



PERCHLOROETHYLENE DRY CLEANERS



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) ☒ COMPLAINT/DISCOVERY (CI) ☐
RE-INSPECTION (FUI) ☐ ARMS COMPLAINT NO:

AIRS ID#: 103 0316	Date: 10/14/2008 Time In: 12:00PM Time Out: 12:30PM
Facility Name:	Bristol Cleaners Express, Inc.
Facility Location:	120 107th Avenue Treasure Island, FL, 33706
Responsible Official:	Bassam Musa Phone No: 727-360-2194
Emis. Unit Description:	New, small Perchloroethylene Dry Cleaner: One 2004 Dry-to-dry Machine Multimatic SL40, serial number QR104240661 equipped with Refrigerated Condenser.
Permit Number:	1030316-004-AG Exp. Date: 10/10/12
Facility Contact:	Bassam Musa Phone: 727-360-2194
Compliance Status:	<input checked="" type="checkbox"/> IN <input type="checkbox"/> MNC <input type="checkbox"/> SNC

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 ☐

PART II: CLASSIFICATION

Facility indicated on notification form that it is:

☐ No Notification Form ☐ Drop-Off Store ☐ Out of business ☐ Petroleum Solvent Only

A.

1. Existing small area source

Dry-to-dry only, $x < 140$ gal/yr

Transfer only, $x < 200$ gal/yr ☐

Both types, $x < 140$ gal/yr

(Constructed before 12/9/91)

3. Existing large area source

Dry-to-dry only, $140 > x < 2,100$ gal/yr

Transfer only, $200 > x < 1,800$ gal/yr ☐

Both types, $140 > x < 1,800$ 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)

4. New large area source

Dry-to-dry only, $140 > x < 2,100$ gal/yr

Transfer only, $200 > x < 1,800$ gal/yr ☐

Both types, $140 > x < 1,800$ gal/yr

(Constructed on or after 12/9/91)

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 2 above.

☐ facility exceeds above limits and is not eligible for a general permit

B. Highest 12-month consecutive total of perchloroethylene purchased in the preceding 12-month period: 80 Gallons for the months of January and September 2008.

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? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA |
| 2. Examining the containers for leakage? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA |
| 3. Closing and securing machine doors except during loading/unloading? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" type="checkbox"/> NA |

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). A Carbon adsorber must have been installed prior to September 22, 1993.

If classification (4) has been checked, 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? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" type="checkbox"/> NA |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45o F? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" type="checkbox"/> NA |
| 6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | |

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? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?
Is the temperature differential equal to or greater than 10° F? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| 3. Measured and recorded the perc concentration in the washer exhaust weekly at the end of the final drying cycle while the machine is venting to the atmosphere. If machines are equipped with a carbon adsorber?
Is the perc concentration equal to or less than 10 ppm? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| 4. Assured that the sampling point for the carbon adsorber exhaust for measuring perc. concentrations is at least 20 feet downstream of any bend, contraction, or expansion; is at least 20 feet upstream of any bend, contraction, or expansion; and downstream from no other exhaust? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:

(Check appropriate boxes)

- | | |
|--|--|
| 1. Maintained receipts for perc purchased? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Maintained rolling monthly averages of perc consumption? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA |
| 4. Maintained calibration data? (<i>direct reading instruments only</i>) | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA |
| 6. Maintained startup/shutdown/malfunction plan? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 7. Maintained deviation reports?
Problem corrected? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA |
| 8. Maintained compliance plan, if applicable? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA |

PART VI: LEAK DETECTION AND REPAIRS

1.	Does the responsible official conduct a weekly leak detection and repair inspection?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
2.	Which method of detection does the responsible official use?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
	Visual examination (condensed solvent of exterior surfaces)	<input checked="" type="checkbox"/>	
	Physical detection (airflow felt through gaskets)	<input checked="" type="checkbox"/>	
	Odor (noticeable perc odor)	<input checked="" type="checkbox"/>	
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	<input type="checkbox"/>	
	If using direct-reading instrumentation, is the equipment: Halogen Detector <u>TIFRX</u>	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
	b. Calibrated against a standard gas prior to and after each use (PID/FID only).	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
	d. Kept in a clean and secure area when not in use.	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
3.	Has the facility maintained a leak log?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
4.	The following area should be checked for leaks by the inspector:	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
	Hose connections, fitting couplings, and valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Muck cookers
	Door gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Stills
	Filter gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Exhaust dampers
	Pumps	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Diverter valves
	Solvent tanks and containers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Cartridge Filter housing
	Water separators/evaporator	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	

Shea Jackson	10/14/2008
Inspector=s Name (Please Print)	Date of Inspection
	Within one - two year of this inspection
Inspector=s Signature	Date of Next Inspection

ADDITIONAL SITE INFORMATION

Facility Name:	Bristol Cleaners Express, Inc.
ARMS #:	103 0316

- *I met with Mr. Musa the responsible official and observed the dry to dry was in operation*
- *Mr. Musa did not have his calendar on site, he stated he had taken home to update. I informed him should be kept on site. I requested he fax copy of whole 2008 calendar, by next day. I received faxed copy (see records)*
- *I observed that he had purchased a TIFRX halogen detector for his leak checks. The manual and detector were in case*
- *The front panel temperature read out is what has now been approved for the observation and monitoring of the temperature for the cool down cycle. This shows the correct temperature for the solvent (Perc), according to the Multi Matic manufacturer.*
- *The temperature has been registering as 20°F – 21°F during the cool down cycles.*
- *The maintenance man; Timothy Barnes, a local self employed, mechanic has set the dry to dry equipment for the correct temperature operations. Mr. Musa stated he continues to check the equipment monthly.*
- *I did not detect any perchloroethylene odors as observing the equipment during the inspection*
- *The Hazardous waste containers were located in the secondary containment area.*
- *The boiler and evaporator are located in a outside storage shed.*
- *Mr. Musa signed the annual certification and I gave him dry cleaner summary requesting records to be sent in the morning.*
- *The facility appears to be in compliance after review of the Faxed calendar received 10/15/2008. The highest Perc usage was 80 gallons in December 2008. The typical purchase has been 15 gallons.*

ADDITIONAL SITE INFORMATION

Facility Name: Bristol Cleaners, Inc.
ARMS #: 103 0316

Machine #1:					
Manufacturer	Multimatic 40	Capacity		lbs	
Model#	SL 40	Serial#	QR104240661	Mfg yr	2004

Machine #2:		
Manufacturer	Capacity	lbs
Model#	Serial#	Mfg yr

Notification (unpermitted sources only):

1. Was the facility assisted in filling out the notification by the inspector? ☐ Y ☒ N
2. Did the facility insist on filling out its own notification, and will send it to FDEP? ☐ Y ☒ N

Record keeping :

1. Does facility have statement/specs as to the design accuracy of the temperature sensor? ☒ Y ☐ N
(Temperature of 45EF w/accuracy \forall 2EF, or 7.2EC w/accuracy of \forall 1.1EC) 9/26/2007

Hazardous Waste:

- | | | |
|--|---------------------------------------|----------------------------|
| 1. Is all perc. contaminated wastewater either treated or disposed of properly? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |
| 2. If wastewater is evaporated, is it an approved system, and using carbon filtration? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |
| 3. Does the facility have secondary containment for the dry-dry machine? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |
| 4. Does the facility have secondary containment for any perc. waste containers? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |

Boiler:

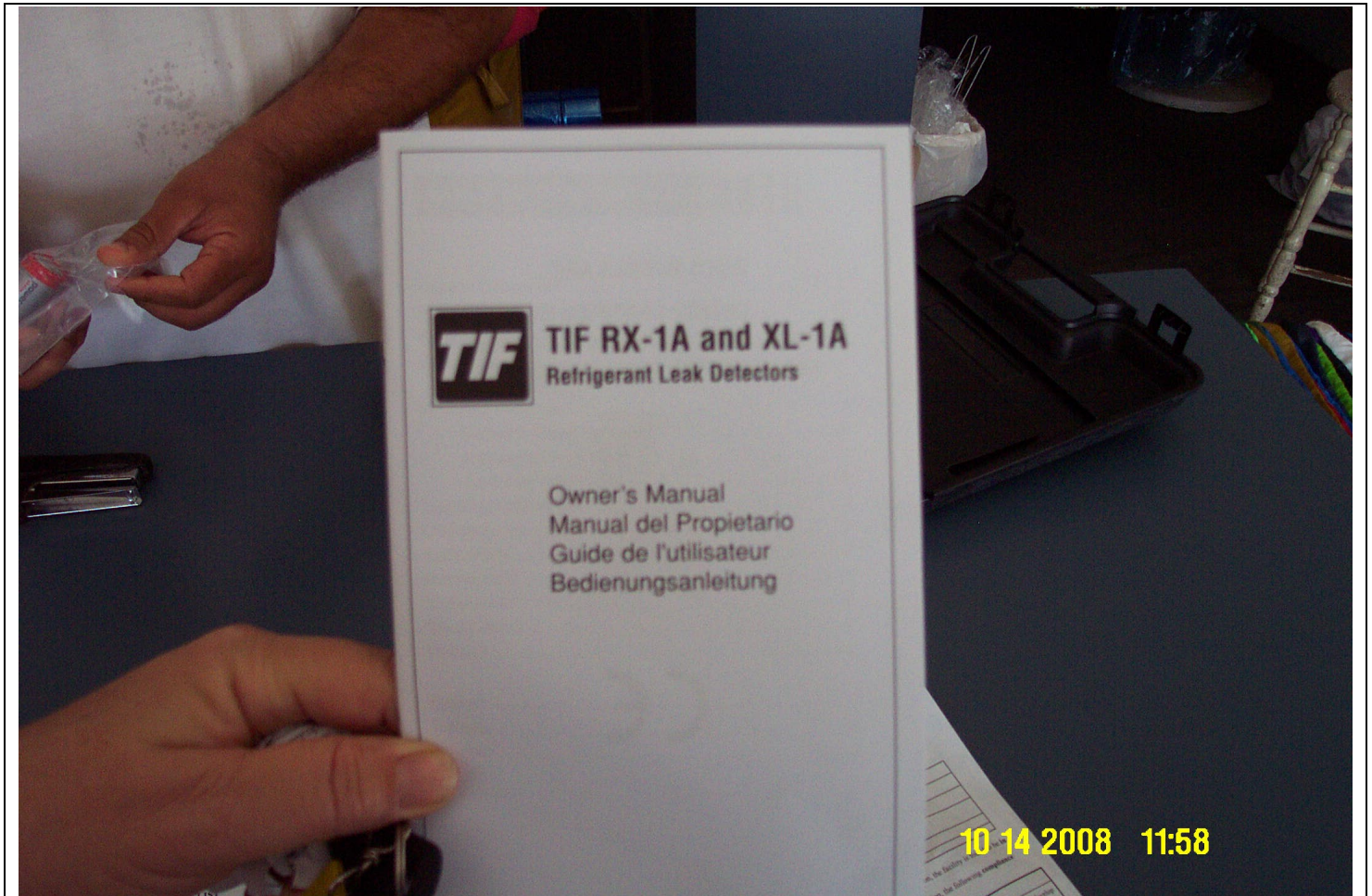
Manufacturer	Fulton	Hp	25
Model #	Serial #	Mfg yr	

Fuel Type: Natural gas? ☐ Propane? ☒ Fuel oil? ☐

Comments:

Bristol Cleaners Express, Inc. Bristol Cleaners & Laundry

120 107th Avenue, Treasure Island



Project Id: 66955 **Permit No:** 1030316-004-AG **Arms Number:** 0316
Inspector: Shea Jackson **Inspection Date:** 10/14/08
Source (EU): New, Small Perchloroethylene Dry Cleaner: One 2004 Dry-to-dry Machine
Multimatic SL40, serial number QR104240661 equipped with Refrigerated
Condenser.
Description: -The owners manual for the TIFRX Leak Detector.

Bristol Cleaners Express, Inc. Bristol Cleaners & Laundry

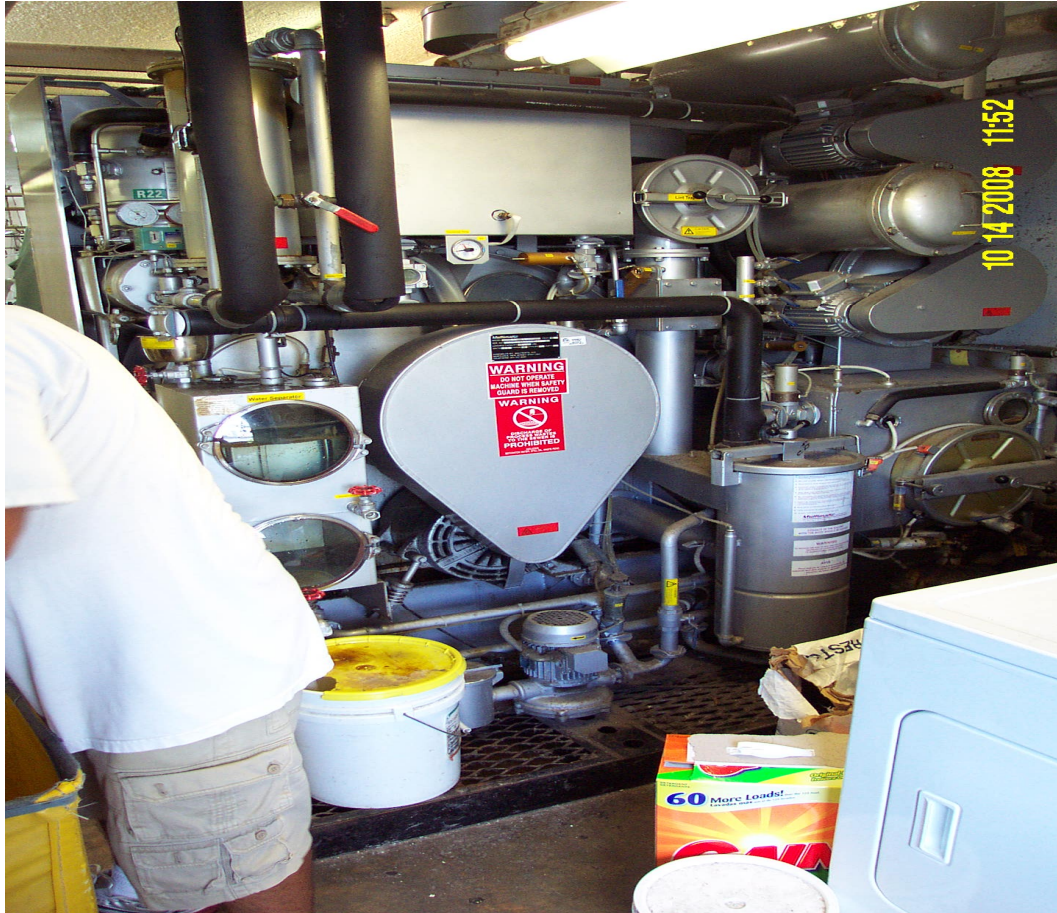
120 107th Avenue, Treasure Island



Project Id: 66955 **Permit No:** 1030316-004-AG **Arms Number:** 0316
Inspector: Shea Jackson **Inspection Date:** 10/14/08
Source (EU): New, Small Perchloroethylene Dry Cleaner: One 2004 Dry-to-dry Machine
Multimatic SL40, serial number QR104240661 equipped with Refrigerated
Condenser.
Description: -The TIFRX Leak Detector for leak checks for the Dry to dry machine..

Bristol Cleaners Express, Inc. Bristol Cleaners & Laundry

120 107th Avenue, Treasure Island



Project Id: 66955 **Permit No:** 1030316-004-AG **Arms Number:** 0316

Inspector: Shea Jackson **Inspection Date:** 10/14/08

Source (EU): New, Small Perchloroethylene Dry Cleaner: One 2004 Dry-to-dry Machine Multimatic SL40, serial number QR104240661 equipped with Refrigerated Condenser.

Description: -The view of the rear of the dry to dry, no odors was detected. Containers closed and in secondary containment.