

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

May 5, 1998

Mr. Kamlesh Patel Red Willow Cleaners 5848 Red Bug Lake Road Winter Springs, Florida 32708

Re: Facility No.: 1170365

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 27, 1998.

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. Anatoliy Sobolevskiy, Central District

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



KAM

5848 Red Bug Lake Road • Winter Springs, FL 32708 (407) 699-5507

Perchloroethylene Dry Cleaning Facility Notification

	Facility Name and Location			PA
1.	Facility Owner/Company Name (Name of corporation, agency, or individual	al owner):		, C
	KANNIH INC		Ø.	100
2.	Site Name (For example, plant name or number):		€ SV	رحم
	RED WILLOW CLEANERS		Mob	App 3 > 193
3.	Hazardous Waste Generator Identification Number:			Souponite
٠.				Con The
4.	Facility Location: Street Address: FRAR REA BYA LAWE ROAD	n		
		Zip Code:	350	্
Z : ::	Facility Identification Number (DEP Use):		Talkana ayaa	مول دانيد را سري د د سال د ر
J.		1170	12/	
		1116	/ <i>U</i> @	
	Responsible Official			
6.	Name and Title of Responsible Official:	_		
	KAMLESH PATEL COWNER)			
7.				
	Organization/Firm: Street Address: Siame ias Arwe			
	City: County:	Zip Co	ode:	
8.	Responsible Official Telephone Number:			
	Telephone: (457) 64- 3207 Fax: ()	•		
	Facility Contact (If different from Responsible Off	īcial)		
9.	Name and Title of Facility Contact (For example, plant manager):			
	SAME			
10.	Facility Contact Address:			· · · · · · · · · · · · · · · · · · ·
	Street Address:			
	Street Address: Same County:	Zip Code:		
11.	Facility Contact Telephone Number: Telephone: () - Same Fax: ()	_	,	

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

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.

Machine Device Initially			Date	Date		Date	Date		Date	Date
Type of Machine ID Purchased Installed Installe			1					ŀ	1	Control
Type of Machine #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 02-MAR-92 02- Dry-to-Dry Unit (1) w/ ref. condenser				Device						Device
Example #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 02-MAR-92 02- Dry-to-Dry Unit	Type of Machine	ID	1 -	Installed	ID	1	Installed	ID		Installed
Dry-to-Dry Unit 1496 1597-96 1997-96										
(1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (9) w/ no controls (11) w/ carbon adsorber (11) w/ carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ carbon adsorber (14) w/ carbon adsorber (15) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (13) w/ no controls (14) w/ no controls (15) w/ no controls (16) w/ no controls (17) w/ ref. condenser (18) w/ carbon adsorber (19) w/ no controls (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required, but not yet installed (19) w/ no control devices are required, but not yet installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required, but not yet installed (19) w/ no control devices are required, but not yet installed (19) w/ no control devices are required, but not yet installed (19) w/ no control devices are required, but not yet installed (19) w/ no control devices are required, but not yet installed (19) w/ no control devices are required, but not yet installed (19) w/ no control devices are required, but not yet installed (19) w/ no control devices are required, but not yet installed (19) w/ no control devices are required to be installed (19) w/ no control devices are required, but not yet installed	Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
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(3) w/ no controls		Ц_	1756	30746						
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(b) Control devices are required, but not yet installed				• •						
(b) Control devices are required, but not yet installed	(10) w/ ref. condenser									
(b) Control devices are required, but not yet installed	(11) w/carbon adsorber									
(c) No control devices are required to be installed	(12) w/ no controls									
(Indicate with an "X". Select one classification only.) Existing small area source [] New small area source []	(c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [] gallons (b) If less than 12 months, how many? [] months									
Existing large area source [] New large area source []	(Indicate with an "X". Existing small ar	Selec ea so	et one classif	ication only.) Ne	ew sn	nall area sou	rce [3) of /]	Part II?	

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4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural 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	and Recordkeeping Information
Check all logs which are required to be kept on-site	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	\checkmark
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mon	itoring
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	\checkmark

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Surrender of Existing Air Permit(s)

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





PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	COMPLIANCE	INSPECTION CHECKLIS	· .		
TYPE OF INSPECTION:	ANNUAL	□ COMPLA	AINTOISCOVERY	1	
	RE-INSPECTIO	И			
1110365					
AIRS ID#:	DATE: 1/14/9	7 TIME IN: <u>/2/4</u>	لاي TIME OUT: _	1:10	
FACILITY NAME: KEL	WILLOW C	LEANERS			
FACILITY LOCATION: 52	348 RED B	OUL LAKE RS,			
<u>u</u>	INTER SPRIN	US FZ, 32708			
	·				
PART I: NOTIFICATION					
(check appropriate box)		1			
Existing facility notified DA	RM by 9/1/96	ADVISED HIM ?	TO REQUEST		
2. New facility notified DARM	30 days prior to sta	Tup AND SUBMIT	APPLICATION		
3. Facility failed to notify DAR	M to use general pe	rmit		X	
PART II: CLASSIFICATION	T				
Facility indicated on notificati (check appropriate box)	on form that it is:				
A.					
1. Existing small area sour		2. New small area source	; X S	EPT'96	
dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr	r	dry-to-dry only, x<140 gall transfer only, x<200 gal/yr	/J1 i		
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		4. New large area source			
dry-to-dry only, 140 <x<2, 10="" 200<x<1,800="" g<="" only,="" td="" transfer=""><td></td><td>dry-to-dry only, 140<x<2, 200<x<1,800<="" only,="" td="" transfer=""><td></td><td></td></x<2,></td></x<2,>		dry-to-dry only, 140 <x<2, 200<x<1,800<="" only,="" td="" transfer=""><td></td><td></td></x<2,>			
both types, 140 <x<1,800 gal<="" td=""><td>-</td><td>both types, 140<x<1,800 g<="" td=""><td></td><td></td></x<1,800></td></x<1,800>	-	both types, 140 <x<1,800 g<="" td=""><td></td><td></td></x<1,800>			
(constructed before 12/9/91)		(constructed on or after 12	/9/91)		
This is a correct facility classification $\Box Y \Box N$					
If no, please check the appropriate classification:					
		mit as number abov			
☐ facility exceed	ls above limits and i	s not eligible for a general p	ermit		
B. The total quantity of perchlo		irchased within the preceding	g 12 months by this d	ry cleaning	
facility was 120 gallons. ESTIMATE					

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 beds according to the manufacturer's specifications?

Y	
XY XY	
$\mathbf{Y}_{\mathbf{Y}}$	

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?

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?

□N □N/A

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a 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?

B. Has the responsible official of an existing large or new large area source also:	
B. Has the responsible official of all existing farge of hew farge 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?	ÖΥ ON .
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?	□Y □N
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	□Y □N
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	. ОҮ ОИ
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	0.4
	AY ON
(check appropriate boxes)	AY ON
(check appropriate boxes) 1. Maintained receipts for perc purchased?	AY ON
(check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	AY ON OY ON
(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:	, ,
 (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 	ОУ ОИ
 (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? 	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 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 ON/A OY ON
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 (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; STARTING UP NIW b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Maintained deviation reports? Maintained deviation reports? Maintained compliance plan, if applicable? 	
 (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? Maintained deviation reports? 	

2.	Which method of detection is used by the	ne respon	nsible offic	sial?		
	Visual examination (condensed so	lvent on	exterior s	urfaces)	A C	
	Physical detection (airflow felt thr	. •	# _			
	Odor (noticeable perc odor)		A			
	Use of direct-reading instrumenta	tion (FII	D/PID/calo	rimetric tubes)	7	
	If using direct-reading instrume	ntation,	is the equ	nipment:		
	a. Capable of detecting p	erc vapo	or concent	rations in a range of 0-500 ppm?	□Y (□N
	b. Calibrated against a st (PID/FID only)?	tandard	gas prior t	o and after each use	□Y (□N
	c. Inspected for leaks and	d obviou	s signs of	wear on a weekly basis?	□Y (⊐и
	d. Kept in a clean and se	cure 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?		5	TARTING	□Y ∫	P N
4.	Does the responsible official check the	following	g areas for	leaks?	/	1
	Hose connections, fittings, couplings, and valves	T Y	□N	Muck cookers	ÞΥ	□N
	Door gaskets and seating	P Y	□N	Stills	Y	□и
	Filter gaskets and seating	ÞΥ	□N	Exhaust dampers	ŪΥ	□N
	Pumps	μY	□N	Diverter valves	YY	□и
	Solvent tanks and containers	μ̈́Y	□N	Cartridge filter housings	Y	□и
	Water separators	Z Y	□И			
_			 			
	V. D.		,			
_	Name of Responsible Officia	<u>VNBK</u> 1				

Inspector's Name (Please Print)

Inspector's Signature

Approximate Date of Next Inspection



Red Willow Cleaners

OWNER KAMLESH PATEL

5848 Red Bug Lake Road • Winter Springs, FL 32708 (407) 699-5507

ADDITIONAL SITE INFORMATION:

- INSTALLED NEW MACHINE IST WEEK OF SEPT 96
- ADVISED OWNER KAMLASH PATEL TO CONTACT SMALL BUSINESS FOR GENL PERMIT FORM
- MULTIMATIC 303 35 LB MACHINE SHOP STAR
- HAS CONTAINMENT PAN
- EPONY AROUND MACHINE AND SPOTTING BOARD
- SAFETY KLAEN PICKS UP WASTE
- 8 FILTERS, Z CARBON
- DISCUSSED ALL RECORD KEEPING AND MAINTENANCE REQUIREMENTS & NEED TO APPLY FOR GENL PERMIT W/OWNER KAMESH PATEL

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	COMPLAINTIDISCOVER			
FB102541 RE-INSPECTION	COMPLAINT/DISCOVER NO DISTRICT SO			
AIRS ID#: \$10/9	18 TIME IN: 11,25 TIME OUT: 12,000			
FACILITY NAME: Red WILDW	Cleaners			
FACILITY LOCATION: 5848 Red				
	Spge Sr. 32708			
	Patel PHONE: 699-5507			
	PHONE:			
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 30 days prior to star	rtup			
2. Facility failed to notify DARM to use general per	rmit 🗆			
PART II: CLASSIFICATION				
Facility indicated on notification form that it is:	☐ No notification form			
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum			
Facility indicated on notification form that it is: (check appropriate box) A.				
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	2. New small area source dry-to-dry only, x < 140 gal/yr			
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	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr			
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	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			
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	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr			
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) 3. Existing large area source	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source			
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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr			
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) 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	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr			
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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr			
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) 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 both types, 140 \le x \le 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 \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 both types, 140 \le x \le 1,800 gal/yr			
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) 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) 5. This is a correct facility classification	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ 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 $12/9/91$)			
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) 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) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a get	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 \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) YY \(\text{IN} \) \(\text{Can not determine} \) ication: eneral permit as number \(\) above			
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) 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) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a get	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) YY Can not determine ication:			
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) 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) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a getting facility exceeds above line.	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 \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) YY \(\text{IN} \) \(\text{Can not determine} \) ication: eneral permit as number \(\) above			

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? Purpled OY ON N/A

2. Examining the containers for leakage?

3. Closing and securing machine doors except during loading/unloading?

4. Draining cartridge filters in their housing or in sealed containers for at 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?

YZY ON ONIA

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?

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?

Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

AVA UN UNIA

AVY ON ON/A

AY ON ON/A

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?	QY	N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY O	N □N/A
	Is the temperature differential equal to or greater than 20° F?		N □N/A
] 3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY Q	AIND N
	Is the perc concentration equal to or less than 100 ppm?	QY Q	N □N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,		
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY O	A/ND N
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	QY Q	N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	QY Q	N □N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	XÝ ON			
2. Maintained rolling monthly total of perc consumption?	MD AM			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	AY ON ON/A			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	XY ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	ANA \square NA			
5. Maintained exhaust duct monitoring data on perc concentrations?	AWK NO YO			
6. Maintained startup/shutdown/malfunction plan?	XYY □N			
7. Maintained deviation reports?	AND NO YO			
Problem corrected?	AND YO			
8. Maintained compliance plan, if applicable?	AN ON ONIA			

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?

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

2. Has the facility maintained a leak log?

Hose connections, fittings, AMD ND YDA Muck cookers couplings, and valves OK ON ON/Y OY ON ON/A Stills DY DN DN/A Door gaskets and seating AYMO NO YO Filter gaskets and seating Exhaust dampers DY DN DN/A DY ON ON/A Pumps Diverter valves DY DN DN/A AIND ND YD Solvent tanks and containers Cartridge filter housings DY DN DN/A DY ON ON/A Water separators

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

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

Halogen leak detector □

If using direct-reading instrumentation, is the equipment:

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

OY

N

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

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

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

UY UN

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

ADIA GUESTI 31098'
Ispector's Name (Please Print)

Date of Inspection

G (32) 3199

Inspector's Signature Approximate Date of Next Inspection

 $\square N$

 $\square N$

□N/A

Mailed in permit novesponse will call

1996 Machini (no leaks) documents gasket replacement

Condenser temp ~450, w-

19.5 gal 1/8/98 perchased

Muetimalic Shop star

epry yes

Naspan for hazardors wase

BEST AVAILABLE COPY INSPECTION SUMM	MARY REPORT LAINT/DISCOVERY RE-INSPECTION F
TIME IN: 11:25 TIME OUT: 12:25	AIRS ID#: 1300254V
TYPE OF FACILITY: Druglanus	1170365
FACILITY NAME: Cla Willow Clean	DATE: 3/10/98
FACILITY LOCATION: 5848 Red Bug (alee load
Winter Spy St	N. 3378
RESPONSIBLE OFFICIAL: Kam You'll	PHONE NUMBER: 699-5307
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administrat	ive Code (F.A.C.).
Based on the results of the compliance requirements evaluate discrepancies were noted:	ed during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	P
	E CE
	APR 7 1998 7 Air Monitoring & Mobile Sources
	toring
<u> </u>	
COMMENTS:	· · · · · · · · · · · · · · · · · · ·
Owner never received any contrapplication was received - che	acknowledgement that
The state of the s	eded arms in system - so
more application was recurred	OK.
The Annual Compliance Certification form has been properly certifi	
DATE OF NEXT INSPECTION: 3/99	proximate)
INSPECTION CONDUCTED BY:	QUEESH1
	25e Print) QGH - 7555
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 017-7955

Page___of__

Revised 10/96



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

					<u> </u>	
FACILITY NAME: RESERVE	<u> </u>	CLEAN	555		DATE	3-10-98
FACILITY LOCATION: S848	15ED	Bug	LAKE	ROA	<u> </u>	
WINTER SPRINCS		£.	3270.	₹		
Annual Reporting Period:			19 <u>97</u> T		MARCH	
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.	V general a	ir permit, n	ny facility has d covered by	s remained in c	ompliance with D	Prince To
If NO, complete the following: #1. Term or condition of the general permit						
#1. Term or condition of the general permit	that has no	t been in co	ntinuous con	npliance during	the reporting peri	od 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 no	t been in co	ntinuous con	apliance during	the reporting per	iod stated above:
Exact period of non-compliance: from				to		
Action(s) taken to achieve compliance:						
Method used to demonstrate compliance:		•				
	and comple 100 gallons	te. Further, per year for	my annual o	consumption of accilities or 1,80	perenloroethylend 00 gallons per yea	e solvent, based r for transfer or
	me (Please]	Print)		Signar	we	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.

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Page	of	
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	СОМ	IPLAINT/DI	SCOVERY _	RE-INSPECTION
TIME IN: 2:15 TIME OF	JT: 3:00		AIRS ID#: <u>/1</u> 7	0365
TYPE OF FACILITY: Ce	einers		•	
FACILITY NAME: Red WIL	Und Cha	anors		DATE: 2/23/95
FACILITY LOCATION: 58 48 Red 1	she Lake	load	Caselberry	Ec. 32707
RESPONSIBLE OFFICIAL: Cam	atel		PHONE NUMBER:_	407 699 - 5507
Based on the results of the compliance recompliance with DEP Rule 62-213.300, F	•	-	•	ity is found to be in
Based on the results of the compliance red discrepancies were noted:	quirements evalua	ated during th	is inspection, the follo	wing compliance
COMPLIANCE REQUIREMENT/P	ROBLEM	FOL	LOW-UP ACTIO	ON REQUIRED
				PEC
				Surgain St. L.
				Surce Map Source oring
				- 1/s
COMMENTS: GOOD Record Krep	ing, I	NCOMP	liance	
The Annual Compliance Certification form has been	an properly certifi	ied and subm	itted to the inspector	YEST NOT
·		150 150	med to the hispector.	1292
DATE OF NEXT INSPECTION:		prox im nate)		
INSPECTION CONDUCTED BY:	SAADIA	ease Print)	E8#7	
INSPECTOR'S SIGNATURE:	ni	•	PHONE NUMBER:_	407-893-3333

Page___of___.

Revised 10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: RED WILLOW CLEANERS	DATE: 2/23 55
FACILITY LOCATION: 5848 (SED BYG LAKE	120
MMBG 2651MB3 [5 35J 38	
Annual Reporting Period: 5Am 19 98 TO Feb	23. 1999
Eased on each term or condition of the Title V general air permit, my facility has remained in condition of the Title V general air permit, my facility has remained in conditional formula 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: fromto	· <u> </u>
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	302 1
#2. Term or condition of the general permit that has not been in continuous compliance during	g the reporting period states of over
Exact period of non-compliance: fromtoto	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official. I hereby certify, based on information and belief formed after reas made in this notification are true, accurate and complete. Further, my annual consumption of upon purchase receipts, does not exceed 2.100 gailons per year for dry-to dry facilities of 1.8 combination facilities.	sperchlorceindene solvent, based 100 gallone ser year for transfer or
RESPONSIBLE OFFICIAL: Name (Please Print)	2.23.99 Date
France (France Prince)	

Page _____ of _____.

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISC	COVERY	
AIRS ID#: <u>U70365</u> D FACILITY NAME:	Halow Cla E48 led & Vinter Sp Kan Pa	aners Big hale Prings II	Road 2.32-708 (407) PHONE: 69	ME OUT:	BOKCK A STORMS
(check appropriate box) 1. New facility notified DARM 2. Facility failed to notify DARM					a a
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box) A.	on form that it is:		☐ No notification : ☐ Drop store/out o		troieum
1. Existing small area sour dry-to-dry only, x < 140 gal/y transfer only, x < 200 gai/yr both types, x < 140 gal/yr (constructed before 12/9/91)	уг	transfer only, x both types, x <	r, x < 140 gal/ут c < 200 gal/ут	2 /	Blzyrs.
i					
3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)	,100 gal/yr 00 gal/yr gal/yr	dry-to-dry only transfer only, 2 both types, 140	area source y , 140 $\leq x \leq 2,100$ gal y 200 $\leq x \leq 1,800$ gal/ y y 20 $\leq x \leq 1,800$ gal/ y y 30 or after 12/9/91)		
dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$,100 gal/yr 00 gal/yr gal/yr	dry-to-dry only transfer only, 2 both types, 140	v, 140 ≤ x ≤ 2,100 gal 200 ≤ x ≤ 1,800 gal/y 0 ≤ x ≤ 1,800 gal/yτ	r	
dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$) 5. This is a correct facility of the facility o	,100 gal/yr gal/yr gal/yr classification appropriate classificity qualified for a get	dry-to-dry only transfer only, 2 both types, 140 (constructed of QY QN cation: neral permit as a	x , $140 \le x \le 2,100 \text{ gal}$ $200 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ In or after $12/9/91$	ine vove	

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?

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)

1. Equipped all machines with the appropriate vent controls?

2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

MY ON ON/A

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?

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?	QY QN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON	□N/A
	Is the temperature differential equal to or greater than 20° F?	OY ON	$\forall N N \square$
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	
	Is the perc concentration equal to or less than 100 ppm?	OY ON	
∔ .	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	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON	□N/A
6	. Routed airflow to the carbon adsorber (if used) at all times?	QY QN	□N/A

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
Maintained receipts for perc purchased?	DY ON					
2. Maintained rolling monthly total of perc consumption?	DY ON					
3. Maintained leak detection inspection and repair reports for the following:	·					
a. documentation of leaks repaired w/in 24 hrs? or,	OY ON MINIA					
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 VON/A					
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DNIA					
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ONIA					
6. Maintained startup/shutdown/malfunction plan?	ZY ON					
7. Maintained deviation reports?	DY ON ONA					
Problem corrected?	ay ay paia					
8. Maintained compliance plan, if applicable?	AND ND AR					

	77 L 77 C		•				
PART VI: LEAK DETECTION AND REPAIRS							
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
inspection?			DA DN				
2. Has the facility maintained a leak log?			DX DN				
3. Does the responsible official check the f	. Does the responsible official check the following areas for leaks?						
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	אואם אם אף				
Door gaskets and seating	אואם אם צף	Stills	AMO NO YA				
Filter gaskets and seating	אואם אם צם	Exhaust dampers	אואם אם אוא				
Pumps	DY DN DN/A	Diverter valves	אואם אם צם				
Solvent tanks and containers	DY DN DN/A	Cartridge filter housings	אואם אם אוא				
Water separators	dy on on/a						
4. Which method of detection is used by th	e responsible official?						
Visual examination (condensed so	а						
Physical detection (airflow felt thr	0						
Odor (noticeable perc odor)							
Use of direct-reading instrumental	tion (FID/PID/calorimetri	c tubes)					
Halogen leak detector			а				
If using direct-reading instru	imentation, is the equip	ment:	□N/A				
a. Capable of detecting p	erc vapor concentrations	in a range of 0-500 ppm?	ND YD				
b. Calibrated against a st (PID/FID only)?	andard gas prior to and a	ifter each use	OY ON				
c. Inspected for leaks an	d obvious signs of wear o	n a weekly basis?	OY ON				
d. Kept in a clean and se	cure area when not in us	e?	QY QN				
e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	QY QN				
	_						

Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

EPOXY? YES.
PAN? YES.

Dust perc , bough oct-98

mutimatic Styp star

no pera on spotting board.

pun for haz waste

USing Calendar IN Comphance

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKL TYPE OF INSPECTION: ANNUAL RE-INSPECTION AIRS ID#: 1170365 DATE: 10-4-99 TIME IN: TIME OUT: 1!/5 FACILITY NAME: FACILITY LOCATION: 5848 (407) 699-5507 PHONE: RESPONSIBLE OFFICIAL: Tram PHONE: (407) 699-5507 CONTACT NAME: 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 ☐ No notification form Facility indicated on notification form that it is: (check appropriate box) ☐ Drop store/out of business/petroleum A. 2. New small area source 1. Existing small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yrtransfer only, x < 200 gal/yr transfer only, x < 200 gal/yrboth types, x < 140 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) (constructed before 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 < x < 1,800 gal/yr transfer only, 200 < x < 1,800 gal/yrboth types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before 12/9/91) (constructed on or after 12/9/91) $\square N$ □Can not determine 5. This is a correct facility classification If no, please check the appropriate classification: facility qualified for a general permit as number _____ above facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was **bO** 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 (DAN/A DY DN **X**N/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at AY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN **19**N/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) XY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? AYNO NO YES 3. Equipped the condenser with a diverter valve so airflow will be directed away from the X OY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated BY ON condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the AVY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after XY ON verifying that the coolant had been completely charged?

B.	. Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	עם	□N	I
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	מם	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПΥ	ΠN	□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	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?		_	□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?	ΟΥ	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	MO N					
2. Maintained rolling monthly averages of perc consumption?	AND YES					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or;	□y □n ∀(n/a					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON SAN/A					
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON S AN/A					
5. Maintained exhaust duct monitoring data on perc concentrations?						
6. Maintained startup/shutdown/malfunction plan?	AY ON					
7. Maintained deviation reports?	AVNO NO YA					
Problem corrected?	OY ON Ø N/A					
8. Maintained compliance plan, if applicable?	AND ND YED					

PART VI: LEAR DETECTION AND REPAIRS									
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair								
	inspection?			χY	\square N				
2.	Has the facility maintained a leak log?	?		DA	ΠN				
3.	Does the responsible official check the	e following areas for lead	ks?						
	Hose connections, fittings, couplings, and valves	AY ON ON/A	Muck cookers		ON □N/A				
	Door gaskets and seating	AND NO YE	Stills	XY C	N □N/A				
	Filter gaskets and seating	AVO NO YA	Exhaust dampers)	A/ND NC				
	Pumps	ANO NO Y	Diverter valves)	A/NO NC				
	Solvent tanks and containers	ANA DA DAYA	Cartridge filter housings) AY C	N □N/A				
	Water separators	DAY ON ONIA	·						
4.	Which method of detection is used by	the responsible official?							
	Visual examination (condensed	solvent on exterior surfa	ces)						
	Physical detection (airflow felt the								
	Odor (noticeable perc odor)								
	Use of direct-reading instrument	etric tubes)							
	Halogen leak detector		人						
	If using direct-reading inst	ipment:	□N/A						
	a. Capable of detecting	perc vapor concentration	ons in a range of 0-500 ppm?	CA C	ЗN				
	b. Calibrated against a (PID/FID only)?	standard gas prior to an	d after each use		מכ				
	c. Inspected for leaks a	nd obvious signs of wea	r on a weekly basis?		מנ				
d. Kept in a clean and secure area when not in use?					אכ				
	e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	OY C	N				
	0 1 0								

Randall Cunningham
Inspector's Name (Please Print)

Dad Inspector's Signature

10-4-99
Date of Inspection
10-2000

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMA	TION:		
	·		
		·	·
·			
			·
·			

1170365

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



FACILITY NAME: Red Willow	Cleaners	DATE: 10-4-99
FACILITY LOCATION: 5848	Red Bug Lake Rd.	
lasse 1 be	114, FL 32707	
Annual Reporting Period: Octobe	1998 TO Octob	19 99
	V general air permit, my facility has remained in compliant. 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 re	porting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:	· · · · · · · · · · · · · · · · · · ·	·
Method used to demonstrate compliance:		
#2. Term or condition of the general permit	that has not been in continuous compliance during the re	porting period stated above:
Exact period of non-compliance: from	, toto	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:	· · · · · · · · · · · · · · · · · · ·	*
made in this notification are true, accurate a upon purchase receipts, does not exceed 2,1 combination facilities. RESPONSIBLE OFFICIAL:	based on information and belief formed after reasonable and complete. Further, my annual consumption of perch 00 gallons per year for dry-to dry facilities or 1,800 gallons p	loroethelene solvent, based

Page _ 1 _ of _ ____.

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: (2:45 pm TIME OUT: 1115 p TYPE OF FACILITY: Dry Clean FACILITY NAME: Red willow Cleaners	M AIRS ID#: 1170365 DATE: 10-4
FACILITY LOCATION: 5848 Red Bug Las Winter Springs, FL	22 70 Q
RESPONSIBLE OFFICIAL: Tram Patel	PHONE NUMBER: (407) 699-5507
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administration of the compliance requirements evaluate the results of the compliance requirements.	rative Code (F.A.C.).
Based on the results of the compliance requirements evalu discrepancies were noted:	ated during this hispection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
COMMENTS:	
In Compliance	
The Annual Compliance Certification form has been properly certing DATE OF NEXT INSPECTION: October (A) INSPECTION CONDUCTED BY: Randall	Description of the provided in
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (407) 843-3333

Revised 10/96

10-17-00 "

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

DATE 10-3-00

BY RE

TYPE OF INSPECTION:

ANNUAL (INS1, INS2)

COMPLAINT/DISCOVERY-(CI)

RE-INSPECTION (FUI) □

	AIRS ID#: 1170365 DATE: 10-3-0 FACILITY NAME: Red Willow () FACILITY LOCATION: 5849 Red	Brg Lake Rd,		
	responsible official: Kam Pate PHONE: 407-699-5507			
		PHONE: 701 6 7	•	
2/7/00	PART I: NOTIFICATION			
5/15/00	(check appropriate box)	Facility Compliance Status:	IN 🙇	
9/15/00	1. New facility notified DARM 30 days prior to star	tup (ARMS Data)	MNC 🗆	
>10941	2. Facility failed to notify DARM to use general per	mit 🚨	SNC 🗆	
	Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form☐ Drop store/out of busing	ness/petroleum	
	1	☐ No notification form ☐ Drop store/out of busin 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 before 12/9/91)	both types, x < 140 gal/yr (constructed on or after 12/9/91)	OCT 2 7 2000 Bureau of Air Monitor & Mobile Sources	
	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 $12/9/91$)	2 7 2000 If Air Monitoring bile Sources	
	5. This is a correct facility classification	□Y □N □Can not determine		
	l '	ation:		

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) SEAY □N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? MY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN ZN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? Y ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the 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? the ON ON/A 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?

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?	ΟY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠN	□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	N	□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	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□N	□N/A

Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased? reminded to treep cupies of recients 2. Maintained rolling monthly total of perc consumption? 5 howed how to use culentar	CEY ON			
2. Maintained rolling monthly total of perc consumption? 5 howed how to Vsc culentar	TY ON			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	ON ON/A			
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	OY ON 25 N/A			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON MN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DONA			
6. Maintained startup/shutdown/malfunction plan?				
7. Maintained deviation reports?				

PART V: RECORDKEEPING REQUIREMENTS

Problem corrected?

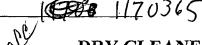
8. Maintained compliance plan, if applicable?

OY ON DAN/A

PART VI: LEAK DE	TECTION AND REP	AIRS				
1. Does the responsible	official conduct a wee	kly (for	small sources, b	oi-weekly) leak detection at	nd repa	ir
inspection?					ďΥ	□N
2. Has the facility main	itained a leak log?				ĽΥ	□N
3. Does the responsible	official check the foll	owing a	reas for leaks?			
Hose connection couplings, an	· · ·	Y 🗆 N	□N/A	Muck cookers	фү	□N □N/A
Door gaskets a	nd seating	ND YE	□N/A	Stills	фΥ	□N □N/A
Filter gaskets a	and seating	Y ON	□N/A	Exhaust dampers	фу	□N □N/A
Pumps	C	Y ON	□N/A	Diverter valves	dy (□N □N/A
Solvent tanks a	and containers	N□ Y	□N/A	Cartridge filter housings	d _Y	□N □N/A
Water separato	ors C	N□ Y	□N/A			
4. Which method of de	tection is used by the r	esponsit	ole official?			
Visual examination (condensed solvent on exterior surfaces)						
Physical detection (airflow felt through gaskets)						
Odor (noticeable perc odor)						
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
Halogen leak detector					9	
If using direct-reading instrumentation, is the equipment:					/2 N/A	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				a range of 0-500 ppm?	ΠY	□N
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			□Y !	□N		
c. Inspected for leaks and obvious signs of wear on a weekly basis?			□Y I	⊓א		
d. Kept in a clean and secure area when not in use?			□Y (□N		
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			(calorimetric only)?	□Y (מם	
The second of th			8 98 8 6 5	. 17 <u></u>	5.8. 2.1.	
				•		

Inspector's Name (Please Print)	[0-3-00]
Inspector's Name (Please Print)	Date of Inspection
Paul Thispector's Signature	10-200 Approximate Date of Next Inspection

AIRS ID#:



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

							
FACILITY NAME: Red WI	110~	Cleg	nec	5		DATE:	10-3-00
FACILITY LOCATION: 5848	Red	Bral	-a re	Rd	,	,	
Lasse				_			
	19117	1 1 6		,			
Annual Reporting Period: October			1494 20	то _	Octob	11	20 00
Based on each term or condition of the Title	V general ai	r permit, my	y facility	has rema	ined in complia	nce with DEI	Rule
62-213.300, Florida Administrative Code (F.	A.C.), durin	g the period	covered	by this st	atement.	YES	□NO
If NO, complete the following:							
#1. Term or condition of the general permit	that has not	been in con	tinuous c	omplianc	e during the rep	orting period	stated above:
Exact period of non-compliance: from					to		
Action(s) taken to achieve compliance:	·· <u> </u>						
Method used to demonstrate compliance:	=-			,			
#2. Term or condition of the general permit	that has not	been in con	tinuous c	omplianc	e during the rep	orting period	stated above:
Exact period of non-compliance: from				to)		
Action(s) taken to achieve compliance:				,			
Method used to demonstrate compliance:							
wethod used to demonstrate comphance.							
As the responsible official, I hereby certify, be in this notification are true, accurate and confurchase receipts, does not exceed 2,100 gala combination facilities. RESPONSIBLE OFFICIAL:	nplete. Fur	ther, my ann	ual cons	umption o	f perchloroethy	lenessolvent,	based upon
	ne (Please P	rint)		l	Signature	Dat	e
•							

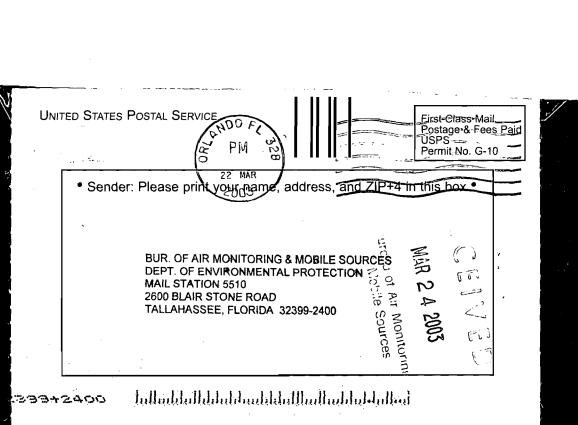
^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀 COM	MPLAINT/DISCOVERY	RE-INSPECTION		
TIME IN: 10:45	TIME OUT:	AIRS ID#:	170365		
TYPE OF FACILITY: Dry	Cleaning				
FACILITY NAME: Red			DATE: 10-3-00		
FACILITY LOCATION: 58	44 Red Brg Lake	Rd.	· · · · · · · · · · · · · · · · · · ·		
<u> </u>	inter Springs, F				
RESPONSIBLE OFFICIAL:	Kam Patel	PHONE NUMBER:_	407-699-5507		
compliance with DEP Ru	ale 62-213.300, Florida Administr				
Based on the results of the discrepancies were noted	•	ated during this inspection, the follo	wing compliance		
•	IREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED		
Lover Condesate	Water	get lid tor Breke	<u>t</u>		
Cover Still Butta	on Pan	get Lover tol Pai			
	771 1217	1 700 2 21 101 141			
Start-up Shut-	down plan	make New LO	f y		
•		(cxt.1999 - Oct.	2000)		
Get copy of per	-c. purchases	Verity recie	pts		
· · · · · · · · · · · · · · · · · · ·					
COMMENTS: Minor Problems					
In Compliance					
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO					
DATE OF NEXT INSPECTION: 10-2001					
(Approximate)					
INSPECTION CONDUCTED BY: Kandall (unning ham					
INSPECTOR'S SIGNATURE: Phone Number: 1407) 893-3333					
	Page)	of)	Revised 10/96		

1	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Instrance Coverage Provided)				
]. 					
E L	OFFICIAL USE				
76	Postage \$				
7	Certified Fee				
7.	Return Receipt Fee (Endorsement Required)				
0007	Restricted Delivery Fee (Endorsement Required)				
20	Total Postage 10 AIRS ID# 1170365001AG				
03	Sent To RED WILLOW CLEANERS KAMLESH PATEL				
]]	Street Act No. 5848 RED DUC LAVE DO				
7007	or PO Box No. WINTER SPRINGS FL 32708				
1	PS Form 3800, January 2001				

<u>.</u>					
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. 	A. Signature X				
Article Addressed to:	D. Is delivery address different from tem 1? Yes If YES, enterdelivery address below. No				
10 AIRS ID# 1170365001AG RED WILLOW CLEANERS KAMLESH PATEL 5848 RED BUG LAKE ROAD WINTER SPRINGS FL 32708	3. Service Type Company Script Company Service Type				
	4. Restricted Delivery? (Extra Fee)				
2. Article Number (Transfer fi 7 0 1 0 2 0 0 0 1 7 9 7 1 3 1 9 4					
PS Form 3811, August 2001 Domestic Retu	urn Receipt 102595-02-M-1540				





__IS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

401307

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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RED WILLOW CLEANERS KAMLESH PATEL 5848 RED BUG LAKE ROAD WINTER SPRINGS FL 32708 29 DEC 29

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273 nere)



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AIRS ID#1170365

RED WILLOW CLEANERS KAMLESH PATEL 5848 RED BUG LAKE ROAD WINTER SPRINGS FL 32708 Mobile Sou

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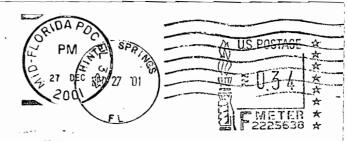
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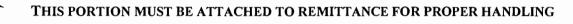
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2600 BLAIR STONE ROAD

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FORGO FERNMENT USE ONLY Org. 375010 Neo EO: BI Fundg 262-035001



Department of Environmental Protection

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

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

MAIL ROOM



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