

## Department of Environmental Protection

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

Virginia B. Wetherell Secretary

October 15, 1998

Mr. Kiran Patel Sunshine Cleaners 124 West Granada Boulevard Ormond Beach, Florida 33174

Re: Facility No.: 1270151

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 1, 1998.

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

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

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

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

Sincerely,

Dotty Diltz, Chief Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Anatoliy Sobolevskiy, Central District

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

1270151 10/15/98

Spoke to Kiran Patel and he
stuted that he is the
president of Laguri Enterprises
This qualifies him as responsible
official

### Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location RECEIVED Facility Owner/Company Name (Name of corporation, agency, or individual owner): OCT - 1 1998 ENTERPRICE INC. Bureau of Air Monitoring & Mobile Sources UNSHING CLEANERS. 4. Facility Location: Street Address: 124 W. GRANADA BLUD. City: OFMOND BEACH 5. Facility Identification Number (DEP Use): Responsible Official Name and Title of Responsible Official: 7. Responsible Official Mailing Address: Organization/Firm: SUNSHING CLEANEDS Street Address: 17 9 W. GRANADA BLUD County: 8. Responsible Official Telephone Number: (904)677-3943 Telephone: Fax: ( ) Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: City: County: Zip Code: 11. Facility Contact Telephone Number:

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

Telephone:

Fax: (

)

### **Facility Information**

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		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									
(1) w/ ref. condenser	1	1989	1989						
(2) w/ carbon adsorber			7.7.7					1	
(3) w/ no controls		<del>                                     </del>						1	_
Washer Unit								<u> </u>	
(4) w/ ref. condenser			1					1	
(5) w/ carbon adsorber		T						-	
(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									
Check why it is less  3. What is the facility's so (Indicate with an "X".  Existing small ar	urce Selec	classification et one classifi	based on the cation only.)	e defi		d in section (		•	
Existing large are	sting large area source [] New large area source []								

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source  Carbon adsorber [] Refrigerated condenser []
New small area source Refrigerated condenser []
New large area source Refrigerated condenser []
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more 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 . [X]
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration  (f) Start-up, shutdown, malfunction plan
(f) Start-up, shutdown, malfunction plan

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### Surrender of Existing Air Permit(s)

ease indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
X	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.  9/16/98

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

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

		~ - ~ - ~	
TYPE	OF	INSPE	CTION:

ANNUAL

**RE-INSPECTION** 

COMPLAINTIDISCOVERY

AIRS ID#: 1276151 DATE: &-10-	99 TIME IN: 1,15 TIME OUT: 1.45			
FACILITY NAME:	975			
FACILITY LOCATION: 124 W. Gr	anada Bl.d.			
Ormand C	Beach, FL 32174			
RESPONSIBLE OFFICIAL: Hiran	Pate 1 PHONE: 404-677-3943			
CONTACT NAME:	PHONE:			
	P			
PART I: NOTIFICATION	T. C.			
(check appropriate box)	e c			
1. New facility notified DARM 30 days prior to sta	rtup & SP C			
2. Facility failed to notify DARM to use general pe				
	S 3 4			
PART II: CLASSIFICATION				
Facility indicated on notification form that it is:	□ No iotification form			
(check appropriate box)	☐ Drop store/out of business/petroleum			
1. Existing small area source	2. New small area source			
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr			
both types, $x < 140 \text{ gal/yr}$	both types, x < 140 gal/yr			
(constructed before 12/9/91)	(constructed on or after 12/9/91)			
3. Existing large area source	4. New large area source			
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	dry-to-dry only, $140 \le x \le 2,100$ 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, $140 \le x \le 1,800$ gal/yr			
both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	(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 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 119 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 ON <b>DX</b> V/A
2. Examining the containers for leakage?	OY ON <b>9</b> 9N/A
3. Closing and securing machine doors except during loading/unloading?	<b>A</b> y on
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  5 fin di3 7	OY ON <b>TA</b> ŃA
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON SIN/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 refri (complete & 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 mulinstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refri (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?	מם עם
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	מואם אם צם
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	מע מא
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	י ב/אם אם אם אם
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	מם עם

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

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) XY ON I. Maintained receipts for perc purchased? DXY ON 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; ZY ON ONA 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 DXIA DY DN **X**N/A 4. Maintained calibration data? (for applicable direct reading instruments) DY ON DENIA 5. Maintained exhaust duct monitoring data on perc concentrations? A DN 6. Maintained startup/shutdown/malfunction plan? DY DN XXVA 7. Maintained deviation reports? ANA NO YO Problem corrected? DY ON QNA 8. Maintained compliance plan, if applicable?

	·							
P	PART VI: LEAK DETECTION AND REPAIRS							
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?				C Y	N		
2.	Has the facility maintained a	leak log?			<b>L</b> Y	ΠN		
3.	Does the responsible official	check the follow	ing areas for leal	ks?				
	Hose connections, fittin couplings, and valves	gs,	, On On/A	Muck cookers	dy (	DN DN/A		
	Door gaskets and seating		□N □N/A	Stills	DY (	A/ND NC		
	Filter gaskets and seatir	,	□N □N/A	Exhaust dampers	KY (	□N/A		
	Pumps	17	□N □N/A	Diverter valves	DY (	□N/A		
	Solvent tanks and conta	iners <b>d</b> Y	□N □N/A	Cartridge filter housings	MY C	A/MO MC		
	Water separators	ďΥ	□N □N/A					
4.	Which method of detection is	used by the resp	oonsible official?					
	Visual examination (con	ndensed solvent	on exterior surfa	ces)	4			
	Physical detection (airfl	ow felt through	gaskets)		4			
	Odor (noticeable perc of	ior)			ď			
	Use of direct-reading in	strumentation (F	FID/PID/calorime	etric tubes)		٠		
	Halogen leak detector							
	If using direct-read	ling instrument	ation, is the equ	ipment:	□N/A	L		
	a. Capable of o	detecting perc va	por concentratio	ns in a range of 0-500 ppm?	DY (	מכ		
	b. Calibrated a (PID/FID or	-	d gas prior to and	d after each use	ΩY (	מכ		
c. Inspected for leaks and obvious signs of wear on a weekly basis?						וא⊏		

Randall Conningham	8-10-69
Inspector's Name (Please Print)	Date of Inspection
Roball C-L	8-2000
Inspector's Signature	Approximate Date of Next Inspection

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

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

 $\square$ Y  $\square$ N

 $\square Y \ \square N$ 

ADDITIONAL SITE IN	FORMATION:

AIRS ID#: 1270151

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: 5 unghine	Cleaner	5			DATE: 8-10-49
FACILITY LOCATION: 124 W.	Granada B	Blxd			
Ormand	Beach, FL				
Annual Reporting Period: August	· · · · · · · · · · · · · · · · · · ·	19 <i>¶</i> \$	то	August	19 29
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	_	•		` -	
If NO, complete the following:					
#1. Term or condition of the general permit	that has not been in	continuous c	complianc	e during the report	ing period stated above:
Exact period of non-compliance: from			to	)	
Action(s) taken to achieve compliance:	· · · · · · · · · · · · · · · · · · ·		·	<del></del>	
Method used to demonstrate compliance:	· 				
#2. Term or condition of the general permit	that has not been in	continuous o	complianc	e during the report	ting period stated above:
Exact period of non-compliance: from			to		
Action(s) taken to achieve compliance:	<del> </del>				
Method used to demonstrate compliance:					
As the responsible official, I hereby certify, made in this notification are true, accurate upon purchase receipts, does not exceed 2, combination facilities.  RESPONSIBLE OFFICIAL:  Na	and complete. Furth	er, my annu	al consum	ption of perchloro	e:hylene solvent, based

\*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 \_\_\_\_.

### 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?  $\int \mathcal{O}$
- 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? W//

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.

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COM	APLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1:15	TIME OUT: 1:45	AIRS ID#: 17	70151
TYPE OF FACILITY: Vry	Clean		
FACILITY NAME: Sugsh	ine cleaners		DATE: 8-10 -99
FACILITY LOCATION: 124	N. Granada Bl	1d.	·
	rond Brach, 1/63)	PHONE NUMBER:	Dell 122 2607
RESPONSIBLE OFFICIAL: 1	1/4n 14:01	PHONE NOMBER:_	419-07/- 319/
<b>4</b>	he compliance requirements evalu: ule 62-213.300, Florida Administr	ated during this inspection, the facili ative Code (F.A.C.).	ty is found to be in
Based on the results of t discrepancies were note	-	ated during this inspection, the follo	wing compliance
COMPLIANCE REQU	JIREMENT/PROBLEM	FOLLOW-UP ACTIO	ON REQUIRED
	·		
COMMENTS:			
In Con	npliunce		· 
	ation form has been properly certif	ied and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTIO		pproximate)	
INSPECTION CONDUCTED	BY: Randall (	nningham  ease Print)	
INSPECTOR'S SIGNATURE:		PHONE NUMBER:_	1407) 893-3333
	Page	$\bigcup_{i=1}^{n} of_{i}$ .	Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

1.4

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTIO	COMPLAINT/DISCOVERY				
FACILITY NAME: Sunshine Cl-					
FACILITY LOCATION: 124 WVGY					
	Beach FL. 32174				
RESPONSIBLE OFFICIAL: Kiran	<u>patel</u> PHONE: <u>904-677-3943</u>				
CONTACT NAME:	PHONE:				
PART 1: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 30 days prior to star	tup · 🗆				
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) A.	☐ No notification form ☐ 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, $140 \le x \le 2,100$ gallyr transfer only, $200 \le x \le 1,800$ gallyr both types, $140 \le x \le 1,800$ gallyr (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 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 MO 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? 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? DY DN DNYA 3 per dish 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? R. Condenser PART IV: PROCESS VENT CONTROLS In Part II-A: 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) DY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow wilk 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 DA DM condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? QY QN QN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

5	The state of the s			
B.	Has the responsible official of an existing large or new large area source also:			
ı.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	⊓א	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	Пи	□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	□и	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ИП	□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	□и	□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?	ΩY	ΩΝ	□N/A

### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) and not know 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days AVAD ND XX and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? N⊡ Y**P** 6. Maintained startup/shutdown/malfunction plan? DY ON ZNA 7. Maintained deviation reports? DY DN ZN/A Problem corrected? DY DN ØN/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS							
1. Does the responsible official conduct a	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?	~=		,	Ý	□N .		
2. Has the facility maintained a leak log?				ΩY	<b>Æ</b> N		
3. Does the responsible official check the	following are	eas for leaks?					
Hose connections, fittings, couplings, and valves	PY ON	□n/a	Muck cookers	4Y	□N □N/A		
Door gaskets and seating	אם צם	□N/A	Stills	d'A	□N □N/A		
Filter gaskets and seating	фy Ои	□N/A	Exhaust dampers	ďΥ	A/ND ND		
Pumps	אם צם	□N/A	Diverter valves	фү	ON ON/A		
Solvent tanks and containers	אם צף	□N/A	Cartridge filter housings	ΠY	□N □N/A		
Water separators	DA DM	□N/A					
4. Which method of detection is used by th	ne responsib	le official?					
Visual examination (condensed so	lvent on ext	erior surfaces)		£			
Physical detection (airflow felt thr	ough gasket	s)	(	Ø			
Odor (noticeable perc odor)		,	,	Ø			
Use of direct-reading instrumental	tion (FID/PI	D/calorimetric t	ubes)				
Halogen leak detector					•		
If using direct-reading instru	ımentation,	is the equipme	ent:	ПИ	'A		
a. Capable of detecting p	erc vapor co	oncentrations in	a range of 0-500 ppm?	ΩY	NП		
b. Calibrated against a st (PID/FID only)?	andard gas j	orior to and afte	r each use	ΠY	Ωи		
c. Inspected for leaks an	d obvious si	gns of wear on a	a weekly basis?	ΩY	□и		
d. Kept in a clean and se	cure area wi	nen not in use?		ΩY	ΩΝ		
e. Verified for accuracy	by use of du	plicate samples	(calorimetric only)?	QΥ	א□		
			<u> </u>		<del></del>		

Madia Gucsh	1/13/99	
Inspector 3 Name (Please Print)	Date of Inspection	
	4/99	
Inspector's Signature	Approximate Date of Next In	spection

Fluomatie -10 years Id. pan? 40.

Strong smell of perc / button trap was word word property epong? so gravel floor?? OK??

Zero weeste machine

no perc receipts. > explained.

moncomparie

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COM	PLAINT/DISCO	OVERY	RE-INSPECTION
TIME IN: 11', 00	TIME OUT:	11:45		_AIRS ID#:1/6	770151
TYPE OF FACILITY:	Drycleani	ng .			
FACILITY NAME:	Junsheni d	eorne	KŠ		_DATE: 1 13/99
FACILITY LOCATION: 12	L4 W. Gran	ada,			
	ormind beg	ach	Er. 32	2174	
RESPONSIBLE OFFICIAL:	Kiran Rete	<u>u</u>	PH	IONE NUMBER:	904-677-394
compliance with DEP I	the compliance requireme Rule 62-213.300, Florida A	Administra	tive Code (F.A.	C.).	
Based on the results of discrepancies were note	the compliance requireme ed:	nts evaluat	ed during this i	nspection, the foll	lowing compliance
COMPLIANCE REQ	UIREMENT/PROBI	LEM	FOLL	OW-UP ACTI	ON REQUIRED
Secbe	low.				
···					·
comments: 1 perc recorde 2 keep recei 3 leak chede	pts } gav	e co	lendar.		,
The Annual Compliance Certific	cation form has been prope	erly certifie	ed and submitte	d to the inspector.	YES NO
DATE OF NEXT INSPECTIO	)N:	4/90	oroximate)		
INSPECTION CONDUCTED	BY: Sagd	ia ?	Pureshinse Print)		
INSPECTOR'S SIGNATURE		-	РН	ONE NUMBER:	407-893-3333
		Page	_of		Revised 10/96

ABD00992

### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

		 NAME OF THE PARTY
TYPE OF INSPECTION:	ANNUAL	COMPLAINT/DISCOVERY
	RE-INSPECTION	

AIRS ID#: 1270151 DATE: 3/25/97 TIME IN: 12:25 TIME OUT: 12:50
FACILITY NAME: SUNSHINE CLEANERS
FACILITY LOCATION: 124 W. GRANANA
DRMOND BEACH, FZ 32174

PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	
2. New facility notified DARM 30 days prior to startup	
3. Facility failed to notify DARM to use general permit	X

#### PART II: CLASSIFICATION Facility indicated on notification form that it is: 1989 (check appropriate box) 1. Existing small area source 2. New small area source dry-to-dry only, x<140 gal/yr dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 4. New large area source 3. Existing large area source dry-to-dry only, 140<x<2, 100 gal/yr dry-to-dry only, 140<x<2, 100 gal/yr transfer only, 200<x<1,800 gal/yr transfer only, 200<x<1,800 gal/yr both types, 140<x<1,800 gal/yr both types, 140 < x < 1.800 gal/yr (constructed on or after 12/9/91) (constructed before 12/9/91) $\Box$ Y $\square N$ 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 120 gallons. ESTIMATE

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? $\Box$ Y $\Box$ N NO STORAGE 2. Examining the containers for leakage? DY DN 3. Closing and securing machine doors except during loading/unloading? ody □n 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? UN UN SPIN FILTERS 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? □Y □N □N/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the OY ON condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after □Y □N 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 located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	□Y □N
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
Is the temperature differential equal to or greater than 20° F?	OY ON
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	. ОҮ ОИ
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
of the desired and the state of	di di din
or assert data to the state of	UT UN UNA
PART V: RECORDKEEPING REQUIREMENTS	ar an ana
	di diva
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official:	OY MN
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official: (check appropriate boxes)	OY N
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?	OY IN
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	OY N
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	OY N
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	OY W OY W
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY AN OY AN
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? Gor direct reading instruments only)	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON OY ON
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?	OY AN OY AN OY AN OY ON OY ON OY ON OY ON

·	· 1	
PART VI: LEAK DETECTION AND REPAIRS		
1. Does the responsible official conduct a weekly leak detection and repair inspection?	MY ON	_

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 of 0-500 ppm?							
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 of 0-500 ppm?	2.	Which method of detection is used by the	ne respon	nsible offic	ial?	1	
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 of 0-500 ppm?		Visual examination (condensed so	lvent or	n exterior s	urfaces)	<b>/</b>	
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 of 0-500 ppm?		Physical detection (airflow felt thr	ough ga	ıskets)	. /	AT .	
If using direct-reading instrumentation, is the equipment:  a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?		Odor (noticeable perc odor)				À T	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?		Use of direct-reading instrumentar	tion (FII	D/PID/calo	rimetric tubes)		
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  c. Inspected for leaks and obvious signs of wear on a weekly basis?  d. Kept in a clean and secure area when not in use?  e. Verified for accuracy by use of duplicate samples (calorimetric only)?  3. Has the facility maintained a leak log?  4. Does the responsible official check the following areas for leaks?  Hose connections, fittings, couplings, and valves  AY  N  Muck cookers  Y  N  Filter gaskets and seating  Y  N  Exhaust dampers  Y  N  Solvent tanks and containers  Y  N  Cartridge filter housings		If using direct-reading instrume	ntation,	, is the equ	ipment:		
(PID/FID only)?  c. Inspected for leaks and obvious signs of wear on a weekly basis?  d. Kept in a clean and secure area when not in use?  e. Verified for accuracy by use of duplicate samples (calorimetric only)?  3. Has the facility maintained a leak log?  4. Does the responsible official check the following areas for leaks?  Hose connections, fittings, couplings, and valves  Door gaskets and seating  Y   N   Muck cookers  Y   N    Filter gaskets and seating  Y   N   Exhaust dampers  Pumps  Solvent tanks and containers  Y   N   Cartridge filter housings		a. Capable of detecting p	erc vap	or concenti	rations in a range of 0-500 ppm?	ΠY	□N
c. Inspected for leaks and obvious signs of wear on a weekly basis?  d. Kept in a clean and secure area when not in use?  e. Verified for accuracy by use of duplicate samples (calorimetric only)?  3. Has the facility maintained a leak log?  4. Does the responsible official check the following areas for leaks?  Hose connections, fittings, couplings, and valves  Door gaskets and seating  Y   N   Muck cookers  Y   N    Filter gaskets and seating  Y   N    Filter gaskets and seating  Y   N    Pumps  Solvent tanks and containers  Y   N    Cartridge filter housings			tandard	gas prior t	o and after each use		
d. Kept in a clean and secure area when not in use?  e. Verified for accuracy by use of duplicate samples (calorimetric only)?  3. Has the facility maintained a leak log?  4. Does the responsible official check the following areas for leaks?  Hose connections, fittings, couplings, and valves  Door gaskets and seating  TY		(PID/FID only)?				$\Box Y$	□N
e. Verified for accuracy by use of duplicate samples (calorimetric only)?  3. Has the facility maintained a leak log?  4. Does the responsible official check the following areas for leaks?  Hose connections, fittings, couplings, and valves  Door gaskets and seating  Door gaskets and seating  Filter gaskets and seating  Pumps  Pumps  Solvent tanks and containers  Pumps  Cartridge filter housings  Pumps  Cartridge filter housings		c. Inspected for leaks and	d obviou	is signs of	wear on a weekly basis?	$\Box Y$	ПИ
3. Has the facility maintained a leak log?  4. Does the responsible official check the following areas for leaks?  Hose connections, fittings, couplings, and valves  Door gaskets and seating  Pumps  Pumps  Solvent tanks and containers  Pumps  Cartridge filter housings  Pumps  Cartridge filter housings		d. Kept in a clean and se	cure are	a when no	t in use?	$\Box Y$	□N
4. Does the responsible official check the following areas for leaks?  Hose connections, fittings, couplings, and valves  Door gaskets and seating  Y		e. Verified for accuracy	by use o	f duplicate	samples (calorimetric only)?	$\Box Y$	□N
Hose connections, fittings, couplings, and valves  Door gaskets and seating  Y  N  Stills  Y  N  Filter gaskets and seating  Y  N  Exhaust dampers  Y  N  Pumps  Y  N  Cartridge filter housings  Y  N  N  Couplings, and valves  N  N  Cartridge filter housings  Y  N  N  Cartridge filter housings	3.	Has the facility maintained a leak log?				$\Box Y$	<b>M</b> N
couplings, and valves  Door gaskets and seating  MY DN  Stills  Filter gaskets and seating  MY DN  Exhaust dampers  Pumps  Pumps  Diverter valves  Solvent tanks and containers  MY DN  Cartridge filter housings  MY DN	4.	Does the responsible official check the f	followin	g areas for	leaks?	/	1
Door gaskets and seating  AY DN Stills  Filter gaskets and seating  Y DN Exhaust dampers  Pumps  Pumps  AY DN Diverter valves  Solvent tanks and containers  Y DN Cartridge filter housings		,	<b>J</b>			ı.	_
Filter gaskets and seating  Pumps  Pumps  Solvent tanks and containers  PY  N  Exhaust dampers  Diverter valves  Cartridge filter housings  Y  N		couplings, and valves	AY	ΠN	Muck cookers	<b>A</b> Y	□N
Pumps  Pumps  Diverter valves  Solvent tanks and containers  N  Cartridge filter housings		Door gaskets and seating	XY	ΠN	Stills	YY	□N
Solvent tanks and containers DY DN Cartridge filter housings DY DN		Filter gaskets and seating	<b>A</b> Y	□N	Exhaust dampers	ΠY	ΠN
/\/		Pumps	<b>A</b> Y	□N	Diverter valves	ĮΫ́Y	□N
Water separators DN		Solvent tanks and containers	YY	□N	Cartridge filter housings	<b>Y</b> Y	□N
		Water separators	<b>∦</b> Y	□N			

KIRAN PATEL

Name of Responsible Official

Louis A. NicHols Inspector's Name (Please Print)

Inspector's Signature

Approximate Date of Next Inspection



### Locations

124 W. Granada Blvd. **Ormond Beach** Ph. 677-3943

Trails Shopping Center
Ormond Beach DROP Ph. 677-4650

For Particular People

#### ADDITIONAL SITE INFORMATION:

- FLUOMATIC BY AMA UNIVERSAL 13881 MDL - HAS CONTAINMENT PAN NO EARLY 37R TYPE
- HAS CONTAINMENT PAN, NO EPOXY

   TERAZZO FLOOR (WILL EPOXY STICK?)

  REPLY TO HIM.
- MCF PICKS UP WASTE
- COOKING OFF WASTE WATTER W/ STEAM, NO FRITRATION
- HAS NOT TESTED FOR CONTAINMENT
- LEFT NOTIFICATION FORM AND EXPLAINED

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

DATE 2 - 17-00

TYPE OF INSPECTION:

ANNUAL

X

COMPLAINT/DISCOVERY BY\_

BY D Rt

RE-INSPECTION

AIRS ID#: 1270151 DATE: 2-17	7-00 TIME IN: 10:00 TIME OUT	11:0	<u>d</u>
FACILITY NAME: Sunshine Clear	ners		
FACILITY LOCATION: 124 W. G.	ranada Blud,		
	ach, FL 32174		
RESPONSIBLE OFFICIAL: Kirgh Pate	•	3943	
	PHONE:	•	
DADE I NOTIFICATION			
PART I: NOTIFICATION			
(check appropriate box)			
1. New facility notified DARM 30 days prior to sta	artup		
2. Facility failed to notify DARM to use general pe	ermit		
PART II: CLASSIFICATION	·		
Facility indicated on notification form that it is:			
(check appropriate box)	☐ Drop store/out of business/	petroleu	m
A.  1. Existing small area source	2. New small area source		,
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, $x < 140$ gal/yr		
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr	ı	て
both types, x < 140 gal/yr (constructed before 12/9/91)	both types, $x < 140$ gal/yr (constructed on or after $12/9/91$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr		
(constructed before 12/9/91)	So o	MAR	
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, $140 \le x \le 2{,}100 \text{ gal/yr}$	7	
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	22	
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$ )	8	
(constructed before 12/9/91)	both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )		
5. This is a correct facility classification	Can not determine		
If no, please check the appropriate classific	cation:		
☐ facility qualified for a ge	eneral permit as number above		
	iiiiibla for a goneral mormit		
facility exceeds above lin	mits and is not eligible for a general permit		

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 PANA	
2. Examining the containers for leakage?	OY ON ANIA	
3. Closing and securing machine doors except during loading/unloading?	AY ON	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON XIN/A	
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	AVER NO YO	
PART IV: PROCESS VENT CONTROLS		
In Part II-A:	7	
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 refu (complete A below).	rigerated condenser	
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 refu (complete A and B below).	rigerated 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?	באמם אם אָם	
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?	חס אם	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A	
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON	

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 located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY DN
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?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	□Y □N □N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY 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?	Zek on
2. Maintained rolling monthly averages of perc consumption?	DEAT ON
3. Maintained leak detection inspection and repair reports for the following:	_
a. documentation of leaks repaired w/in 24 hrs? or;	AVA NO AVA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON AN/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON <b>X</b> N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON DYNA
6. Maintained startup/shutdown/malfunction plan?	AK ON ,
7. Maintained deviation reports?	OY ON XINA
Problem corrected?	AVA <b>X</b> NO YO
8. Maintained compliance plan, if applicable?	DY DN ANVA

### PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			ZΥ	ПN
2.	Has the facility maintained a leak log?			DY	ΠN
3.	Does the responsible official check the	following areas for leaks	?		
	Hose connections, fittings, couplings, and valves	AVO NO YA	Muck cookers	HY Y	□N □N/A
	Door gaskets and seating	מאם אם Y	Stills	by	□N □N/A
	Filter gaskets and seating	אואם אם צים	Exhaust dampers	by	□N □N/A
	Pumps	AVO NO YO	Diverter valves	DΥ	□N □N/A
	Solvent tanks and containers	AVO NO YO	Cartridge filter housings	þΥ	□N □N/A
	Water separators	DY ON ON/A			
4.	4. Which method of detection is used by the responsible official?				
	Visual examination (condensed solvent on exterior surfaces)  Physical detection (airflow felt through gaskets)				
	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 perc vapor concentrations in a range of 0-500 ppm?			ΠY	□и	
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				ΩΝ
	c. Inspected for leaks and obvious signs of wear on a weekly basis?			ПN	
	d. Kept in a clean and secure area when not in use?			ПN	
	e. Verified for accuracy	by use of duplicate sampl	les (calorimetric only)?	ΠY	ΠN

Randal Conninghum
Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

Venting chiller air to atmosphere

All

Revised 01/18/00

## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Sunshine Claners	DATE: 2-17-00
FACILITY LOCATION: 124 W. Granda	
•	32174
Annual Reporting Period: February	1999 TO February 20 DO
Based on each term or condition of the Title V general air permit, r	ny facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period	od covered by this statement.  YES  NO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in co	entinuous 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:	
#2. Term or condition of the general permit that has not been in co	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 a in this notification are true, accurate and complete. Further, my as purchase receipts, does not exceed 2,100 gallons per year for dry-t combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)	

<sup>\*</sup>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.

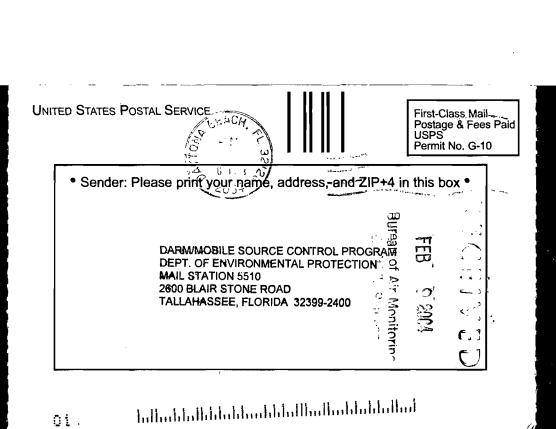
## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL 🔀	COMPLAINT/DISCOV	ERY 🗌	RE-INSPECTION
TIME IN: 10:00 am TIME, OUT: 1	1:00 am A	IRS ID#: 1270	151
TYPE OF FACILITY: Dry Clean	· · · · · · · · · · · · · · · · · · ·		
FACILITY NAME: Sonshine Cleaners	,	D/	NTE: 2-17-00
FACILITY LOCATION: 124 W. Granada B.	vd,		
U'mond Beach, FL	32 <i>174</i>	·	
RESPONSIBLE OFFICIAL: Miran Patel	PHO	ve number: <u>90</u>	4-677-3943
Based on the results of the compliance requiremen compliance with DEP Rule 62-213.300, Florida A	* *	· · · · · ·	is found to be in
Based on the results of the compliance requirement discrepancies were noted:	s evaluated during this insp	ection, the following	g compliance
COMPLIANCE REQUIREMENT/PROBL	EM FOLLOV	<b>V-UP ACTION</b>	REQUIRED
			·
·			
In Compliance			
The Annual Compliance Certification form has been proper DATE OF NEXT INSPECTION: 2-2001	y certified and submitted to	the inspector.	YES NO
INSPECTION CONDUCTED BY: Randall	(Approximate)  (Approximate)  (Approximate)  (Approximate)	nam	·
INSPECTOR'S SIGNATURE: MANUEL	-///	ne number: <u>#</u>	07-893-3333
	D		Revised 10/96

0344 4480	(Domestic Mail O	Q MAIL <sub>TM</sub> RECEIPT  only; No Insurance Coverage Provided) ation visit our website at www.usps.com <sub>®</sub>
17	OFF	FICIAL USE
l l	Postage Certified Fee	\$
1000	Return Reclept Fee (Endorsement Required)	Postman
0200	Restricted Delivery Fee (Endorsement Required)	
m	Total P ID# 12701	151
Sent To KIRAN PATEL SUNSHINE CLEANERS		
-	Street, At 124 W GF or PO Bo. ORMONI	RANADA BLVD D BEACH, FL 32174
(	PS Form 3800, June 2002	

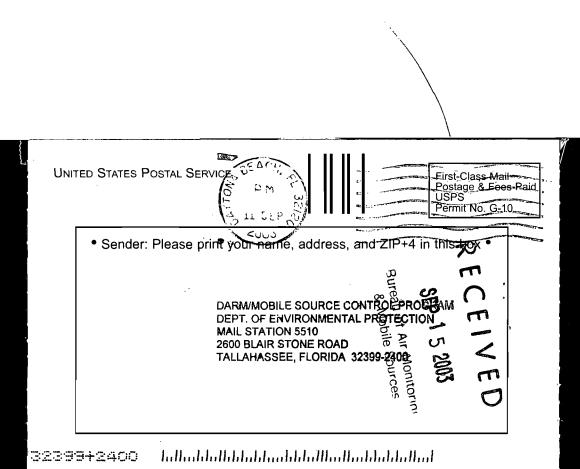
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1?   Yes  If YES, enter delivery address below:   No
ID# 1270151 KIRAN PATEL SUNSHINE CLEANERS	
124 W GRANADA BLVD ORMOND BEACH, FL 32174	3Service Type  Certified Mail
28 1 yr - 1964 - 1 yr	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7 0 3 0 5 0 0 0 0 0 4	0144 4480
DS Form 3811 August 2001 Domestic Pet	Urn Pagaint 100505 00 M 1540



4544	CERT	<b>CIFIE</b>	Service <sub>TM</sub> D MAIL <sub>TM</sub> RECEIPT Only; No Insurance Coverage Provided)	
}_	For delive	ery informa	nation visit our website at www.usps.com®	
1744		) F F	FICIAL USE	
1		Postage	s O	_ ,
1000	Certified Fee		Na / A / V	
1	Return F (Endorsemen	Reciept Fee t Required)	Postmark	
0200	Restricted D (Endorsemen	elivery Fee t Required)	000	
í	Total Pos	10 SUNSI	HINE CLEANERS	
7003	Sent To	KIRAN	N PATEL -	٦
7.	Street, Apt. or PO Box I City, State,		GRANADA BLVD DND BEACH, FL 32174	
<u></u>	PS Form 380	0, June 2002	See Reverse for Instruction	s

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Pate of Delivery  Signature  Agent  Addressee
Article Addressed to:	Dusdelivery address different from item 1?
TO 1270151001AG SUNSHINE CLEANER'S KIRAN PATEL	
124 W GRANADA BLVD ORMOND BEACH, FL 32174	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Num 7003 0500 000	4 0144 4244
PS Form 3811, March 2001 Domestic	Return Receipt 102595-01-M-1424



Z 333 667 265
US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)
AIRS ID # 1270151

SUNSHINE CLEANERS KIRAN PATEL 124 W GRANADA BLVD ORMOND BEACH FL 32174

	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
, April	Return Receipt Showing to Whom, Date, & Addressee's Address	
80	TOTAL Postage & Fees	\$
PS Form 3800, April 1995	Postmark or Date	

top of envelope to	Fold at line over		
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee  D. Is delivery address different from item 1?   Yes		
1. Article Addressed to:  AIRS ID # 1270151 SUNSHINE CLEANERS KIRAN PATEL	If YES, enter delivery address below: □ No		
124 W GRANADA BLVD ORMOND BEACH FL 32174	3. Service Type  Certified Mail		
2. Article Number (Copy from service label)			
PS Form 3811, July 1999 Domestic Ref	turn Receipt 102595-99-M-1789		

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This portion must be attached to remittance for proper handling 0358202

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 # 1270151

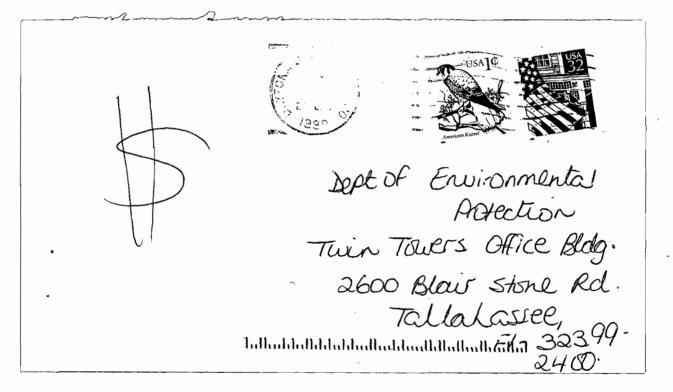
SUNSHINE CLEANERS KIRAN PATEL 124 W GRANADA BLVD ORMOND BEACH FL 32174 MAIL ROOM

JAN 22\_99

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273





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 # 1270151

SUNSHINE CLEANERS KIRAN PATEL 124 W GRANADA BLVD ORMOND BEACH FL 32174

FOR GOVERNMENT USE ONO!
Org.: 37550101000 EO: 40
Fund: 20-2-035001

Obj.: 002273