

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 6, 1996

Mr. Chandrakant Patel Personal Touch Dry Cleaners 3761 D. South Mova Road Port Orange, Florida 32119

Re: Facility I.D. No. 1270128

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 9, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District

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

9. Name and Title of Facility Contact (I	For example, plant manage	.i. j.	
			<u> </u>
10. Facility Contact Address:			
Street Address: City:	County:	Zip Code:	
11. Facility Contact Telephone Number	:		

Fax: (

RECEIVED

SEP 9 1996

DEP Form No. 62-213.900(2)

Telephone: ()

Effective: 6-25-96

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Bureau of Air Monitoring & Mobile Sources



Y OF PORT ORANGE

1000 CITY CENTER CIRCLE PORT ORANGE, FLORIDA 32119-9619 License NO. Date Issued

97-00651

LICENSE EXPIRES 09/30/97

Business name & address

PERSONAL TOUCH DRY CLEANER 3761 NOVA RD D PORT GRANGE FL

Description of permitted business

DRY CLEANER

Business owner & address

CHANDRAKANT C. PATEL 3761 NCVA ROAD D PORT CRANGE FL 32119

Business Tax Transfer Fee Penalty Fee Total Fee 20.00

Issued by

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

ι.	Facility Owner/Company Name (Name	of corporation, a	igency, or indi	vidual owner):					
	CC INVESTMENT	Co. L	TD.						
2.	2. Site Name (For example, plant name or number):								
#	PERSONAL TOUCH	DRY C	LEAME	_ RS					
3.	Hazardous Waste Generator Identification								
	FLD 9820								
4.	Facility Location: 3761 D.	SOUTH)	TOVA	ROAD,					
	Street Address:	- 1. 1.		m a 1 5 2 1 3					
	City: PORTORANGE	County: Vo Lu	3104	Zip Code: 3211)					
5 :5	Facility Identification Number (DEP Use	: :::::::::::::::::::::::::::::::::::							
				1270128					
4.41.01.82	1000000000000000000000000000000000000								
		Responsible Of	ficial						
6.	Name and Title of Responsible Official:	 							
	CHAND RAKANT P	4 TEL	PARTI	VER cl. 10/14/96					
7.	Responsible Official Mailing Address:		0.010	1 6 4016 06					
	Organization/Firm: PERSONA	L TOUCH	DRY E	NE FIYERS					
	Street Address: 3761 D.	County: VC	A C C A	Zip Code: 32119					
	City: PORT ORANGE	County. VE	aus la	Zip Code. 3 2 117					
8.	Responsible Official Telephone Number								
	Telephone: (904) 756- 8-5	65	Fax: () -					
	Facility Contact (If different from	n Responsible	e Official)					
9.	Name and Title of Facility Contact (For	example, plant n	nanager):						
10.	Facility Contact Address:								
	Street Address:	O		7. 6.4					
	City:	County:		Zip Code:					
11.	Facility Contact Telephone Number:								
	Telephone: () -		Fax: () -					
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SEP 9 1996

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control	1	Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit		1986	multi	مم	tic She	psters	3 800	with D	ryel,
(1) w/ ref. condenser	1	1006	1986						
(2) w/ carbon adsorber		19/15/	1.19						
(3) w/ no controls		ייוןש	1971119	1					
Washer Unit		•							
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls								_	
Reclaimer Unit								•	
(10) w/ ref. condenser			-						
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are required, but not yet installed [] (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? [
3. What is the facility's son (Indicate with an "X". SEXISTING SMALL are Existing large are	Selec ea so	t one classifi	cation only.)	ew sn	nitions found nall area sour rge area sour	rce []	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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	and Recordkeeping Information
Check all logs which are required to be kept on-site	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	[**]
(b) Leak detection inspection and repair	لێٵ
(c) Refrigerated condenser temperature monitoring	[36] CA 1911171
(d) Carbon adsorber exhaust perc concentration mor	itoring (2) CA 19/11/14
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[*]

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

Surrender of Existing Air Permit(s)

te with an "X" the appropriate selection:						
No air permits currently exist for the operat this notification form.	ion of the facility indicated in					
Responsible Official Certification						
ication. I hereby certify, based on information ts made in this notification are true, accurate o the air pollutant emissions units and air pollu	ed in Part II of this form, of the facility addressed in and belief formed after reasonable inquiry, that the and complete. Further, I agree to operate and tion control equipment described above so as to rmit as set forth in Part II of this notification form.					
mptly notify the Department of any changes to	the information contained in this notification.					
andra/ and letal	12/11/96.					
indrakant later	9. 3), 86 Date					
	I hereby surrender all existing air permits au facility indicated in this notification form; so the control of the operate this notification form. Responsible Official dersigned, am the responsible official, as defined as made in this notification are true, accurate the air pollutant emissions units and air pollution and terms and conditions of this general permits and the derivative of					



Y OF PORT ORANGE

DEPARTMENT OF COMMUNITY DEVELOPMENT **9** 1000 CITY CENTER CIRCLE PORT ORANGE, FLORIDA 32119-9619

License NO. 97-00651

Date Issued

LICENSE EXPIRES 09/30/97

Business name & address

PERSONAL TOUCH DRY CLEANER 3761 NOVA RD D PORT GRANGE FL

Business owner & address

CHANDRAKANT C. PATEL 3761 NCVA RCAD D PORT GRANGE FL 32119

Description of permitted business

DRY	CLEANER		

Business Tax Transfer Fee Penalty Fee Total Fee 20.00

#1270128

;	٠٠٠ له
!	Personal Touch Dry Cleaners
	-spoke to business -10/9/96
P.13	6. add title-Owner
P.14	1.(a) add date Control device installed, if any 5.(c) +5.(d) not required, mark out "X"s and initial
P.15	5.(c) +5.(d) not required, mark out "X"s and initial
!	
·	
	·
	<u> </u>
-	
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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1 Forth O. (Comp. No. Obs.)									
Facility Owner/Company Name (Name of corporation, agency, or individual owner):									
CC INVESTMENT CO. LTD.									
2. Site Name (For example, plant name or number):									
# PERSONAL TOUCH DRY CLEAMERS									
3. Hazardous Waste Generator Identification Number:									
FLD 982091134									
4. Facility Location: 3761 D. SOUTH HOVA ROAD, Street Address:									
City: PORTORANGE County: Volusia Zip Code: 32119									
5. Facility Identification Number (DEP Use):									
1240128									
Responsible Official									
'6) Name and Title of Responsible Official: CHAND RAKANT PATEL									
7. Responsible Official Mailing Address:									
Organization/Firm: PERSONAL TOUCH DRY ELEANERS Street Address: 3761 D. SOUTH NOVA ROAD City: PORT ORANGE County: Volusia Zip Code: 32119									
Street Address: 3761 D. SOUTH MOVA ROAD									
City: PORTORANGE County: Volusia Zip Code: 32119									
8. Responsible Official Telephone Number:									
Telephone: (904) 756- 8565 Fax: () -									
Facility Contact (If different from Responsible Official)									
<u> </u>									
9. Name and Title of Facility Contact (For example, plant manager):									
10. Facility Contact Address:									
Street Address:									
City: County: Zip Code:									
11. Facility Contact Telephone Number:									
Telephone: () - Fax: () -									
RECEIVED									
RECEIVED									

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		1986	Multi	٠	tic she	psren:	3 890	with D	ryel.
(1) w/ ref. condenser			1150011		ديدون ۱۰۰۰ ا	, <u>, , , , , , , , , , , , , , , , , , </u>			· / · · ·
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit	· · · · · ·	· ·······							
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			· .				L		
(7) w/ ref. condenser									<u> </u>
(8) w/ carbon adsorber									
(9) w/ no controls							_		
Reclaimer Unit	٠.					14 1			9
(10) w/ ref. condenser						_			
(11) w/carbon adsorber				 			l		
(12) w/ no controls									· · · · · · · · · · · · · · · · · · ·
(b) Control devices are required, but not yet installed									
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	t one classifi	cation only.))	nitions found		3) of :	Part II?	
Existing large are	ea soi	urce []	Ne	ew lar	ge area sour	ce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

 What control technology is required on machines (Indicate with an "X".) 	oursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
	nits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following
	nave a total heat input of 10 million BTU/hr or less (298 utural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring a	nd Recordkeeping Information
Check all logs which are required to be kept on-site i	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	[<u>X</u>]
(c) Refrigerated condenser temperature monitoring	[X]
(d) Carbon adsorber exhaust perc concentration mon	itoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[* * * * * * * * * * * * * * * * * * *
DEP Form No. 62-213.900(2) Page	15 of 16

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicat	ease 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 notifi statemen maintain	I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.							
I will pro	emptly notify the Department of any changes to the information contained in this notification.							
Signature	andrakant Jakos B. 31,86 Date							

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	v <u>d</u>	COMPLAINT/DISCO	OVERY 🗆
AIRS ID#: 1270/28 FACILITY NAME: FACILITY LOCATION:	Personal Total 3761 Nova PORT ORANG	ich Da Rd #1	N.//L: 154 TIM Ly Cleaners	E OUT://:/50
PART I: NOTIFICATION				
(check appropriate box)				
Existing facility notified D.	ARM by 9/1/96			
New facility notified DAR	-	up		
3. Facility failed to notify DA	RM to use general perr	mit		٥
PART II: CLASSIFICATIO	ON			
Facility indicated on notifica (check appropriate box)	ation form that it is:			
A. 1. Existing small area sordry-to-dry only, x<140 gall transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/9)	/yr	2. New small a dry-to-dry only transfer only, x both types, x<1 (constructed on	x<140 gal/yr <200 gal/yr	
3. Existing large area soudry-to-dry only, 140 <x<2, (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 9)<="" before="" both="" g="" only,="" td="" transfer="" types,=""><td>100 gal/yr O gal/yr al/yr</td><td>transfer only, 2 both types, 140</td><td>nrea source 140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td></x<2,>	100 gal/yr O gal/yr al/yr	transfer only, 2 both types, 140	nrea source 140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,>	
This is a correct facility class	ification	XY ON		
If no, please check the approp	oriate classification:			
☐ facility exce	ified for a general permeds above limits and is	not eligible for		
B. The total quantity of perch facility was 33 gallor		rchased within t	he preceding 12 months	s by this dry cleaning

(check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY DN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated □Y □N condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? \Box Y \Box N 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? \Box Y \Box N

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

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?	DY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	מם צם
Is the temperature differential equal to or greater than 20° F?	OY ON
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	□Y □N □N/A
Is the perc concentration equal to or less than 100 ppm?	OY ON
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
or expansion; and downstream from no other inlet?	OY ON
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/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)	\
ll ,	Ø¥ □N
(check appropriate boxes)	M ON XX
(check appropriate boxes) 1. Maintained receipts for perc purchased?	A ON ON ON
(check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	A ON A ON 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:	1
 (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 	DY 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? 	OY ON MAA
 (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) 	DY ON DIN/A
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? 	OY ON MAA
 (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? Problem corrected? 	DY ON DINVA OY ON MA OY ON MA DY ON DY ON 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? Maintained deviation reports? 	NO YEAR OF THE PROPERTY OF THE
 (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? Problem corrected? Maintained compliance plan, if applicable? 	DY ON DINVA OY ON MA OY ON MA DY ON DY ON 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? Maintained deviation reports? Problem corrected? 	DY ON DINVA OY ON MA OY ON MA DY ON DY ON OY ON

2.	2. Which method of detection is used by the responsible official?	
	Visual examination (condensed solvent on exterior surfaces)	×
	Physical detection (airflow felt through gaskets)	
	Odor (noticeable perc odor)	×
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	
	If using direct-reading instrumentation, is the equipment:	
	a. Capable of detecting perc vapor concentrations in a range	e of 0-500 ppm? □Y □N
	b. Calibrated against a standard gas prior to and after each (PID/FID only)?	use $\Box Y \ \Box N$
	c. Inspected for leaks and obvious signs of wear on a weekly	y basis?
	d. Kept in a clean and secure area when not in use?	□Y □N
	e. Verified for accuracy by use of duplicate samples (calorin	netric only)? \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
3.	3. Has the facility maintained a leak log?	MA DN
4.	Does the responsible official check the following areas for leaks?	/ •
	Hose connections, fittings, couplings, and valves	cookers V Y □N
	Door gaskets and seating ✓Y □N Stills	A. ON
	Filter gaskets and seating Exhaus	st dampers ∑Y □N
	Pumps Diverte	er valves XY DN
	Solvent tanks and containers	dge filter housings
	Water separators YY ON	
	Chandrakant Patel	
	Name of Responsible Official Sheila Schneider	12/11/96
	Inspector's Name (Please Print)	Date of Inspection
	Heela Schreider	1497
	Inspector's Signature App	proximate Date of Next Inspection

ADDITIONAL SITE INF	ORMATION:			
	· .			
		1		
			•	
		·		

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#1270128

CC INVESTMENT CO LTD CHANDRAKANT PATEL 3761 D SOUTH NOVA RD PORT ORANGE FL 32119

Bureau of Air Monitoring & Mobile Sources

	Do <u>NOT</u> I	Remove Label			
Annual Reporting Period:	1	19 <u>9</u> 7 то	818-	31-	19 <u>97</u>
Based on each term or condition of the Title V g 62-213.300, Florida Administrative Code (F.A.C		•		_	Rule INO
If NO, complete the following:					
#1. Term or condition of the general permit that	has not been in cont	inuous compliar	nce during the re	eporting period s	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 conti	inuous compliar	nce during the re	porting period s	stated above:
Exact period of non-compliance: from		t	to		
Action(s) taken to achieve compliance:			·- <u>-</u> -		
Method used to demonstrate compliance:					
As the responsible official, I hereby certify, based on notification are true, accurate and complete. Furth does not exceed 2,100 gallons per year for dry-to dry	er, my annual consum	otion of perchlor	oethylene solvent	, based upon purc	
RESPONSIBLE OFFICIAL: <u>CHAMDARAK</u> Name (I	ANT PATEL	Chand	vak aut	Parol 2	. 12 58
Name (I	riease Print)		Signature		Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

KECEIVED MAY 4 1998

Revised 10/96

TYPE OF INSPECTION:	ANNUAL X	COMPL	AINT/DISCOVERY	& Mobile Source
TIME IN: 11320	TIME OUT:	12:15	AIRS ID#:_	& Mobile Sources
TYPE OF FACILITY: Dry	Cleaning	 -		
FACILITY NAME: Pe	rsonal Tova	h Clear	_	DATE: 414198
FACILITY LOCATION: <u></u> 多	761 2 50r	ith Nove	Lead	<u></u>
	POXT () ang	c, Fc. 3211	
RESPONSIBLE OFFICIAL:	naille fur	<u> </u>	PHONE NUME	BER: 904 - 752-8565
Based on the results of to			- ·	e facility is found to be in
Based on the results of the discrepancies were noted	•	nents evaluated	during this inspection, the	e following compliance
COMPLIANCE REQU	IREMENT/PROP	BLEM	FOLLOW-UP A	CTION REQUIRED
NO LOGS 000 (PERC RE	CT-1775)		
	COLLING 101 F	H	GCALENI	PAR2
NO LEAK LE	GS)	
				·
				·
	-			
COMMENTS:				
COMMENTS.				
			·	
The Annual Compliance Certification	ation form has been pro	perly certified	and submitted to the inspe	ector. YES NO '
DATE OF NEXT INSPECTION	N:	9/98		
INSPECTION CONDUCTED	вy: <i>SP</i>	ADIA	ximate)	
INSPECTOR'S SIGNATURE:	50	(Please	Print)PHONE NUME	BER: <i>693-33</i> 33

Page___of___.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Personal Pouch Chaner DAT	E: 4/14/98
FACILITY LOCATION: 3761 J'S, Nova Load	''
But Ovaner FC 32119	
7016 3.2. 12 3.117	
Annual Reporting Period: April 14 19 97 TO XPRIL 14	/ 19 <u>98</u>
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with 162-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES	DEP Ruse of A
If NO, complete the following:	A 19
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting pe	1 1 0 3
NO LOGS OF PERC RECEIPTS (PUNNING)	
Exact period of non-compliance: from HPRIL 14 97 to HPRIL 14	1198
Action(s) taken to achieve compliance: 61VEN CALENDAR.	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting permit that has not been in continuous compliance during the reporting permit that has not been in continuous compliance.	eriod stated above:
Exact period of non-compliance: from to	
Action(s) taken to achieve compliance:	15 M
Method used to demonstrate compliance:	
· · · · · · · · · · · · · · · · · · ·	
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, to made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethyle upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year combination facilities.	ne solvent, based ear for transfer or
RESPONSIBLE OFFICIAL: Charter CHANDRAKANT PATEL Chendret	at Paley
RESPONSIBLE OFFICIAL: CHANDRA KANT PATEL Chendrek Name (Please Print) Signature	Date 4 / 16/88

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

Page _____ of ____.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

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TITLE V (YLENE DRY CLEANERS GENERAL PERMIT NSPECTION CHECKLIST	R
TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVE	RY BEIGNOOF A
AIRS ID#: 1270128 DATE: 414198 FACILITY NAME: Personal To		UT: MES
0-11	buch Indeaners	- And
FACILITY LOCATION: OTOL D	S, NWa Road	
fort dra	19c FC 37119	
RESPONSIBLE OFFICIAL: (Mandra Kou	The phone: 904-75	<u>6-8565</u>
CONTACT NAME:	PHONE:	
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to star	тир	
2. Facility failed to notify DARM to use general per	mit	
		· · · · · · · · · · · · · · · · · · ·
PART II: CLASSIFICATION		
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of busi	ness/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)	1986
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 $12/9/91$)	a 10 gal /nh
5. This is a correct facility classification	□Y □N □Can not determine	
	cation: neral permit as number above mits and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) percility was 200 gallons.	ourchased within the preceding 12 months by	this dry cleaning

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 \ 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) \square Y \square N 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? QY QN QN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the QY QN QN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated UY UN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after $\square Y \square M$ verifying that the coolant had been completely charged?

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) ¿ notw/ him Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or, DY ZÍN DN/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? DY DEN DENIA 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? ANAK ND YD Maintained deviation reports? DY DN XXIVA Problem corrected? will do MY ON ON/A 8. Maintained compliance plan, if applicable?

Inspector's Name (Please Print)

Date of Inspection

2010 01 112p

Approximate Date of Next Inspection

Multimatic Shop Star pan? yes + for hozardous wast epong? yes no per on spotting board Safetyckan.

Condensate water gut in to has asstudiums Goded not cover, will as

what lop or perc receipts wilget & mail tome
MINOR-OUT

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

	INSPECTIC	IN SUM	IMARY KEP	ORI	
TYPE OF INSPECTION:	ANNUAL [СОМ	1PLAINTŶDISCO	OVERY [RE-INSPECTION [2]
TIME IN: 1:45	TIME OUT:	7:30		_AIRS ID#:	1270120
TYPE OF FACILITY: DYM	cleaning				
FACILITY NAME: Persone	el Touch Dryc	lean	ing		DATE: 8/10/98
FACILITY LOCATION: 376	1 12.50h	th A	siva Road		
	+ Orange Fr	U 32	119		
RESPONSIBLE OFFICIAL:	1 invertibil	td /C	hales PH	ONE NUMBER	₹:
Based on the results of the compliance with DEP Rule	· · · · · · · · · · · · · · · · · · ·		_	-	cility is found to be in
Based on the results of the discrepancies were noted:	compliance requirement	nts evalua	ated during this in	ispection, the fo	llowing compliance
COMPLIANCE REQUI	REMENT/PROBL	LEM	FOLL	OW-UP ACT	TION REQUIRED
					P
					ECE SEP SEP
				·. ·	10 1998 of Air Monitoring
) Horing
			*Recently	replaced	all the gastrets
COMMENTS: Reinspee	tea - had.	perc	rolles	ng total	l.) sleod not regumes ved
old meltimat	ré mache	ne	, temp.	Conden) selord not required
1000 reprid Conder	sor . na	s par	s. nop	er c stor	red
The Annual Compliance Certificati	on form has been prope	erly certifi	ied and submitted	d to the inspecto	or. YES NO
DATE OF NEXT INSPECTION:		7/99 (An	proximate)		
INSPECTION CONDUCTED BY	": SAADII	A A	WESHII ease Print)		
INSPECTOR'S SIGNATURE:	8h-		РН	ONE NUMBEE	2: 407-893-3333

Page___of_

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION AIRS ID#: 12 10123 DATE: 810198 TIME IN: 1.245 TIME OUT: 2.865 FACILITY NAME: Personal Touch D.C. FACILITY LOCATION: 376 D. South Nova Road Airs Ovange J. 32119 RESPONSIBLE OFFICIAL: C. Unvension at Co. (Lithone: CONTACT NAME: PHONE: PART I: NOTIFICATION
PART I: NOTIFICATION
(check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit
PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box) 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification □ 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

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON DY/A

PART IV: PROCESS VENT CONTROLS

beds according to the manufacturer's specifications?

In Part II-A:

· , · i, · , · s

If classification I 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)

]	L. Equipped all machines with the appropriate vent controls?	ΩY ΩN
2	2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	QY QN QN/A
	3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
	4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	QY QN
	 Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 	CY CN CN/A
	6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ם אם הא

B.	Has the responsible official of an existing large or new large area source also:		Ī
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		
Ì	inlet and outlet weekly?	CY CH CH!	A.
	Is the temperature differential equal to or greater than 20° F?	OY ON ON/	À.
∥3.	Measured and recorded the perc concentration in the exhaust stream weekly		
l	at the end of the final drying cycle while the machine is venting to the adsorber,	•	
	if machines are equipped with a carbon adsorber?		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?	עאם אם אם	Ą
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON	A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON	A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	dy on
2. Maintained rolling monthly total of perc consumption?	DY DN
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or,	בא בא בא בא א
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 CONIA
4. Maintained calibration data? for applicable direct reading instruments)	OY ON DOMA
5. Maintained exhaust duct monitoring data on perc concentrations?	אואם אם אם
6. Maintained startup/shutdown/malfunction plan?	ον _Ο ν
7. Maintained deviation reports?	BY DN DN/A
Problem corrected?	OY ON WIA
8. Maintained compliance plan, if applicable?	עואם אם אם

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? $\square N$ 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, ON ON A Muck cookers AMD ND YD couplings, and valves DY DN DNA Stills DY ON ONA Door gaskets and seating DY DN DNA Exhaust dampers ΦY QN QNA Filter gaskets and seating DY ON ONA Diverter valves DY ON ONA Pumps DY ON ON/A Cartridge filter housings DY ON ON/A Solvent tanks and containers AMD ND YE 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: □N/A a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? UA UN b. Calibrated against a standard gas prior to and after each use

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

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

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

Inspector's Name (Please Print)

Inspector's Signature

(PID/FID only)?

8/10/98 Date of Inspection

DY DN

DY DN

DY DN

DY DN

Approximate Date of Next Inspection

ADDITION	AL SITE INFORMATION:	٦ ا
	· ·	

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISC

RE-INSPECTION

AIRS ID#: 1270128 DATE: 8-12-49	TIME IN: 12:30 TIME OUT: 1:00
FACILITY NAME: Personal Touch	Dry Llean
FACILITY LOCATION: 376 0 500 + 4	Nova Road
Port orange	CL 32119
RESPONSIBLE OFFICIAL: Chandrallant	
CONTACT NAME:	PHONE:
	RE TO TO
DARTI: NOTIFICATION	30

(check appropriate box)

- 1. New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use general permit

80 gF	फि र	77
No or		7
رن ج	2 19	~
Sources		Ø
Ď,	Monitoring	
	<u> </u>	

PART II: CLASSIFICATION Facility indicated on notification form that it is: ☐ No notification form ☐ Drop store/out of business/petroleum (check appropriate box) 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/yrtransfer 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, $140 \le x \le 2,100$ gal/yr dry-to-dry only, 140 < x < 2,100 gal/yr transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before 12/9/91) (constructed on or after 12/9/91) □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 _ 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 59.5 gallons.

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN **X**N/A 2. Examining the containers for leakage? OY ON SENIA 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MINIA 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. Inclassification 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? UA UN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

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 location on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ated UY UN
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?	DY DN DN/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?	DY DN DN/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?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	MO YE			
2. Maintained rolling monthly averages 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;	Y 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 ₩X/A			
4. Maintained calibration data? (for applicable direct reading instruments)	a'ia x no yo			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON SAN/A			
6. Maintained startup/shutdown/malfunction plan?	RY ON			
7. Maintained deviation reports?	DY ON ON/A			
Problem corrected?	AIMEQ NO YO			
8. Maintained compliance plan, if applicable?	DY DN DYNA			

PA	ART VI: LEAK DETECTION AND R	EPAIRS	:				
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?				TO Y		אב
2.	Has the facility maintained a leak log?	Needs to a	to better (Encompliance	Y	٥	NC
3.	Does the responsible official check the f	following area	s for leaks?	- word		,	
	Hose connections, fittings, couplings, and valves	DY ON C	N/A	Muck cookers	ďУ	ПN	□N/A
	Door gaskets and seating	ם מם כו	IN/A	Stills	D Y	ΠN	□N/A
	Filter gaskets and seating	RA CH C	N/A	Exhaust dampers	R ^X	ΠN	□N/A
	Pumps	מא כאל בא	N/A	Diverter valves	Y	ПN	□N/A
	Solvent tanks and containers	A DN C	N/A	Cartridge filter housings	ΔY	ПΝ	□N/A
	Water separators	OY ON C	N/A				
4.	Which method of detection is used by the	ne 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:					Ά		
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			\Box Y	\square 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?				ΠN			
d. Kept in a clean and secure area when not in use?				ΩY	ΩN		
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?						

Kandall Conninghan	8-12-49
Inspector's Name (Please Print)	Date of Inspection
Value Com	8-2000
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
	:
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Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

			
FACILITY NAME: Personal To	uch Dry Cleaner		DATE: 8-12-49
FACILITY LOCATION: 376/ 1)	outh Nova Rd		
FACILITY LOCATION: 376/ D of fort	inge, FL 3211	9	
		<u> </u>	
Annual Reporting Period: Hugusa	19 98	TO August	1929
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A.			
If NO, complete the following:			
#1. Term or condition of the general permit t	nat has not been in continuous	compliance during the repo	rting 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 t	nat has not been in continuous	compliance during the repo	rung period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:	<u>.</u> .		
Method used to demonstrate compliance: _			
As the responsible official, I hereby certify, be made in this notification are true, accurate as upon purchase receipts, does not exceed 2,10 combination facilities. RESPONSIBLE OFFICIAL:	nd complete. Further, my ann O gallons per year for dry-to c	ual consumption of perchlor	oethylene solvent, based

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.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: AND	NUAL (CON	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 12:30pm	TIME OUT: 1. Wom		70128
TYPE OF FACILITY: Dry (18	aner		
FACILITY NAME: Personal	Touch Pry Clear) fr	DATE: 8-12-49
FACILITY LOCATION: 3761 0		Rd.	
	runge, FL 32		
RESPONSIBLE OFFICIAL: Chance		PHONE NUMBER:	704-756-8565
Based on the results of the com compliance with DEP Rule 62-	•	ated during this inspection, the faciliative Code (F.A.C.).	ty is found to be in
Based on the results of the com discrepancies were noted:	pliance requirements evalu	ated during this inspection, the follow	ving compliance
COMPLIANCE REQUIRE	MENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
-	_		
	_	<u> </u>	
<u></u>			
20) () (E) [F2	·		
COMMENTS:			
InCompliance	-needs to re	ep better Icahlogs	
The Annual Compliance Certification for			YES NO
DATE OF NEXT INSPECTION:	8-2000	·	
INSPECTION CONDUCTED BY:	Randall Cun	nproximate) ninghum	· ·
INSPECTOR'S SIGNATURE:	hall Co	PHONE NUMBER:_	407-893-3333
	Page_	<u></u>	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? Nd
- 2. What have you done to prepare for Y2K?
- 3. Are your computer systems and equipment with embedded chips Y2K compliant?
- 4. If not, what are you plans to correct Y2K problems? N/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 COMPLIANCE INSPECTION CHECKLIST

OF INSPECTION:	ANNUAL	ر ت	COMPLAINT/DISCOVERY	
	RE-INSPECTION	E		

TYPE

RE-INSPECTION	ੁਰ 	
AIRS ID#: 1270123 DATE: 8/10/98	TIME IN: 1:245 TIME OUT:	2:30
FACILITY NAME: Personal Touch	D.C.	
FACILITY LOCATION: 3761 D. SON	ith Nova Road	
Port Ovange	Cc. 32119	
RESPONSIBLE OFFICIAL: CC Invensimen	Cà LAHONE:	
CONTACT NAME:	PHONE:	
PART I: NOTIFICATION	KECEIVED	
(check appropriate box)	DEC 1 4 1999	
1. New facility notified DARM 30 days prior to startup	•	
2. Facility failed to notify DARM to use general permit	Bureau of Air Monitoring	Q

PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	☐ No notification form ☐ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gai/yr both types, x < 140 gai/yr (constructed before 12/9/91)	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, $140 \le x \le 1,300$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	□Y □N □Can not determine
☐ facility exceeds above li	eneral permit as number above mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) processing was 5,5 gallons.	purchased within the preceding 12 months by this dry cleaning

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

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

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	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser			
1	inlet and outlet weekly?	ūλ	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	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?	ΩY	ПN	□N/A
	Is the pere concentration equal to or less than 100 ppm?	ΩY	ΠN	□N/A
+	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any tend, contraction,			۱.
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	ПИ	□N/A
5	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΠN	□N/A
6	. Routed airflow to the carbon adsorber (if used) at all times?	QY	ПN	□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?	ro da					
3. Maintained leak detection inspection and repair reports for the following:	,					
a. documentation of leaks repaired w/in 24 hrs? or,	באס אם צם					
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 CHIA					
4. Maintained califoration data? (for applicable direct reading instruments)	עאואס אם אם					
5. Maintained exhaust duct monitoring data on perc concentrations?	אואס אס אס אס					
6. Maintained startup/shutdown/malfunction plan?	ex on					
7. Maintained deviation reports?	BY UN UNJA					
Problem corrected?	OY ON BUIL					
8. Maintained compliance plan, if applicable?	אואס אם אם					

PART VI: LEAK DETECTION AND REPAIRS

. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?			DY ON	
2. Has the facility maintained a leak log?			og on	
5. Does the responsible official check the	following areas for leaks?			
Hose connections, fittings, couplings, and valves	באים אם אים	Muck cookers	DY ON ON/A	
Door gaskets and seating	DY DN DN/A	Stills	DY ON ONA	
Filter gaskets and seating	DY DN DNA	Exhaust dampers	אואם אם אוא	
Pumps	אומם מם צם	Diverter valves	אואם אם צם	
Solvent tanks and containers	אואם אם צם	Cartridge filter housings	אואם אם צם	
Water separators	DA ON ONV			
 Which method of detection is used by 	the responsible official?			
Visual examination (condensed s	9			
Physical detection (airflow felt th				
Odor (noticeable perc odor)			Ø	
Use of direct-reading instrument	ation (FID/PID/calorimet	ic tubes)		
Halogen leak detector			<u> </u>	
If using direct-reading inst	rumentation, is the equip	mest:	□N/A	
a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	DY DN	
b. Caliorated against a (PID/FID only)?	standard gas prior to and	after each use	ΩY ΩN	
c. Inspected for leaks a	ND YD			
d. Kept in a clean and	secure area when not in u	se?	QY QN	
e. Verified for accurac	y by use of duplicate samp	ies (calorimetric only)?	QY QN	

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

A	DDITIONAL SI	TE INFORMATIO	N:		
		-			
					•
				٠.	·

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL CO	MPLAINT/DISCOVERY	RE-INSPECTION [2]
TIME IN: 1:45	тіме оит: <i>Д.' 3.</i> О	AIRS ID#:	1270120
TYPE OF FACILITY:	ucleaning		
FACILITY NAME: Perso	nal Touch Dryclean	ury	DATE: 8/10/98
FACILITY LOCATION: 3	761 D. Surth	Nova Road	
4	10x+ Orange Fe 2	2/19	
RESPONSIBLE OFFICIAL:	CC Invert. Colta /	<u> hales</u> PHONE NUMBER	
	the compliance requirements evalu Rule 62-213.300, Florida Administ	uated during this inspection, the factrative Code (F.A.C.).	ility is found to be in
Based on the results of discrepancies were note	- · · · · · · · · · · · · · · · · · · ·	uated during this inspection, the fol	lowing compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACT	ION REQUIRED
	_		
	·		
		precently replaced	all the gastiets
COMMENTS: Reinspe	etea - had per	a rolling total	,
old meltina	tre machine	c rolling total , temp (conden) n. po per e stor) selood not required
has reprize and	ensor. has pa	n. no pero stor	ed
		ified and submitted to the inspector	
DATE OF NEXT INSPECTIO	p_{N} : $\frac{7}{99}$	pproximate)	
INSPECTION CONDUCTED	BY: SAADIA C	URE SHI Please Print)	
INSPECTOR'S SIGNATURE	01.	•	: 407-893-3333

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ADMI	UPDATED
D	2-9-00
BY	Re

TVDE	Or.	MCDE	CTION

ANNUAL

COMPLAINT/DISCOVERY '

before

RE-INSPECTION

AIRS ID#: 1270128 DATE: 2-9-00 TIME IN: 10:30 TIME OUT: 11:30
FACILITY NAME: PRISONAL TOUCH CLEANERS
FACILITY LOCATION: 3761 South Nova Rd, #D
Port Orange, FL 32119
RESPONSIBLE OFFICIAL: Chandrakant Patel PHONE: 904-756-8565
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

Facility indicated on notification form that it is:

PART II: CLASSIFICATION

(check appropriate box) 1. Existing small area source dry-to-dry only, x < 140 gal/yrtransfer only, x < 200 gal/yr

both types, x < 140 gal/yr(constructed before 12/9/91)

3. Existing large area source dry-to-dry only, 140 < x < 2,100 gal/yr transfer only, 200 < x < 1,800 gal/yrboth types, 140 < x < 1,800 gal/yr(constructed before 12/9/91)

5. This is a correct facility classification

☐ No notification form ☐ Drop store/out of business/petroleum

2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)

4. New large area source dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only, 200 < x < 1,800 gal/yrboth types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after 12/9/91)

 $\square N$ DCan not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number 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.

Bureau of Air Monitoring & Mobile Sources

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN ₽N/A DY DN ÆN/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 AND NO YA least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN AN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with arefrigerated 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? DY DN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ПN	`
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY	אם	> □N/A
	Is the temperature differential equal to or greater than 20°F?	ПY	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?	ПY	ΩИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	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?	ΩY	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ΠN	□N/A
مبر6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΠN	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	MY DN
2. Maintained rolling monthly averages of perc consumption?	Σεκταν
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?	DY DN JZ VIA
4. Maintained calibration data? (for applicable direct reading instruments)	AVAQ NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	AIMA NO YO
6. Maintained startup/shutdown/malfunction plan?	AY ON.
7. Maintained deviation reports?	DY DN ONA
Problem corrected?	DY DN DEWIA
8. Maintained compliance plan, if applicable?	AND YOU

Ρ́	ART VI: LEAK DETECTION AND R	EPAIRS	3				
1.	Does the responsible official conduct a	weekly (f	or small sources, b	i-weekly) leak detection ar	nd rep	air	
	inspection?				Y	C	א⊏
2.	Has the facility maintained a leak log?				X	C	⊐и
3.	Does the responsible official check the f	following	areas for leaks?				
	Hose connections, fittings, couplings, and valves	фуо	IN □N/A	Muck cookers	d _Y	□N	□N/A
	Door gaskets and seating	dY 🗆	IN ON/A	Stills	фY	ПΝ	□N/A
	Filter gaskets and seating	dY D	N □N/A	Exhaust dampers	фY	ΠN	□N/A
	Pumps	dy D	N □N/A	Diverter valves	þΥ	ΠN	□N/A
	Solvent tanks and containers	dy o	IN □N/A	Cartridge filter housings	ÞΥ	□N	□N/A
	Water separators	dy o	IN □N/A		•		
4.	Which method of detection is used by the	ie respon	sible official?				
	Visual examination (condensed so	lvent on	exterior surfaces)				
	Physical detection (airflow felt thr	ough gas	kets)				
	Odor (noticeable perc odor)						
	Use of direct-reading instrumentat	ion (FID	/PID/calorimetric t	tubes)			
	Halogen leak detector				×		
	If using direct-reading instru	ımentati	on, is the equipme	ent:	Z/N/	Α	
	a. Capable of detecting p	erc vapoi	r concentrations in	a range of 0-500 ppm?	ΩY	ΠN	
	b. Calibrated against a st (PID/FID only)?	andard g	as prior to and afte	r each use	ΩY	ПΝ	
	c. Inspected for leaks and	d obvious	signs of wear on a	ı weekly basis?	ΩY	ПИ	
	d. Kept in a clean and se	cure area	when not in use?	·	ΩY	ПN	
	e. Verified for accuracy b	y use of	duplicate samples	(calorimetric only)?	ΩY	ПN	

Randall Conningham	2-9-00
Inspector's Name (Please Print)	Date of Inspection
Polul Las	2-201
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
	•
	,

AIRS 1D#: 1270128

Ace

Revised 01/18/00

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: PCISONAL TOUCH Clean	1815 DATE: 2-9-00
FACILITY LOCATION: 376 / S. Nova Ra	/
Part Orange, FL	32119
Annual Reporting Period: February	TO February 2000
Based on each term or condition of the Title V general air permit, n	ny facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period	d covered by this statement. YES
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in con	ntinuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	<u> </u>
#2. Term or condition of the general permit that has not been in con	ntinuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	·
Method used to demonstrate compliance:	·
As the responsible official, I hereby certify, based on information and in this notification are true, accurate and complete. Further, my and purchase receipts, does not exceed 2,100 gallons per year for dry-to combination facilities. RESPONSIBLE OFFICIAL: CHANDRA (ANT PROPERTY Name (Please Print)	inual consumption of perchloroethylene solvent, based upon

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COM	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 10:30	тіме оит: 11:36)AIRS ID#:	0128
TYPE OF FACILITY:	Clean		
FACILITY NAME: PEISON	nal Touch Dry	Clayo	DATE: 2-9-00
FACILITY LOCATION: 37	6/ S. Nova Rd 1	<u> </u>	,
Pat	+ orange, FL	32119	
RESPONSIBLE OFFICIAL:	chandramat Patel	phone number: 90	14-751-8565
19000	e compliance requirements evalu le 62-213.300, Florida Administr	ated during this inspection, the facility rative Code (F.A.C.).	is found to be in
Based on the results of th discrepancies were noted	•	ated during this inspection, the follow	ing compliance
COMPLIANCE REQU	IREMENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
			·
	VII		
	<u> </u>		
COMMENTS:			
In Com	pliance	·	
The Annual Compliance Certificate DATE OF NEXT INSPECTION	2-2-1	fied and submitted to the inspector.	YES NO
INSPECTION CONDUCTED B	x: Randall C	pproximate)	
INSPECTOR'S SIGNATURE:_	Melull &	PHONE NUMBER:	407-843-3333
		· . /	Davis - 2 10/04



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412181 DEC242881

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

CK 6679

Do NOT Remove Label

AIRS ID # 1270128
PERSONAL TOUCH DRY CLEANERS
CHANDRAKANT PATEL
3761 D SOUTH NOVA RD
PORT ORANGE FL
32119

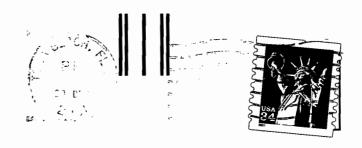
FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

Personal Touch Dry Cleaner 37610. S. Nova Rd Post Orange F1 32129



TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070 (cut nere)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

404629

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 CK + 6465. Remove Label AIRS ID # 1270128 CY CLEANERS SL

Do NOT Remove Label

PERSONAL TOUCH DRY CLEANERS CHANDRAKANT PATEL 3761 D SOUTH NOVA RD PORT ORANGE FL 32119

FOR GOVERNMENT USEON Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

Ti 1

		MAIL REC	EIPT Coverage Provided)
9624			
4129	Postage Certified Fee	\$	
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here
7000 0600	Tol 10 Reci CHANDRAK. Street PERSONAL 3761 D SOUT City, PORT ORAN	TOUCH DRY CLEA 'H NOVA RD	77
	PS Form 3800; February.	2000	See Reverse for Instructions

A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
3. Service Type Certified Mail
4
turn Receipt 102595-99-M-1789

\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		MAIL REC	EIPT Coverage Provided)
5693			
7825	Postage Certified Fee	\$	Postmark
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here
2000 0002	Total Postage & Fees PERSONAL TOU CHANDRAKANT CHANDRAKANT PORT ORANGE I	OVA RD	
	P		for Instructions

1			
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. 1. Article Addressed to: AIRS ID # 1270128 PERSONAL TOUCH DRY CLEANERS CHANDRAKANT PATEL	A. Received by (Please Print Clearly) B. Date of Delivery 2 - 9 - 0 C. Signature X		
3761 D SOUTH NOVA RD PORT ORANGE FL 32119	3. Service Type		
TORT ORMINOLITE 32(1)	☐ Certified Mail ☐ Express Mail		
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.		
	4. Restricted Delivery? (Extra Fee) ☐ Yes		
Article Number (Copy from service label)	_		
7000 0600 0026 7	7825 5693		
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789		

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258175_{1/}

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

JAN 15 97

Do NOT Remove Label

AIRS ID# 1270128

CC INVESTMENT CO LTD CHANDRAKANT PATEL 3761 D SOUTH NOVA RD PORT ORANGE FL 32119

CK# 5595 Dr. 1.14.97

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

This portion must be attached to remittance for proper handling $\sqrt{0391023}$

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1270128

PERSONAL TOUCH DRY CLEANERS CHANDRAKANT PATEL 3761 D SOUTH NOVA RD PORT ORANGE FL 32119

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

This portion must be attached to remittance for proper handling 0357335

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

RECENOOM
MAIL ROOM

RECEIVED 1AIL ROOM IAN 14 99

TOTAL AMOUNT DUE: \$50.00

EK# 6089

Do NOT Remove Label

AIRS ID # 1270128
PERSONAL TOUCH DRY CLEANERS
CHANDRAKANT PATEL
3761 D SOUTH NOVA RD
PORT ORANGE FL 32119

MAIL ROOM

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

JS Postal Service Receipt for Cer No Insurance Coverage	tified Mail
ar, manners	AIRS ID 1270128
C INVESTMENT CO I HANDRAKANT PAT 761 D SOUTH NOVA I ORT ORANGE FL 321	EL RD
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date, & Addressee's Address	•
TOTAL Postage & Fees	\$
Postmark or Date	•

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if span permit. Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered at delivered.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	
AIRS ID 1270128 CC INVESTMENT CO LTD CHANDRAKANT PATEL 3761 D SOUTH NOVA RD PORT ORANGE FL 32119	4a. Article N - 33 4b. Service Registere Express I Retum Ret 7. Date of De	Type ed Mail Certified Mail Consumed Comparison Consumer Consumer Consumer Consumer Consumer Consumer Consumer Consumer Consumer Consumer Consumer Consumer Consumer Consumer Consumer Consumer Consumer Consumer Consu
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) PS Form 3811, December 1994	8. Addresses and fee is	e's Address (Only if requested paid) Domestic Return Receipt



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

303135

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

RECEIVED MAIL ROOM FEB 20 98

Do NOT Remove Label

CC INVESTMENT CO LTD CHANDRAKANT PATEL 3761 D SOUTH NOVA RD PORT ORANGE FL 32119 AIRS ID#1270128

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273