

# Department of Environmental Protection

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

November 25, 1996

Virginia B. Wetherell Secretary

Mr. Rajendra Dyanand Trim-n-Tidy Cleaners 4525 South Florida Avenue Lakeland, Florida 32813

Re: Facility I.D. No. 1050288

Dear Mr. Dyanand:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 4, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Louis Fernandez, Southwest District

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



# Department of **Environmental Protection**

leb Bush Governor

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

David B. Struhs Secretary

September 20, 2001

Mr. Rajendra Dyanand Trim-N-Tidy Cleaners and Laundry 46-16 Luce Road Lakeland, Florida 33813

Dear Mr. Dyanand:

Thank you for your submittal of the Perchloroethylene Dry Cleaner Air General Permit Notification Form. The Department received your submittal on September 20.

In reviewing your submittal, it was noted that Trim-N-Tidy Cleaners and Laundry elected to surrender its existing Title V air general permit (AIRS ID 1050288). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

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

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring

and Mobile Sources

SB/jw Enclosure

cc: Mr. Bill Proses, Southwest District "More Protection, Less Process"

Printed on recycled paper.

Trim—Tidy Cleaners

225 West Highland Drive

APR 22000

Aboland, FL 33813

5481

April 13, 2000 Margaret Cangro Dept. of E.P.A. Division of Air Resource Man. **Southwest District** 

Dear Margaret Cangro,

ers ve took place I am writing you to inform you that Trim- Tidy Cleaners Has moved to 225 West Highland Drive in Lakeland, Florida. The move took place as of March 25, 2000. Vito Ferrari Co. did all the moving of the equipment. The Move was done without any incident. We are keeping up with all the regulation And laws with the new place. If you have any question please call me and we will see you on your next visit.

Thank You

Trim/- Tidy Cleaners. Ray Dyanand: Owner.

#1050288

### Perchloroethylene Dry Cleaning Facility Notification

### Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
F	Site Name (For example, plant name or number):  Tim-N-Tim Cleaner + Laundry  Herordous Waste Generator Identification Number:
2.	Site Name (For example, plant name or number):
	rim-N-Tily Cleaner + Laundry
3.	Hazardous Waste Generator Identification Number:
	Facility Location: 4525 South Florida Aue Street Address:
	City: Lakeland County: Polk Zip Code: 33813  Facility Identification Number (DEP Use):
5.	Facility Identification Number (DEP Use):
	1050288
	Responsible Official
6.	Name and Title of Responsible Official:
	RaJENdra Dyanand
7.	Responsible Official Mailing Address:
	Organization/Firm: Trim-N-TIDY Cleaners
	City: 1 South Florida Ave Zin Code:
	Organization/Firm: Trim-N-TIDY Cleaners Street Address: 4525 South Florida Ave City: County: Polk Responsible Official Telephone Number:
8.	Responsible Official Telephone Number:
	Telephone: (94) 644 5481 Fax: ( ) -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -

RECEIVED

SEP A 1996

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

# 1050288

10-3-96 Spoke to Rajendra
Pyanand, he is the
Owner. His boiler
Unit is exempt.

P.13
G. add title - Owner

P.14
I. (b) Should not be
marked
I. (c) Should be marked

P.15
5. mark the first box

(c) + (d) is not

required

### **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 Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed		Purchased	Installed	ID	Purchased	Installed
Type of Machine	110	1 urchaseu	Ilistancu	עון	1 dichased	mstaricu	ID	· ·	mstaricu
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit							e e		* *
(1) w/ ref. condenser									
(2) w/ carbon adsorber	# 1	08-BEC-	9108DBC	91					
(3) w/ no controls			1						
Washer Unit		1 1 1							
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		The grade and the		1,	1 . 3. 4	:		1.5	41.1
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	. "				*** *				
(10) w/ ref. condenser				l				1	
(11) w/carbon adsorber									
(12) w/ no controls					-				
<ul> <li>(b) Control devices are</li> <li>(c) No control devices</li> <li>2.(a) What was the total of the control devices</li> <li>(b) If less than 12 mont Check why it is less</li> </ul>	are re quanti gallo hs, he	equired to be ity of perchlons ow many? [_	installed [_ proethylene (	perc)	_] purchased in				
3. What is the facility's son (Indicate with an "X".  Existing small are Existing large are	Selec ea so	t one classifi urce []	cation only.) Ne	ew sm	nitions founc nall area sour ge area sourc	ce [	3) of   	Part II?	

DEP Form No. 62-213.900(2)

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 []
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 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
(b) Leak detection inspection and repair  (c) Refrigerated condenser temperature monitoring  (d) Carbon adsorber exhaust perc concentration monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration
(e) Instrument calibration  (f) Start-up, shutdown, malfunction plan
DEP Form No. 62-213.900(2) Page 15 of 16

### Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statement maintain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will prof	Imptly notify the Department of any changes to the information contained in this notification. $ \frac{8}{24} \frac{4}{96} $ Date

DEP Form No. 62-213.900(2)

### BEST AVAILABLE COPY

### Perchloroethylene Dry Cleaning Facility Notification

### Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
FOODUAY MARKET Of hake Alfred INC.  2. Site Name (For example, plant name or number):	
2. Site Name (For example, plant name of number).	
Trim-N-Tity Cleaner + Laundry  3. Hazardous Waste Generator Identification Number:	
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: 4525 South Florida Ave Street Address:	
City: Lakeland County: Polk Zip Code: 33813	
5. Facility Identification Number (DEP Use):	
1050288	
Responsible Official	
6. Name and Title of Responsible Official:	
RaJENdra Dyavand, Owner	
7. Responsible Official Mailing Address:	
Street Address: US 25 South Ti	İ
City: Lakeland F1 Polk Zip Code: 338/3	
8. Responsible Official Telephone Number:	
Telephone: (94) 644 5481 Fax: ( ) -	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address:	
Carles Address.	
Street Address: City: County: Zip Code:	
11. Facility Contact Telephone Number:	
Telephone: ( ) - Fax: ( ) -	

RECEIVED

SEP 4 1996

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

Page 13 of 16

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.

		Date Machine	Date Control		Date Machine	Control		Machine 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-9
Dry-to-Dry Unit									
	#1		09 NDV96						
	#-	OS DEC	91 080 Ex	91					
(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		·			1				
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
<ul> <li>(b) Control devices are</li> <li>(c) No control devices</li> <li>2.(a) What was the total of the control of the contr</li></ul>	are requanting gallo	equired to be ty of perchlons ow many? [_	installed [_ proethylene (j	y perc)	purchased in				
3. What is the facility's son (Indicate with an "X". Existing small are Existing large are	Selec ea soi	t one classifi	cation only.) Ne	w sn	nitions found nall area sour	rce []	3) of	Part II?	

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

(Indicate with an "X".)	ed on machines j	pursuant to section (5) of	Part II of this notification form?
Existing large area source Carbon adsorber		Refrigerated condenser	
New small area source Refrigerated condenser			
New large area source Refrigerated condenser	·		
5. A facility which contains non-exe to Rule 62-213.300, F.A.C. Verify t exemption criteria or that no such ur All steam and hot water generating to	hat all steam and hits exist on-site:	I hot water generating uni	ts on-site meet the following
boiler HP or less), and (2) are fired during which propane or fuel oil cor	exclusively by no	atural gas except for perio	ds of natural gas curtailment
All steam and hot water generating to No such units on-site	units exempt		
Equipme	nt Monitoring a	nd Recordkeeping Infor	mation
Check all logs which are required to	be kept on-site i	n accordance with the req	uirements of this general permit:
(a) Purchase receipts and solvent pur	rchases		4
(b) Leak detection inspection and rep	pair		4
(c) Refrigerated condenser temperate	ure monitoring		4
(d) Carbon adsorber exhaust perc co	ncentration mon	itoring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunction	plan		

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

### Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
· []	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
4	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade 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 it it all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pron	apply notify the Department of any changes to the information contained in this notification.  S 24/96  Date

DEP Form No. 62-213.900(2)

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 💢	COMPLA	INT/DISCOVERY	RE-INSPECTION
TIME IN:	TIME OUT:		AIRS ID#:	1050288
TYPE OF FACILITY: DC FACILITY NAME: Trun FACILITY LOCATION: 45		Sleener Osida 328		у DATE: 1/14/97
RESPONSIBLE OFFICIAL:	rjendrá Dy	anand	PHONE NUMB	er: <u>941-644-2323</u>
Based on the results of th compliance with DEP Ru Based on the results of th discrepancies were noted:  COMPLIANCE REQUI	le 62-213.300, Florida Ac	dministrative (	Code (F.A.C.). uring this inspection, the	λ · · · ·
<u> </u>				
			7	· .
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
				· ·
COMMENTS: Keep perc pur	chase 9ec	eipts		
The Annual Compliance Certificati	on form has been properly	98		tor. YES NO
INSPECTION CONDUCTED BY	: Margaret	(Approximate) (Approximate) (Please Property)	rint)	
INSPECTOR'S SIGNATURE:	" nargaret	eage of	O PHONE NUMBE	R: <u>813-744-6100</u> X/25 Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	COMPLAINT/DISC	COVERY
AIRS ID#: 1050288 D FACILITY NAME: Trim	, , ,	<del></del>	ME OUT:
FACILITY LOCATION: 4		S. Florida Ave	
PART I: NOTIFICATION			
(check appropriate box)			<u> </u>
Existing facility notified DAR	M bv 9/1/96	Ar .	
2. New facility notified DARM 3	_	1un	
3. Facility failed to notify DARM	-	•	
PART II: CLASSIFICATION			
Facility indicated on notification (check appropriate box)	n form that it is:		
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, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" ga="" gal="" only,="" td="" transfer="" types,="" y=""><td>gal/yr l/yr</td><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2,>	gal/yr l/yr	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>	
This is a correct facility classifica	tion	<b>M</b> Y ON	
If no, please check the appropriat	e'classification:	•	
	for a general pernabove limits and is	nit as number above not eligible for a general permit	
B. The total quantity of perchloro facility was $\bigcirc$ gallons.	ethylene (perc) pu	rchased within the preceding 12 month	s by this dry cleaning

# Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A:

In Pa	art II-A:	NE Students
	If classification 1 has been checked, no controls are required. Proceed to Part	<b>v.</b>
	If classification 2 has been checked, the machine should be equipped with a refu (complete A below).	rigerated condenser
	If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber ministalled prior to September 22, 1993	•
	If classification 4 has been checked, the machine should be equipped with a refu (complete A and B below).	rigerated condenser
	Ias the responsible official of all new sources and existing large area sources: k appropriate boxes)	
1. Ec	quipped all machines with the appropriate vent controls?	□Y ·□N
2. Ec	nuipped dry-to-dry machines with a closed-loop vapor venting system?	□Y □N □N/A
	quipped the condenser with a diverter valve so airflow will be directed away from the indenser upon opening the door?	OY ON ON/A
	easured and recorded the temperature of the outlet exhaust stream of a refrigerated ndenser on a weekly basis?	OY, ON
	epaired or adjusted the equipment within 24 hours if the exhaust temperature of the ndenser exceeded 45°F?	Y. □N
	onducted all temperature monitoring after an appropriate cooldown period and after rifying that the coolant had been completely charged?	OY ON

В	. Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟÝ	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser	1, 1		
	inlet and outlet weekly?	ΠY	ПN	
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠИ	·
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	ΠN	Ţ
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	ΟN	·
<b>5</b> .	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΠN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПΝ	□N/A
	,			
P	ART V: RECORDKEEPING REQUIREMENTS			
H	ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: heck appropriate boxes)			
<b>H</b> (c	as the responsible official:	υΥ	<b>BU</b>	
H (c	as the responsible official: heck appropriate boxes)		pgh.	
H (c) 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	□Y □Y	ph.	
H (c 1.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?	Y Y	ON properties	NA
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:			NA NA
H (c 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	ΩY	ПN	NA- NA
H (c 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?	□Y □Y	   אם	
H (c) 1. 2. 3. 4. 5.	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?	□Y □Y	_и _и_	A/A
H (c) 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?	OY OY OY	□N □N □N	A/A
H (c) 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?	OY OY OY	ОИ ОИ ОИ	QM/A XNA
H. (c) 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 deviation reports?			QM/A XNA
H. (c) 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?			XXVA XNA XNA XNA
H: (c) 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?			XXI/A X NA X Na X Na

					HER HER ST. ST. S. LINGSTEIN CONTRACT
2.	Whic	ch method of detection is used by	the respon	sible official?	कि वर्षे क्राइट विस्तास के
		Visual examination (condensed	solvent on	exterior surfaces)	general and the second
	, a	Physical detection (airflow felt t	hrough ga	skets)	and the state of t
		Odor (noticeable perc odor)			A Commence of the Commence of
	٧. <u>.</u>	Use of direct-reading instrument	tation (FIL	D/PID/calorimetric	
		If using direct-reading instrum	aentation,	is the equipment:	s ind temperature.
		a. Capable of detecting	perc vapo	or concentrations in	n a range of 0-500 ppm? □Y □N :
	No. a	b. Calibrated against a (PID/FID only)?			
	s 🛴	c. Inspected for leaks a	nd obviou	s signs of wear on	a weekly basis? ☆ ೧೯೦೯೦ અロゲーロN
		d. Kept in a clean and	secure are	a when not in use?	The state of the s
		e. Verified for accurac-	v by use of	duplicate samples	(calorimetric only)?
3.	Has t	the facility maintained a leak log?			0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0
		the responsible official check the		areas for leaks?	The state of the s
		Hose connections, fittings,		,	the state of a background
		couplings, and valves	<b>₹</b> DY	ПΝ	Muck cookers
	-	Door gaskets and seating	$\beta_{\Lambda}$	ПИ	Stills Q Q
		Filter gaskets and seating	<b>E</b> Y	ПΝ	Exhaust dampers
		Pumps	<b>E</b> AN	ПN	Diverter valves Diverter valves
		Solvent tanks and containers	BA	ПN	Cartridge filter housings (IV)
		Water separators	BA	ПИ	process backers as

A -

Rajendra Dyanand	. *	W (A)
Name of Responsible Official	· .	gradient state of the state of
Margaret Cangro		1/14/97
Inspector's Name (Please Print)	·	1/94
Inspector's Signature	<del></del> ., <del>_</del>	Approximate Date of Next Inspecti

BEST AVAILABLE COPY

AIRS ID#: \_ /050288

# DRY CLEANER AIR QUALITY GENERALE PERMITS TO DISTRICT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: FOODWAY M	arKet	of Lake	Alfred	INC	DATE:C	3/24/97
FACILITY LOCATION: 45-25	- <u>S</u>	outh	Flor	ida A	1e	
Lakeland F	11 3	381	<u>ع</u> ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ			
DBA Trin-N-	Tidy	Clea	nels d	Laund	( /	
Annual Reporting Period:		19 <i>9<b>6</b></i>	то	9/,/		1927
Based on each term or condition of the Title V ge	eneral air peru	nit my facilit	v has remaine	d in complianc	e with DEP R	ule
62-213.300, Florida Administrative Code (F.A.C.	-			\ <u>.</u>		lno
If NO, complete the following:	<i>"</i>	•		•		
#1. Term or condition of the general permit that	has not been i	n continuous	compliance d	uring the repor	ting period st	ated above:
				REC	CELV	ED
Exact period of non-compliance: from			to		<del></del>	
Action(s) taken to achieve compliance:				-5	EP 3 199	
Method used to demonstrate compliance:	~		· .		u of Air Mon Mobile Sourc	•
• • • •		••	:		,	
#2. Term or condition of the general permit that h	has not been in	n continuous	compliance d	uring the repor	ting period sta	ated above:
Exact period of non-compliance: from			to			
Action(s) taken to achieve compliance:						
Method used to demonstrate compliance:						<del></del>
As the responsible official, I hereby certify, based made in this notification are true, accurate and coupon rolling averages of purchase receipts, does never for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	emplete. Furth	ier, my annu	al consumption or year for dry	n of perchloroe	sthylene solver s or 1,800 ga	nt, based

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

# RECEIVED

SEP 5 1997

Bureau of Air Monitoring & Mobile Sources

I have the

### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTI	COMPLAINT/DISCOVERY D
AIRS ID#: 050288 DATE: 76	Cleaners Time out: 12:10
FACILITY LOCATION: 4525 S	Florida Aur & Sa 23 23 23 23 23 23 25 25 25 25 25 25 25 25 25 25 25 25 25
	Dynand PHONE: 941-644-58
•	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
I. New facility notified DARM 30 days prior to st	tartup
2. Facility failed to notify DARM to use general p	permit $\square$
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	: ☐ No notification form ☐ Drop store/out of business/petroleum
· · · · · ·	
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petroleum  2. New small area source '
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum  2. New small area source ' dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classification facility qualified for a general property of the second	Drop store/out of business/petroleum  2. New small area source ' dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)  YY □N □Can not determine

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

PART III: GENERAL CONTROL REQUIREMENTS

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?	DY ON ON/A	١.
	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?	OY ON ON/A	L
	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	١.
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?	DÁY ON
2. Maintained rolling monthly total of perc consumption?	QY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ÁY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	□Y □N ŻĘ√A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ZÁN/A
6. Maintained startup/shutdown/malfunction plan?	ØY □N
7. Maintained deviation reports?	DY DN ZIN/A
Problem corrected?	DY DN DNA
8. Maintained compliance plan, if applicable?	מאלל אם עם

PA	ART VI: LEAK DETECTION AND	REPAIRS		
1.	Does the responsible official conduct	a weekly (for small source	es, bi-weekly) leak detection as	nd repair
	inspection?			NO VE
2.	Has the facility maintained a leak log?	,		<del>βx</del> □ν
3.	Does the responsible official check the	e following areas for leaks	s?	.5
	Hose connections, fittings, couplings, and valves	AND ND Y	Muck cookers	EX ON ON/A
	Door gaskets and seating	ĎY □N □N/A	Stills	Y ON ON/A
	Filter gaskets and seating	ON ON/A	Exhaust dampers	AVNO NO YE
	Pumps	AND NO YES	Diverter valves	DN/A
	Solvent tanks and containers	A/NO NO YO	Cartridge filter housings	A DN DNA
	Water separators	₩Y □N □N/A		
4.	Which method of detection is used by	the responsible official?	4	
	Visual examination (condensed	solvent on exterior surfac	es)	F
	Physical detection (airflow felt t	hrough gaskets)	•	<u>a</u>
	Odor (noticeable perc odor)			, Ġ
	Use of direct-reading instrument	tation (FID/PID/calorimet	ric tubes)	
	Halogen leak detector			
	If using direct-reading inst	rumentation, is the equi	pment:	A/NØ
	a. Capable of detecting	perc vapor concentration	is in a range of 0-500 ppm?	OY ON
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON
	c. Inspected for leaks a	and obvious signs of wear	on a weekly basis?	OY ON
	d. Kept in a clean and	secure area when not in us	se?	OY ON
	e. Verified for accurac	y by use of duplicate sam	ples (calorimetric only)?	אם עם

Inspector's Name (Please Print)

Date of Inspection

Caragro

Inspector's Signature

Approximate Date of Next Inspection

AIRS ID#: 1050288

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Trim - N-Tic	dy Cleane	275	DATE: 7/6/98
FACILITY LOCATION: 4525	S. Florida	Ave.	
•	33813	•	
Annual Reporting Period:	8-25-	_19 <u>9</u> 7 то	7-6-1998
Based on each term or condition of the Title of 62-213.300, Florida Administrative Code (F.			# - ·
If NO, complete the following:			P.
#1. Term or condition of the general permit t	hat has not been in c	ontinuous compliance duri	ng the reporting period stated a love:
Exact period of non-compliance: from		to	* SI, 23 10.
Action(s) taken to achieve compliance:		,	016,11,14
Method used to demonstrate compliance:			The life life
#2. Term or condition of the general permit the	hat has not been in ∝	ontinuous compliance duri	ng the reporting period stated above:  RECEIVED
Exact period of non-compliance: from		to	JUL 2 1 1998
Action(s) taken to achieve compliance:			DEPT. OF ENV. PROTECTION
Method used to demonstrate compliance:	<u> </u>	·	NORTHEAST DISTRICT - JA
As the responsible official, I hereby certify, barade in this notification are true, accurate and upon rolling averages of purchase receipts, do vear for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	d complete. Further, es not exceed 2,100 g	my annual consumption of	f perchloroethylene solvent, based dry facilities of 1,800 gallons per

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

, , ,		
AÍRS ID#:	1050288	
AUG ID#.	1000000	

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

<u> </u>	· · · · · · · · · · · · · · · · · · ·
FACILITY NAME: FOODWAY Market	TINC DBA: DATE: 3/10/97
FACILITY LOCATION: 4525 SOUTH	- Tidy cleaners Florida Aue
Lakeland Fl 33	8/3
Annual Reporting Period: Jan 15	1997 to March 15 1997
Based on each term or condition of the Title V general air per	mit, 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 1/97
Action(s) taken to achieve compliance:	ept all neords on premisi
Method used to demonstrate compliance:	nt a file case at the job
#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 RECEIVED
Action(s) taken to achieve compliance:	FEB 2 5 1997
Method used to demonstrate compliance:	· · · · · · · · · · · · · · · · · · ·
<u> </u>	Bureau of Air Monitoring & Mobile Sources
made in this notification are true, accurate and complete. Fur	ion and belief formed after reasonable inquiry, that the statements other, my annual consumption of perchloroethylene solvent, based 100 gallons per year for dry-to dry facilities or 1,800 gallons per

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

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

no C

AIRS ID#1050288 FOODWAY MARKET OF LAKE ALFRED INC RAJENDRA DYANAND 4525 SOUTH FLORIDA AVE LAKELAND FL 33813

	Do NOT Remove La	ibel	
Annual Reporting Period:	78 1998	ro <u>                                     </u>	19 <i>_75</i>
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F. If NO, complete the following: #1. Term or condition of the general permit	A.C.), during the period covered by	y this statement. YES	□NO
Exact period of non-compliance: from  Action(s) taken to achieve compliance:  Method used to demonstrate compliance:	•	to	TANL ROOM
#2. Term or condition of the general permit	that has not been in continuous con		period stated above:
Exact period of non-compliance: from  Action(s) taken to achieve compliance:  Method used to demonstrate compliance:	JAN 2 2 1998  Bureau of Air Monito  & Mobile Source	tooring	
As the responsible official, I hereby certify, base notification are true, accurate and complete. Findoes not exceed 2,100 gallons per year for dry-to-complete. RESPONSIBLE OFFICIAL:	urther, my annual consumption of per o dry facilities or 1,800 gallons per yea	rchloroethylene solvent, based up	on purchase receipts,

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

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL _	COMPLAI	NT/DISCOVERY	RE-INSPECTION
TYPE OF FACILITY: PD C	TIME OUT:		AIRS ID#:_	1020788
FACILITY NAME: True FACILITY LOCATION: 45	m.n-Tidy C 25 S. Flored	leaner. a Ave	ν	DATE: 7/14/98
RESPONSIBLE OFFICIAL: Y	Riland Rajendin Dija	rand	PHONE NUME	BER: 941 - 644 - SUSI
132	the compliance requirements rule 62-213.300, Florida Adı		_ ·	e facility is found to be in
Based on the results of the discrepancies were note	the compliance requirements d:	s evaluated du	ring this inspection, the	e following compliance
COMPLIANCE REQU	JIREMENT/PROBLE	CM .	FOLLOW-UP A	CTION REQUIRED
				· .
		-		
				<del></del>
				70
			: 	APR 1
				9 1999 ir Monitor
COMMENTS:				ing gr
The Annual Compliance Certification	ation form has been properly	certified and	submitted to the inspe	ctor. YES NO
DATE OF NEXT INSPECTION		Alli	1999	
INSPECTION CONDUCTED	BY: MARGA	4RET	CANGRO	
INSPECTOR'S SIGNATURE:	Unguet Cano	(Please Pr	PHONE NUMB	er:813/744-6100
	i) D	/ ageof	<u>.</u> .	Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	⊠r	COMPLAINT/DISCOVER	Υ
	RE-INSPECTION	,		
	101201101	_		<b>7</b>
1150200	7/2,/00	<u> </u>	9:11-	120 F
AIRS ID#: 1050288	_' , ' \alpha'	, ,	5	
FACILITY NAME: IMA	n-n-Tidy (	leaver	٥	No F
FACILITY LOCATION: _	1525 S. FU	orida	Anto	2 y
		32813		1999 Monitor
RESPONSIBLE OFFICIAL :	· O D	1	A 1, ( ,1, (	ces
RESPONSIBLE OFFICIAL	: Kay Dyax	and	PHONE: 441-694.	-S#81
CONTACT NAME:			PHONE:	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARN	A 30 days prior to startup			
2. Facility failed to notify DAI	RM to use general permit			
	<del></del>			
PART II: CLASSIFICATIO	N			
PART II: CLASSIFICATIO	<del>_</del>		□ No notification form	
Facility indicated on notificat	<del>_</del>		☐ No notification form ☐ Drop store/out of busines	ss/petroleum
Facility indicated on notificat (check appropriate box) A.	tion form that it is:		☐ Drop store/out of busines	ss/petroleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sou	tion form that it is:	New small a	☐ Drop store/out of busines	SS/petroleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sou dry-to-dry only, x < 140 gal	tion form that it is:  arce 2.  Vyr dry	y-to-dry only,	☐ Drop store/out of busines  rea source ☐  x < 140 gal/yr	ss/petroleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gale transfer only, x < 200 gal/yr	tion form that it is:  cree 2.  Vyr dry tra	y-to-dry only, insfer only, x	□ Drop store/out of busines  rea source □  x < 140 gal/yr < 200 gal/yr	Ss/petroleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sou dry-to-dry only, x < 140 gal	tion form that it is:  arce 2.  Vyr dry tra bo	y-to-dry only, ansfer only, $x < 1$ th types, $x < 1$	□ Drop store/out of busines  rea source □  x < 140 gal/yr < 200 gal/yr	ss/petroleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gally both types, x < 140 gally (constructed before 12/9/91)	tion form that it is:  2.  Vyr dry tra bo ) (cc	y-to-dry only, unsfer only, $x = 0$ th types, $x < 1$ constructed on	□ Drop store/out of busines  rea source  x < 140 gal/yr < 200 gal/yr  40 gal/yr or after 12/9/91)	ss/petroleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gally both types, x < 140 gally (constructed before 12/9/91)  3. Existing large area sounds.	tion form that it is:  2.  Vyr dry  r tra  bo  ) (cc  rce	y-to-dry only, unsfer only, x on th types, x < loonstructed on New large as	□ Drop store/out of busines  rea source  x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)  rea source	ss/petroleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gally both types, x < 140 gally (constructed before 12/9/91)	tion form that it is:  2.  1/yr dry  1 tra  bo  (cc)  1/yr dry  1 tra  2.  4.  2.  2.  4.  2.  2.  4.  2.  2.	y-to-dry only, unsfer only, x on the types, x < loor loor loor loor loor loor loor lo	□ Drop store/out of busines  rea source  x < 140 gal/yr < 200 gal/yr  40 gal/yr or after 12/9/91)	SS/petroleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	tion form that it is:  2.  1/yr dry tra bo (cc 2,100 gal/yr dry 00 gal/yr tra gal/yr bo	y-to-dry only, unsfer only, x on the types, x < 1 on structed on  New large as y-to-dry only, unsfer only, 20 oth types, 140	Drop store/out of business  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 40 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $= 0 \le x \le 1,800 \text{ gal/yr}$ $= x \le 1,800 \text{ gal/yr}$	ss/petroleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gain transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,8	tion form that it is:  2.  1/yr dry tra bo (cc 2,100 gal/yr dry 00 gal/yr tra gal/yr bo	y-to-dry only, unsfer only, x on the types, x < 1 on structed on  New large as y-to-dry only, unsfer only, 20 oth types, 140	Drop store/out of business  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 40 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$	Ss/petroleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	tion form that it is:  2.  1/yr dry  1 tra  2.  1/yr dry  2.  1/yr dry  2.  1/yr dry  2.  2.  4.  2.  2.  2.  2.  3.  4.  2.  3.  4.  4.  3.  4.  4.  5.  6.  6.  6.  6.  6.  6.  6.  6.  6	y-to-dry only, unsfer only, x on the types, x < 1 on structed on  New large as y-to-dry only, unsfer only, 20 oth types, 140	Drop store/out of business  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 40 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $= 0 \le x \le 1,800 \text{ gal/yr}$ $= x \le 1,800 \text{ gal/yr}$	SS/petroleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gally both types, x < 140 gally (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility of	tion form that it is:  2.  1/yr  1/yr  2.  1/yr   y-to-dry only, unsfer only, x th types, x < 1 onstructed on  New large as y-to-dry only, unsfer only, 20 onstructed on y 1 onstructed on y	Drop store/out of business  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )	ss/petroleum	
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility of the second types, please check the	tion form that it is:  arce 2.  l/yr dry  r tra  bo  colored 4.  2,100 gal/yr dry  00 gal/yr tra  gal/yr bo  classification  c appropriate classification	y-to-dry only, ansfer only, x on the types, x < 1 on tructed on New large as y-to-dry only, ansfer only, 20 on the types, 140 on tructed on y \bigcup	Drop store/out of business  rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )  Can not determine	Ss/petroleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gallyre both types, x < 140 gallyre (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,8 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility of facility	tion form that it is:  2.  1/yr  1/yr  2.  1/yr   y-to-dry only, which types, x < 1 constructed on New large any-to-dry only, unsfer only, 20 ch types, 140 constructed on Y \bigsim N	□ Drop store/out of business  rea source x < 140 gal/yr < 200 gal/yr .40 gal/yr or after 12/9/91)  rea source 140 ≤ x ≤ 2,100 gal/yr 0 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91)  □ Can not determine  mber above	ss/petroleum	
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gallyre both types, x < 140 gallyre (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,8 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility of facility	tion form that it is:  arce 2.  l/yr dry  r tra  bo  ) (cc  2,100 gal/yr dry  00 gal/yr tra  gal/yr bo  classification  e appropriate classification  lity qualified for a general lity exceeds above limits a	y-to-dry only, unsfer only, x th types, x < 1 onstructed on New large any-to-dry only, unsfer only, 20 th types, 140 onstructed on Y \bigcup N	□ Drop store/out of business  rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)  rea source 140 ≤ x ≤ 2,100 gal/yr 0 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91)  □ Can not determine  mber above jible for a general permit	

### Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY 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 DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY 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:			
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 [	אכ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	Y [	ו אם	⊃n/a
	Is the temperature differential equal to or greater than 20° F?	OY (	ו אם	⊃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 yenting to the adsorber,			
	if machines are equipped with a carbon adsorber?		ו אב	⊃N/A
	Is the perc concentration equal to or less than 100 ppm?	OY (	ו אב	□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?		ו אב	⊃N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY (	ו אם	⊃n/a
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y (	ו א⊏	□N/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: AND NO YES 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 AN/A and parts installed w/in 5 days of receipt? DY ON MIN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DON/A 5. Maintained exhaust duct monitoring data on perc concentrations? MO N 6. Maintained startup/shutdown/malfunction plan? DY DN XN/A 7. Maintained deviation reports? DY DN MY/A Problem corrected? DY DN QWA 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS			
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair			
inspection?			DAY ON
2. Has the facility maintained a leak log?			XY DN
3. Does the responsible official check the	following areas for leaks?		
Hose connections, fittings, couplings, and valves	GY ON ON/A	Muck cookers	אוחם אם צסצ
Door gaskets and seating	MY ON ON/A	Stills	GA ON ONIA
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	QY ON ON/A
Pumps	DY ON ON/A	Diverter valves	AND NO YA
Solvent tanks and containers	AVA ON ON/A	Cartridge filter housings	#Y ON ON/A
Water separators	Y ON ON/A		
4. Which method of detection is used by the	he responsible official?		
Visual examination (condensed so	olvent on exterior surfaces)		Þ
Physical detection (airflow felt th	rough gaskets)		Á
Odor (noticeable perc odor)	<b>X</b>		
Use of direct-reading instrumenta			
Halogen leak detector			
If using direct-reading instrumentation, is the equipment:			<b>⊅</b> XN/A
a. Capable of detecting perc 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)?			OY ON
c. Inspected for leaks and obvious signs of wear on a weekly basis?			DY ON
d. Kept in a clean and secure area when not in use?			מם עם
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON
<u></u>			
Margaret Canara 7/26/99			
Inspector's Name (Please Print)  Date of Inspection			
Margaret Cargo		<u>July</u>	2000
Inspector's Signature Approximate Date of			Next Inspection

AIRS 1D#: 1050288

Ace

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Trum . n-Tid		DA	TE: 7/26/99
FACILITY LOCATION: 4525	S. Florida Ave.		P
	FL 33813	BU	
		Real	
Annual Reporting Period:			<u>-76-1999</u>
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	V general air permit, my facility has .A.C.), during the period covered by	remained in compliance with	DEP Rule
If NO, complete the following:		·	
#1. Term or condition of the general permit	that has not been in continuous com	pliance during the reporting p	eriod 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 com	pliance during the reporting p	eriod 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 a upon rolling averages of purchase receipts, year for transfer or combination facilities.  RESPONSIBLE OFFICIAL: Responsible Name of the Responsibility of the Responsibili	and complete. Further, my annual co	onsumption of perchloroethyle	ene solvent, based
	<del></del>		

	1 1	
Page	of 1	

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

Trim-N-Tiby Cleaners 4525 South Florida Ave Lateland F133813





Twin Towers Office Blud
Twin Towers Office Blud
2600 Blair Stone Rd
Tallahassee, Fl 32399-2400

Tollandadddaddalladladladladladladladladla

THIS PORTION MUS1 - E ATTACHED TO REMITTANCE FOR PROPER HANDLING

258787

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

RECEIVED MAIL ROOM

JAN 23 97

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID# 1050288 FOODWAY MARKET OF LAKE ALFRED INC RAJENDRA DYANAND 4525 SOUTH FLORIDA AVE LAKELAND FL 33813 FOR GOVERNMENT USE ONLY

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

Obi.: 002273

### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0354364

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

# TOTAL AMOUNT DUE & EPO VED

Do NOT Remove Label

AIRS ID # 1050288 TRIM-N-TIDY CLEANER & LAUNDRY RAJENDRA DYANAND 4525 SOUTH FLORIDA AVE LAKELAND FL 33813 DEC 2 1 1998

RECEIVI MAIL RO DEC 15

Bureau of Air Monitoring

& Mobile STOUR CRESVERNMENT USE ONLY

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

Obj.: 002273



### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300340

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#1050288
FOODWAY MARKET OF LAKE ALFRED INC
RAJENDRA DYANAND
4525 SOUTH FLORIDA AVE
LAKELAND FL 33813

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

**TOTAL AMOUNT DUE: \$50.00** 

AIL RO

Do NOT Remove Label

AIRS ID # 1050288
TRIM-N-TIDY CLEANER & LAUNDRY
RAJENDRA DYANAND
4525 SOUTH FLORIDA AVE
LAKELAND FL 33813

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

399885

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

LAKELAND FL 33813

AIRS ID # 1050288 TRIM-N-TIDY CLEANER & LAUNDRY RAJENDRA DYANAND 225 WEST HIGHLAND DRIVE Bureau of Air Monitoring

63

FOR GOVERNMENT USE ONE Org.: 37550101000 EOQ1

Fund: 20-2-035001

Obj.: 002273

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
6			34 To 18 To	The same
675	_			7
75	Postage	\$ -		2
E-	Certified Fee		Bastoned	6,
딞	Return Receipt Fee (Endorsement Required)		Postmark Here	14.
0020	Restricted Delivery Fee (Endorsement Required)			12
	Total Postaç		•	1%
250	Recipient's RAJENDRA DYANAND			2
	Street, Apt. 1 TRIM-N-TIDY CLEANER & LAUNDRY 225 WEST HIGHLAND DRIVE City, State, z. LAKELAND FL 33813			
70[				B
<u></u>	PS Form 3800, Februa	arγ 2000	See Reverse for Instr	etions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Received by (Please Print Clearly) B. Date of Delivery  C. Signature  X		
0 AIRS ID # 1050288001AG RAJENDRA DYANAND IRIM-N-TIDY CLEANER & LAUNDRY 225 WEST HIGHLAND DRIVE LAKELAND FL 33813			
	3. Service Type  Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.		
00520002093126159	4. Restricted Delivery? (Extra Fee)		
Article Number (Copy from service label)			
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-00-M-0952		