

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

June 24, 1997

Mr. Dilip Patel Soft Touch Cleaners 1528 South French Avenue Sanford, Florida 32771

Re: Facility No.: 1170353

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 24, 1997.

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

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

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

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

Sincerely,

✓ Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr.Todd Sanchez, Central District

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

#1170353	
Soft Touch Cleaner	,
-spoke with Dilip Patel-: boiler 10HP+nat.gas	5/23/97
P.15 5.(c)+5.(d) not required out "X's and initial	
out 's and initial	·
	}

Perchloroethylene Dry Cleaning Facility Notification

(keep a copy of the completed form on-site)
Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
DILIP PATEL OWNER
2. Site Name (For example, plant name or number):
SOFT TOUCH CLEANER 1528 SFRENCH AN SANFORD FL
3. Hazardous Waste Generator Identification Number:
FLD 982 157 190
4. Facility Location:
Street Address: 1528 S. FRENCH AY City: SANFORD County: SEMINOLE Zip Code: 32771
5: Facility Identification Number (DEP Use ONLY: do not fill in):
11/03/53
Took transit is in the graph of the property o
Responsible Official
6. Name and Title of Responsible Official:
Name: DILIP PATEL Title: OWNER
7. Responsible Official Mailing Address:
Organization/Firm: Street Address: 1528 S. FRENCH AV
City: SANFORD County: SEMINOLE Zip Code: 3277/
8. Responsible Official Telephone Number:
Telephone: (407) 324 - 8811 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: () -
· .

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APR 2 4 1997

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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 from the manufacturer, and the date the control device was installed, if applicable.

Type of N	Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example		#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-D	ry Unit	O	7 - DEC	-91						
(I) w	// ref. condenser	X								
` '	// carbon adsorber	ヾ								
(3) w	// no controls								*****	
Washer U	Unit	252		ancia da Ma					ara pus	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
(4) w	v/ ref. condenser									
(5) w	// carbon adsorber									
(6) w	v/ no controls				1					
Dryer Ur	nit	1			2000	102.50		W.10	e e e	
(7) w	// ref. condenser									
(8) w	v/ carbon adsorber									
(9) w	v/ no controls				1					-
Reclaime	r Unit	5044E				rito de messo				19.2
(10)	w/ ref. condenser				15.500			(0(40,0)		
(11)	w/carbon adsorber				1					
(12)	w/ no controls									
(c) Notice	ontrol devices are o control devices hat was the total of the control devices hat was the total of the control devices than 12 months heck why it is less	are r quant gallo	equired to be ity of perchlons (You mu ow many? [_	oroethylene (extended the state of the state	cisting (perc)	g small crea	or consumed			
	is the facility's so ate with an "X". Existing small an	Seled	ct one classif	ication only.)	nitions foun nall area sou		3) of]	Part II?	·
C 11 W										

DEP Form No. 62-213.900(2)

Effective: 6-25-96

	t control technology is requicate with an "X".)	ired on machines	pursuant	to section (5) of P	art II of th	is notific	cation form?
	Existing large area source Carbon adsorber	<u> </u>	OR	Refrigerated con-	denser		
	New small area source Refrigerated condenser						
	New large area source Refrigerated condenser						
to Rule	acility which contains non-e 62-213.300, F.A.C. Verify tion criteria or that no such	that all steam an	d hot wat	I not be eligible to er generating units	use the ge on-site m	eneral pe leet the f	rmit pursuant ollowing
	nm and hot water generatin HP or less) and are fired b						
	nm and hot water generating h units on-site	g units exempt				р . (
							1
	Equipm	ent Monitoring	and Reco	rdkeeping Inform	nation		•
Check	all logs which are required	to be kept on-site	in accord	ance with the requ	irements o	of this ge	eneral permit:
(a) Pure	chase receipts and solvent p	ourchases					
(b) Lea	k detection inspection and i	repair			<u></u>		
(c), Ref	rigerated condenser tempera	ature monitoring					
(d) Car	bon adsorber exhaust perc	concentration mor	nitoring				
(e) Inst	rument calibration			•			
(f) Sta	rt-up, shutdown, malfunctio	on plan		•		: .	

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

Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
区	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in 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.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
Signature	1 20 97 Date

DEP Form No. 62-213.900(2) Effective: 6-25-96 デリナレンコン

BEST AVAILABLE COPY

Soft Touch Cleaner

			-st	poke with Di	Lip Patel	-5/23/97	Z -
1.	Facility				9		
	· · · · · ·	P.15	5.6	(c)+5 (d) no ut "Xs" and	ot require	d mark	
2.	Site Na		0	ut "X's and	initial		·
	SOF						D 32771
3.	Hazard					** ************************************	
	T:114			* *************************************		-	-
4.	Facilit Street					1. % Atamonto.	
	City:		~ · · · · / }	brieded	9/10/	77	771
5.5	Facilit			riecica	9/15/0	17	
				And the second second second second			
en de la company	Makadi Masa da						New Constitution of the Co
		•	 .	· · · · · · · · · · · · · · · · · · ·	The state of the s	***************************************	
6.	Name -				9/15/	97	
Na	me:						•
7.	Respo						
	Orgai Stree -						
	City:				The second secon		3277/
8.	Resp						
	Telei					· · · · · · · · · · · · · · · · · ·	
				The second secon	· · · · · · · · · · · · · · · · · · ·		
			Facility	Contact (If different from	om Responsible O	fficial)	
9.	Name :	and Title of I	Facility Cor	ntact (For example, plant	manager):		
10.	Facility	y Contact Ad	dress:		,		
	Street	Address:					
	City:			County:		Zip Code:	
11.		y Contact Te	lephone Nu	ımber:	·		
	Teleph	one: ()	-	Fax: ()	-	
l				 			

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Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

(keep a copy of the completed form on-site)
Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
DILIP PATEL OWNER	
2. Site Name (For example, plant name or number):	
SOFT TOUCH CLEANER 1528 SFRENCH AV SANFORD FL	ı I
3. Hazardous Waste Generator Identification Number:	
FLD 982 157 190	
4. Facility Location: Street Address: 1528 S. FRENCH AY City: SANFORD County: SEMINOLE Zip Code: 32771	
55: Facility Identification Number (DEP Use ONLY: do not fill in):	
Responsible Official	
6. Name and Title of Responsible Official: Name: DILIP PATEL Title: OWNER	-
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 1528 S. FRENCH AV City: SANFORD County: SEMINOLE Zip Code: 3277/	
8. Responsible Official Telephone Number: Telephone: (407) 324 - 8811 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: () -	

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APR 2 4 1997

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 from the manufacturer, and the date the control device was installed, if applicable.

T. C. C. C. C. C.	10	Date Machine Initially	Date Control Device	In.	Date Machine Initially	Date Control Device	,	Date Machine Initially	Date Control Device
Type of Machine Example	ID #1	Purchased 03-OCT-93	Installed 12-NOV-93		Purchased 08-DEC-91	Installed	ID #3	Purchased 02-MAR-92	Installed
Схатріє	"	05-001-75	12-1101)3	" -	00 DEC-71		"5	02-MAR-92	02-MAR
Dry-to-Dry Unit	i Ch	7+DEC	-911 E	#200m		National Action	498		PACE SALE
(I) w/ ref. condenser	X	**************************************	to an extending a hosterome charlett	1.22/20/20/20	and the same of the same of the same	entre et en la fait de se fant en en en en	- OKAHONE	and the state of t	ETOCTERSON TO A VAN
(2) w/ carbon adsorber	$\hat{\mathbf{x}}$			l			1	 	
(3) w/ no controls							t		
Washer Unit	25		Tricker (1986)	38037	31 (2007)		100		624447.23
(4) w/ ref. condenser		11							T
(5) w/ carbon adsorber							i —		
(6) w/ no controls									
Dryer Unit		50.000000	HARA FEE	180	Si berpasi ita	SANCEPHONESPE	200	Marie III	AND SECULAR
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	Minns.	Total Andrews	ertoka ka	0.000	pak sufficients	GENERAL CONTROL	900	energy-learn	SANCTER.
(10) w/ ref. condenser							<u> </u>		
(11) w/carbon adsorber				<u> </u>				<u> </u>	
(12) w/ no controls	<u> </u>			-					
(b) Control devices are(c) No control devices	•					source)		<u>`</u> X_]	
2.(a) What was the total of		ity of perchlo ons (You mu			purchased o	or consumed	in the	: latest 12 mc	onths?
(b) If less than 12 month. Check why it is less					_] New store	:: [] Did	not k	eep records:	: []
3. What is the facility's so (Indicate with an "X".					initions foun	d in section ((3) of	Part II?	,
Existing small ar	ea so	urce X	N	ew sn	nall area sou	rce []		
Existing large ar	ea so	urce []	N	ew la	rge area sour	-ce []		

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4. What control technology is require (Indicate with an "X".)	red on machines j	pursuant	to section (5) of Pa	ırt II of t	his notification form?
Existing large area source Carbon adsorber		OR	Refrigerated cond	lenser	
New small area source Refrigerated condenser		į			
New large area source Refrigerated condenser					
5. A facility which contains non-ex to Rule 62-213.300, F.A.C. Verify exemption criteria or that no such un	that all steam and	l hot wate			
All steam and hot water generating boiler HP or less) and are fired by sulfur.					
All steam and hot water generating No such units on-site	units exempt	[<u>X</u>]			
				T	
٠.			,		
Equipme	ent Monitoring a	nd Reco	rdkeeping Inform	ation	
Check all logs which are required to	be kept on-site i	n accorda	ance with the requi	irements	of this general permit:
(a) Purchase receipts and solvent pu	ırchases			[X]	
(b) Leak detection inspection and re	epair				T.
(c) Refrigerated condenser temperat	ture monitoring	•			A July
(d) Carbon adsorber exhaust perc co	oncentration mon	itoring			May.
(e) Instrument calibration					
(f) Start-up, shutdown, malfunction	n plan				

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Surrender of Existing Air Permit(s)

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	Responsible Official Certification
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I will prod	nptly notify the Department of any changes to the information contained in this notification. A 28 97 Date 9 15 97

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

TITLE V	HYLENE DRY CLEANERS GENERAL PERMIT INSPECTION CHECKLIST COMPLAINT/DISCOVERY
RE-INSPECTION	ОИ
AIRS ID#: 170353 DATE: 3/18/9 FACILITY NAME: SOFT FACILITY LOCATION: 1528 SANGOND F-	197 TIME IN: 12:00 TIME OUT: 12:20 TOUCH FRENCH AVE 12 32771
PART I: NOTIFICATION (check appropriate box) 1. Existing facility notified DARM by 9/1/96 2. New facility notified DARM 30 days prior to state 3. Facility failed to notify DARM to use general positions.	•
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	1987 EQUIPMENT
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="" gal="" only,="" td="" transfer="" types,="" yr=""><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=""></x<2,></td></x<2,>	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=""></x<2,>
This is a correct facility classification	OY ON
If no, please check the appropriate classification:	_
	is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) perchloroethylene (pe	ourchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 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 DY DN **E**N/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) 1. Equipped all machines with the appropriate vent controls? \square Y \square N DY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A 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 condenser exceeded 45°F? DY DN 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? OY ON

B. Has the responsible official of an existing large or new large area source also:	
1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	אם עם
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Ү □И
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?	OY ON ON/A
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?	OY ON
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
	_
DADEN PROOPPERENCE PROTUPE CENTER	
PART V: RECORDKEEPING REQUIREMENTS	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes)	
Has the responsible official:	DY ON
Has the responsible official: (check appropriate boxes)	DY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	DY ON OY DN
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	DY DN OY DN
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. 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	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. 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?	OY ZW
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. 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? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. 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? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A
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PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	₽ Y □N

2. Whi	ich method o	f detection is used by th	e respon	sible offic	tial?	
Visual examination (condensed solvent on exterior surfaces)						
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)					
	Use of dire	ct-reading instrumenta	ion (FID	/PID/calo	rimetric tubes)	
	If using di	rect-reading instrume	ntation,	is the equ	tipment:	
	a.	Capable of detecting p	erc vapo	r concent	rations in a range of 0-500 ppm?	NO YO
	b.	Calibrated against a st (PID/FID only)?	andard g	gas prior t	o and after each use	□Ү □И
	c.	Inspected for leaks and	d obvious	s signs of	wear on a weekly basis?	□Y □N
	d.	Kept in a clean and se	cure area	a when no	t in use?	□Y □N
	e.	Verified for accuracy l	y use of	duplicate	samples (calorimetric only)?	OY ON
3. Has	the facility r	naintained a leak log?				DY ON
4. Doe	s the respons	sible official check the f	ollowing	areas for	leaks?	
		ections, fittings, s, and valves	ZY,	□N	Muck cookers	by ON
	Door gaske	ets and seating	T Y	□N	Stills	DY ON
	Filter gask	ets and seating	E Y	□N	Exhaust dampers	OY ON
	Pumps		e Y	□N	Diverter valves	TOY ON
	Solvent tar	nks and containers	ÐΥ	□N	Cartridge filter housings	Y ON
	Water sepa	arators		□N		
DILIP PATEL Name of Responsible Official						
		urs A. Nic 14 tor's Name (Please Prin				ction
	Louis athichol					
	Ins	spector's Signature		·	Approximate Date of 1	Next Inspection

No CARD

ADDITIONAL SITE INFORMATION:

- VALORE 300 MULTIMATIC CORP 35-LB
- AAS CONTAINIMENT & EPOXY
- EARLY AROUND MACHINE & SPOTTING BOARD
- LEFT NOTIFICATION FORM 4 EXPLAINED TO EMPLOYEE

 MR PATEL MAY HAVE APPLIED ALBEADY REQUESTED

 THAT HE CALL ME.
- _ GOOD CLEAN OPERATION

48. 04/21/98

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY LOCATION: 1528	FORD	PL 3	2			
Annual Reporting Period:	DEC	30, 19 <u>9</u>	С то	DEC	30	19 (
Based on each term or condition of the Tournal Sased on each term or condition of the Tournal Sased on Each Cod	=	-	-			P Rule
f NO, complete the following:						
#1. Term or condition of the general pe	rmit that has no	ot been in continuou	ıs compliance	during the re	porting perio	d stated above
Exact period of non-compliance: from			to			,
Action(s) taken to achieve compliance:				·		
						•
#2. Term or condition of the general pe		ot been in continuo				od stated above
#2. Term or condition of the general pe		ot been in continuo	us compliance		porting period	od stated above
#2. Term or condition of the general pe		ot been in continuo				EIVE
#2. Term or condition of the general pe Exact period of non-compliance: from Action(s) taken to achieve compliance:	ermit that has no	ot been in continuo			REC.	EIVE
#2. Term or condition of the general per Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby cer made in this notification are true, accumupon purchase receipts, does not excee	ermit that has no	nformation and beli ete. Further, my an	to_ to_ ief formed afte nual consump	er reasonable otion of perch	FEB Bureau of & Mobi inquiry, that	A 1998 Air Monitorinile Sources the statement solvent, based
#2. Term or condition of the general per Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby cer made in this notification are true, accurate upon purchase receipts, does not excee combination facilities. RESPONSIBLE OFFICIAL:	ermit that has no	nformation and beli ete. Further, my an per year for dry-to	to_ to_ ief formed afte nual consump	er reasonable otion of perch or 1,800 gall	FEB Bureau of & Mobi inquiry, that	A 1998 Air Monitorinile Sources the statement solvent, based
#2. Term or condition of the general per Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance. As the responsible official, I hereby cer made in this notification are true, accurate upon purchase receipts, does not excee combination facilities.	ermit that has no	nformation and beli ete. Further, my an per year for dry-to	to_ to_ ief formed afte nual consump	er reasonable otion of perch	FEB Bureau of & Mobi inquiry, that	A 1998 Air Monitorinile Sources the statement solvent, based
#2. Term or condition of the general per Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby cer made in this notification are true, accurate upon purchase receipts, does not excee combination facilities.	ermit that has not rate and completed 2,100 gallons DILIP Name (Please	nformation and beliete. Further, my and per year for dry-to PATEL Print)	tototototototo	er reasonable otion of perch or 1,800 gall Signature	FEB Bureau of & Mobi inquiry, that loroethylene ons per year	A 1998 Air Monitorinile Sources the statement solvent, based

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔯	COM	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 11:15	TIME OUT:	13:20		0353
	y- Cleaning	·		
FACILITY NAME:	- 0 5	eners		_DATE:
FACILITY LOCATION:	1500 TIEM	un n	1cnue	
RESPONSIBLE OFFICIAL:	Mr. Putil		PHONE NUMBER:	374-8811
	the compliance requirem Rule 62-213.300, Florida		ited during this inspection, the factive Code (F.A.C.).	ility is found to be in
Based on the results of discrepancies were note		nents evalua	ted during this inspection, the fol	lowing compliance
COMPLIANCE REQU	UIREMENT/PROB	LEM	FOLLOW-UP ACTI	ON REQUIRED
	_			
	· · · · · · · · · · · · · · · · · · ·		, R	ECEIVED
				FEB A 1998
			. В	Bureau of Air Monitoring & Mobile Sources
COMMENTS:				
Good organi	jed pape	الآل س	re celear fa	whitz
		operly certif	fied and submitted to the inspecto	il mail NO
DATE OF NEXT INSPECTIO)N:	199 (Ap	proximate)	
INSPECTION CONDUCTED	BY: 5 &	JUKES		
INSPECTOR'S SIGNATURE		(Ple	ease Print) PHONE NUMBER	: 407-894-7555

Page___of___.

Revised 10/96

PÉRCHLOROETHYLENE DRY CLEANERS

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY ON
FACILITY NAME: SOFT TOUCH	TIME IN: 11:15 TIME OUT: 12:00 Cleaners ch Avenue
Sanford	PL. PHONE: 324-8811
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	rtup
2. Facility failed to notify DARM to use general pe	ermit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	□ No notification form □ 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)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/N E C E I V E transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	Bureau of Air Monitor Bureau of Air Monitor & Mobile Sources
	cation: eneral permit as number above mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) p facility was gallons.	ourchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON DYNA			
2. Examining the containers for leakage?	□Y □N ĎKĴ/A			
3. Closing and securing machine doors except during loading/unloading?	Þ∳ □N			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	XY ON ON/A			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON DAYA			
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 refrige (complete A and B below).	gerated condenser			
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)				
1. Equipped all machines with the appropriate vent controls?	OY ON			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	□Y □N □N/A			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying 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?	ΩY	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	D Y	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	\Box Y	ΠИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	□N	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΠY	ΠN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПΝ	□N/A

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

PA	PART VI: LEAK DETECTION AND REPAIRS						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			Y ON			
2.	Has the facility maintained a leak log	;?	,	Jagy □n			
3.	Does the responsible official check th	e following areas for lea	ks?	/			
	Hose connections, fittings, couplings, and valves	אוחם אם אואם	Muck cookers	DY ON ON/A			
	Door gaskets and seating	'UY UN UN/A	Stills	OY ON ON/A			
	Filter gaskets and seating	Y ON ON/A	Exhaust dampers	OY ON ON/A			
	Pumps	OY ON ON/A	Diverter valves	DY ON ON/A			
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	DY ON ON/A			
	Water separators	ON ON/A	•				
4.	Which method of detection is used by	the responsible official	?				
	Visual examination (condensed solvent on exterior surfaces)						
Physical detection (airflow felt through gaskets)							
Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor)							
	Use of direct-reading instrumer	ntation (FID/PID/calorin	netric tubes)				
Halogen leak detector							
	If using direct-reading ins	strumentation, is the eq	uipment:	□N/A			
	a. Capable of detectin	g perc vapor concentrati	ons in a range of 0-500 ppm?	OY ON			
	b. Calibrated against (PID/FID only)?	a standard gas prior to a	nd after each use	OY ON			
	c. Inspected for leaks	and obvious signs of wes	ar on a weekly basis?	OY ON			
	d. Kept in a clean and	l secure area when not in	ı use?	□Y □N			
e. Verified for accuracy by use of duplicate samples (calorimetric only)?				□Y □N			
	^						

SAADIA GUVLESIN	48/98
Inspector's Name (Please Print)	Date of Inspection
	1/99
Impector's Signature	Approximate Date of Next Inspection

Valore closed loop

pan+ epoxy present

Safety clean > hezardous waster

Good record keeping.

In compliance.

PERCHLOROETHYLENE DRY CLEANERS

🚯 TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

j	
H	UPDATED
14	RMS PATE 7-7-99
15	A1E 1-1-99
B	Y_ Re 1
Д.	

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

10.11012011	Jan-1pm
AIRS ID#: 117 0353 DATE: 7/6/9 FACILITY NAME: Soft Touch C	100005 TIME IN: WESON TIME OUT: 11,30
FACILITY LOCATION: 1528 Fryn San fard, F	φ δ, G , Δ
responsible official: Mr. Pa contact name: Dilip Pate(Ο. Υ A. V
CONTACT NAME. DITTO	THORES, GA
PART I: NOTIFICATION	<u> </u>
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	urtup 🗆
2. Facility failed to notify DARM to use general pe	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	□Y □N □Can not determine
	cation: eneral permit as number above mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) p facility was 25 gallons.	urchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS			
Is the responsible official of the dry cleaning facility: (check appropriate boxes)			
1. Storing perchloroethylene in tightly sealed and impervious containers?	AVAK NO YO		
2. Examining the containers for leakage?			
3. Closing and securing machine doors except during loading/unloading?	MD M		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	Y ON ON/A		
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אומאל אם צם		
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 refrige (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 refrig (complete A and B below).	gerated condenser		
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)			
1. Equipped all machines with the appropriate vent controls?	OY ON		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	□У □И □И/А		
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	מם עם		
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	אואים אם צם		
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying 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?	ΩY	DN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ΠN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ΩИ	□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?	ΩY	ПИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΩИ	□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, contrastion, or expansion; and downstream from no other inlet?	ΩY	□и	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	Y	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. 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? OY ON AN/A AND YOU YO 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? OY ON ★N/A MY DN 6. Maintained startup/shutdown/malfunction plan? MY ON ON/A 7. Maintained deviation reports? A/Mæ nd yd Problem corrected? DY DN XXVA 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?			MD DN		
2.	Has the facility maintained a leak log?			MY ON		
3.	Does the responsible official check the	following areas for le	eaks?	,		
	Hose connections, fittings,			V.		
	couplings, and valves	DY ON ON/A	Muck cookers	A/MO MO ÝO		
	Door gaskets and seating	MY ON ON/A	Stills	MY ON ON/A		
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A		
	Pumps	AVO NO YO	Diverter valves	אומם מם צפ		
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	AY ON ON/A		
	Water separators	MY ON ON/A				
4.	Which method of detection is used by t					
	Visual examination (condensed solvent on exterior surfaces)			ର୍		
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)					
í	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			- .		
 	Halogen leak detector					
If using direct-reading instrumentation, is the equipment:				DN/A		
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				ND Y		
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?			UY UN		
	d. Kept in a clean and secure area when not in use?			OY ON		
e. Verified for accuracy by use of duplicate samples (calorimetric only)?				□Y □N		

Randall Cunningham	7-7-99
Inspector's Name (Please Print)	Date of Inspection
Roddll CR	7-2000
Inspector's Signature	Approximate Date of Next Inspectio

ADDITIONAL SITE INFORMATION:					
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		·			
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Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Soft-Touch (leaners DATE: 7/6/99 FACILITY LOCATION: 1528 Franch Ave, Sunford, FL
FACILITY LOCATION: 1528 Franch Art
Synford, FL
Annual Reporting Period: Tuly 19 98 TO Tuly 19 99
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from to
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature Date

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

Page	of	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🗹	COMPL	AINT/DISCOVE	RY 🗌	RE-INSPECTION
TIME IN: 10:50 am	TIME OUT:		AIR	.S ID#:	
TYPE OF FACILITY: Drag	-alegning				
FACILITY NAME: Soft	Touch Cleaners		•		DATE:
FACILITY LOCATION: 15					·
	Santord, FL	,			
RESPONSIBLE OFFICIAL:	Mr. Patel		PHONE	NUMBER:_	324-8811
compliance with DEP I	the compliance requirements Rule 62-213.300, Florida Adi	ministrative	Code (F.A.C.).		
Based on the results of discrepancies were note	the compliance requirements ed:	s evaluated	during this inspec	ction, the follow	ving compliance
COMPLIANCE REQ	UIREMENT/PROBLE	EM	FOLLOW-	-UP ACTIC	N REQUIRED
·					
	-				
COMMENTS:					
In Com	pliance				
The Annual Compliance Certific	cation form has been properly	y certified a	and submitted to t	he inspector.	YESV NO
DATE OF NEXT INSPECTIO	DN: 7-2000				
INSPECTION CONDUCTED	BY: Randall	(Appro Lvng (Please	ingham		
INSPECTOR'S SIGNATURE	Adall C	1		NUMBER:_	893-3333
	F	Page L of	1		Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

CO

TITLE V GENERAL PERMIT	
OMPLIANCE INSPECTION CHECKLIST	
•	

ARMS	UPDATED
DATE_	4-17-00
BY	Re

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 1170353 DATE: 4-17-00 TIME IN: 11!45 TIME OUT:	12115
FACILITY NAME: Soft Touch Cleaners	70
FACILITY LOCATION: 1528 French Ave.	<u>~~</u>
Sanford, FL 32771 pos	
responsible official: Dilip Pate phone: Yu7 324	78811
CONTACT NAME: PHONE: S	
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup	
2. Facility failed to notify DARM to use general permit	

PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A. P. Salara B. Salara Salara	2 Name amali anna annua
1. Existing small area source dry-to-dry only, x < 140 gal/yr	2. New small area source ☐ dry-to-dry only, x < 140 gal/yr
transfer only, $x < 200$ gal/yr	transfer only, $x < 140$ gabyi
both types, $x < 140 \text{ gal/yr}$	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$
both types, $140 \le x \le 1,800 \text{ gal/yr}$	both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
(constructed before 12/9/91)	(constructed on or after 1219191)
5. This is a correct facility classification	DN Can not determine
. If no, please check the appropriate classific	ration.
	neral permit as number above
	uits and is not eligible for a general permit
-	
	irchased within the preceding 12 months by this dry cleaning
facility was 55 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?	DY DN TENIA			
2. Examining the containers for leakage?	OY ON ∕∕ EN/A			
3. Closing and securing machine doors except during loading/unloading?	MY ON			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON AWA			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON 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)				
1. Equipped all machines with the appropriate vent controls?	חס אם			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	מם עם			

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?	ÐÝ	אם	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	□и	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПΥ	⊓מ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΠY	□N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	.ПП	□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?	ΟY	ПN	□N⁄A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	□N/A
6 <u>.</u>	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	·
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	AY ON
2. Maintained rolling monthly averages of perc consumption?	L y on
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	אואם אם צובע
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	OY ON YA WA
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ≯ ₹N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON 98N/A
6. Maintained startup/shutdown/malfunction plan?	AY ON
7. Maintained deviation reports?	OY OM Æ N/A
Problem corrected?	OY ON SENIA
8. Maintained compliance plan, if applicable?	OY ON X N/A

PA	PART VI: LEAK DETECTION AND REPAIRS						
1.	Does the responsible official conduct a we	eekly (for	small sources, b	oi-weekly) leak detection an	d repair		
	inspection?				ŹY	ПИ	
2.	Has the facility maintained a leak log?				AY-	N	
3.	Does the responsible official check the fol	llowing a	reas for leaks?	•			
	Hose connections, fittings, couplings, and valves	ру Ои	□N/A	Muck cookers		N DN/A	
	Door gaskets and seating	DY ON	□N/A	Stills	dy o	A'NO N	
	Filter gaskets and seating	DY ON	□N/A	Exhaust dampers	DY O	N DN/A	
	Pumps	DY ON	□N/A	Diverter valves	by or	A'ND N	
	Solvent tanks and containers	DY ON	□N/A	Cartridge filter housings	DY DI	A'ND P	
	Water separators	ру Ои	□N/A		•		
4.	Which method of detection is used by the	responsit	ole official?				
	Visual examination (condensed solv	ent on ex	terior surfaces)		ET .	.],	
	Physical detection (airflow felt throu	igh gaske	ts)				
	Odor (noticeable perc odor)				石	.	
	Use of direct-reading instrumentation	n (FID/P	ID/calorimetric	tubes)			
	Halogen leak detector				Ø		
	If using direct-reading instrum	aentation	, is the equipme	ent:	J N/A		
	a. Capable of detecting per	c vapor c	oncentrations in	a range of 0-500 ppm?	OY D	7	
	b. Calibrated against a star (PID/FID only)?	ndard gas	prior to and afte	er each use		7	
	c. Inspected for leaks and o	obvious si	gns of wear on a	a weekly basis?	OY O	7	
	d. Kept in a clean and secu	ire area w	hen not in use?	,		7	
	e. Verified for accuracy by	use of du	plicate samples	(calorimetric only)?	OY O	4	

Randa (Conningham
Inspector's Name (Please Print)

Inspector's Signature

4-17-00 Date of Inspection

4-2001

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMAT	ION:	
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	•	

'AIRS ID#: <u>| | 70353</u>

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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Soft - Touch	(leaners	DA	TE: 4-17-00
FACILITY LOCATION: 1528 Frence			
Sanfald, F			
- Santara, F	•		
Annual Reporting Period:	14 94 28 TO	April	2000
Based on each term or condition of the Title V genera	al air permit, my facility has rer	mained in compliance with	DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), du	uring the period covered by this	s statement. XYES	□NO
If NO, complete the following:			
#1. Term or condition of the general permit that has r	not been in continuous complia	ance during the reporting po	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 r	not been in continuous complia	nce during the reporting pe	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, based on in this notification are true, accurate and complete. It purchase receipts, does not exceed 2,100 gallons per combination facilities. RESPONSIBLE OFFICIAL: Name (Pleas	Further, my annual consumptio year for dry-to dry facilities or	n of perchloroethylene sol	vent, based upon

^{*}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 COM	APLAINT/DISCOVERY	RE-INSPECTION						
TIME IN: 1145	тіме оит: 12.1	5airs id#:	0353						
TYPE OF FACILITY: Dr. 4	Cleaning								
FACILITY NAME: SOFF	Touch (leaners		DATE: 4-17-00						
FACILITY LOCATION: 15)	& French Aue.								
597	Ford, FL 31771								
RESPONSIBLE OFFICIAL:	ilip Patel	PHONE NUMBER: 4	07-324-8811						
	Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).								
Based on the results of the discrepancies were noted:	compliance requirements evalua	ated during this inspection, the follow	ring compliance						
COMPLIANCE REQUI	REMENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED						
COMMENTS:									
In Complian	ce	·							
The Annual Compliance Certificati	on form has been properly certif	Tied and submitted to the inspector.	YES NO						
DATE OF NEXT INSPECTION	11 >								
INSPECTION CONDUCTED BY	x: Rundal	proximate) [Cunningha.	m						
INSPECTOR'S SIGNATURE:_	Made E	PHONE NUMBER:	407-843-3333						
	Page	of /	Revised 10/96						

\	·
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X
AIRS ID # 1170353001AG LIP PATEL DET TOUCH CLEANER 28 S FRENCH AVE	
NFORD FL 32771	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
70002870000070274589	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	111111111111111111111111111111111111111
PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-00-M-0952

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U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Providence)							led)		
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กับ	SOFT TOUCH CLEANER								
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☲		SANFO	RD FI	3277	1				
	City, State,								
	Form 38	800, May	2000			See Rev	verse fo	r Instr	uctions



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413243 JAN17 2002,

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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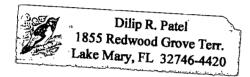
SOFT TOUCH CLEANER DILIP PATEL

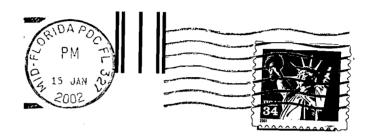
1528 S FRENCH AVE

SANFORD FL

32771

FOR GOVERNMENT USE ONLY Org.: 3755010 0000 EO: A1 Fund: 20-2-035001 Obj.: 002273





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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

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AIRS ID # 1170353

SOFT TOUCH CLEANER DILIP PATEL 1528 S FRENCH AVE SANFORD FL 32771 1/10/01/20

FOR GOVERNMENT SE OST Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

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TOTAL AMOUNT DUE: \$50.00

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DILIP PATEL DILIP PATEL SOFT TOUCH CLEANER PLANT CITY FL 32771

AIRS ID#1170353

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



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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

Purchase

AIRS ID # 1170353

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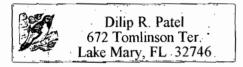
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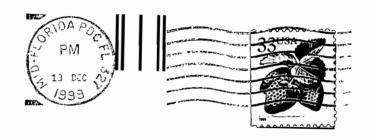
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SOFT TOUCH CLEANER DILIP PATEL 1528 S FRENCH AVE SANFORD FL 32771

FOR GOVERNMENT USE DNEY Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273





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