Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

January 21, 1997

Mr. Peter Patel
Majik Touch Cleaners
3312 Lithia Pinecrest Road
Valrico, Florida 33594

Re: Facility I.D. No. 1010340

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 1996.

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

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

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

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

Sincerely,

For Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Louis Fernandez, Southwest District

#1 10340

Majik Touch Cleaners

p.14 1.(a) if controls installed, add date control device installed;
and
1.(b) mark out "X" and initial

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
   REMA INVESTMENTS, INC.
2. Site Name (For example, plant name or number):
   MAJIK TOUCH CLEANERS
3. Hazardous Waste Generator Identification Number:
   FLD 984247809
4. Facility Location:
   Street Address: 1420 SEVEN SPRINGS BLVD.
   City: NEW PORT RICHEY County: PASCO Zip Code: 34655
5. Facility Identification Number (DEP Use): 1010340

Responsible Official

6. Name and Title of Responsible Official:
   PETER PATEL PRESIDENT
7. Responsible Official Mailing Address:
   Organization/Firm: MAJIK TOUCH
   Street Address: 3312 LITHIA PINECREST RD.
   City: VALRICO County: HILLSBOROUGH Zip Code: 33594
8. Responsible Official Telephone Number:
   Telephone: (813) 654-2323 Fax: (813) 653-3756

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
   RICK BHULA, PLANT MANAGER
10. Facility Contact Address:
    1420 SEVEN SPRINGS
    Street Address:
    City: NEW PORT RICHEY County: PASCO Zip Code: 34655
11. Facility Contact Telephone Number:
    Telephone: (813) 372-1185 Fax: ( ) - -

RECEIVED
SEP 3 1996
Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	*#1*	*03-OCT-93*	*12-NOV-93*	*#2*	*08-DEC-91*		*#3*	*02-MAR-92*	*02-MAR-92*
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	08-DEC-91							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed [X]

(c) No control devices are required to be installed [ ]

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
[360] gallons

(b) If less than 12 months, how many? [ ] months
Check why it is less than 12 months: New owner: [ ] New store: [ ] Did not keep records: [ ]

3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)

existing farm

Existing small area source [ ] New small area source [ ]

Existing large area source [X] New large area source [ ]

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

Existing large area source			
Carbon adsorber	[ ]	Refrigerated condenser	[X]
New small area source			
Refrigerated condenser	[ ]		
New large area source			
Refrigerated condenser	[ ]		

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt	[X]
No such units on-site	[ ]

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases	[X]
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	[X]
(d) Carbon adsorber exhaust perc concentration monitoring	[NO]
(e) Instrument calibration	[NO]
(f) Start-up, shutdown, malfunction plan	[X]

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) _____.

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

Responsible Official Certification

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

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

Signature

8-30-1996
Date

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
   REMA INVESTMENTS, INC.
2. Site Name (For example, plant name or number):
   MAJIK TOUCH CLEANERS
3. Hazardous Waste Generator Identification Number:
   FLD 984247809
4. Facility Location:
   Street Address: 1420 SEVEN SPRINGS BLVD.
   City: NEW PORT RICHEY County: PASCO Zip Code: 34655
5. Facility Identification Number (DEP Use): 1010340

Responsible Official

6. Name and Title of Responsible Official:
   PETER PATEL PRESIDENT
7. Responsible Official Mailing Address:
   Organization/Firm: MAJIK TOUCH
   Street Address: 3312 LITHIA PINECREST RD.
   City: VALRICO County: HILLSBOROUGH Zip Code: 33594
8. Responsible Official Telephone Number:
   Telephone: (813) 654-2333 Fax: (813) 653-3756

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
   RICK BHULA, PLANT MANAGER
10. Facility Contact Address:
    1420 SEVEN SPRINGS
    Street Address:
    City: NEW PORT RICHEY County: PASCO Zip Code: 34655
11. Facility Contact Telephone Number:
    Telephone: (813) 372-1185 Fax: ( ) - -

RECEIVED
SEP 5 1996
Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	*#1*	*03-OCT-93*	*12-NOV-93*	*#2*	*08-DEC-91*		*#3*	*02-MAR-92*	*02-MAR-92*
Dry-to-Dry Unit		20DEC 96							
(1) w/ ref. condenser	1	~~15-Dec-91~~	20DEC 96						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed [~~X~~]

(c) No control devices are required to be installed [ ]

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
[~~300~~ 100] gallons

(b) If less than 12 months, how many? [____] months
Check why it is less than 12 months: New owner: [____] New store: [____] Did not keep records: [____]

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
(Indicate with an "X". Select one classification only.)

Existing small area source [____] New small area source [X]

Existing large area source [~~X~~] New large area source [____]

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

Existing large area source Carbon adsorber	[ ]	Refrigerated condenser	[X]
New small area source Refrigerated condenser	[X]		
New large area source Refrigerated condenser	[ ]		

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt	[X]
No such units on-site	[ ]

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases	[X]
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	[X]
(d) Carbon adsorber exhaust perc concentration monitoring	[NO]
(e) Instrument calibration	[NO]
(f) Start-up, shutdown, malfunction plan	[X]

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) _____.

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

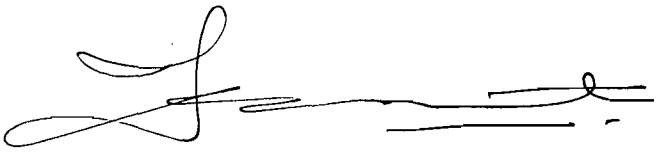
Responsible Official Certification

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

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

Signature

8-30-1996
Date



5-6-1997.

APR 10 1997

TAMPA

AIRS ID#: 1010340

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Majik Touch Cleaners DATE: 3/4/97

FACILITY LOCATION: 1420 Seven Springs Blvd
New Port Richey, FL 34655

Annual Reporting Period: Sept 1 1996 TO March 4 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. ☒ YES ☐ NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting 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 compliance during the reporting 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 on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: PRATIV PATEL - IT's PRESIDENT (Name (Please Print)) _____ (Signature) 4-7-97 (Date)

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

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

RECEIVED
MAR 10 1997
Bureau of Air Monitoring & Mobile Sources

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

TIME IN: _____ TIME OUT: _____ AIRS ID#: 1010340

TYPE OF FACILITY: DC

FACILITY NAME: Majik Touch Cleaners DATE: 3/4/97

FACILITY LOCATION: 1420 Seven Springs Blvd
New Port Richey, FL 34655

RESPONSIBLE OFFICIAL: Peter Patel PHONE NUMBER: 813/372-1185

☒ Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

☐ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ☒ NO ☐

DATE OF NEXT INSPECTION: MARCH '98
(Approximate)

INSPECTION CONDUCTED BY: MARGARET CANGRO
(Please Print)

INSPECTOR'S SIGNATURE: Margaret Cangro PHONE NUMBER: 813/744-6100 x125

IX

RECEIVED

MAR 10 1997

Bureau of Air Monitoring & Mobile Sources

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 1010340 DATE: 3/4/97 TIME IN: _____ TIME OUT: _____

FACILITY NAME: Majik Touch Cleaners

FACILITY LOCATION: 1420 Seven Springs Blvd
NPR 34655

PART I: NOTIFICATION

(check appropriate box)

1. Existing facility notified DARM by 9/1/96 ☒
2. New facility notified DARM 30 days prior to startup ☐
3. Facility failed to notify DARM to use general permit ☐

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
(check appropriate box)

A.

1. **Existing small area source** ☐
dry-to-dry only, x<140 gal/yr
transfer only, x<200 gal/yr
both types, x<140 gal/yr
(constructed before 12/9/91)

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<x<2, 100 gal/yr
transfer only, 200<x<1,800 gal/yr
both types, 140<x<1,800 gal/yr
(constructed before 12/9/91)

4. **New large area source** ☐
dry-to-dry only, 140<x<2, 100 gal/yr
transfer only, 200<x<1,800 gal/yr
both types, 140<x<1,800 gal/yr
(constructed on or after 12/9/91)

This is a correct facility classification ☐Y ☒N

If no, please check the appropriate classification:

☐ facility qualified for a general permit as number 2 above
☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 100 gallons.

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?	☒Y ☐N
2. Examining the containers for leakage?	☒Y ☐N
3. Closing and securing machine doors except during loading/unloading?	☒Y ☐N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☒Y ☐N
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☐Y ☐N ☒N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a 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?	☒Y ☐N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☒Y ☐N ☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☒Y ☐N ☐N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	☐Y ☐N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	☒Y ☐N
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	☒Y ☐N

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? ☐Y ☐N

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? ☐Y ☐N

   Is the temperature differential equal to or greater than 20° F? ☐Y ☐N

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 ☐N ☐N/A

   Is the perc concentration equal to or less than 100 ppm? ☐Y ☐N

4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? ☐Y ☐N

5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? ☐Y ☐N ☐N/A

6. Routed airflow to the carbon adsorber (if used) at all times? ☐Y ☐N ☐N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? ☒Y ☐N
2. Maintained rolling monthly averages of perc consumption? ☒Y ☐N
3. Maintained leak detection inspection and repair reports for the following:
   a. documentation of leaks repaired w/in 24 hrs? or; ☒Y ☐N
   b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? ☒Y ☐N
4. Maintained calibration data? *(for direct reading instruments only)* ☐Y ☐N ☒N/A
5. Maintained exhaust duct monitoring data on perc concentrations? ☐Y ☐N N/A
6. Maintained startup/shutdown/malfunction plan? ☒Y ☐N
7. Maintained deviation reports? ☒Y ☐N
   Problem corrected? ☒Y ☐N
8. Maintained compliance plan, if applicable? ☐Y ☐N ☒N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly leak detection and repair inspection? ☒Y ☐N

2. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces)	☑
Physical detection (airflow felt through gaskets)	☑
Odor (noticeable perc odor)	☑
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	☐

If using direct-reading instrumentation, is the equipment:

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)?	☐Y ☐N
c. Inspected for leaks and obvious signs of wear on a weekly basis?	☐Y ☐N
d. Kept in a clean and secure area when not in use?	☐Y ☐N
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	☐Y ☐N

3. Has the facility maintained a leak log? ☐Y ☐N

4. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☑Y	☐N	Muck cookers	☑Y	☐N
Door gaskets and seating	☑Y	☐N	Stills	☑Y	☐N
Filter gaskets and seating	☑Y	☐N	Exhaust dampers	☑Y	☐N
Pumps	☑Y	☐N	Diverter valves	☑Y	☐N
Solvent tanks and containers	☑Y	☐N	Cartridge filter housings	☑Y	☐N
Water separators	☑Y	☐N			

PETER PATEL
Name of Responsible Official

MARGARET CANGRO
Inspector's Name (Please Print)

Margaret Cangro
Inspector's Signature

3/4/97
Date of Inspection

MAR 98
Approximate Date of Next Inspection

aee

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 1010340 DATE: 3/4/98 TIME IN: 1:25 TIME OUT: 1:50

FACILITY NAME: Magic Touch Cleaners

FACILITY LOCATION: 1420 Seven Springs Rd
New Port Richey 34655

RESPONSIBLE OFFICIAL: Peter Patil PHONE: 813/ 654-2323

CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup ☐
2. Facility failed to notify DARM to use general permit ☐

PART II: CLASSIFICATION

Facility indicated on notification form that it is: ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

A.

1. **Existing small area source** ☐
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 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 12/9/91)

4. **New large area source** ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed on or after 12/9/91)

5. This is a correct facility classification ☐Y ☒N ☐Can not determine

If no, please check the appropriate classification:
☒ facility qualified for a general permit as number 2 above
☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 100 gallons.

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?	☒Y ☐N ☐N/A
2. Examining the containers for leakage?	☒Y ☐N ☐N/A
3. Closing and securing machine doors except during loading/unloading?	☒Y ☐N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☒Y ☐N ☐N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☐Y ☐N ☒N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a 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?	☒Y ☐N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☒Y ☐N ☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☒Y ☐N ☐N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	☒Y ☐N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	☐Y ☐N ☒N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	☒Y ☐N

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased?	☐Y ☐N	
2. Maintained rolling monthly averages of perc consumption?	☐Y ☐N	
3. Maintained leak detection inspection and repair reports for the following:		
a. documentation of leaks repaired w/in 24 hrs? or;	☐Y ☐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?	☐Y ☐N	☐N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☐Y ☐N	☐N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y ☐N	☐N/A
6. Maintained startup/shutdown/malfunction plan?	☐Y ☐N	
7. Maintained deviation reports?	☐Y ☐N	☐N/A
Problem corrected?	☐Y ☐N	☐N/A
8. Maintained compliance plan, if applicable?	☐Y ☐N	☐N/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? ☒Y ☐N
2. Has the facility maintained a leak log? ☒Y ☐N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☒Y ☐N ☐N/A	Muck cookers	☒Y ☐N ☐N/A
Door gaskets and seating	☒Y ☐N ☐N/A	Stills	☒Y ☐N ☐N/A
Filter gaskets and seating	☒Y ☐N ☐N/A	Exhaust dampers	☒Y ☐N ☐N/A
Pumps	☒Y ☐N ☐N/A	Diverter valves	☒Y ☐N ☐N/A
Solvent tanks and containers	☒Y ☐N ☐N/A	Cartridge filter housings	☒Y ☐N ☐N/A
Water separators	☒Y ☐N ☐N/A		

4. Which method of detection is used by the responsible official?
   - Visual examination (condensed solvent on exterior surfaces) ☒
   - Physical detection (airflow felt through gaskets) ☒
   - Odor (noticeable perc odor) ☒
   - Use of direct-reading instrumentation (FID/PID/calorimetric tubes) ☐
   - Halogen leak detector ☐
   - **If using direct-reading instrumentation, is the equipment:** ☒N/A
     a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N
     b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N
     c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N
     d. Kept in a clean and secure area when not in use? ☐Y ☐N
     e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

MARGARET CANGRO
Inspector's Name (Please Print)

3/4/98
Date of Inspection

Margaret Cangro
Inspector's Signature

March 99
Approximate Date of Next Inspection

AIRS ID#: 1010340

RECEIVED
Revised 10/10/96
MAR 16 1998
Bureau of Air Monitoring & Mobile Sources

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Majik Touch Cleaners DATE: 3/4/98

FACILITY LOCATION: 1420 Seven Springs Rd
New Port Richey 34655

Annual Reporting Period: 3/4 19 97 TO 3/4 19 98

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. ☒ YES ☐ NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

Change of Address ck ✓ this

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting 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 on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Peter Patel _____ 3/4/98
Name (Please Print) Signature Date

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

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 1010340 DATE: 3-2-99 TIME IN: 9:40 TIME OUT: 10:10

FACILITY NAME: Magic Touch Cleaners

FACILITY LOCATION: 1420 Seven Springs Rd
New Port Richey 34655

RESPONSIBLE OFFICIAL: ~~[illegible]~~ Rakesh Bhuta PHONE: 727-372-1185

CONTACT NAME: _____ PHONE: _____

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MAR - 8 1999
Bureau of Air Monitoring & Mobile Sources

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup ☐
2. Facility failed to notify DARM to use general permit ☐

PART II: CLASSIFICATION

Facility indicated on notification form that it is: ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

A.

1. **Existing small area source** ☐
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 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 12/9/91)

4. **New large area source** ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed on or after 12/9/91)

5. This is a correct facility classification ☒Y ☐N ☐Can not determine

If no, please check the appropriate classification:
- ☐ facility qualified for a general permit as number 63 above
- ☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 138 gallons.

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?	☐Y ☐N ☒N/A
2.	Examining the containers for leakage?	☐Y ☐N ☒N/A
3.	Closing and securing machine doors except during loading/unloading?	☒Y ☐N
4.	Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☒Y ☐N ☐N/A
5.	Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☐Y ☐N ☒N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a 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?	☒Y ☐N
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	☒Y ☐N ☐N/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☒Y ☐N ☐N/A
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	☒Y ☐N
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	☒Y ☐N ☐N/A
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	☒Y ☐N

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased?	☒Y ☐N
2. Maintained rolling monthly total of perc consumption?	☒Y ☐N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	☐Y ☐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?	☐Y ☐N ☐N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☐Y ☐N ☒N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y ☐N ☒N/A
6. Maintained startup/shutdown/malfunction plan?	☒Y ☐N
7. Maintained deviation reports?	☐Y ☐N ☒N/A
Problem corrected?	☐Y ☐N ☒N/A
8. Maintained compliance plan, if applicable?	☐Y ☐N ☒N/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? ☒Y ☐N
2. Has the facility maintained a leak log? ☒Y ☐N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☒Y ☐N ☐N/A	Muck cookers	☒Y ☐N ☐N/A
Door gaskets and seating	☒Y ☐N ☐N/A	Stills	☒Y ☐N ☐N/A
Filter gaskets and seating	☒Y ☐N ☐N/A	Exhaust dampers	☒Y ☐N ☐N/A
Pumps	☒Y ☐N ☐N/A	Diverter valves	☒Y ☐N ☐N/A
Solvent tanks and containers	☒Y ☐N ☐N/A	Cartridge filter housings	☒Y ☐N ☐N/A
Water separators	☒Y ☐N ☐N/A		

4. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces) ☐
- Physical detection (airflow felt through gaskets) ☒
- Odor (noticeable perc odor) ☒
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes) ☐
- Halogen leak detector ☐

If using direct-reading instrumentation, is the equipment: ☒N/A

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N

c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N

d. Kept in a clean and secure area when not in use? ☐Y ☐N

e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

MARGARET CANGRO
Inspector's Name (Please Print)

3-2-99
Date of Inspection

Margaret Cangro
Inspector's Signature

March 2000
Approximate Date of Next Inspection

ACC

AIRS ID#: 1010340

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Majik Touch Cleaners **DATE:** 3-2-99

FACILITY LOCATION: 1420 Seven Springs Rd
New Port Richey, Fl 34655

Annual Reporting Period: 3-5- 1998 TO 3-2- 1999

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. ☒ YES ☐ NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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MAR - 8 1999
Bureau of Air Monitoring & Mobile Sources

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting 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 on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: [redacted] R Bhula 3/2/99

Name (Please Print) Signature Date

RAJESH BHULA

*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.

301182

DRY CLEANER AIR QUALITY GENERAL PERMIT

ANNUAL COMPLIANCE CERTIFICATION FORM

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FEB 2 1998
Bureau of Air Monitoring & Mobile Sources

AIRS ID#1010340
REMA INVESTMENTS INC
PETER PATEL
3312 LITHIA PINECREST RD
VALRICO FL 33594

Do NOT Remove Label

Annual Reporting Period: _____ 19____ TO _____ 19____

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. ☑ YES ☐ NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

_____

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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JAN 28 98

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting 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 on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: RAJESH BHULA (Name (Please Print)) _____ (Signature) 1/24/98 (Date)

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

11/06/97

majik touch cleaners
1420 Seven Springs Blvd
New Port Richey, FL 34655
813-372-1185

Date : 10/20/99

RECEIVED
OCT 25 1999
Bureau of Air Monitoring
& Mobile Sources

General Permits Section
BAMMS - MS 5510
2600 Blair Stone Rd
Tallahassee , FL 32399-2400

Dear Sir/ Madam:

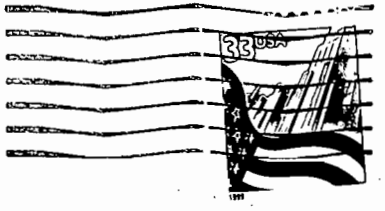
Please update records, Change R.O. To : Rick Bhula with Corporation name Rema Richie Inc.
Permit I D # 1010340

Sincerely,

Rick Bhula
Manager

Majik Touch Cleaners
1420 Seven Springs Blvd.
New Port Richey, FL 34655

TAMPA, FL 336
PM
21 OCT
1999



General Permits Section
BAMMS - MS 5510
2600 Blair Stone Rd
Tallahassee , FL 32399-2400

32399-2400

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 1010340 DATE: 3/21/00 TIME IN: 12:35 TIME OUT: 1:00

FACILITY NAME: Magik Touch Cleaners

FACILITY LOCATION: 1420 Seven Springs Rd
New Port Richey 34655

RESPONSIBLE OFFICIAL: Rajesh Bhula PHONE: 727-654-2323

CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup ☐
2. Facility failed to notify DARM to use general permit ☐

PART II: CLASSIFICATION

Facility indicated on notification form that it is: ☐ No notification form
(check appropriate box) ☐ Drop store/out of business/petroleum

A.

1. Existing small area source ☐
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 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 12/9/91)

4. New large area source ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed on or after 12/9/91)

5. This is a correct facility classification ☒Y ☐N ☐Can not determine

If no, please check the appropriate classification:
☐ facility qualified for a general permit as number _____ above
☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 135 gallons.

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?	☒Y	☐N	☐N/A
2. Examining the containers for leakage?	☒Y	☐N	☐N/A
3. Closing and securing machine doors except during loading/unloading?	☒Y	☐N	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☒Y	☐N	☐N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☐Y	☐N	☒N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a 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?	☒Y	☐N	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☒Y	☐N	☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☒Y	☐N	☐N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	☒Y	☐N	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	☐Y	☐N	☒N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	☒Y	☐N	

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?	☐Y	☒N	
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	☐Y	☐N	☐N/A
Is the temperature differential equal to or greater than 20° F?	☐Y	☐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	☐N	☐N/A
Is the perc concentration equal to or less than 100 ppm?	☐Y	☐N	☐N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	☐Y	☐N	☐N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	☐Y	☐N	☐N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	☐Y	☐N	☐N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased?	☒Y	☐N	
2. Maintained rolling monthly total of perc consumption?	☒Y	☐N	
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	☒Y	☐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?	☐Y	☐N	☒N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☐Y	☐N	☒N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y	☐N	☒N/A
6. Maintained startup/shutdown/malfunction plan?	☒Y	☐N	
7. Maintained deviation reports?	☐Y	☐N	☒N/A
Problem corrected?	☐Y	☐N	☒N/A
8. Maintained compliance plan, if applicable?	☐Y	☐N	☒N/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? ☒Y ☐N
2. Has the facility maintained a leak log? ☒Y ☐N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☒Y ☐N ☐N/A	Muck cookers	☒Y ☐N ☐N/A
Door gaskets and seating	☒Y ☐N ☐N/A	Stills	☒Y ☐N ☐N/A
Filter gaskets and seating	☒Y ☐N ☐N/A	Exhaust dampers	☒Y ☐N ☐N/A
Pumps	☒Y ☐N ☐N/A	Diverter valves	☒Y ☐N ☐N/A
Solvent tanks and containers	☒Y ☐N ☐N/A	Cartridge filter housings	☒Y ☐N ☐N/A
Water separators	☒Y ☐N ☐N/A		

4. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces)	☒
Physical detection (airflow felt through gaskets)	☒
Odor (noticeable perc odor)	☒
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	☐
Halogen leak detector	☐
If using direct-reading instrumentation, is the equipment:	☒N/A
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	☐Y ☐N
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	☐Y ☐N
c. Inspected for leaks and obvious signs of wear on a weekly basis?	☐Y ☐N
d. Kept in a clean and secure area when not in use?	☐Y ☐N
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	☐Y ☐N

MARGARET CANGRO
Inspector's Name (Please Print)

3/21/00
Date of Inspection

Margaret Cangro
Inspector's Signature

March 2001
Approximate Date of Next Inspection

AIRS ID#: 1010340 AVE

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Majik Town Cleaners **DATE:** 3/21/00

FACILITY LOCATION: 1420 Seven Springs Rd
New Port Richey, FL 34655

Annual Reporting Period: 3-3-1999 TO 3-21-2000

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. ☒ YES ☐ NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting 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 compliance during the reporting 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 on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Rajesh Bhula (Name (Please Print)) _____ (Signature) 3/21/00 (Date)

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

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

10 AIRS ID # 1010340001AG
RICK BHULA
MAJIK TOUCH CLEANERS
3312 LITHIA PINECREST RD
VALRICO FL 33594

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 8-17

C. Signature
X [signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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 Number *(Copy from service label)*
7000 0520 0020 9372 9712

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0020 9372 9712

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
$	

Postmark Here

10 AIRS ID # 1010340001AG
RICK BHULA
MAJIK TOUCH CLEANERS
3312 LITHIA PINECREST RD
VALRICO FL 33594

y mailer)

PS Form 3800, [illegible] or Instructions

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 400649

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

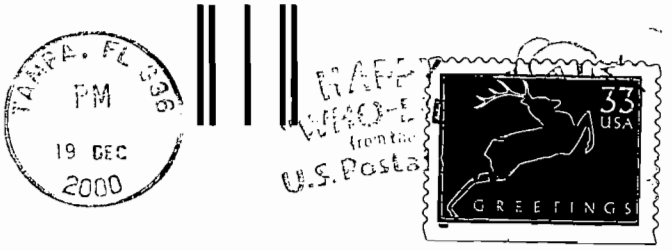
TOTAL AMOUNT DUE: $50.00

Do NOT Remove Label

AIRS ID # 1010340
MAJIK TOUCH CLEANERS
RICK BHULA
3312 LITHIA PINECREST RD
VALRICO FL 33594

RECEIVED
MAIL ROOM
DEC 21 0

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



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

32315X3070

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING ✓ 0391608

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

TOTAL AMOUNT DUE: $50.00

RECEIVED
MAIL ROOM
JAN 28 00

RECEIVED
FEB 1 2000
Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

AIRS ID # 1030340
SCOTT'S CUSTOM CLEANERS
JAMES R SCOTT JR
755 NORTH INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 33770

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write *"Return Receipt Requested"* on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID#: 1010340
REMA INVESTMENTS INC
PETER PATEL
3312 LITHIA PINECREST RD
VALRICO FL 33594

4a. Article Number
P265 302 274

4b. Service Type
☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
2-19-97

5. Received By: *(Print Name)*
PAT THOMAS

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*
X Pat Thomas

PS Form **3811,** December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

P 265 302 274

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

AIRS ID#: 1010340
REMA INVESTMENTS INC
PETER PATEL
3312 LITHIA PINECREST RD
VALRICO FL 33594

Postage	$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$
Postmark or Date	2/17/97

PS Form **3800,** April 1995

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 260892

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

RECEIVED
MAIL ROOM

FEB 19 97

TOTAL AMOUNT DUE: $50.00

Do NOT Remove Label

AIRS ID# 1010340
REMA INVESTMENTS INC
PETER PATEL
3312 LITHIA PINECREST RD
VALRICO FL 33594

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

301182 ✓

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#1010340
REMA INVESTMENTS INC
PETER PATEL
3312 LITHIA PINECREST RD
VALRICO FL 33594

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0355164 ✓

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

RECEIVED
MAIL ROOM
DEC 23 98

TOTAL AMOUNT DUE: $50.00

RECEIVED
DEC 29 1998
Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

AIRS ID # 1010340
MAJIK TOUCH CLEANERS
PETER PATEL
3312 LITHIA PINECREST RD
VALRICO FL 33594

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING ✓ 331650

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 # 1010340
MAJIK TOUCH CLEANERS
RICK BHULA
3312 LITHIA PINECREST RD
VALRICO FL 33594

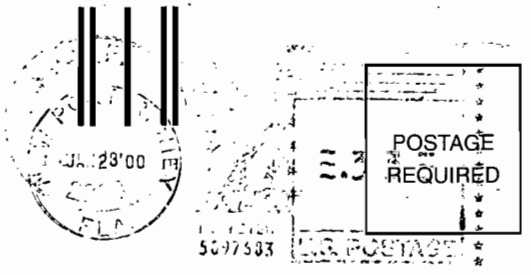
Bureau of Air Monitoring & Mobile Sources

RECEIVED
FEB 2 2000

RECEIVED
MAIL ROOM
JAN 31 00

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

Majik Touch Cleaners
1420 Seven Springs Blvd.
New Port Richey, FL 34655



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Post Office Box 3070
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32315X3070