

Department of Environmental Protection

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

David B. Struhs Secretary

August 17, 1999

Mr. Manesh Kapadma Swan Cleaners 918 Semoran Boulevard Casselberry, Florida 32717

Re: Facility No.: 1170377

Dear Mr. Kapadma:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July13, 1999.

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, of 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,

L) Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/iw

cc: Mr. Anatoliy Sobolevskiy, Central District

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

Printed on recycled paper.

Swan's Cleaners 1170377 is Out of Business. DynaClean Conference went well there were only about 5 Cleaners there but everything went well. Thanks for all the handouts. There system seems to be very effective.

--Randall Cunningham Central District

P.F

Please Inactivate file.

1170377 PIT

Rich Butler ms #5510

Part III. Notification of Intent to Use General Permit Prior to filling out this form, please read the instructions provided at the end of the form. Send

completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location	
1. Facility Owner/Company Name (Name of corporation, agency, or	individual owner):
SWAN CLEANERS	
2. Site Name (For example, plant name or number):	
Hazardous Waste Generator Identification Number:	
4. Facility Location: 918 SEMURAN MLVD- Street Address: City: CASSELDERY County: FLSEM	~ .
Street Address:	NV 7 (20 Code) 727'7
City: 6 ASS 6 LILE-RP) County: 4-250-11	Zip Code. 3~/
5 Facility Identification Number (DEP Use ONLY - do not fill in);	und Barrie
	1140377
Responsible Official	
6. Name and Title of Responsible Official:	owner
Name: MANESH KAPAD A Title:	g to 1 to 1
7. Responsible Official Mailing Address:	NO 6
Street Address	4 227.7
Street Address: City: CASSELBERY County:	Zip Code: 327.7
Organization/Firm: 978 SEMURAN DI Street Address: City: CASSELBERY County:	Zip Code: 227.7
8. Responsible Official Telephone Number:	
8. Responsible Official Telephone Number:	Zip Code: 327.7
8. Responsible Official Telephone Number: Telephone: (447) 834, 3496 Fax:	
8. Responsible Official Telephone Number:	
8. Responsible Official Telephone Number. Telephone: (447) 834, 3496 Fax: Facility Contact (If different from Responsible Official)	
8. Responsible Official Telephone Number. Telephone: (447) 834, 3496 Fax: Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager):	
8. Responsible Official Telephone Number. Telephone: (447) 834, 3496 Fax: Facility Contact (If different from Responsible Official)	
8. Responsible Official Telephone Number. Telephone: (447) 834, 3496 Fax: Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager):	
8. Responsible Official Telephone Number: Telephone: (447) 834, 3496 Fax: Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address:	
8. Responsible Official Telephone Number: Telephone: (497) 834, 3496 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:	
8. Responsible Official Telephone Number: Telephone: (447) 834, 3496 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:	Zip Code:

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information

racinty antormation			
1.(a) DRY-TO-DRY M	ACHINES ONL	Y	Pac P
How many dry-to-dry ma	chines do you ha	ve on-site?	Object No.
For each dry-to-dry mach	nine on-site, pleas	e provide the following informatio	n: \$50,000
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
Since 1985	Existing/No		1990
	Existing/No	ew RC/CA/None required	
	Existing/No	ew RC/CA/None required	
*CONTROL DEVICE K	EY: RC = 1	refrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?		
How many dryers/reclain	ners do you have	on-site? []	
unit. If the transfer mach 1993, it is a NEW unit (r	ine was purchased no units purchased		-
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	· .
	Existing/New	RC/CA/None required	
*CONTROL DEVICE K	EY: RC = 1	refrigerated condenser CA =	carbon adsorber
^	roethylene (perc) ns (You must fill	have you used within the last 12 m this in)	nonths?
(b) If less than 12 mor	nths, how many?	[] months	
Check why it is les	ss than 12 months	s: New owner: Did not kee	p records: []
		New store: [] New machine	e []

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Unopened store [____] (date of expected opening _____)

			ssification based o		nitions found in s	section (3) of Part	П?
	Small A	Area Source					
·		Dry-to-dry machine ty		(used les	s than 200 gallor	ns of perc per year ns of perc per year ns of perc per year)
	Large A	Area Source					
		Dry-to-dry machine ty		(used 20	0 - 1,800 gallons	s of perc per year) s of perc per year) s of perc per year)	
	nat control ndicate wit		uired on machines	pursuant	to section (5) of	Part II of this notif	ication form?
		g machines at sm EREQUIRED)	all area source		New machines a Refrigerated con	at small area source ndenser []	<u>2</u>
	Carbon	g machines at large adsorber rated condenser	ge area source		New machines a Refrigerated con	nt large area source ndenser []	<u>:</u>
Rule 6	52 - 213.300	, F.A.C. Verify	exempt emissions that all steam and l units exist on-site	hot water;	generating units	on-site meet the fo	
	eam and ho	ot water generatir n-site	ng units exempt		OR		
How 1	many boile	ers do you have or	a-site?	_			
For ea	ach boiler,	indicate its horse	power (HP) rating:	: [<mark>15</mark>] [
What	type of fue	el do you use?	[] propane [] No. 2 fue [] No. 6 fue		natural g No. 4 fue Other (pl	el oil	
6. Equ	ipment M	onitoring and Re	cordkeeping Inform	mation			
Check	all logs w	hich are required	to be kept on-site	in accord	ance with the req	quirements of this g	general permit:
(a) Pu	rchase rec	eipts and solvent	purchases/solvent	addition lo	og		
(b) Le	ak detection	on inspection and	repair				
(c) Re	frigerated	condenser tempe	rature monitoring				
(d) Ca	arbon adso	rber exhaust perc	concentration mor	nitoring			
(e) St	artup, shu	tdown, malfunction	on plan	•			

DEP Form No. 62-213.900(2) Effective: 2/24/99

'. Surrender o	of Existing DEP Air Permit(s)	
Please indicat	te with an "X" the appropriate selection:	
	I hereby surrender all existing DEP air per this notification form; the permit number(s	mits authorizing operation of the facility indicated in s) are
\triangle	No DEP air permits currently exist for the form.	operation of the facility indicated in this notification
Responsible	Official Certification	
this notifi statement maintain	ication. I hereby certify, based on informations its made in this notification are true, accurate the air pollutant emissions units and air poll	ined in Part II of this form, of the facility addressed in on and belief formed after reasonable inquiry, that the e and complete. Further, I agree to operate and lution control equipment described above so as to 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.
44	HEM J. KAPADIA	
Print nan	ne of responsible official	
Ne	huse J. Janobs.	7-9-99
Signature	;	Date

Effective: 2/24/99

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

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

Facility Name and Location

4

- 1. Facility Owner/Company Name Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
- 2. Site Name Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
- 3. Hazardous Waste Generator Identification Number Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
- 4. Facility Location Enter the street address and zip code of the facility and the city and county in which it is located.
- 5. Facility Identification Number (DEP Use ONLY) Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

- 6. Name and Title of Responsible Official Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
- 7. Responsible Official Mailing Address Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
- 8. Responsible Official Telephone Number Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

Name and Title of Facility Contact - Enter the name of the facility contact, if other than the
responsible official. For example, a plant manager could be designated as the facility contact for
Department inspections.

DEP Form No. 62-213.900(2) Effective: 2/24/99

- 10. Facility Contact Address Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.
- 11. Facility Contact Telephone Number Enter the telephone number and facsimile number, if available, at which this person can be contacted.

Facility Information

- 1. For each machine located at the facility, select the appropriate machine type and type of air pollution control device installed on the machine (for example, dry-to-dry unit w/ ref. condenser). If the dry-to-dry machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING unit. If the dry-to-dry machine was purchased from the manufacturer after December 9, 1991, it is a NEW unit. Beginning with dry-to-dry machines, enter the date the machine was initially purchased from the manufacturer in the dd-mth-yy format. If you do not know the exact date of purchase, but can confirm it was prior to December 9, 1991, enter 08-DEC-91. Indicate the status of the machine as either new or existing. Circle the required control equipment for that machine (if required) and enter the date of its installation (in the dd-mth-yy format). If control equipment is required, but has not yet been installed, indicate this with an "X". If the control device was already included at the time of purchase, enter "SAME". Up to three dry-to-dry machines may be entered across this table. Complete the other table for transfer machines located at the facility, as applicable. Submit additional copies of these tables if more than three machines per type are located at the facility.
- 2. Enter the total amount, in gallons, of perchloroethylene consumed during the preceding twelve months. If this amount represents a period of less than twelve months, indicate the actual time period used to determine solvent consumption and the reason for this discrepancy (for example, new store). New owners should attempt to obtain solvent purchase records from the previous owner.
- 3. Using the amount of perc entered in No. 2 above, select the facility's classification. The classification is based on the definitions found in paragraph (3) of Part II.
- 4. Indicate which control technology is required on machines pursuant to paragraph (5) of Part II, based upon the selection in No. 3 above. Existing small area sources are not required to install any additional control equipment.
- 5. Indicate with an "X" that all steam and hot water generating units on-site are exempt from permitting pursuant to Rule 62-210.300(3), F.A.C., or that the facility has no such units on-site. Provide information on the quantities of boilers, their horsepower rating(s), and fuel used.

Equipment Monitoring and Recordkeeping Information

6. Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".

Surrender of Existing DEP Air Permit(s)

7. Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing DEP air permits authorizing the operation of a facility a condition precedent for the entitlement to a DEP air general permit. Indicate whether the responsible official surrenders such permit(s) or whether no such permit(s) exist with an "X" and list all existing DEP air permit numbers.

Responsible Official Certification

This statement must be both printed and signed by the person named on page 13, Field 6, of this form.

Effective: 2/24/99

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

ARMS UPDATED	
DATE 8-23-99	
BY Re	

TYPE OF INSPECTION:

ANNUAL

\$

COMPLAINT/DISCOVERY

RE-INSPECTION

Will call me Monday

· VIII CHIME I PORCELY
AIRS ID#: 1170 377 DATE: 8 -13 -99 TIME IN: 1:30 TIME OUT: 2:00
FACILITY NAME: Swan Clantis
FACILITY LOCATION: 918 SAMULUN Blvd.
(asselberry, FL
RESPONSIBLE OFFICIAL: Muhesh Kapudis PHONE: 434-3496
CONTACT NAME:PHONE:

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

RECEIN OF ATT

PART II: CLASSIFICATION

Facility indicated on notification form that it is: (check appropriate box)

- No retification form

 Draw tors/out of business
- ☐ Drop store/out of business/petroleum

- 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, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (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
- XY DN
- □Can not determine

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 ______ gallons.

Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	AN A NO YO
2. Examining the containers for leakage?	A/KA NO YO
3. Closing and securing machine doors except during loading/unloading?	kan da i
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	AY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON DAVA
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 refri (complete A below).	gerated condenser
. If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber must 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?	אואם אם אַם
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?	מ/אם אם עם
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	מט עם

PART III: GENERAL CONTROL REQUIREMENTS

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΟY	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	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПN	□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	ΠN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□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? wait to tax	ta ĭ □n
2. Maintained rolling monthly averages of perc consumption? Stowed talendal	by Der
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	by on g 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?	AVÆN NO YO
4. Maintained calibration data? (for applicable direct reading instruments)	AVA X NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	מא ע ס אם עם
6. Maintained startup/shutdown/malfunction plan?	MO AM
7. Maintained deviation reports?	OY ON SANA
Problem corrected?	OY ON DENIA
8. Maintained compliance plan, if applicable?	DY ON ONA

PART	VI: LEAK DETECTION AND F	REPAIRS	1			
1. Do	es the responsible official conduct a	weekly (fo	r small sources, b	oi-weekly) leak detection as	nd rep	air
ins	spection?				the s	ND
2. Ha	s the facility maintained a leak log?				Y	N
3. Do	es the responsible official check the	following a	areas for leaks?			
	Hose connections, fittings, couplings, and valves	idy on	N □N/A	Muck cookers	d _Y	ON ON/A
	Door gaskets and seating	aky an	I □N/A	Stills	\mathbf{R}^{A}	מ/אם אם
	Filter gaskets and seating	KY ON	I □N/A	Exhaust dampers	Q Y	ON ON/A
	Pumps	RA OV	I DN/A	Diverter valves	Y	ON ON/A
	Solvent tanks and containers	OY ON	I DN/A	Cartridge filter housings	\mathbf{L}_{Y}	ON ON/A
	Water separators	YY ON	I □N/A	•		
4. W	nich method of detection is used by th	ne responsi	ble official?			
Visual examination (condensed solvent on exterior surfaces)					12	
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.
	a. Capable of detecting p	erc vapor	concentrations in	a range of 0-500 ppm?	ΩY	ПN
	b. Calibrated against a so (PID/FID only)?	tandard ga	s prior to and aft	er each use	ΟY	ΠN
c. Inspected for leaks and obvious signs of wear on a weekly basis?			$\Box Y$	□N		
	d. Kept in a clean and se	cure area	when not in use?		ΩΥ	ND
	e. Verified for accuracy l	by use of d	uplicate samples	(calorimetric only)?	ΠY	ПN

Inspector's Signature

46-13-99 Date of Inspection

8-2000 Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
·	

ATRS ID#: 1170377_

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Swan Cleaners			DATE: 8~13~99
FACILITY LOCATION: 918 Semul	an Blod		
FACILITY LOCATION: 918 Semul	, FL		
Annual Reporting Period: Aug	19 48	TO Aug	1994
Based on each term or condition of the Title V generated and the Title			ance with DEP Rule YES
If NO, complete the following: #1. Term or condition of the general permit that have	s not been in continuous c	compliance during the re	eporting 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 ha	s not been in continuous o	compliance during the re	eporting 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 of made in this notification are true, accurate and con upon purchase receipts, does not exceed 2,100 gall combination facilities.	nplete. Further, my annu ons per year for åry-to år	al consumption of perch	iloroethylene solvent, based lons per year for transfer or
	7- 14/1/1001	1000,00	0, 3131,
RESPONSIBLE OFFICIAL: Name (Ple	ase Print)	Signature	Date

Page _____ of ____.

discretion of the responsible official to use this form.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1:30 pm TIME OUT: 2:00) TYPE OF FACILITY: Dry Cleaner	A AIRS ID#: 1170378
FACILITY NAME: Swan Cleaner	DATE: 8-13-99
FACILITY LOCATION: 914 Semoran Blvd	
RESPONSIBLE OFFICIAL: Mah15h tiapudis	PHONE NUMBER: 834-3496
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	· · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaluadiscrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	•
	• 4
COMMENTS:	
Incompliance	
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector.
DATE OF NEXT INSPECTION: 8-2000	
INSPECTION CONDUCTED BY: Randal Cun	proximate) 1111ham ease Print)
INSPECTOR'S SIGNATURE: PANN (1)	PHONE NUMBER: 407-893-3333
₽ Page	of Revised 10/96

Y2K Questions for Inspectors

Inspectors, during normal visits/inspections of regulated facilities, need to verify that the facility is Y2 K ready vis a vis environmental concerns. The following questions should be asked:

- 1. Are you aware of any potential Y2K problems? No
- 2. What have you done to prepare for Y2K? N/A
- 3. Are your computer systems and equipment with embedded chips Y2K compliant?
- 4. If not, what are you plans to correct Y2K problems? M/A

We need to track those facilities that will not be Y2K ready and whose lack of readiness will impact the environment. While the number of such facility is anticipated to be minimal, the name of the facility, a brief description of the potential Y2K problem and the planned corrective action is needed. Each Program should establish a "data base" for this information.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

ARMS UPDATED

DATE 4-24-00 COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY BY_

RE-INSPECTION

AIRS ID#: 1170377 DATE: 4-24-00 TIME IN:	TIME OUT:	K
FACILITY NAME: 5wgn [leant/5	ã	
FACILITY LOCATION: 918 Semaran Blvd.	reau E.	
Cassel berry, FC	not pir	(I)
RESPONSIBLE OFFICIAL: Mahesh Kandis PHONE:	407-834-	3446
CONTACT NAME:PHONE:	torins, ces	
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		

<u> </u>				
PART II: CLASSIFICATION				
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Prop store out of business/petroleum			
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			
If no, please check the appropriate classific facility qualified for a ger facility exceeds above lim				
B. The total quantity of perchloroethylene (perc) purfacility was gallons.	rchased 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 ON/A
2. Examining the containers for leakage?	AVAC ND YC
3. Closing and securing machine doors except during loading/unloading?	DY DN
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/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 refrig (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber mus 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)	
Equipped all machines with the appropriate vent controls?	UA UN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OĂ ON ON/Y
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	מס עם

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	located
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ı, OY ON ON/A
or expansion, and downsdeam from no other milet:	di di diva
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) DY DN 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? DY DN 3. Maintained leak detection inspection and repair reports for the following: DY DN DN/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? AVACI NCI YC 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? DY ON ON/A DY DN 6. Maintained startup/shutdown/malfunction plan? DY DN DN/A 7. Maintained deviation reports? DY DN DN/A Problem corrected? DY DN DN/A 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? $\Box Y$ $\square N$ 2. Has the facility maintained a leak log? $\Box Y$ $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY DN DN/A Muck cookers couplings, and valves DY DN DN/A DY DN DN/A Stills DY DN DN/A Door gaskets and seating DY ON ON/A Filter gaskets and seating Exhaust dampers QY QN QN/A DY DN DN/A Diverter valves DY DN DN/A Pumps DY DN DN/A 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 □N/A If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN DY DN d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN Kandall Cunningham Inspector's Name (Please Print)

Revised 8/11/97

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
·	
	·

AIRS	ID#:			
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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

TACITITY NAME.	75.4777
FACILITY NAME:	DATE.
FACILITY LOCATION:	
Annual Reporting Period: 20TO	
Based on each term or condition of the Title V general air permit, my facility has rem	nained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliar	nce during the reporting 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 complian	nce during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	<u> </u>
As the responsible official, I hereby certify, based on information and belief formed a in this notification are true, accurate and complete. Further, my annual consumption purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or combination facilities.	n of perchloroethylene solvent, based upon
RESPONSIBLE OFFICIAL: Name (Please Print)	Signature Date
Name (Please Print)	Signature Date
	7

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.

7BD 00954

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	COMPLIANCE INSP	ECTION CHECKLIST	V _
TYPE OF INSPECTION:	ANNUAL	COMPLAINT/DISC	COVERY
	RE-INSPECTION		
		_	_
11102 11	num nliulas	TIME IN: 9,110 TIME	G.3.
ı ,	_ / / /		AE OUT: _ / • 30 _
	DWAN CLEAN		
FACILITY LOCATION:	918 SEMORAN	BLVD	
	ASSELBERAY, F	7 32707	
. —	-1750225-41777		
		···	
PART I: NOTIFICATION		· 	
(check appropriate box)	-		
Existing facility notified DA	RM by 9/1/96		
2. New facility notified DARM	30 days prior to startup		
3. Facility failed to notify DAR	M to use general permit		
PART II: CLASSIFICATION	1		
Facility indicated on notificati	on form that it is:		
(check appropriate box)			
A.	\checkmark		
1. Existing small area sour		New small area source to-dry only, x<140 gal/yr	
dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr		·10-cmy 01my, X>140 gai/yi	
	tran		
both types, x<140 gal/yr	botl	sfer only, x<200 gal/yr n types, x<140 gal/yr	
	botl	sfer only, x<200 gal/yr	
both types, x<140 gal/yr	botl (con	sfer only, x<200 gal/yr n types, x<140 gal/yr	
both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 <x<2, 10<="" td=""><td>botl (con ce 4. 1 00 gal/yr dry</td><td>usfer only, x<200 gal/yr in types, x<140 gal/yr instructed on or after 12/9/91) New large area source to-dry only, 140<x<2, 100="" gal="" td="" yr<=""><td></td></x<2,></td></x<2,>	botl (con ce 4. 1 00 gal/yr dry	usfer only, x<200 gal/yr in types, x<140 gal/yr instructed on or after 12/9/91) New large area source to-dry only, 140 <x<2, 100="" gal="" td="" yr<=""><td></td></x<2,>	
both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 <x<2, 10="" 200<x<1,800="" g<="" only,="" td="" transfer=""><td>botl (con ce 4. 1 00 gal/yr dry- gal/yr tran</td><td>usfer only, x<200 gal/yr in types, x<140 gal/yr instructed on or after 12/9/91) New large area source into-dry only, 140<x<2, 100="" 200<x<1,800="" gal="" insfer="" only,="" td="" yr="" yr<=""><td></td></x<2,></td></x<2,>	botl (con ce 4. 1 00 gal/yr dry- gal/yr tran	usfer only, x<200 gal/yr in types, x<140 gal/yr instructed on or after 12/9/91) New large area source into-dry only, 140 <x<2, 100="" 200<x<1,800="" gal="" insfer="" only,="" td="" yr="" yr<=""><td></td></x<2,>	
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Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

PART IV: PROCESS VENT CONTROLS

T-	Pa	-+	TI	T A	
ın	PЯ	ш		- 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 ne	ew	sources	and	existing	large	area	sources:
(ch	eck appropriate boxes)							

1.	Equipped all machines with the appropriate vent controls?	ПY	ΠN	
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	ΠY	ΠN	□N/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ΠY	ПИ	□N/A
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	ΠY	□и	
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	ΠY	ПN	
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ΠY	ПN	

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?	ΠY	□и
	Is the temperature differential equal to or greater than 20° F?	$\Box Y$	□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?	ΟY	□n □n/a
	Is the perc concentration equal to or less than 100 ppm?	ΠY	□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?	Y	_ DN
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□N □N/A
PA	ART V: RECORDKEEPING REQUIREMENTS		
	as the responsible official: heck appropriate boxes)	. \ \ \	N /
1.	Maintained receipts for perc purchased?		MN
_	Mainting 1 and 1 a	- T	d in the state of

PART V: RECORDATEFING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
1. Maintained receipts for perc purchased?	MAY DIN
2. Maintained rolling monthly averages of perc consumption?	Y AN
3. Maintained leak detection inspection and repair reports for the following:	/ (
a. documentation of leaks repaired w/in 24 hrs? or;	oy oxiv
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	□Y M⁄N
4. Maintained calibration data? (for direct reading instruments only)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	□Y □N
6. Maintained startup/shutdown/malfunction plan?	N□ Y K
7. Maintained deviation reports? ExPLAINED REQUIREMENTS	DA AN
Problem corrected?	□Y Ž M
8. Maintained compliance plan, if applicable?	OY ON XNA

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	XY DN

2.	Which method of detection is used by	the respon	nsible officia	ц?		
	Visual examination (condensed solvent on exterior surfaces)				×	
	Physical detection (airflow felt t	hrough ga	skets)		<u> </u>	
	Odor (noticeable perc odor)	WITH I	AALDCEN	CALL CHRCKS ALSO DETECTOR		
	Use of direct-reading instrumen	tation (FI)	D/PID/calori	metric tubes)		
	If using direct-reading instrum	nentation.	, is the equip	pment:		
	a. Capable of detecting	g perc vap	or concentra	tions in a range of 0-500 ppm?		NΓ
	b. Calibrated against a (PID/FID only)?	standard	gas prior to	and after each use		ИС
	c. Inspected for leaks a	ınd obviou	ıs signs of w	ear on a weekly basis?	UY C	ות⊆
	d. Kept in a clean and	secure are	a when not	in use?	□Y (ור⊏
	e. Verified for accurac	y by use o	f duplicate s	amples (calorimetric only)?		⊒N
3.	Has the facility maintained a leak log	?			OY J	2 N ·
4.	Does the responsible official check th	e followin	g areas for le	eaks?	/	1
	Hose connections, fittings, couplings, and valves	$\not \!$	ПN	Muck cookers	įΫ́Y	□N
	Door gaskets and seating	χY	□N	Stills	Y	□N
	Filter gaskets and seating	XY	□N	Exhaust dampers	ΠY	□N
	Pumps	χY	□N	Diverter valves	Y	□и
	Solvent tanks and containers	Y	ПU	Cartridge filter housings	#Y	□И
	Water separators	¥YY_	N		· -	
_	MAIHESH KAPADIA Name of Responsible Office	-				
	Name of Responsible Office			a luc la	7	
_	Inspector's Name (Please P.			Date of Inspe	ction	
	Louis Whichols	•		Zaic of mape		
_	Inspector's Signature			Approximate Date of	Next In	spection

MAHESH / USHA KAPADIA

Swan Cleaner

918 - Semoran Blvd. Casselberry FL - 32707 Tele - 407-834-3496 20 - 2E - Mitchell Hemmock Rd. Oviedo FL - 32765 Tele - 407-366-5503

ADDITIONAL SITE INFORMATION:

- · MACHINE HERE WHEN STOP PURCHTSED IN 1985 * BOWE P314 HAS CONTAINMENT PAN
- · LARGE CONTAINMENT PAN FOR SECONDARY STORAGE
- I STEEL PLATE ON FLOOR
- . WASTEWATER DRAINED IN OFFIN CONTAINER

& UPCARDED MACHINE, WM4 A REFRIGERATED CONDANSER, SEND ADVISORY -

, SAFETY KLEEN PICKS UPWASTE -

. CONSIDERING INSTACLATION OF MEGEVAP SUBLL FOR WASTEWATER TBD 00954

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	0	COMPLAINTIDI	SCOVERY		
AIRS ID#:	DATE: 115197	TIME	N: 11.20 T	тме оит: <u>11:45</u>		
FACILITY NAME:)Wan Clean	ens				
FACILITY LOCATION: _	918 Semova	_				
_	Casselberry		32707	- -		
RESPONSIBLE OFFICIAL	.: Mahesh	Kapadi	PHONE:	34-3496		
CONTACT NAME:	Same		PHONE: Sa	me.		
PART I: NOTIFICATION						
(check appropriate box)						
1. New facility notified DAR	•			. U		
2. Facility failed to notify DA	ARM to use general permit					
PART II: CLASSIFICATION						
			□ No notification	ı form		
Facility indicated on notificated (check appropriate box)			☐ No notification☐ Drop store/out	of business/petroleum		
Facility indicated on notification	ation form that it is: 2. al/yr yr tra bot	nsfer only, x th types, $x <$	□ Drop store/out rea source x < 140 gal/yr < 200 gal/yr			
Facility indicated on notification (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gransfer only, x < 200 gal/both types, x < 140 gal/yr	ation form that it is: 2. al/yr dry yr tra bot 1) (cc 2,100 gal/yr dry 800 gal/yr tra bot 20,100 gal/yr tra bot 10 gal/yr bot	y-to-dry only, nsfer only, x th types, x < onstructed on New large a y-to-dry only, ansfer only, 20 th types, 140	Drop store/out area source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	of business/petroleum		
Facility indicated on notification (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 \le x \le transfer only, 200 \le x \le 1, both types, 140 \le x \le 1, 80 both types, 140 \le x \le 1, 80	ation form that it is: allyr dry yr tra bot 1) (cc 2,100 gal/yr dry 800 gal/yr tra 0 gal/yr bot 1) (cc	y-to-dry only, nsfer only, x th types, x < onstructed on New large a y-to-dry only, ansfer only, 20 th types, 140 onstructed on	Drop store/out area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	of business/petroleum		
Facility indicated on notification (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 \le x \le transfer only, 200 \le x \le 1, 80 (constructed before 12/9/9) 5. This is a correct facility. If no, please check the content of the content	ation form that it is: allyr dry yr tra bot 1) (cc 2,100 gal/yr dry 800 gal/yr tra 0 gal/yr bot 1) (cc	y-to-dry only, nsfer only, x th types, x < onstructed on New large a y-to-dry only, ansfer only, 20 th types, 140 onstructed on Y \bigcup N	Drop store/out Trea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) Trea source $140 \le x \le 2,100 \text{ gal/yr}$ or after $1,800 \text{ gal/yr}$ or after $12/9/91$) Can not determinable	of business/petroleum		

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DX(N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON DANA 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 /MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) MY DN 1. Equipped all machines with the appropriate vent controls? AINO NO YX 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 MY ON ONA 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 AVE UN DIN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	$\Box Y$	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?	$\Box Y$	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПΝ	□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	ΩN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	Ωи	□N/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased? HOT ON SITE	XY □N		
2. Maintained rolling monthly averages of perc consumption?	MY DN		
3. Maintained leak detection inspection and repair reports for the following:	1		
a. documentation of leaks repaired w/in 24 hrs? or;	ØY □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?	Æ □N □N/A		
4. Maintained calibration data? (for applicable direct reading instruments)	ם או שלאי אם אם		
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON ANIA		
6. Maintained startup/shutdown/malfunction plan?	X ON		
7. Maintained deviation reports?	OY ON XXVA		
Problem corrected?	AVÁDS NO YO		
8. Maintained compliance plan, if applicable?	DY DN XINA		

PP	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 X8K			
2.	Has the facility maintained a leak log?			DY DEL			
3.	Does the responsible official check the fo	llowing areas for leaks	?				
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	PŶ ON ON/A			
	Door gaskets and seating	אומם מם צם	Stills	DY DN DN/A			
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	OY ON ONA			
	Pumps	DY ON ON/A	Diverter valves	AVA NO NO			
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	אואם אם עם			
	Water separators	DY ON ON/A		l			
4.	Which method of detection is used by the	e responsible official?	,				
	Visual examination (condensed solvent on exterior surfaces)						
	Physical detection (airflow felt through gaskets)						
	Odor (noticeable perc odor)						
	Use of direct-reading instrumentati						
	Halogen leak detector						
	If using direct-reading instru	mentation, is the equip	pment:	□N/A			
	a. Capable of detecting pe	erc vapor concentration	s in a range of 0-500 ppm?	DY DN Y			
	b. Calibrated against a sta (PID/FID only)?	OY ON					
	c. Inspected for leaks and	obvious signs of wear	on a weekly basis?	OY ON			
	d. Kept in a clean and sec	cure area when not in u	se?	OY ON			
	e. Verified for accuracy b	y use of duplicate samp	oles (calorimetric only)?	DY ON			

Inspector's Name (Please Print)

Inspector's Signature

Approximate Date of Next Inspection

Date of Inspection

ADDITIONAL SITE INFORMATION:

NO PAPER WORKE ON SITE - EXPLAINED

HAVE IT. WILL VISIT NEXT

WEEK TO MAKE SURE. NO COMPLIANCE

TITLE V AIR QUALITY GENERAL PERMIT 1BD 00954 INSPECTION SUMMARY REPORT COMPLAINT/DISCOVERY ANNUAL ' TYPE OF INSPECTION: RE-INSPECTION TIME OUT: TIME IN: AIRS ID#: TYPE OF FACILITY: DATE: 11/5/97 FACILITY NAME: FACILITY LOCATION: PHONE NUMBER: 407-834-3496 RESPONSIBLE OFFICIAL: 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 compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED Will re-visit to make sure no paperwork on site agerbork is brought tosite No permit male sure lop are kept no graf of howing kept loop COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY:

PHONE NUMBER: 407-894-755

Page___of__

INSPECTOR'S SIGNATURE:

(Please Print)

Revised 10/96

STATE OF FLORIDA

DEPARTMENT OF ENVIRONMENTAL PROTECTION

TWIN TOWERS OFFICE BUILDING

2600 BLAIR STONE ROAD

TALLAHASSEE, FLORIDA 32399-2400

AC5521

JOEY ROBERTS 5510

SWAN CLEANERS
MANESH KAPADMA
918 SEMORAN BLVD
CASSELBERRY FL 32717

EGERHIEIEDE

P 174 052 552





☐ INSUFFICIENT ADDRESS☐ NO SUCH NUMBER

UNCLAIMED REFUSED

☐ ATTEMPTED NOT KNOWN

NO SUCH STREET

☐ VACANT

NO RÉCEPTACLE NOT DELIVERABLE AS

ADDRESSED - UNABLE
TO FORWARD

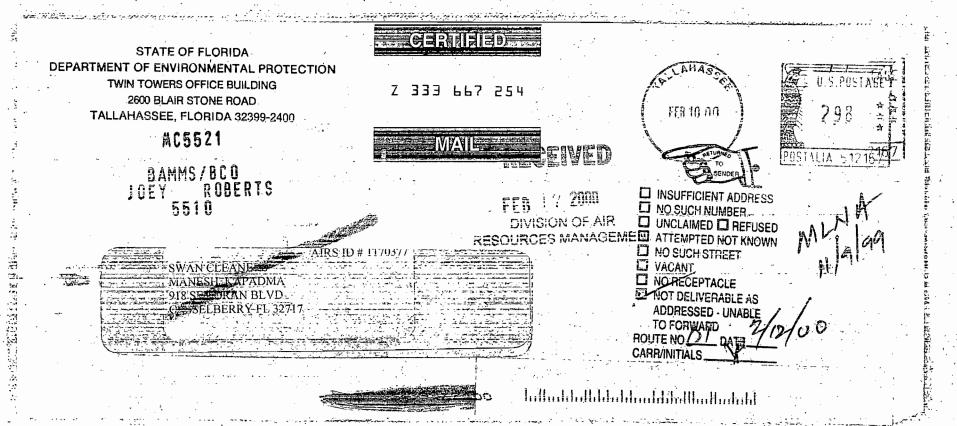
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or on the front if space p		X
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918 SEMORAN BLVD CASSELBERRY FL 32717		3. Service Type Certified Mail Registered Registered C.O.D.
P.174 05	2 552	4. Restricted Delivery'? (Extra Fee) ☐ Yes
2. Article Number (Copy from s	ervice label)	
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Date, & Addressee's Address
TOTAL Postage & Fees
Postmark or Date

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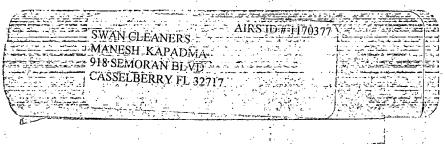
STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION TWIN TOWERS OFFICE BUILDING

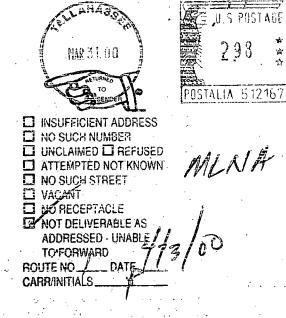
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Bureau of Air Monitoring & Mobile Sources



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Article Addressed-to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
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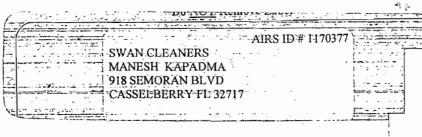
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STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

AC5521

BAMMS/BCO JOEY ROBERTS 5510





Bureau of Air Monitoring

Nobile Sources

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UNABLE TO FORWARD

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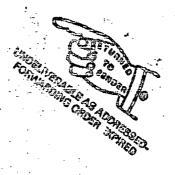
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STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400



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US Postal Service

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SWAN CLEANERS MANESH KAPADMA 918 SEMORAN BLVD CASSELBERRY FL 32717

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	Restricted Delivery Fee	
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