



# PERCHLOROETHYLENE DRY CLEANERS



## COMPLIANCE INSPECTION CHECKLIST

**INSPECTION TYPE:** ANNUAL (INS1, INS2)  COMPLAINT/DISCOVERY (CI)   
 RE-INSPECTION (FUI)  ARMS COMPLAINT NO: \_\_\_\_\_

<b>AIRS ID#:</b> 103 0417	<b>Date:</b> 10/30/2008 <b>Time In:</b> 3:40PM <b>Time Out:</b> 4:10PM
<b>Facility Name:</b>	Sam E. Rosie, Inc.
<b>Facility Location:</b>	35230 U.S. Highway 19 North Palm Harbor, FL, 34684
<b>Responsible Official:</b>	Rosie Dianna <b>Phone No:</b> 727-891-1768
<b>Emis. Unit Description:</b>	New, small Perchloroethylene Dry Cleaner: One Dry-to-dry machine (11/00) with a refrigerated condenser. An exempt 10 HP natural gas fired boiler is on-site.
<b>Permit Number:</b>	1030417-003-AG <b>Exp. Date:</b> 1/4/12
<b>Facility Contact:</b>	Rosie Dianna <b>Phone:</b> 727-891-1768
<b>Compliance Status:</b>	<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	<input type="checkbox"/>
2. New facility notified DARM 30 days prior to startup	<input checked="" type="checkbox"/>
3. Facility failed to notify DARM to use general permit	<input type="checkbox"/>

**PART II: CLASSIFICATION**

**Facility indicated on notification form that it is:**  
 No Notification Form  Drop-Off Store  Out of business  Petroleum Solvent Only

**A.**

<u>1. Existing small area source</u> Dry-to-dry only, x <140 gal/yr	<u>2. New small area source</u> Dry-to-dry only, x <140 gal/yr
Transfer only, x <200 gal/yr <input type="checkbox"/>	Transfer only, x <200 gal/yr <input checked="" type="checkbox"/>
Both types, x <140 gal/yr (Constructed before 12/9/91)	Both types, x <140 gal/yr (Constructed on or after 12/9/91)
<u>3. Existing large area source</u> Dry-to-dry only, 140> x <2,100 gal/yr	<u>4. New large area source</u> Dry-to-dry only, 140> x <2,100 gal/yr
Transfer only, 200> x <1,800 gal/yr <input type="checkbox"/>	Transfer only, 200> x <1,800 gal/yr <input type="checkbox"/>
Both types, 140> x <1,800 gal/yr (Constructed before 12/9/91)	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:** 40.60 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?   | <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 checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input 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?<br>Is the temperature differential equal to or greater than 10° F?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| 3. Measured and recorded the perc concentration in the 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?<br>Is the perc concentration equal to or less than 10 ppm?         | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA<br><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| 4. Assured that the sampling location for carbon adsorber exhaust for measuring perc. concentrations is at least 20 feet downstream of any bend, contraction, or expansion; is at least 20 feet from 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;  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA |
| 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 |
| 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?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA |
| Problem corrected?   | <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**

<b>1. Does the responsible official conduct a weekly leak detection and repair inspection?</b>	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
<b>2. Which method of detection does the responsible official use?</b>	<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 <u>Halogen Detector</u> instrumentation TIF XP 1A	<input checked="" type="checkbox"/> Y	
<b>If using direct-reading instrumentation, is the equipment:</b>	<input 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
<b>3. Has the facility maintained a leak log?</b>	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
<b>4. The following area should be checked for leaks by the inspector:</b>	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Hose connections, fitting couplings, and valves	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Door gaskets and seating	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Filter gaskets and seating	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Pumps	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Solvent tanks and containers	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Water separators	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Muck cookers	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Stills	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Exhaust dampers	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Diverter valves	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Cartridge Filter housing	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N

Shea Jackson	10/30/2008
Inspector=s Name (Please Print)	Date of Inspection
	Within one year of this inspection
Inspector=s Signature	Date of Next Inspection

### ADDITIONAL SITE INFORMATION

**Facility Name:** Sam E. Rosie, Inc.

**ARMS #:** 103 0417

- *During the inspection of the facility, I met Ms. Rosie Dianna, the responsible official and owner of the dry-to-dry operations, for the facility inspection.*
- *I observed the 2007 – 2008 calendar records for the perchloroethylene totals and leak detection observations. The highest Perc total in the previous 12 month period was 40.60 gallons in April 2008. The purchase records and waste manifest were with the calendars, the most recent purchase was 8/6/2008 for 19.3 gallons, and the current 12 month Perc total was 21.30 gallons. The facility was had obtained the 2008 calendar, from the download off the SBEAP site. The hazardous waste manifest showed it was picked up by Safety Kleen on 2/4/2008.*
- *The temperatures recorded ranged between of 40 °F – 43°F. The monitoring and recording of the leak checks were up to date and being made on weekly bases as required.*
- *I observed the Aero Tech dry-to-dry machine and associated equipment; which was not in operation at this time.*
- *The machine is very clean like new as is not used often. The perchloroethylene hazardous waste containers were closed and located in secondary containment. There were no perchloroethylene odors detected during the inspection of the facility. (See photos)*
- *I inquired if they had purchased a halogen detector. Ms. Rosie showed her TIF XP 1A model in case with instruction manual. (See Photo).*
- *Ms. Diana stated she would sign and mailed in the annual certification form. The annual certification was received on 11/ 4 /2008. (See File)*
- *This facility appears to be in compliance at this time.*

**ADDITIONAL SITE INFORMATION**

<b>Facility Name:</b>	Sam E. Rosie, Inc.
<b>ARMS #:</b>	103 0417

<b>Machine #1:</b>					
Manufacturer	Aero Tech	Capacity	40	lbs	
Model#	C402695	Serial#	B02PSS- CMTLA2000	Mfg yr	2000

<b>Machine #2:</b> NA					
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  $\nabla$ 2EF, or 7.2EC w/accuracy of  $\nabla$ 1.1EC)

**Hazardous Waste:**

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

**Boiler:**

Manufacturer	Hurst	Hp	15
Model #	JOR 15A-100	Serial #	079724903
		Mfg yr	1978

Fuel Type: Natural gas?  Propane?  Fuel oil?

**Comments:** *The 1997 Hurst boiler is located outside to the back and west side of the building.*

**Sam E. Rosie, Inc. Royal Cleaners**  
35230 U.S. Highway 19 North, Palm Harbor



**Project Id:** 66964      **Permit No:** 1030417-003-AG      **Arms Number:** 0417

**Inspector:** Shea Jackson      **Inspection Date:** 10/30/08

**Source (EU):** New, Small Perchloroethylene Dry Cleaner: One Dry-to-dry machine (11/00) with a refrigerated condenser. An exempt 10 HP natural gas fired boiler is on-site.

**Description:** - This is the back area of the machine, no odors were detected the hazardous waste drum was in the secondary containment.

**Sam E. Rosie, Inc. Royal Cleaners**  
35230 U.S. Highway 19 North, Palm Harbor



**Project Id:** 66964      **Permit No:** 1030417-003-AG      **Arms Number:** 0417  
**Inspector:** Shea Jackson      **Inspection Date:** 10/30/08  
**Source (EU):** New, Small Perchloroethylene Dry Cleaner: One Dry-to-dry machine (11/00) with a refrigerated condenser. An exempt 10 HP natural gas fired boiler is on-site.  
**Description:** - This was the facilities Halogen Detector and instruction manual with case.