

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

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,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Louis Fernandez, Southwest District

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

Printed on recycled paper.

	#1/10340
	Majik Touch Cleaners
P.14	1.(a) if controls installed, add date control device installed;
	176) mark out "X" and initial

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	racinty Name and Location
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	REMA INVESTMENTS INC. Site Name (For example, plant name or number):
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: County: Zip Code: 34655 Facility Identification Number (DEP Use):
5.*	Facility Identification Number (DEP Use): 1010340
	Responsible Official
	Number of Title of Demonstrate Officials
о.	Name and Title of Responsible Official:
	PETER PATEL PRESIDENT
7.	Responsible Official Mailing Address: Organization/Firm: MAJIK TOUCH
	Street Address: 3312 LITHIA PINECREST RA.
	Street Address: 3312 LITHIA PINECREST RA. City: County: Zip Code: VALRICO HILLS BOROUGH 33594
8.	
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	PICK BHULA, PLANT MANAGER
10.	Facility Contact Address: 1420 SEVEN SPRINGS
	Street Address:
	City: NEW PORT RICHEN County: PASCO Zip Code: 34655
11.	Facility Contact Telephone Number: Telephone: $(8/3) 372 - 1/85$ Fax: $(-)$
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SEP 3 1946

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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 Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1) 03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		. 7.7 1.	- N						Tarina Langua
(1) w/ ref. condenser	1	08-DEC91							
(2) w/ carbon adsorber									
(3) w/ no controls						_			
Washer Unit	`	e in the second	· a· · · · · ·		-				
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			4.						Nef a
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber		ı				,			
(12) w/ no controls									
(c) No control devices are 2.(a) What was the total q 360 (b) If less than 12 montly Check why it is less	are re uant gallo	equired to be ity of perchlo ons ow many? [_	installed [_ oroethylene (perc)	purchased in				[]
3. What is the facility's son (Indicate with an "X". S Existing small are Existing large are	Selec ea so	t one classifi	cation only.) Ne	ew sm	nitions found nall area sour	rce [3) of 	Part II?	

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4. What control technology is required on machines pursua (Indicate with an "X".)	nt to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber Refri	gerated condenser [X]
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units she to Rule 62-213.300, F.A.C. Verify that all steam and hot we exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a 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 Re	cordkeeping Information
Check all logs which are required to be kept on-site in acco	
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	[//o]
(e) Instrument calibration	[40]
(f) Start-up, shutdown, malfunction plan	

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Surrender of Existing Air Permit(s)

	Surrender of Existing Air Fermit(s)
Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
Ľ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form. Imptly 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: Zin Code:
10000	NEW PORT RICHEY PASCO 34655
.5.	Facility Identification Number (DEP Use): 1070340
	Responsible Official
6.	Name and Title of Responsible Official:
	PETER PATEL PRESIDENT
7.	Responsible Official Mailing Address: Organization/Firm: MAJIK TOUCH
	Street Address: 3312 117110 PINECEST RA
	Street Address: 3312 LITHIA PINECREST RA. City: County: Zip Code: VALRICO HILLSBOROUGH 33594
	VALRICO HILLSBOROUGH 33594
8.	Responsible Official Telephone Number: Telephone: (8/3) 654 - 2323 Fax: (8/3) 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: (8/3) 372-//85 Fax: (_)
	the state of the s
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Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
•		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit	<u> </u>	WDEC 90							
(1) w/ ref. condenser	1.6		2010/20196						1
(2) w/ carbon adsorber	<i>A F</i>	DO BOOM	10000						
(3) w/ no controls									
Washer Unit				1	·		·	L	<u> </u>
(4) w/ ref. condenser		T							
(5) w/ carbon adsorber									<u> </u>
(6) w/ no controls									
Dryer Unit			-						<u>,I</u>
(7) w/ ref. condenser			1			1			
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit					<u>.</u>				
(10) w/ ref. condenser									I .
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the	are re quant gallo	equired to be ity of perchlons ow many? [_	installed [perc)	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	t one classifi	cation only.)	•	nitions found	\ /	3) of	Part II?	
Existing large are	ea sou	urce [🌉]	Ne	w lai	rge area sour	ce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of (Indicate with an "X".)	Part II of this notification form?
Existing large area source Carbon adsorber [] Refrigerated condenser	
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating unit 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 boiler HP or less), and (2) are fired exclusively by natural gas except for perioduring which propane or fuel oil containing no more than one percent sulfur is	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping Infor	mation
Check all logs which are required to be kept on-site in accordance with the req	uirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	LX
(d) Carbon adsorber exhaust perc concentration monitoring	[//0]
(e) Instrument calibration	[40]
(f) Start-up, shutdown, malfunction plan	LX

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

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)
ιXi	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

<u>8-30-1996</u>. Date

5 - 6- 1997.

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

·	
FACILITY NAME: Majik Touch Cleaners	DATE: <u>3/4/97</u>
FACILITY LOCATION: 1430 Seven Springs Blod	
New Port Richey, Fr 34655	
77	
Annual Reporting Period: 1996 TO Marc	h y 1997
Based on each term or condition of the Title V general air permit, my facility has remained in compl	liance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	/ /
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	
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 r	reporting period stated above:
Exact period of non-compliance: fromto	
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 made in this notification are true, accurate and complete. Further, my annual consumption of perchapon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry factory for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature	loroethylene solvent, based
T - IKESIDENT	

Page / of /

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

TITLE V AIR QUALITY GENERAL PERMIT

. ,	INSPECTIO	N SUMM	ARY REPO	ORT ($\bigcap_{V} \mathcal{L} C$	EIVE
TYPE OF INSPECTION:	ANNUAL 🔀	COMPL	AINT/DISCO	/ERY	RE-INSPE	ECTION
TIME IN:	TIME OUT:		· .	AIRS ID#: <i>[]</i>	inaila	' ' 0 139/
TYPE OF FACILITY: 'DC					Sureau of	Air Monitorin
FACILITY NAME: Man	k Touch Cla	aners			DATE: 34/	Sources
FACILITY LOCATION: /	1420 Seven Se	- Vina	Blix		_ 	
	Jew Port Rich	less.	β 3	4655		·
RESPONSIBLE OFFICIAL:	Peter Patel		РНО	NE NUMBER	13/372	-1185
compliance with DEP I Based on the results of	the compliance requiremen Rule 62-213.300, Florida Ac the compliance requiremen	dministrative	Code (F.A.C.).		
discrepancies were note COMPLIANCE REQ		EM	FOLLO'	W-UP ACTIO	ON REQUIF	RED
`			•			
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•						
COMMENTS:						·
		*				
	•					
The Annual Compliance Certific	ation form has been properl	y certified a	nd submitted to	the inspector.	YES	мо[_]
DATE OF NEXT INSPECTIO	$_{N:}$ \mathcal{M}_{N}	ARCH	198			
	1 ,	(Approx	imate)	,		
INSPECTION CONDUCTED	BY: MARGA	RET	CANGK	0		
	h. ————————————————————————————————————	(Please	Print)		n 1	
INSPECTOR'S SIGNATURE:	Margaret (angs	PHON	E NUMBER:_	13/744-	6100
	·	Pageof	1.		,	X/25 Revised 10/96

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MAR 1-0 1997

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

Bureau of Air Monitoring & Mobile Sources

	COMI DALLICE	uibi de i ioi	CABCICAGI	<u> </u>	urec3
TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	. Д	COMPLAINT/DISC	COVERY	
AIRS 1D#: 1010340	DATE: 3/4/9	7 TIME	IN: TIP	ME OUT:	
FACILITY NAME:	yek Touch	h Clea	ners		
FACILITY LOCATION:	1420 Seve	n Sprin	ras Blid		——
		34655			
		7.05			
PART I: NOTIFICATION					
(check appropriate box)					. /
1. Existing facility notified DA	-			•	A
2. New facility notified DARM		•			a
3. Facility failed to notify DAI	RM to use general per	mit 			Q
PART II: CLASSIFICATIO					
Facility indicated on notificat (check appropriate box)	ion form that it is:				
1. Existing small area sou dry-to-dry only, x<140 gal/y transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)		2. New small dry-to-dry only transfer only, x both types, x<1 (constructed or	, x<140 gal/yr <200 gal/yr	٥	
3. Existing large area soundry-to-dry only, 140 <x<2, (constructed="" 1="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" ga="" only,="" td="" transfer="" types,=""><td>00 gal/уг gal/уг l/ут</td><td>transfer only, 2 both types, 140</td><td>area source , 140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td><td>·</td></x<2,>	00 gal/уг gal/уг l/ут	transfer only, 2 both types, 140	area source , 140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,>		·
This is a correct facility classif	ication	OY N			
If no, please check the appropr					
	ied for a general perm is above limits and is				

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?	MA □N		
2. Examining the containers for leakage?	ØY □N		
3. Closing and securing machine doors except during loading/unloading?	Xy □n		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	KóY □N		
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON MINIA		
PART IV: PROCESS VENT CONTROLS			
In Part II-A:			
If classification 1 has been checked, no controls are required. Proceed to Part V	<i>i</i> .		
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 refr (complete ${\bf A}$ and ${\bf B}$ below).	igerated condenser		
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)			
Equipped all machines with the appropriate vent controls?	AY ON		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AND UD ONIA		
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	MY ON ON/A		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	חט אם		
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	MY ON		
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OR ON		

1 2	. 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	ΩИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ΩΝ	
	Is the temperature differential equal to or greater than 20° F?	ΟY	ПN	
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПΝ	
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	DИ	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY.	ΠN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	QY	ПN	□N/A
	DESCRIPTION OF THE PROPERTY OF			
PA	ART V: RECORDKEEPING REQUIREMENTS			
H	as the responsible official: heck appropriate boxes)	. 1		
H: (cl	as the responsible official:	ÆY	□и	
H: (c)	as the responsible official: heck appropriate boxes)	DY PY		
H: (c) 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	APY.	ПИ	
H: (c) 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	•	ПИ	
H: (c) 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	APY.	UN UN	
H: (cl. 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	PEY KY KY		N/A
H: (cl 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	PEY KY KY		ÍN/A
H: (cl 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? Gor direct reading instruments only)			ÍN/A
H: (cl 1. 2. 3. 4. 5. 6.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ÍN/A MA
H: (cl 1. 2. 3. 4. 5. 6.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	ANY ANY DY DY DY DY		N/A
H: (cl 1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?			KN/A N/A
H: (cl 1. 2. 3. 4. 5. 6. 7.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?			NA

.}

				<u> </u>		
2.	Which method of detection is used by	the respo	nsible offi	cial?		is .
	Visual examination (condensed	solvent or	n ex terior	surfaces)	Œ	.4
	Physical detection (airflow felt t	hrough ga	iskets)		ex	
	Odor (noticeable perc odor)			,	$\mathbf{A}_{i}^{(i)}$	
	Use of direct-reading instrumen	tation (FI	D/PID/cal	orimetric tubes)	q	
	If using direct-reading instrum					
	a. Capable of detecting	g perc vap	or concen	trations in a range of 0-500 ppm?	OY O	N
	b. Calibrated against a	standard	gas prior	to and after each use		
	(PID/FID only)?					N
	c. Inspected for leaks a	and obviou	ıs signs of	wear on a weekly basis?	OY O	N
	d. Kept in a clean and	secure are	a when n	ot in use?	OY O	N
	e. Verified for accurac	y by use o	f duplicate	e samples (calorimetric only)?		N .
3.	Has the facility maintained a leak log	?			OY O	N
4.	Does the responsible official check the	e followin	g areas for	r leaks?		
	Hose connections, fittings,				•	•
	couplings, and valves	Y	ПИ	Muck cookers	S Y	ומם
	Door gaskets and seating	фY	□N	Stills	PY	□и
	Filter gaskets and seating	фұ	ΩИ	Exhaust dampers	ΗY	מם.
	Pumps	ф	ΠN	Diverter valves	ďΥ	ΠN
	Solvent tanks and containers	фұ	□N	Cartridge filter housings	þγ	□И
	Water separators	фУ	ИП			
_						

Name of Responsible Official

MARGARET (ANGR)

Inspector's Name (Please Print)

Magazet (Angra)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

ace

(dyl)

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	COMPLIANCE INSP.			
TYPE OF INSPECTION:	ANNUAL) 2/	COMPLAINT/DISCOVE	RY 🖸
	RE-INSPECTION			
AIRS 10#: 1010340	DATE 3/4/08	TIME I	2 1/2 TIME O	um. 1:50
AIRS ID#: 1010 590	DATE: J/ F/ 7 U	IIME I	N: 1. W. D. ITME O	JI: //40
FACILITY NAME://	rappe Touch	. Clea	nera	
FACILITY LOCATION:	1420 Seven	Sprin	go Ká	
facility name:/} facility location:	New Port 1	Richer	34655	
RESPONSIBLE OFFICIAL	: Peter Patul	2	_phone: <u>\$13/</u> 659	1-2323
CONTACT NAME:	· · · · · · · · · · · · · · · · · · ·		PHONE:	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	1 30 days prior to startup			
2. Facility failed to notify DAI	RM to use general permit		•	
			: <u>= ~:</u>	
PART II: CLASSIFICATIO	N			
			DN if action form	
Facility indicated on notificat (check appropriate box)	30n form that it is:		☐ No notification form☐ Drop store/out of busing	ess/petroleum
A. 1. Existing small area sou	rce 🛭 2. 1	New small a	rea source	
dry-to-dry only, x < 140 gal			x < 140 gal/yr	
transfer only, x < 200 gal/y	r tran	nsfer only, x	< 200 gal/yr	
both types, x < 140 gal/yr		h types, $x < 1$		
(constructed before 12/9/91)) (cor	astructed on	or after 12/9/91)	
	\ 1		•	
3. Existing large area sou	rce 🔯 4, 1	New large a	rea source	•
3. Existing large area sou dry-to-dry only, $140 \le x \le 2$		New large a -to-dry only,	rea source \square 140 \leq x \leq 2,100 gal/yr	
dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,8$	2,100 gal/yr dry- 00 gal/yr tran	-to-dry only, asfer only, 20	$140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$	·
dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1.8$ both types, $140 \le x \le 1.800$	2,100 gal/yr dry- 00 gal/yr tran gal/yr both	to-dry only, asfer only, 20 th types, 140	$140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	
dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,8$	2,100 gal/yr dry- 00 gal/yr tran gal/yr both	to-dry only, asfer only, 20 th types, 140	$140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$	
dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1.8$ both types, $140 \le x \le 1.800$	2,100 gal/yr dry- 00 gal/yr tran gal/yr both) (cor	to-dry only, usfer only, 20 th types, 140 unstructed on	$140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	
dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1.8$ both types, $140 \le x \le 1.800$ (constructed before $12/9/91$) 5. This is a correct facility of the following of the following specific construction of the following construction of th	2,100 gal/yr dry- 00 gal/yr tran gal/yr both) (cor classification \Box Y	to-dry only, nsfer only, 20 th types, 140 instructed on	$140 \le x \le 2,100 \text{ gal/yr}$ $100 \le x \le 1,800 \text{ gal/yr}$ $100 \le x \le 1,800 \text{ gal/yr}$ $100 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	
dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1.8$ both types, $140 \le x \le 1.800$ (constructed before $12/9/91$) 5. This is a correct facility of the facility of	2,100 gal/yr dry- 00 gal/yr tran gal/yr both) (cor classification DY c appropriate classification ity qualified for a general	-to-dry only, 20 th types, 140 nstructed on N	$140 \le x \le 2,100 \text{ gal/yr}$ $100 \le x \le 1,800 \text{ gal/yr}$ $100 \le x \le 1,800 \text{ gal/yr}$ $100 \times x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) Can not determine	
dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,8$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$) 5. This is a correct facility of the facility of	2,100 gal/yr dry- 00 gal/yr tran gal/yr both) (cor classification \Box Y	-to-dry only, 20 th types, 140 nstructed on N	$140 \le x \le 2,100 \text{ gal/yr}$ $100 \le x \le 1,800 \text{ gal/yr}$ $100 \le x \le 1,800 \text{ gal/yr}$ $100 \times x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) Can not determine	
dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,8$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$) 5. This is a correct facility of the facility of	e,100 gal/yr dry- 00 gal/yr tran gal/yr both) (cor classification \(\sqrt{y}\) c appropriate classification ity qualified for a general ity exceeds above limits ar	to-dry only, nsfer only, 20 th types, 140 instructed on N	$140 \le x \le 2,100 \text{ gal/yr}$ $100 \le x \le 1,800 \text{ gal/yr}$ $100 \le x \le 1,800 \text{ gal/yr}$ $100 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) Can not determine The sumber 2 above gible for a general permit	nis dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) Y DN DN/A 1. Storing perchloroethylene in tightly scaled and impervious containers? DN DN/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 AND UN 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? 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) WY ON 1. Equipped all machines with the appropriate vent controls? MY DN DN/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 ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated ØY □N condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN XON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after NO YÔX 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 locate on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	d) dy en
2,	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DON DON A NO A YOU A
	Is the temperature differential equal to or greater than 20°F?	ALA DU DUNA
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	/
	if machines are equipped with a carbon adsorber?	OY ON TONA
	Is the perc concentration equal to or less than 100 ppm?	OY ON ZÍNA
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,	
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	DY ON KN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON tó n/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ØN/A

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

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?			MO Y		
2.	Has the facility maintained a leak log?			X Y ON		
3.	Does the responsible official check the f	following areas for leaks?				
	Hose connections, fittings, couplings, and valves	A\N□ N□ YX	Muck cookers	אואם אם אוא	¥	
	Door gaskets and seating	AND ND YES	Stills	אומם מם צא	¥.	
	Filter gaskets and seating	AND NO YS	Exhaust dampers	MY ON ON/A		
	Pumps	AVNO NO YES	Diverter valves	AY ON ON/A	`	
	Solvent tanks and containers	AINO NO YE	Cartridge filter housings	AND NO YA		
	Water separators	AVA UN UN/A				
4.	Which method of detection is used by th	ne responsible official?				
	Visual examination (condensed so	lvent on exterior surfaces)	•	₽ (
	Physical detection (airflow felt thro	ough gaskets)		Ø		
-	Odor (noticeable perc odor)			Ø.		
	Use of direct-reading instrumentat	tion (FID/PID/calorimetric	tubes)			
	Halogen leak detector					
	If using direct-reading instru	amentation, is the equipm	ient:	ØN/A		
	a. Capable of detecting p	erc vapor concentrations in	n a range of 0-500 ppm?	OY ON		
	b. Calibrated against a st (PID/FID only)?	tandard gas prior to and aft	ter éach use	OY ON		
	c. Inspected for leaks and	d obvious signs of wear on	a weekly basis?	DY DN		
	d. Kept in a clean and se	cure area when not in use?	?	OY ON		
	e. Verified for accuracy t	by use of duplicate samples	s (calorimetric only)?	OY ON		

MARGAKET CANGRO	3/4/98
Inspector's Name (Please Print)	Date of Inspection
Margaret Cangro	March 99
Inspector's Signature	Approximate Date of Next Inspection

airs id#: 1010346



MAR 1 6 1998

6

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM Burn

Bureau of Air Monitoring
& Mobile Sources

10	or Modifie Sources
FACILITY NAME: Maple Touch Cleaners	DATE: 3/4/98
FACILITY LOCATION: 1420 Seven Springs Rd	
FACILITY LOCATION: 1420 Seven Springs Rd New Port Richey 34655	
,	
Annual Reporting Period: 3/4 1997 TO	3/4 1998
Based on each term or condition of the Title V general air permit, my facility has remained in 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statemen	\ <u>-</u>
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance durin	g the reporting period stated above:
Exact period of non-compliance: from	of Advis —
Action(s) taken to achieve compliance:	f Aer /
Method used to demonstrate compliance:	o'ck his -
#2. Term or condition of the general permit that has not been in continuous compliance durin	g the reporting period stated above:
Exact period of non-compliance: from	· · · · · · · · · · · · · · · · · · ·
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 reas made in this notification are true, accurate and complete. Further, my annual consumption of upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Peter Patel Name (Please Print) Signa	f perchloroethylene solvent, based dry facilities or 1,800 gallons per

^{*}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

COMPLAINT/DISCOVERY

ANNUAL

TYPE OF INSPECTION:

RE-INSPECTIO	ם א
	99 TIME IN: 9:40 TIME OUT: 10:10
FACILITY NAME: Majthe Touch	Coursel
FACILITY LOCATION: 1420 Seve	n Springs Rd
New Port	Richey 34655
RESPONSIBLE OFFICIAL:	Phone: 727-372-1185
CONTACT NAME:	PHONE:
	72
PART I: NOTIFICATION	M.
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	tup & B C C C C C C C C C C C C C C C C C C
2. Facility failed to notify DARM to use general per	mit Open Open Open Open Open Open Open Open
	ou i
PART II: CLASSIFICATION	es on
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ 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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	Y ON OCan not determine
If no, please check the appropriate classific facility qualified for a ge facility exceeds above lin	nation: neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pure facility was gallons.	archased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN MN/A DY DN MAN/A 2. Examining the containers for leakage? MY DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at XY ON ON/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? 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? KAY 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 DYY 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 Y ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after MIN Y 🔼 verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	ls 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?	DY DN DN/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?	OY ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	Ø(Y □N			
2. Maintained rolling monthly total of perc consumption?	Ø(Y □N			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ANA			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אינק אם עם			
4. Maintained calibration data? (for applicable direct reading instruments)	אימים אם אם			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DANA			
6. Maintained startup/shutdown/malfunction plan?	DY DN			
7. Maintained deviation reports?	DY DN DXIA.			
Problem corrected?	DY DN ANA			
8. Maintained compliance plan, if applicable?	AND NO YO			

PA	PART VI: LEAK DETECTION AND REPAIRS				
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			Oprý on	
2.	Has the facility maintained a leak log?			AN ON	
3.	Does the responsible official check the fo	ollowing areas for leaks?			
	Hose connections, fittings, couplings, and valves	DY ON ONIA	Muck cookers	OXY ON ON/A	
	Door gaskets and seating	MY ON ON/A	Stills	MY ON ON/A	
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	OXY DN DN/A	
	Pumps	DY ON ON/A	Diverter valves	AY ON ON/A	
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	ENY ON ON/A	
	Water separators	MY ON ON/A			
4.	Which method of detection is used by the	e responsible official?		,	
	Visual examination (condensed sol	lvent on exterior surfaces)		4	
	Physical detection (airflow felt thro	&			
	Odor (noticeable perc odor)			B -	
	Use of direct-reading instrumentati	ion (FID/PID/calorimetric	tubes)		
	Halogen leak detector		`.		
	If using direct-reading instru	mentation, is the equipme	ent:	XN/A .	
	a. Capable of detecting po	erc vapor concentrations in	a range of 0-500 ppm?	OY ON	
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				
	c. Inspected for leaks and	d obvious signs of wear on	a weekly basis?	OY ON	
	d. Kept in a clean and sec	cure area when not in use?		□Y □N	
	e. Verified for accuracy b	by use of duplicate samples	s (calorimetric only)?	OY ON	

MARGARET CANGRO	3-2-99
Inspector's Name (Please Print)	Date of Inspection
Murganed Canorio (Inspector's Signature)	Approximate Date of Next Inspection

AIRS 10#: 1010340

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

				14-40-1
FACILITY NAME: Majik 18			DA	TE: 3-2-99
FACILITY LOCATION: 1420	Seven	Springs Rd		,
FACILITY LOCATION: 1420 New Port	Richey,	F 34655		
) 	-		
Annual Reporting Period:	3-5-	19 <u>98</u> то	3 - 2	1999
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	-		\ ~ X	h DEP Rule
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_	Que Map	K
Action(s) taken to achieve compliance:			13.0x A	0,0
Method used to demonstrate compliance:			The State of the S	39 0
#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, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	and complete. Fur does not exceed 2,	ther, my annual consumpt 100 gallons per year for a	tion of perchloroethy Iry-to dry facilities of	lene solvent, based
RATESH	me (Please Print)	ı	Signature	Date

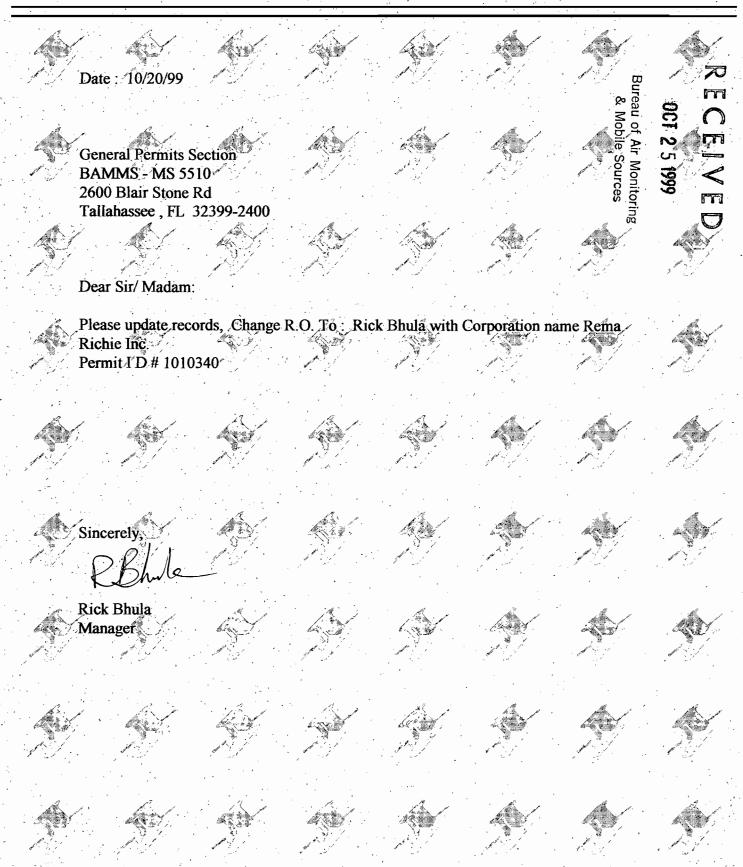
^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

DR	Y CLEANER AIR QUALITY GENERAL P	∠
	ANNUAL COMPLIANCE CERTIFICATION FO	ECENTER 198
	Do <u>NOT</u> Remove Label	Ces
Annual Reporting Period:	19TO	19
62-213.300, Florida Administrative	the Title V general air permit, my facility has remained in complete Code (F.A.C.), during the period covered by this statement.	YES □NO
Exact period of non-compliance: fr	om to	PRE'C MAIL JAN
Action(s) taken to achieve compliar	•	ROI ROI
Method used to demonstrate compli		8 30
#2. Term or condition of the genera	al permit that has not been in continuous compliance during the re	eporting period stated above:
Exact period of non-compliance: fr	omto	
Action(s) taken to achieve complian	ice:	·
Method used to demonstrate compli	ance:	
notification are true, accurate and con	rtify, based on information and belief formed after reasonable inquiry nplete. Further, my annual consumption of perchloroethylene solvent for dry-to dry facilities or 1,800 gallons per year for transfer or comb	t, based upon purchase receipts,
RESPONSIBLE OFFICIAL: <u>R</u>	Name (Please Print) Signature	a 124/98 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.

majik touch cleaners

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



Chelsea Place 1420 Seven Springs Blvd. Ridgemoore 36121 E. Lake Rd. Pasco Square 7307 SR 54 River Crossing 5344 Little Rd. Majik Touch Cleaners 1420 Seven Springs Blvd. New Port Richey, FL 34655





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

32339-2400

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	Æ,	COMPLAINT/DISCOVERY	
	RE-INSPECTION	o		
			,	
AIRS ID#: 1010 340			N: 12:35 TIME OUT:	1:00
FACILITY NAME: May				
FACILITY LOCATION: 15	120 Jeven	Sprin	op Rd	
RESPONSIBLE OFFICIAL :	Lew Port Ri	chey	34655	·
RESPONSIBLE OFFICIAL :	Rajesh B	hula	PHONE: 727-654	2323
CONTACT NAME:			PHONE:	
<u> </u>				
PART I: NOTIFICATION				
(check appropriate box)	20.1			
1. New facility notified DARM	•			
2. Facility failed to notify DAR	M to use general permit	t ————		
PART II: CLASSIFICATION	4			
Facility indicated on notification			☐ No notification form	-
Facility indicated on notification (check appropriate box)			☐ No notification form ☐ Drop store/out of business/	petroleum
Facility indicated on notification	on form that it is: ce	ansfer only, $x < 1$ oth types, $x < 1$	□ Drop store/out of business/j rea source x < 140 gal/yr < 200 gal/yr	petroleum
Facility indicated on notification (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	on form that it is: ce	ry-to-dry only, ansfer only, x oth types, x < 1 constructed on. New large at ry-to-dry only, ansfer only, 20 oth types, 140	Drop store/out of business/j rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour 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 sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)	on form that it is: Tree	ry-to-dry only, ansfer only, x oth types, x < 1 constructed on. New large a ry-to-dry only, ansfer only, 20 oth types, 140 constructed on	Drop store/out of business/j rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	petroleum -
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour 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 sour dry-to-dry only, 140 \le x \le 2, transfer only, 200 \le x \le 1,800 g (constructed before 12/9/91) 5. This is a correct facility cle If no, please check the facility	on form that it is: ce	ry-to-dry only, ansfer only, x oth types, x < 1 constructed on. New large ary-to-dry only, ansfer only, 20 constructed on. Y No. In the second of the second on the second on. In the second on the second on.	□ Drop store/out of business/j rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr 00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91) □ Can not determine	petroleum

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

PART III: GENERAL CONTROL REQUIREMENTS

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?	DY M
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	□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?	DY DN DN/A
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/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?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser toils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

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

P	ART VI: LEAK DETECTION AND I	REPAIRS				
1.	Does the responsible official conduct a	weekly (for	small sources, l	oi-weekly) leak detection as	nd rep	air
	inspection?				₽ (?	ПN
2.	Has the facility maintained a leak log?				ØYY	ПN
3.	Does the responsible official check the	following ar	eas for leaks?			
	Hose connections, fittings, couplings, and valves	DHY ON	□n/a	Muck cookers	Ø(Y	□N □N/A
	Door gaskets and seating	DY ON	□N/A	Stills	23 'Y	□N □N/A
	Filter gaskets and seating	אם צים	□N/A	Exhaust dampers	Ø (Y	□N □N/A
	Pumps	ØY DN	□N/A	Diverter valves	E YY	□N □N/A
	Solvent tanks and containers	ØY □N	□N/A	Cartridge filter housings	ďу	□N □N/A
	Water separators	√ØY □N	□N/A			
4.	Which method of detection is used by	the responsib	le official?			
	Visual examination (condensed s	olvent on ext	erior surfaces)		P	
	Physical detection (airflow felt th	rough gasket	ts)		N DA	
	Odor (noticeable perc odor)				Ø	
	Use of direct-reading instrumenta	ation (FID/PI	D/calorimetric	tubes)	ū	
	Halogen leak detector					
	If using direct-reading instr	umentation,	is the equipme	ent:	XIN/	Ά .
	a. Capable of detecting	perc vapor c	oncentrations ir	a range of 0-500 ppm?	ΩY	N
	b. Calibrated against a s (PID/FID only)?	standard gas _l	prior to and afte	er each use	ΘY	ΠN
	c. Inspected for leaks ar	nd obvious si	gns of wear on	a weekly basis?	ΠY	□N
	d. Kept in a clean and s	ecure area wl	hen not in use?		ΩY	□N
	e. Verified for accuracy	by use of du	plicate samples	(calorimetric only)?	ΩY	וא□

MARGARET CANGRO	3/21/00
Inspector's Name (Please Print)	Date of Inspection
Margaret Canaro Inspector's Signature	March 2001 Approximate Date of Next Inspection

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Majik To	uch Cleaners	DATE: 3/21/00
FACILITY LOCATION: 1420	oven Springs Rd	·
New Port Re		5
Annual Reporting Period:	<u> 3-3-</u> 199 то _	3-21-2000
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	- · · · · · · · · · · · · · · · · · · ·	
If NO, complete the following:		•
#1. Term or condition of the general permit	that has not been in continuous compliance	ce during the reporting period stated above:
Exact period of non-compliance: from	t	0
Action(s) taken to achieve compliance:		•
Method used to demonstrate compliance:		
#2. Term or condition of the general permit	that has not been in continuous compliance	ce during the reporting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:	<u> </u>	
Method used to demonstrate compliance:		
		ėt
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Further, my annual consum	ption of perchloroethylene solvent, based
RESPONSIBLE OFFICIAL: Ray	h Bhula DEW me (Please Print)	Signature $\frac{3/21/80}{\text{Date}}$

^{*}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 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 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: AIRS ID # 1010340001AG RICK BHULA	A. Received by (Please Print Clearly) C. Signature X
MAJIK TOUCH CLEANERS 1312 LITHIA PINECREST RD /ALRICO FL 33594	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) PS Form 3811, July 1999	73.72 97/2 102595-00-M-0952

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7	VALRICO FL 33	3594	2
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MAJIK TOUCH CLEANERS RICK BHULA

3312 LITHIA PINECREST RD

VALRICO FL 33594

FOR GOVERNMENT COE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273



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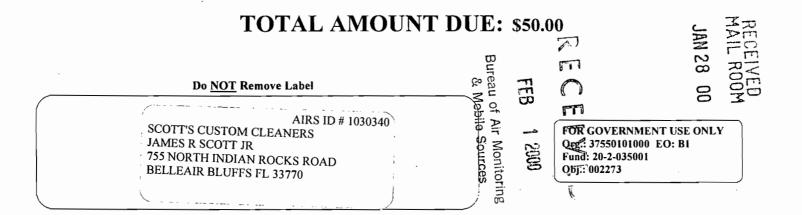
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Fund: 20-2-035001 Obj.: 002273

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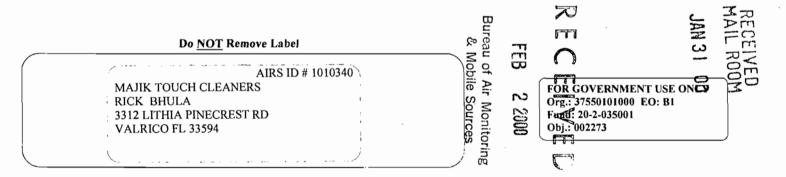
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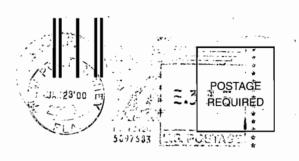
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Majik Touch Cleaners 1420 Seven Springs Blvd. New Port Richey, FL 34655



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