

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

March 14, 1997

Mr. Niranjah J. Patel Shree Akshar Corporation 924 West Highway 436, #1250 Altamonte Springs, Florida 32714

Re: Facility No. 1170350

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 25, 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, 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 Nichols, Central District

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

1/8/97-ID#0950350 Changed To ID#1170350 herause of County Change Seb

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
SHREE AKSHAR CORPORATION (S)	
2. Site Name (For example, plant name or number):	
BRANTLEY CLEANERS	
3. Hazardous Waste Generator Identification Number:	
69-01-059414-49 SIC 7219	
Facility Location: 924 - W. Highway 436 - #1250 Street Address: City: ALTAMONTE SPRINGS. FL. Zip Code: 32714	
Street Address: Cirv. ATAMONTE County 5. 7in Code: 3.2714	
SPRITIES.	
5. Facility Identification Number (DEP Use): ———————————————————————————————————	
Responsible Official	
6. Name and Title of Responsible Official: Shree Akshur Corporation	ion
NIRAHJAH J. PATEL, Chairman	, - , ,
Responsible Official Mailing Address: Organization/Firm: 924 - W. Highway 436 - # 1250 Street Address:	
City: ALTAMONTE SPRINUS COUNTY FLORIDA Zip Code: 32714	
8. Responsible Official Telephone Number:	
Telephone: (407) 862- 5088 Fax: (-)	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager): Shoee Akshor Corp.	
Nixarijan J. Patel, Chairinan	
10. Facility Contact Address: 924- W. Highway 436-#1250	
Street Address: City: ALTAMONTE SPRINKS County: FLORIDA Zip Code: 32714	
11. Facility Contact Telephone Number:	
Telephone: (407) 862-5088 Fax: (-)	
RECEIVED	

SEP 2 5 1996

Bureau of Air Monitoring & Mobile Sources

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

#1170350

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	Brantley Cleaners
· ·	·
	boiler - under 298 HP and
	-spoke with Niranjan Patel- boiler - under 298 HP and fired by natural gas
p.13	4.47. add correct county
7-7-7	
P.14	1. (a) add date machine initially purchased - 1985 (see letter), and add date control device
	purchased - 1985 (see letter),
	and add date control device
	installed, if any
	1.(c) add "X"
	3. Should be existing small
	ama Source
P.15	5 add "X" to "All exempt"
	5. add "X" to "All exempt" 5.10)+5.(d) not required
P.Ile	-choose one

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.

Type of Machine ID Initially Device Installed ID Purchased Initially Device Installed ID Purchased ID Purchased Installed ID Installed ID	<u>-</u>		Date	Date		Date	Date		Date	Date
Type of Machine ID Purchased Installed ID ID Purchased ID Purchased ID Purchased ID Purchased ID Purchased ID Purchased ID Pu			Machine	Control		Machine	Control		Machine	Control
Example #1 03-OCT-93 12-NO1-93 #2 08-DEC-91 #3 02-MAR-92 02-MAR-92 Dry-to-Dry Unit (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ no controls (14) w/ ref. condenser (15) w/ carbon adsorber (17) w/ ref. condenser (18) w/ carbon adsorber (19) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (13) w/ no controls (14) w/ ref. condenser (15) w/ ref. condenser (17) w/ ref. condenser (18) w/ carbon adsorber (19) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (13) w/ no controls (14) w/ ref. condenser (15) w/ ref. condenser (17) w/ ref. condenser (18) w/ carbon adsorber (19) w/ ref. condenser (10) w/ ref. condenser (11) w/ ref. condenser (12) w/ ref. condenser (13) w/ ref. condenser (14) w/ ref. condenser (15) w/ ref. condenser (17) w/ ref. condenser (19) w/ ref. co	Turn of Machine	מז	_		ID.		1	וח		1
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No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest [12] months? Aug 196.	(12) w/ no controls									
Check why it is less than 12 months: New owner: New store: Did not keep records:	No control devices 2.(a) What was the total ((b) If less than 12 mon	are r quant galle	equired to be city of perchlons	e installed [_ oroethylene (perc)	purchased i				
	Fricting large of	-ea co	ource []	Ŋ.	eu- la	rge area com	tce [1		
Existing large area source [] New large area source []	. A EXISTING PARAGE AT	C4 50	MICE I	IN:	-w 14	ive area sou	ICC	1		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

 What control technology is required on machines p (Indicate with an "X".) 	oursuant 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 []	
A facility which contains non-exempt emissions ut to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	nits shall not be eligible to use the general permit pursuant I hot water generating units on-site meet the following
	nave a total heat input of 10 million BTU/hr or less (298 utural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring a	nd Recordkeeping Information
Check all logs which are required to be kept on-site in	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	(*)
(b) Leak detection inspection and repair	
(E)Refrigerated condenser temperature monitoring	[**]
(d) Carbon adsorber exhaust perc concentration mon	itoring
(e) Instrument calibration	₩ W
(f) Start-up, shutdown, malfunction plan	$oxed{\chi}$

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Surrender of Existing Air Permit(s)

	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 notif statemen maintain	
this notif statemen maintain comply v	ication. 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 with all terms and conditions of this general permit as set forth in Part II of this notification form.
this notif statemen maintain comply v	the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form. Impulsionally the Department of any changes to the information contained in this notification. Brantley Cleaners
this notif statemen maintain comply v	ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form. Impulsively the Department of syny changes to the information contained in this notification. Brantley Cleaners 924 W.S.R. 436, Suite 1250
this notif statemen maintain comply v	ication. 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 with all terms and conditions of this general permit as set forth in Part II of this notification form. Implify the Department of any changes to the information contained in this notification. Brantley Cleaners

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		Shree Akshar Corp. d/b/a Brantley Cleaners 924 W.S.R. 436, Suite 1250 Altomonte Springs, FL 32714 9 - 4 - 96
	T.	9-9-16
	To,	Rada N
	Department of Envisonmental Division of Air Resources Mar	10016(4101)
	DIVISION OF HIS KESOUXCES TRIGK	rayement
		· · · · · · · · · · · · · · · ·
	Day Six	
	Dear Respected Six,	
	Sub: Memberchine for F	li-itility Determination
	54b: Membership for E for a Title Y gir	amount lexist
	108 9 11FIE Y 918	Gesteson (coson)
	9 aprille Pox the 21	saibilit Den dax a
	9 apply for the 21 title y gir general permi business in 1, April, 1996 me guide and all kind of	to 9 bounds this
	business in 1 April 1996	So please cive
~	one avide and all kind of	information to
· · · · · · · · · · · · · · · · · · ·	me	
	ne, 9. Usc Valore de	rycleaning machine
·	it is made by Valore 200	$0 \subset 1 \subseteq 1$
	Cerial # 3911185-837	
1	Landing Capacity 25 Lbs	
	Volts 208. Phase 3	Cycles 60 Amer
	Sontressed Aix 71.85 FSS	48.6
	Steem 37.71 PS9. Wale	8 28.43 P59.
	We use chiller muchinc	for refrigerating
	Please let one know that	
	have to pay fees tox	
	, ,	(PTO)
·		

please send me regular information about the doycleaning bussiness of Thes and regulation that I can take right and perfect stept and decision. and please co-operate with us. Sam very sorry that I did not send this in right time because I application hure no help. Lo guide me. 9 will responsible for all the rules and regulation about envisorated protection Hpril 96. / hanking you. Yours Sincien

(heir man

Shree Akshar Corp. d/b/a **Brantley Cleaners** 924 W.S.R. 436, Suite 1250 Altamonte Springs, FL 32714

I send you my application blank but I gave you my drydeaning 17 formation take care Thanks again



Executive Director

STATE OF FLORIDA DEPARTMENT OF REVENUE

TALLAHASSEE, FLORIDA 32399-0100

May 2, 1996

General Tax Administration Child Support Enforcement Property Tax Administration Administrative Services Information Services

BRANTLEY CLEANERS 924 W SR 436 #1250 ALTAMONTE SPRINGS, FL 32714-0000

Dear Dealer:

You have been registered with the Department of Revenue at the MAITLAND TAX OFFICE. The following certificate number has been issued to your business.

69-01-059414-49/2

To assure proper handling of account, please use this number when contacting the Department of Revenue.

Based on your application, the first return is due 06/01/96 for the month of 05/96, and considered delinquent after 06/20/96.

Three DR-15CS return forms are provided in this package to report sales tax for the first three periods. The actual certificate and coupon book will be mailed from Tallahassee in two to four weeks.

If you have any questions about your responsibilities as a dealer/taxpayer, we are here to help you. Please call the Department of Revenue Taxpayer Service Center in your area for further assistance.

The Department of Revenue also offers <u>FREE</u> workshops on how to correctly prepare a sales tax return. Filing requirements and proper completion of returns will be discussed. You will also have the opportunity to ask questions related to your particular business. Please refer to the attached notice for the time, date and location of the next scheduled class for this area.

Individual seminars for organizations or large business are available upon request.

Sincerely,

MAITLAND TAX OFFICE 1241 SOUTH ORLANDO AVE MAITLAND, FL 32751 TELEPHONE NO. (407)623-1141

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT

	COMPLIANCE	INSPECTION CHECKLIST
TYPE OF INSPECTION:	ANNUAL	COMPLAINT DISCOVERY
	RE-INSPECTIO	
		·
AIRS 10#: 170350	DATE: 2/3/9	7 TIME IN: 2:25 TIME OUT: 2:40
FACILITY NAME:	RANGLEY C	LEANERS
FACILITY LOCATION: _9	24 W H	wy 436 # 1250
II .	A	SPRINGS, FZ, 32014
		JI VIII JEUIT
PART I: NOTIFICATION		
(check appropriate box)	D) (1 0/1/0/	
1. Existing facility notified DA	-	
2. New facility notified DARM		1/
3. Facility failed to notify DAR	M to use general per	rmit Y
1		
PART II: CLASSIFICATION		
Facility indicated on notificati (check appropriate box)	on form that it is:	
A.		
1. Existing small area sour		2. New small area source □
dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr	r ,	dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr
both types, x<140 gal/yr		both types, x<140 gal/yr
(constructed before 12/9/91)		(constructed on or after 12/9/91)
3. Existing large area sour	ce 🗆	4. New large area source
dry-to-dry only, 140 <x<2, 10<="" td=""><td></td><td>dry-to-dry only, 140<x<2, 100="" gal="" td="" yr<=""></x<2,></td></x<2,>		dry-to-dry only, 140 <x<2, 100="" gal="" td="" yr<=""></x<2,>
transfer only, 200 <x<1,800 g<br="">both types, 140<x<1,800 gal<="" td=""><td></td><td>transfer only, 200<x<1,800 gal="" yr<br="">both types, 140<x<1,800 gal="" td="" yr<=""></x<1,800></x<1,800></td></x<1,800></x<1,800>		transfer only, 200 <x<1,800 gal="" yr<br="">both types, 140<x<1,800 gal="" td="" yr<=""></x<1,800></x<1,800>
(constructed before 12/9/91)	7 91	(constructed on or after 12/9/91)
This is a correct facility classifi	cation	Mar □N
If no, please check the appropri	iate classification:	
☐ facility qualifi	ed for a general per	mit as number above
		s not eligible for a general permit
B . The total quantity of perchlo	proethylene (perc) pu	urchased within the preceding 12 months by this dry cleaning
facility was 7.5 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? IN. MACHINE AS NEEDED 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 □Y □N ØN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) UA UN 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 condenser on a weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

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?	i OY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y □N
Is the temperature differential equal to or greater than 20° F?	OY ON
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	
Is the perc concentration equal to or less than 100 ppm?	OY ON
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?	
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?	□Y □N □N/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
	MY DN
(check appropriate boxes)	NO YA
(check appropriate boxes) 1. Maintained receipts for perc purchased?	DY DN
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 	DY AN
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: 	
 (check 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 	□ч ∯и
 (check 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? 	oa apu oa apu
 (check 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) 	OY ON ON/A
 (check 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 ON OY ON ON/A OY ON
 (check 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 ON OY ON OY ON OY ON

DY DN

1. Does the responsible official conduct a weekly leak detection and repair inspection?

PART VI: LEAK DETECTION AND REPAIRS

2.	Which method of detection is used by	the respon	nsible offic	ial?		
	Visual examination (condensed s	solvent on	exterior s	urfaces)	\mathbf{x}	
	Physical detection (airflow felt th	ırough ga	skets)		/ 2	
	Odor (noticeable perc odor)			•		
	Use of direct-reading instrument	ation (FII	D/PID/calo	rimetric tubes)		
	If using direct-reading instrum	entation,	is the equ	ipment:		
	a. Capable of detecting	perc vapo	or concent	rations in a range of 0-500 ppm?	□Y (□и
	b. Calibrated against a (PID/FID only)?	standard	gas prior to	o and after each use		□N
	c. Inspected for leaks a	nd obviou	s signs of	wear on a weekly basis?	OY (□и
	d. Kept in a clean and	secure are	a when no	t in use?	□Y (□и
	e. Verified for accuracy	by use of	f duplicate	samples (calorimetric only)?	□Y (□и
3.	Has the facility maintained a leak log?				OY (M
4.	Does the responsible official check the	following	g areas for	leaks?	/	
	Hose connections, fittings, couplings, and valves	ÞΥ	□N	Muck cookers	∦ Y	ПN
	Door gaskets and seating	AY.	ПN	Stills	YY	ПN
	Filter gaskets and seating	XY	□N	Exhaust dampers	ΟY	□N
	Pumps	χY	ПN	Diverter valves	ďΥ	□N
	Solvent tanks and containers	þΥ	□N	Cartridge filter housings	AY Y	□N
	Water separators	XY	ПN		· ·	
	_					

Name of Responsible Official

LOUIS A. NICHOLS

Inspector's Name (Please Print)

Inspector's Signature

Approximate Date of Next Inspection

- NO CARD-

ADDITIONAL SITE INFORMATION:

- VALORE 35 LB MACAINE

- HAS CONTAINMENT PAN PLUS STORAGE
- MCF? PICKS UPWASTE (NOT SURE) DRUM,
- LEFT NOTIFICATION FORM & INSTRUCTIONS FOR OWNER TO CALL ME WITH ANY QUESTIONS.
- OWNER, NIRANIAN PATEL, NOT PRESENT_LEPT CARD AND INSTRUCTIONS ON RECORDS, BIC.

#1170350 Brantley Cleaners

	-spoke with Niranjan Patel- boiler - under 298 HP and	
1. Facility (boiler - under 298 HP and	
SHR	fired by natural gas	
2. Site Nam		
BRF	P.13 4.47 add correct county	
3. Hazardo		
69-01	P.14 1.(a) add date machine initially	
Facility Street A	purchased - 1985 (see letter),	
City: A	purchased - 1985 (see letter), and add date control device	14
5. Facility?	installed, if any	, , , , , , , ,
	1.(c) add "X"	'57
	3. Should be existing small	
6. Name an	area Source	Coxportion
NIRAN	p.15 5. add "X" to "All. exempt" 5.(c)+5.(d) not required.	: Cooposation
7. Respons	5.(C)+5.(d) not required	
Organiz Street A	P.16 -choose one	
City:	en de la companya de La companya de la co	2714
8. Respons	Corrections made 3/20/97	
Telepho		
	Jones a Michal	
	d Title of Facility Contact (For example, plant manager): Shoee Aksho	UX CORP.
Nixazija	an J. Patel, Chappyman	,
10. Facility C	Contact Address: 924- W. Highway 436-#1.	250
Street Ac	idress:	
City: AL	TAMONTE SPRINKS County: FLORIDA Zip Code: 327.	14
	Contact Telephone Number:	
Telephon		
		- 1/

SFP 2.5 1996

Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
SHREE AKSHAR CORPORATION (5)
2. Site Name (For example, plant name or number): BRANTLEY CLEANERS
3. Hazardous Waste Generator Identification Number:
69-01-059414-49 BIC 7219
4. Facility Location: 924 - W. Highway 436 - #1250 B.10.
City: ALTAMONTE SPRINGS. FL. Zip Code: 32714
5. Facility Identification Number (DEP Use): Servinole 950350
Responsible Official
6. Name and Title of Responsible Official: Shree AKShur Corporation
NIRANJAH J. PATEL, Chairman
7. Responsible Official Mailing Address: Organization/Firm: 924 - W. Hiyhway 436 - 井1250 Street Address:
City: ALTAMONTE SPRINUS County: FLORIDA Zip Code: 32714
8. Responsible Official Telephone Number:
Telephone: (407) 862- 5088 Fax: (-)
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager): Shire Akshur Corp.
Nixarijan J. Patel, Chappyman
10. Facility Contact Address: 924- W. Highway 436-#1250
10. Facility Contact Address: 924- W. Highway 436-#1250 Street Address: SEMINIOLE COUNTY 36 3-20.97 City: ALTAMONTE SPRINKS County: FLORIDA Zip Code: 32714
11. Facility Contact Telephone Number:
Telephone: (407) 862-5088 Fax: (-)
RECEIVED

SEP 2 5 1996

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date	Date		Date	Date	-	Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device	1	Initially	Device
ype of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
xample	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-ML4R-92
ry-to-Dry Unit				2	3-20.47				
(1) w/ ref. condenser		OI-DEC-85	01-DEC-85			_		1	
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									1
Dryer Unit						•		<u> </u>	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls							_	Ţ	
eclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total (a) (b) If less than 12 mont	are r quant gall	required to be tity of perchl ons	oroethylene ((perc)) purchased		12)mo		
Check why it is less 3. What is the facility's so (Indicate with an "X".	ource	classification	n based on th	e def					: LX
Existing small ar	rea so	ource [🏋]	u N	ew sr	nall area sou	irce [
Existing large ar	ea so	urce []	N	ew la	rge area sou	rce [_]	,	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to (Indicate with an "X".)	o section (5) of Part II of this notification form?
Existing large area source Carbon adsorber [] Refrigera	ated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser	
5. A facility which contains non-exempt emissions units shall to Rule 62-213.300, F.A.C. Verify that all steam and hot wate exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total boiler HP or less), and (2) are fired exclusively by natural gas during which propane or fuel oil containing no more than one	except for periods of natural gas curtailment percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	8 3.20.97
• •	
Equipment Monitoring and Recor	dkeeping Information
Check all logs which are required to be kept on-site in accorda	nce with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	\sim
(b) Leak detection inspection and repair	30.97
(c) Refrigerated concenser temperature monitoring	A 3 20-97
(d) Carbon adsorber exhaust perc concentration monitoring	Me My 3'
(e) Instrument calibration	3. 20.97 3. 20.97
(f) Start-up, shutdown, malfunction plan	. L X J

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

Surrender of Existing Air Permit(s)

	_				
ease indicat	e with an "X" the appropriate selec	ction:			
	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 fo this notification form.	or the operation of the facility indicated in			
	Responsil	ble Official Certification			
this notifi statemen maintain	ication. I hereby certify, based on is made in this notification are true the air pollutant emissions units at	ial, as defined in Part II of this form, of the facility addressed in information and belief formed after reasonable inquiry, that the e, accurate and complete. Further, I agree to operate and air pollution control equipment described above so as to general permit as set forth in Part II of this notification form.			
I will pro	Brantley Cleaners 924 W.S.R. 436, Suite 1250	changes to the information contained in this notification.			
	Altamonte Springs, FL 32712				
Signature	- Hald	Date 2-20:07			

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

Shree Akshar Corp. d/b/a Brantley Cleaners 924 W.S.R. 436, Suite 1250 Altomonte Springs, FL 32714 9-4-96

Department of Envisonmental Protection Division of Air Resources Monagement Dead Respected Six, tox a Title Y gix general leamit. 9 apply for the eligibilit Dep. tox a title Vaix general permit. I bought this business in 1, April, 1996 So please give me quide and all kind of information to 9. Usa Valore drycleaning machine it is made by Valore 200 CIS. Cerial #3911185-2376, Year Capacity 25 Lbs. Phase 3 Cycles 60 Amps 486 Compressed Air 71.85 FS 9. PS9. Water 28.43 PS9. chiller muchine for Please let one know that how much have to pay fees for permit and

inclear mot.

please send me regular information about the drycleaning bussiness of rules and regulation that I can take right and perfect stept and decission and please co-operate with us I am very sorry that I did not send this application in right time because I have no help to guide me. I will responsible for all the rules and regulation about environmental protestion. Atte April 196.

Thanking You.

Thanking You.
Your Sincienty
Miranjan J. Partel
Latel
Chairman

Shree Akshar Corp. d/b/a

Brantley Cleaners

924 W.S.R. 436, Suite 1250

Altamonte Springs, FL 32714

Note: - 9 sentl you my application blank but 9 gave you my drydeaning machines in foomertion in this letter so please take care as personally Thanks again

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL 🗵 COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 2:15 = TIME OUT: 2:45	AIRS ID#: 1170.350
TYPE OF FACILITY: Dry Cleaning	
FACILITY NAME: Brantley Cleaners	DATE: 11/12/97
FACILITY LOCATION: 924 W Sr 436	Sute 1250
Altamonte Springs,	
RESPONSIBLE OFFICIAL: Putel Nivarjan	PHONE NUMBER: 862-5068
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration	The state of the s
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
ND LOGS, NO RECEIPTS, NO	RECORP KEEPING
MMNHANSINA	REQUIRED
· · · · · · · · · · · · · · · · · · ·	·
	1
and a styles	
COMMENTS: Explained laws	••
The Annual Compliance Certification form has been properly certification form has been properly certification.	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: (Apr	pproximate)
INSPECTION CONDUCTED BY: DAADIA	Ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 407-844-7585
Page	of Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GE	YERAL PI	ERMIT	
COMPLIANCE INSI	PECTION	CHECKL	IST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<u> </u>	COMPLAINT/DISCOVERY	
RESPONSIBLE OFFICIAL:	2ANTLEY CL 924 W.S. F Flamonte Sp.	Rapers R 436 rmsp 1 Jiran	Sute 1250 Dr. 82714 DrHONE: 862-50	
PART I: NOTIFICATION				
(check appropriate box) 1. New facility notified DARM 3 2. Facility failed to notify DARM				0
PART II: CLASSIFICATION				
Facility indicated on notificatio (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)	e 2. r dry tra bot	nsfer only, x th types, $x < 1$	x < 140 gal/ут < 200 gal/ут	/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	e 2. r dry tra bot (co	y-to-dry only, nsfer only, x th types, x < tonstructed on New large a y-to-dry only, unsfer only, 20 th types, 140	□ Drop store/out of business/ rea source □ x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	/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 (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 go (constructed before 12/9/91) 5. This is a correct facility class of the second property of t	e 2. r dry tra bot (co e	y-to-dry only, nsfer only, x th types, x < nstructed on New large a y-to-dry only, nsfer only, 20 th types, 140 onstructed on New large and the types, 140 onstructed on New large as no nstructed on large and large as no nstructed on nstructed on nstructed on large as no nstructed on nstructed on large as no nstructed on nstructed on large as no nstructed on nstructed on nstructed on large as no nstructed on nstructed	□ Drop store/out of business/ 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

ln ARMI

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)

- Equipped all machines with the appropriate vent controls?
- 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 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 condenser exceeded 45°F?
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

MA DN

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OY MY

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?	ОУ ОИ
2. Measured and recorded the washer exhaust temperature at the condenser	
inlet and outlet weekly?	DY DN DN/A
Is the temperature differential equal to or greater than 20° F?	OY ON ON/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?	AVAD ND YD
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 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?	oa ⊠n				
2. Maintained rolling monthly averages of perc consumption?	DY DY				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	A/NO NO XX				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ay XV an/A				
4. Maintained calibration data? (for applicable direct reading instruments)	AND NO YOU				
5. Maintained exhaust duct monitoring data on perc concentrations?	אואנגל אם צם				
6. Maintained startup/shutdown/malfunction plan?	жү ои				
7. Maintained deviation reports?	AYON ON/A				
Problem corrected?	אומצל מם צם				
8. Maintained compliance plan, if applicable?	AVO NO YA				

PART	PART VI: LEAK DETECTION AND REPAIRS					
l. Do	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
ins	pection?			DY XV		
2. Ha	s the facility maintained a leak log?			□Y. XM		
3. Do	es the responsible official check the fo	ollowing areas for leaks?				
	Hose connections, fittings, couplings, and valves	אום אם אם אם	Muck cookers	אום אם צ י		
	Door gaskets and seating	אומם מם עם	Stills	DY ON ON/A		
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	אותם מם עם		
	Pumps	DY DN DN/A	Diverter valves	אואם אם אם		
	Solvent tanks and containers	באם מם אם	Cartridge filter housings	אואם אם אם		
- 	Water separators	OY ON ON/A		·		
4. W	hich method of detection is used by th	e responsible official?				
	Visual examination (condensed so	lvent on exterior surfaces)		Z		
	Physical detection (airflow felt three	ough gaskets)				
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentat	ion (FID/PID/calorimetric	tubes)			
	Halogen leak detector					
ļ. 	If using direct-reading instrumentation, is the equipment:					
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					
	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 se	cure area when not in use?		OY ON		
	e. Verified for accuracy b	by use of duplicate samples	(calorimetric only)?	OY ON		
		•				
	· · · · · · · · · · · · · · · · · · ·					
	SAADIA (VURFSH) WIZI97					
	Inspector's Name (Please Prin	t)	Date of Inspe	ection .		
	\bigwedge		5198			
	Inspector's Signature		Approximate Date of	Next Inspection		
`	impector o digitation					
	- del					

ADDITIONAL	SITE INFORMATIO	ON:			
M	0-1065				
,					
				•	
	·				
	· · ·				
			,		





Department of Environmental Protection

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

Virginia B. Wetherell Secretary

LETTER OF NONCOMPLIANCE

TO:

Our records indicate that you have previously claimed entitlement to use a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.), as the owner or operator of an eligible facility. However, if one or more of the following events has occurred, you are no longer eligible to operate under the Title V Air General Permit. Department records currently indicate that your facility is not in compliance with the item(s) checked below:

- () 1) The facility has a new owner or operator (Rule 62-213.300(3)(a), F.A.C.).
- () 2) The annual emissions fee for your facility has not been received by the Department (Rule 62-213.300(3)(b), F.A.C.).
- () 3) The annual Compliance Certification for your facility has not been filed with the Department (Rule 62-213.300(3)(n), F.A.C.).

If your facility is to continue to operate under the Title V Air General Permit, the condition(s) referenced above must be corrected. Please call our Division for assistance--either Sandra Bowman at 850/921-9583 or Rick Butler at 850/921-9586.

The terms and conditions stated in the Title V Air General Permit continue to apply whether or not the facility is still operating. The Responsible Official (RO) is considered to be responsible for the permitted facility until the permit is surrendered, including any violations or payment of fees. If you wish to give up your eligibility to use the Title V Air General Permit, please sign and return this form in the enclosed self-addressed envelope. This will remove your name from our annual billing list used to notify when Title V permit fees are due.

I am the Responsible Official for the facility identified above and hereby notify the Department that I surrender the Title V Air General Permit for that facility.

Name (please print)	Signature	

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

Facility Owner or Operator Page Two

Your prompt response to correct or clarify this situation will be greatly appreciated. If you have any questions, please call the Division staff listed above or the Small Business Assistance Program hotline at 800/722-7457.

Sincerely,

Sandra Bowman

Title V Air General Permit Program

/SB

cc: District/Local program

18000985

3

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	×	COMPLAINT/DISC	COVERY	
II	ATE: 3/20/97		N: 2:30 TIM	ле оит: <u>2.</u>	55
	RANTLEY CLE				
facility location: <u>9</u> 2	4 W. Hary	436 57	E 1250		
	CTAMONTE SA	RINGS,	FZ 32714		
PART I: NOTIFICATION					
(check appropriate box)					
1. Existing facility notified DAR	M by 9/1/96				
2. New facility notified DARM 3	0 days prior to startup				
3. Facility failed to notify DARM	1 to use general permit			\sim	K
PART II: CLASSIFICATION	·				-
Facility indicated on notificatio (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)	♪ dry tra bot	nsfer only, x th types, x<1	x<140 gal/yr <200 gal/yr		
3. Existing large area source dry-to-dry only, 140 <x<2, 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" galy(constructed="" galyboth="" only,="" td="" transfer="" types,=""><td>O gal/yr dry al/yr tra yr bot</td><td>insfer only, 2 th types, 140</td><td>rea 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,>	O gal/yr dry al/yr tra yr bot	insfer only, 2 th types, 140	rea 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 classific	ation	Y ON			
If no, please check the appropria	te classification:				
facility qualifie	d for a general permit a above limits and is no	as number t eligible for	above a general permit		
B. The total quantity of perchlor facility was 60 gallons.	oethylene (perc) purch	ased within t	he preceding 12 month	ns by this dry cl	eaning

2.	2. Which method of detection is used by the responsible official?					
	Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	If using direct-reading instrum	entation,	is the equ	uipment: .		
	a. Capable of detecting	perc vapo	or concent	rations in a range of 0-500 ppm?	□Y (⊐и
	b. Calibrated against a (PID/FID only)?	standard	gas prior t	o and after each use	OY ON	
	c. Inspected for leaks a	nd obviou	s signs of	wear on a weekly basis?	OY (□N.
	d. Kept in a clean and s	secure are	a when no	ot in use?	□Y (_ א⊏
	e. Verified for accuracy	by use o	f duplicate	samples (calorimetric only)?	□Y (⊓א⊏
3.	Has the facility maintained a leak log?				□Y (וא⊏
4.	Does the responsible official check the	followin	g areas for	leaks?		
	Hose connections, fittings, couplings, and valves OY N Muck cookers					□N
Door gaskets and seating □Y		ПΝ	Stills	ΠY	מם	
	Filter gaskets and seating		□и	Exhaust dampers	ΠY	ח⊓
	Pumps	ПY	□N	Diverter valves	ΠY	□N
	Solvent tanks and containers	ΠY	ПN	Cartridge filter housings	ΠY	□N
	Water separators	ΠY	ПИ			
_	NRAWAN PATEL Name of Responsible Official					
	LOUIS A MICHAIS			3/20/9	ラフ	
	Inspector's Name (Please Pri	int)		Date of Inspec	ction	
	Inspector's Signature			Approximate Date of N	Jext In	spection

NO CARD

ADDITIONAL	CYCE THOU	33.5 A MTO 31
ADDITIONAL	SHEINFOR	KMALIUN:

LEFT NOTIFICATION FORM ON FIRST VISIT AND MR PATEL SUBMITTED APPLICATION TO TALLAHASSEE, 18 USIT 2/3/97,

RETURNED ON 3/20/97 TO MAKE CORRECTIONS TO APPLICATION. WHILE THERE DISCUSSED RECORDINGEDING WITH MR PATEL AND LEFT SAMPLE FORM.

INTEROFFICE MEMORANDUM

Sensitivity: COMPANY CONFIDENTIAL

Date: 09-Nov-1998 01:23pm
From: Saadia Qureshi ORL

QURESHI S@A1@ORL1

Dept: Central District Office

Tel No: 407/894-7555

To: Sandy Bowman TAL (BOWMAN S@A1@DER)
CC: Rick Butler TAL (BUTLER R@A1@DER)

Subject: Brantley Cleaners and Lipham Cleaners

Hey Sandy,

Thanks for your help on Lipham Cleaners. Yes, it is the same one that Lou had visited...The responsible official has not changed. She said that she couldnt find her copy of the application, so she couldnt show me. I'm tired of her excuses!

Oh, and remember the letter I had sent you about Tropix Cleaners moving and becoming Cypress Cleaners? Cypress Cleaners is what used to be Brantley Cleaners (Airs ID #1170350). Brantely Cleaners should be inactivated in the system.

Ok, hope that wasn't too confusing.. Thanks again for your help.

saadia

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QURESHI S@A1@ORL1

Dept: Central District Office

Tel No: 407/894-7555

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CC: Rick Butler TAL (BUTLER_R@A1@DER)

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saadia

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spac permit. Write "Return Receipt Requested" on the mailpiece below the articl The Return Receipt will show to whom the article was delivered and delivered.	e does not e number. d the date	I also wish to reconstruction following services extra fee): 1. Addresse 2. Restricte Consult postmast	ee's Address d Delivery eer for fee.	Receipt Service.
N ADDRESS completed	3. Article Addressed to: AIRS ID#: 0950350 SHREE AKSHAR CORPORATION NIRANJAH J PATEL 924 W. HIGHWAY 436 - #1250 ALTAMONTE SPRINGS FL 32714	4b. Service Registere Express I	ed Mail ceipt for Merchandise	☐ Certified ☐ Insured	you for using Return
s your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	8. Addressee and fee is	s's Address (Only i paid)	f réquested	Thank
<u>"</u>	PS Form 3811 , December 1994		Domestic Retu	ırn Receipt	(

	Р	265	305	214	
' US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse)					(am)
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	Certified	Fee			
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10	Restricte	d Delivery	Fee		
1999		eceipt Sho Date Deliv			
April	Return Re Date, & Ac	ceipt Showin Idressee's A	g to Whom, ddress		
800	TOTAL	Postage &	Fees	\$	
PS Form 3800 , April 1995	Postmar	k or Date	·		

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תי	Postage	\$		2
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	Restricted Delivery Fee (Endorsement Required)			1
	Total Postage 8		# 1170350001AG	72
0.52		ANJAH J PATEL ANTLEY CLEANE	RS	2
)	Street, Apt. No.: 974	W. HIGHWAY 436	5 - #1250	12.
7000	City, State, ZIP+	TAMONTE SPRING	GS FL 32714	17.
-	PS Form 3800, Febru	ary 2000	See Reverse for Instru	uctions

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 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. 	A. Received by (Please Print Cleary) B. Date of Delivery C. Signature Agent Addressee
1. Article Addressed to: 10 AIRS ID # 1170350001AG NIRANJAH J PATEL BRANTLEY CLEANERS	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
924 W. HIGHWAY 436 - #1250 ALTAMONTE SPRINGS FL 32714	3. Service Type Certified Mail
10000520002093126735	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-00-M-0952

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

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TOTAL AMOUNT DUE: \$50.00

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Do NOT Remove Label

AIRS ID# 0950356

SHREE AKSHAR CORPORATION NIRANJAH J PATEL 924 W. HIGHWAY 436 - #1250 ALTAMONTE SPRINGS FL 32714

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Fund: 20-2-035001 Obj.: 002273

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION TWIN TOWERS OFFICE BUILDING 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

> 550304 MS5510

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FEB 23 1498

DIVISION OF AIR

SHREE AKSHAR CORPORATION NIRANJAH J PATEL 924 W. HIGHWAY 436 - #1250 ALTAMONTE SPRINGS FL 32714

Byreau of Air Monitoring & Mobile Sources

on the reverse side?	Print your name end address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailplace, or on the back if space does not permit. Write Return Receipt Requested on the mailplace below the article number. The Return Receipt will show to whom the article was delivered and the date		I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	elpt Service.
N ADDRESS completed of	AIRS ID 1170350 SHREE AKSHAR CORPORATION NIRANJAH J PATEL 924 W. HIGHWAY 436 - #1250 ALTAMONTE SPRINGS FL 32714	4b. Service 1 Registere Express I	Type ed Certified Mail Insured ceipt for Merchandise COD	Jou for using Return Receipt Sarvice.
s your <u>RETUR</u>	5. Received By: (Print Name)6. Signature: (Addressee or Agent)X	8. Addressee and fee is	e's Address (Only if requested paid)	Thank you
. E	PS Form 3811 , December 1994 102	2595-97-B-0179	Domestic Return Receipt	

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US Postal Service Receipt for Certified Mail

AIRS ID 1170350

SHREE AKSHAR CORPORATION NIRANJAH J PATEL 924 W. HIGHWAY 436 - #1250 ALTAMONTE SPRINGS FL 32714

	Postage	\$
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Form 3800	Postmark or Date	
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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION TWIN TOWERS OFFICE BUILDING 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

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AIRS ID# 1170350

SHREE AKSHAR CORPORATION NIRANJAH J PATEL 924 W. HIGHWAY 436 - #1250 ALTAMONTE SPRINGS FL 32714

Bureau of Air Monitoring

& Mobile Sources



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s your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	and fee is	,
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, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address	
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25 Form 3800, April 1995	Postmark or Date	

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CI VACABIT NO RECEPTACLE

RS ID# 1170350 BRANTLEY CLEARERS NIRANJAH J PATEL 924 W. HIGHWAY 436 - #1= ALTAMONTE SPRINGS FL 3

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= Write*Return Asceipt Requested* on the maliciece below the article number.
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1. Addressee's Address

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Consult postmaster for iee.

3. Article Addressed to:

AIRS ID# 1170350

BRANTLEY CLEANERS

NIRANJAH J PATEL

924 W. HIGHWAY 436 - #1250 ALTAMONTE SPRINGS FL 32714 4a. Article Number

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☐ Return Receipt for Merchandise / ☐ COD

7. Date of Delivery

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