



PERCHLOROETHYLENE DRY CLEANERS



COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: 103	Date: 12/12/06 Time In: 10 :35 AM Time Out: 11:11 AM
Facility Name:	Vogue Cleaners (Pinellas Textiles, Inc.)
Facility Location:	3100 3rd Ave. S St. Petersburg, FL, 33712
Responsible Official:	Walter O. Szeezil Phone No:
Emis. Unit Description:	Existing, Large Dry Cleaner consisting of 2 dry-dry cleaner machines
Permit Number:	1030423-002-AG Exp. Date:
Facility Contact:	Walter O. Szeezil Phone:
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 | <input checked="" type="checkbox"/> |
| 2. New facility notified DARM 30 days prior to startup | <input 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.

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 _____ 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: 145 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 checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input 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 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 location 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 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;
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		N
2.	Which method of detection does the responsible official use?	<input type="checkbox"/> Y		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:	<input type="checkbox"/> Y		<input type="checkbox"/> N
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm	<input 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 type="checkbox"/> N
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	<input type="checkbox"/> Y		<input type="checkbox"/> N
	d. Kept in a clean and secure area when not in use.	<input type="checkbox"/> Y		<input type="checkbox"/> N
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	<input type="checkbox"/> Y		<input type="checkbox"/> N
3.	Has the facility maintained a leak log?	<input type="checkbox"/> Y		<input type="checkbox"/> N
4.	The following area should be checked for leaks by the inspector:	<input 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	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	

Jeffrey Morris	
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: Vogue Cleaners (Pinellas Textiles, Inc.)
ARMS #: 103

[illegible]

ADDITIONAL SITE INFORMATION

Facility Name:	Vogue Cleaners (Pinellas Textiles, Inc.)
ARMS #:	103

Machine #1:					
Manufacturer		Capacity		lbs	
Model#		Serial#		Mfg yr	
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?				<input type="checkbox"/> Y	<input type="checkbox"/> N
2. Did the facility insist on filling out its own notification, and will send it to FDEP?				<input type="checkbox"/> Y	<input type="checkbox"/> N
Record keeping :					
1. Does facility have statement/specs as to the design accuracy of the temperature sensor? (Temperature of 45EF w/accuracy √2EF, or 7.2EC w/accuracy of √1.1EC)				<input type="checkbox"/> Y	<input type="checkbox"/> N
Hazardous Waste:					
1. Is all perc. contaminated wastewater either treated or disposed of properly?				<input type="checkbox"/> Y	<input type="checkbox"/> N
2. If wastewater is evaporated, is it an approved system, and using carbon filtration?				<input type="checkbox"/> Y	<input type="checkbox"/> N
3. Does the facility have secondary containment for the dry-dry machine?				<input type="checkbox"/> Y	<input type="checkbox"/> N
4. Does the facility have secondary containment for any perc. waste containers?				<input type="checkbox"/> Y	<input type="checkbox"/> N
Boiler:					
Manufacturer				Hp	
Model #		Serial #		Mfg yr	
Fuel Type: Natural gas? <input type="checkbox"/> Propane? <input type="checkbox"/> Fuel oil? <input type="checkbox"/>					
Comments:					

ENFORCEMENT SUMMARY

Facility Name:	Vogue Cleaners (Pinellas Textiles, Inc.)
ARMS #:	103

Viol#	Violation Description	Frequency	From	To
per00	Failure to notify and obtain a permit			
per01	No purchase records	Monthly		
per02	No perc. purchase rolling totals	Monthly		
per03	No leak log	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly		
per04	No temp. log	Weekly		
per05	No SSM plan			
per06	Temp. sensor accuracy verification			
per07	No leak checks	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly		
per08	No temp. checks	Weekly		
per09	Perceptible leaks			
per10	No carbon absorber			
per11	No carbon absorber test	Weekly		
per12	No leak tight containers			
per13	No separator pre-filter			
per14	Leaks not repaired within 24hrs.			
per15	Repair refrig. cond./carbon abs. within 2 days			

Viol#	Comments

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

FACILITY NAME:	Vogue Cleaners (Pinellas Textiles, Inc.)	DATE:
FACILITY LOCATION:	3100 3rd Ave. S St. Petersburg, FL, 33712	

Annual Reporting Period: _____ 20 _____ To _____ 20 _____

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.

☐ YES ☐ NO

IF NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous 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 continuous 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 belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL:	_____	_____	_____
	(Name, Please 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.