/yr		
transfer only, $x < 200 \text{ gal/yr}$			< 200 gal/yr		e .
both types, x < 140 gal/yr (constructed before 12/9/91)		types, x <	or after 12/9/91)		
(constructed before 12/9/91)	(con	istructed on	or after 12/9/91)		·
3. Existing large area source	e 🗆 4. N	Vew large a	rea source	0	
dry-to-dry only, $140 \le x \le 2$ ,		~	$140 \le x \le 2,100 \text{ gal/}$		ĺ.
transfer only, $200 \le x \le 1,800$			$00 \le x \le 1,800 \text{ gal/yr}$	, -	
both types, $140 \le x \le 1,800 \text{ g}$			$\leq x \leq 1,800 \text{ gal/yr}$		
(constructed before 12/9/91)			or after 12/9/91)		).
5. This is a correct facility cla	ssification DY	□N.	□Can not determin	e	
If no, please check the a	appropriate classification:		•		
	y qualified for a general p		mber abov	/e	
	y exceeds above limits an				
B. The total quantity of perchlor facility was [05 gallons.	oethylene (perc) purchase	ed within th	e preceding 12 month	s by this dry o	cleaning

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ONA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ONA 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 DAY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON ON/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification I has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the MY 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 DY ON ONA condenser exceeded 45°F? Conducted all temperature monitoring after an appropriate cooldown period and after MY ON verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ΠN	□n/a
	Is the temperature differential equal to or greater than 20° F?	QY	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,		<b></b>	
	if machines are equipped with a carbon adsorber?			□N/A □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,		ΔN	UN/A
	or expansion; and downstream from no other inlet?	ΠY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ũγ	ÜИ	□N/A

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

PART VI: LEAK DETECTION AND	REPAIRS		
1. Does the responsible official conduct a	weekly (for small sources	s, bi-weekly) leak detection ar	ıd repair
inspection?			DAY ON
2. Has the facility maintained a leak log?			ων □N
3. Does the responsible official check the	following areas for leaks?	•	
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	MY CIN CIN/A
Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A
Filter gaskets and scating	ØY 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	מא טא טאיע
Water separators	DY ON ON/A		
4. Which method of detection is used by	the responsible official?		· /
Visual examination (condensed s	olvent on exterior surface	s)	τα
Physical detection (airflow felt th	rough gaskets)		a į
Odor (noticeable perc odor)			
Use of direct-reading instruments	ntion (FID/PID/calorimetr	ic tubes)	
Halogen leak detector			<b>u</b> /
If using direct-reading instr	umentation, is the equip	ment:	, DIN/A
a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	אם אם .
b. Calibrated against a s (PID/FID only)?	standard gas prior to and a	fter each use	OY ON
c. Inspected for leaks a	nd obvious signs of wear o	on a weekly basis?	OY ON
d. Kept in a clean and s	ecure area when not in use	e?	מם עם
e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	OY ON
7			
·			
Ilka Bundy		2-11-00	) .
Inspector's Name (Please Pri	nt)	Date of Inspection	
Alka Bund		2-11-0	<u> </u>
Inspector's Signature	· ·	Approximate Date of	Next Inspection

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No perc to 1999 Calend	Jan - 0/C	11/5/99	15.0 R	ecorded	
Alo perc la 1999 Calend	an - 0/C	11/5/99	15.0 R	ecorded	
Alo perc la 1999 Calend	ar - 0/L	11/5/99	15.0 R	ecorded	
Ab perc to 1999 Calend	an - 01	11/5/99	15.0 R	ecorded	
Alo perc to 1999 Calend	lar - 0/C	11/5/99	15.0 R	ecorged	
No perc to 1999 Calend	lar - 0/L	11/5/99	15.0 R	ecorded	
Als perc be 1999 Calenda	lar -olc	11/5/99	15.0 R	ecorge d	
1999 Calend	lar -olc	11/5/99	15.0 R	ecorded	
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## AIRS 1D#: 095 1205 BEST AVAILABLE COPY



Revised 01/18/00

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

5-In-all Ybuz

FACILITY NAME: Polo Clean	ers		DATE: 2/11/00
FACILITY LOCATION: 7512-30	Doctor Phill	ips Blud.	!
	FL 32819		
		· · ·	
Annual Reporting Period: Feb. 2	1999 #	TO Feb.	// 20 <u>CD</u>
Based on each term or condition of the Title V go 52-213.300, Florida Administrative Code (F.A.C	•	•	ance with DEP Rule
f NO, complete the following:			
1. Term or condition of the general permit that	has not been in continuous o	compliance during the re	eporting 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 permit that	has not been in continuous o	compliance during the re	eporting period 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 in this notification are true, accurate and comple purchase receipts, does not exceed 2,100 gallons combination facilities.	te. Further, my annual con	sumption of perchloroet	hylene solvent, based upon
RESPONSIBLE OFFICIAL: RAYAS H. Name (I	Tosill Please Print)	Signature	2/11/00 Date
	<del></del>	· 	

Page ( of

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

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🗹	COMPLA	AINT/DISCOVERY	RE-IN	SPECTION _	
TIME IN: 0930	TIME OUT:	1000	AIRS ID#	095120	5	
TYPE OF FACILITY: Dry	Cleaner		Marie de la companya			
FACILITY NAME: POLO C	leaners			DATE:	2-11-00	
FACILITY LOCATION: 75	<del> </del>		lips Blud.			
		32819				
responsible official: $p$	rakash Joshi		PHONE NUM	MBER: 407-	354-3400	
L	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 discrepancies were note	the compliance requireme ed:	nts evaluated	during this inspection,	the following com	pliance	
COMPLIANCE REQU	JIREMENT/PROBI	LEM	FOLLOW-UP	ACTION REQ	UIRED	
•						
,				· · · · · · · · · · · · · · · · · · ·		
		i I				
COMMENTS:						
	in complian	nce.				
The Annual Compliance Certific	cation form has been prop			spector. YES	NO NO	
DATE OF NEXT INSPECTION: 2-(1-0) (Approximate)						
INSPECTION CONDUCTED	BY:	Ilka				
	1.1	(Please	Print)	(2)		
INSPECTOR'S SIGNATURE	:llh	e Bund	PHONE NUM	MBER: -8t S	s36-1400	
		Page of	<u>- 1</u> .		Revised 10/96	

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 # 0951205

**POLO CLEANERS** PRAKASH JOSHI 7512 DR PHILLIPS BLVD ORLANDO FL 33879

FOR GOVERNMENT USE ONE Org.: 37550 101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400122

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

TOTAL AMOUNT DUE: \$50.000 Sources

Do NOT Remove Label

AIRS ID # 0951205

POLO CLEANERS PRAKASH JOSHI 7512 DR PHILLIPS BLVD ORLANDO FL 33879

DEC

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST ARMS 2/3/01 /13

ALH

TYPE OF INSPECTION:

ANNUAL (INSI, INS2)

COMPLAINS/DISCOVERY (C

RE-INSPECTION (FUI)

AIRS ID#: 095/205 DATE: 2-22-01 TIME IN: 10:28 TIME OUT 1100
FACILITY NAME: Polo Cleaners
FACILITY LOCATION: 7512-30 Doctor Phillips Blvd.
Orlando, FL 32819
RESPONSIBLE OFFICIAL: Prakash Joshi PHONE: 407-354-3400
CONTACT NAME:PHONE:

ility Compliance Status:	IN	Ø.
(ARMS Data)	MNC	<b>a</b> .
·	SNC	۵
	(ARMS Data)	

PART II: CLASSIFICATION				
Facility indicated on notification form that it is: (check appropriate box)  A.	☐ No notification form ☐ Drop store/out of business/petroleum			
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)			
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$ )			
5. This is a correct facility classification  If no, please check the appropriate classification  facility qualified for a ger  facility exceeds above lim				
. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was				

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check-appropriate boxes) MY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? MY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DYN/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) DY ON 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? ON ON/A 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 EN DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after

verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:			
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?		□N.	
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	- □Y		A
Is the temperature differential equal to or greater than 20° F?	ΠY	□N □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?	· 🗆 Y		A
Is the perc concentration equal to or less than 100 ppm?	ΩY	□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?	ПΥ		A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?			
6. Routed airflow to the carbon adsorber (if used) at all times?	. <b>□</b> Y	ON ON/	Α

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

PA	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?			ØY ON.	
2.	Has the facility maintained a leak log?			ENY ON	
3.	Does the responsible official check the f	following areas for leaks?			
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	ØY 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	DY ON ON/A	
	Pumps	DY ON ON/A	Diverter valves	OY ON ON/A	
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	ØY ON ON/A	
	Water separators	GY ON ON/A			
4.	Which method of detection is used by the	ne responsible official?			
	Visual examination (condensed solvent on exterior surfaces)				
	Physical detection (airflow felt through gaskets)				
	Odor (noticeable perc odor)			<b>d</b>	
	Use of direct-reading instrumentat	tion (FID/PID/calorimetric	tubes)		
	Halogen leak detector				
	If using direct-reading instru	amentation, is the equipm	nent:	ŒN/A	
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N				
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				
	c. Inspected for leaks and obvious signs of wear on a weekly basis?				
	d. Kept in a clean and secure area when not in use?				
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?				

Inspector's Name (Please Print)

2-22-2001 Date of Inspection

Inspector's Signature

2-22-2002Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION: 1/30/01 15.0

### BEST AVAILABLE COPY

RSID#: 0951205

Revised 01/18/00 .

ARMS 2/23/01

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

CILITY NAME: Polo Cleaners			DATE:	2/22/01
CILITY LOCATION: 75/2 - 30 DOC	tor Phillips		,	
Orlando, FL				
			<u>.                                      </u>	
inual Reporting Period: February	20 00 T	o Febr	vary	2001
used on each term or condition of the Title V general air	-	•		Ruic ⊒NO
-213.300, Florida Administrative Code (F.A.C.), during	, the period covered by	this statement.	L Cares	-INU
NO, complete the following:				
Term or condition of the general permit that has not b	een in continuous com	pliance during the	reporting period s	tated above:
cact period of non-compliance: from	<u> </u>	. to		
ction(s) taken to achieve compliance:			·	·
ethod used to demonstrate compliance:				
2. Term or condition of the general permit that has not b	een in continuous con	pliance during the	e reporting period s	tated above:
xact period of non-compliance: from	·	to		· · · · · · · · · · · · · · · · · · ·
ction(s) taken to achieve compliance:	•			
ethod used to demonstrate compliance:				
ention used to demonstrate compriance.				
s the responsible official, I hereby certify, based on infor this notification are true, accurate and complete. Furth urchase receipts, does not exceed 2,100 gallons per year ombination facilities.	ner, my annual consum	ption of perchlord	oethylene solvent, b	ased upon
esponsible official: PRAVAS H. T	JOSH1.	Paloty	= 21	22/01.
Name (Please Pri	int)	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 liscretion of the responsible official to use this form.

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🗹	COMPLAI	NT/DISCOVERY 🗇	RE-INSPECTION
TIME IN: 1028	TIME OUT:	11:00	AIRS ID#:	951205
TYPE OF FACILITY: Dry				
FACILITY NAME: Polo	Cleaners			ATE: 2-22-2001
FACILITY LOCATION: 75	<u> 512 - 30 D</u>	octor P	Phillips Blud.	
Or	rlando, FL	32819		
RESPONSIBLE OFFICIAL:	Prakash J	<u>oshi</u>	PHONE NUMBER	2: <u>407-354-340</u> 0
Based on the results of the compliance with DEP Rule	-	~	•	y is found to be in
Based on the results of the c				ing compliance
discrepancies were noted:	,	1	,	».
COMPLIANCE REQUIR	EMENT/PROBL	EM F	OLLOW-UPACTION	ON REQUIRED
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				·
COMMENTS:				
	sur alicu	n(f		
Facility 1	n complian	1		
				· · · /
The Annual Compliance Certification	n form has been properly	_	<u>-</u>	YES Ø NO 🗆
DATE OF NEXT INSPECTION: _		$\frac{2-22-0}{\text{Approximate}}$	<u> </u>	
INSPECTION CONDUCTED BY: _	Ilks	Bundy		
	111 0	Please print)	! t	N7 074 11150
INSPECTOR'S SIGNATURE:	Mha Dun	<u>d (                                    </u>	PHONE NUMBER: 4	01-836-1400
45-19 (6/00)	Page	of		

422069 JAN232093

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

POLO CLEANERS PRAKASH JOSHI 7512 DR PHILLIPS BLVD ORLANDO FL 33879

AIRS ID#0951205

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

Obj.: 002273

Ramila P. Joshi 3301 Butler Bay Dr N Windermere, FL 34786-7704 PM NO PORTOR OF PROPERTY OF PR

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

 $434956 \quad \text{JAN} \quad 5204$  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**

951205
PRAKASH JOSHI
POLO CLEANERS
7512 DR PHILLIPS BLVD
ORLANDO FL 33879

POMOT Remove Label

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

611342 DECS05001

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**

Obj.: 002273 Fund: 20-2-035001 Org.: 37550101000 EO: AI. FOR COVERNMENT USE ONLY

33879 OKTYNDO ŁF 7512 DR PHILLIPS BLVD PRAKASH JOSHI **POLO CLEANERS** 

**VIEWS ID # 0951205** 

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Post Office Box 3070 Tallahassee, FL 32315-3070

TITLE V - General Permit

Receipts

32315+3070 99

0	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT
4 4060	(Domestic Mail Only; No Insurance Coverage Provided)  For delivery information visit our website at www.usps.com
清	OFFICIAL UDE
	Postage \$
4000	Postage \$ Certifled Fee
- }	Return Reciept Fee (Endorsement Required)
500	Restricted Delivery Fee (Endorsement Required)
3 0	Total Posta 10 6951295001AG POLO CLEANERS
700	Sent To DRAKASH JOSHI
7	Street, Apr. N. 7512 DR PHILLIPS BEVD or PO Box No ORLANDO, FL 32879.
	PS Form 3800 June 2002 See Reverse for Instructions

SENDER: GOMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	Received by (Please Print Clearly)  B. Date of Delivery  PRAKASHI TOSHI
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.	X Agent Addressee
Article Addressed to:	D. Is delivery address different from item 1?
10 0951205001AG POLO CLEANERS PRAKASH JOSHI	
7512 DR PHILLIPS BLVD QRLANDO, FL 32879	3. Service Type □ Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Numl 7003 0500 0004	0144 4060
PS Form 3811 March 2001 Domestic Ret	urn Receipt 102595-01-M-1424

