

### Department of Environmental Protection

057/032

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

Virginia B. Wetherell Secretary

August 28, 1996

Mr. Mark Cotney Cotney's "All-Peo" Cleansers 15305 Amberly Drive Tampa, Florida 33647

Dear Mr. Cotney:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 12, 1996.

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

cc: Ms. Liz Deken, Hillsborough County

### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
COTNEY'S "ALL-PRO" CLEANERS INC.
2. Site Name (For example, plant name or number):
COTNEY'S "AU-PRO" CLEANERS
3. Hazardous Waste Generator Identification Number:
FLA CESQG
Street Address: 15305 ANBERCY OR.
City: TAMPA, FI County: HILLS FOROUGH Zip Code: 33647
5. Facility Identification Number (DEP Use):
0571032
Responsible Official
6. Name and Title of Responsible Official:
MARK COTNEY
7. Responsible Official Mailing Address:
Organization/Firm: Street Address: 4809 CITEVAL BCVD.
City: County: HICLS BOROUGH Zip Code: 33549
8. Responsible Official Telephone Number:
Telephone: (813)949-8583 Fax: ( ) -
Home
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
SAME
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: $(613)979 - 1198$ Fax: ( )
Work
DECEIVED

'AUG 1 2 1996

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

Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

# 

p.13	
6.	add title (owner)
7	add org/firm name
	· · · · · · · · · · · · · · · · · · ·
p. 14	
3.	new large area source should be checked
. ,	should be checked
p.15	
4	new large r.c. Should be checked
	Should be checked
	(f) Should be marked
-	

#### **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.

MET Po 45 Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1		12-NOV-93	#2	08-DEC-91	mstaned	#3	02-MAR-92	1
Dry-to-Dry Unit	##	1 23- MAR	-94 2	3 ~ M	AR-94		· ·	4 5 6	The second secon
(1) w/ ref. condenser					1	1		1	
(2) w/ carbon adsorber									
(3) w/ no controls				<u> </u>					
Washer Unit	1. %		No. of the second	ı					
(4) w/ ref. condenser		1			]	1			
(5) w/ carbon adsorber									
(6) w/ no controls				_					
Dryer Unit						Y. J. Salan I.	1217.1		
(7) w/ ref. condenser				r e				1	
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit			Mingre H.	.00	l januar 10				
(10) w/ ref. condenser			<u> </u>		I	<u> </u>		1	
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control of the control devices  (b) If less than 12 mont Check why it is less	are ro	equired to be ity of perchlons ow many? [_	installed [	perc)	purchased in				[]
3. What is the facility's so (Indicate with an "X".  Existing small ar  Existing large are	Selec ea so	t one classifi	cation only.)		nitions found	·		Part II?	

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
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
(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

DEP Form No. 62-213.900(2)

Effective: 6-25-96

#### Surrender of Existing Air Permit(s)

Please indicate	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)						
	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
this notifi statement maintain	ersigned, 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 s 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 ith all terms and conditions of this general permit as set forth in Part II of this notification form.						
I will prod	mptly notify the Department of any changes to the information contained in this notification.  S-6-96  Date						

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

#### PERCHLOROETHYLENE DRY CLEANERS

. Palaka

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	IUAL NSPECTION		COMPLAINT/DISCO	OVERY 🗆
AIRS ID#: 0571032 DATE:				
FACILITY NAME:Cotaey 'c	All-Pro	Classes		
FACILITY LOCATION:	or Anse	ly Drive	· <u>-</u>	
		-		
PART I: NOTIFICATION				
(check appropriate box)				<del></del>
1. Existing facility notified DARM by 9	/1/96			9
2. New facility notified DARM 30 days	prior to startup			$\Box$
3. Facility failed to notify DARM to use	general permit			
PART II: CLASSIFICATION				
Facility indicated on notification form (check appropriate box)	that it is:			
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)	dry trar botl	New small and to-dry only, selection only, x< notice that the selection of	x<140 gal/yr 200 gal/yr	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>dry tran botl</td><td>sfer only, 20 1 types, 140&lt;</td><td>rea source 140<x<2, 100="" gal="" yr<br="">0<x<1,800 gal="" yr<br="">x&lt;1,800 gal/yr or after 12/9/91)</x<1,800></x<2,></td><td></td></x<2,>	dry tran botl	sfer only, 20 1 types, 140<	rea source 140 <x<2, 100="" gal="" yr<br="">0<x<1,800 gal="" yr<br="">x&lt;1,800 gal/yr or after 12/9/91)</x<1,800></x<2,>	
This is a correct facility classification	ΩY	<b>⊡</b> ₩		
If no, please check the appropriate class	ification:			
facility qualified for a facility exceeds above	-			
<ul> <li>B. The total quantity of perchloroethyle</li> <li>facility was <u>46</u> gallons.</li> </ul>	ne (perc) purcha	sed within th	e preceding 12 month	s by this dry cleaning

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

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?	œÝ	□N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ON (N/A)
	Is the temperature differential equal to or greater than 20° F?	ΠY	□N
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?	<b>-</b> Y	ON PANIA
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПИ
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?	ΠY	DN(NA)
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ON ONIA

Transfer of

#### 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 DY DN and parts installed w/in 5 days of receipt? DY ON PM/A 4. Maintained calibration data? (for direct reading instruments only) DY DN MA 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? DY DN 10 Devictions 7. Maintained deviation reports? DY DN N OY ON Problem corrected? DY DN BYNA 8. Maintained compliance plan, if applicable?

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

2.	2. Which method of detection is used by the responsible official?						
	Visual examination (condensed s	9					
	Physical detection (airflow felt the		1				
	Odor (noticeable perc odor)	9					
	Use of direct-reading instrument	ation (FII	D/PID/cal	orimetric tubes)			
	If using direct-reading instrum	entation	, is the eq	quipment:			
	a. Capable of detecting	perc vap	or concen	trations in a range of 0-500 ppm?	□Y [	⊐и	
	b. Calibrated against a (PID/FID only)?	standard	gas prior	to and after each use	□Y (	⊐N	
	c. Inspected for leaks a	nd obviou	ıs signs o	f wear on a weekly basis?	□Y (	אכ	
	d. Kept in a clean and s	secure are	ea when n	oot in use?	ΩY (	ИΓ	
	e. Verified for accuracy	by use o	f duplicat	e samples (calorimetric only)?		ח⊏	
3.	Has the facility maintained a leak log?					אכ	
4.	Does the responsible official check the	followin	g areas fo	or leaks?			
	Hose connections, fittings,						
	couplings, and valves	ΘÝ	ПΝ	Muck cookers (14)	ŪΥ	ΠИ	
	Door gaskets and scating	QÝ	ПИ	Stills	œÝ	□N	
	Filter gaskets and seating	ØΥ	ПN	Exhaust dampers NA	<b>M</b>	□N	
	Pumps	QÝ	□и	Diverter valves		□и	
	Solvent tanks and containers	ΘÝ	ПИ	Cartridge filter housings	<u>a</u> ý	□и	
	Water separators	ФÝ	ПΝ				
	Mark Cotno.						
	Name of Responsible Offici	al					
James O. Holton				5/20/87			
	Inspector's Name (Please Pri		Date of Inspec	ction			
	Jan 1 Holt		/year				
	Inspector's Signature	Approximate Date of N	Vext In	spection			

#### ADDITIONAL SITE INFORMATION: Cotney's All Pro Cleaners

- The information on the machine is as follows: Metro Model P-45-M, S/N 45.L3.413. Capacity is 45#, and unit purchase date was 3/23/94.
- Perc supplier is Phenix Supply; Waste company used for waste pick-ups is MCF.
- Facility keeps good records, and the facility is kept clean.
- The refrigerated condenser temperature logs indicated a couple of out-of-compliance temperatures (>45°F) several months ago. No records were kept for actions to reduce the temperature, although the R. O. indicated that lint filter cleaning was done, which corrected the problem. Since the weekly temperatures have been acceptable for several months, no non-compliance item was written. Discussion with the R. O. however included the necessity to document actions taken to reduce this temperature, even if it is something as simple as a lint filter cleaning.
- Current 12-month perc log indicates R. O. could submit for a classification change from "large" to "small", if he chooses to do so.

ø

ACC

Revised 10/10/96

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

FACILITY NAME: Cotnay's	All-Pro Cleanes		DATE:	5/20/97
FACILITY LOCATION:	4809 chext	1525 Anholy	2	
FACILITY NAME: Cotney 's  FACILITY LOCATION: 45375	15, F1 7364	7		
Annual Reporting Period:	11	19 <u>96</u> то	5/20	19 <i>_\$7_</i>
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.		-	- <b>-</b>	P Rule NO
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in cont	inuous compliance du	ring the reporting perio	d 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 conf	-		
Exact period of non-compliance: from				
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:		<u> </u>		
As the responsible official, I hereby certify, I made in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	and complete. Further, n	ny annual consumption illons per year for dry	n of perchloroethylene s	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.

JUN 1 9 1997

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

- Transmission

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION			
TIME IN: 0 900 TIME OUT: /	015 AIRS ID#: 0571032			
TYPE OF FACILITY: PERC Day Cleaner				
FACILITY NAME: Cotage 's All-Co D.	Clearers DATE: 5/20/87			
FACILITY LOCATION: 15305 Amberly Dri	re			
Tays, F/ 3364				
RESPONSIBLE OFFICIAL: Mark Cotney	DATE: 5/20/87  DATE: 5/20/87  PHONE NUMBER: (8/3) 979 - 1/98			
Based on the results of the compliance requirements of compliance with DEP Rule 62-213.300, Florida Adm	evaluated during this inspection, the facility is found to be in inistrative Code (F.A.C.).			
Based on the results of the compliance requirements ediscrepancies were noted:	evaluated during this inspection, the following compliance			
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED			
COLO (EXITO)				
COMMENTS: Clean facility; consumption	is less then 140 gallons for			
lest 12 m	on King			
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES  NO				
DATE OF NEXT INSPECTION: / 4.	(Approximate)			
INSPECTION CONDUCTED BY:	(Please Print)			
INSPECTOR'S SIGNATURE: Jan O Holb PHONE NUMBER: (8/3) 272-5530				

### TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	<del></del>	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 10 - 00	TIME OUT: 10-4	AIRS ID#: 5 NER LEANERS DR,	71032
TYPE OF FACILITY: PC	FRC DRY CLEA.	NER	
FACILITY NAME: COTN'E	=y'S "ALL-PRO" C	LEANERS	DATE: 3/17/98
FACILITY LOCATION: 15	305 AMBERLY	DE	
TACILITY EOCATION.	MPA FL 2364	1.7	<del>.</del>
PECHONICIPI E OPPROVAT	ARY COTNEY	PHONE NUMBER:	18121979-1198
RESPONSIBLE OFFICIAL:	7122 00 17 0	PHONE NUMBER:	(317) 111 119
	he compliance requirements evaluate 62-213.300, Florida Administ	nated during this inspection, the far trative Code (F.A.C.).	cility is found to be in
Based on the results of t discrepancies were noted		nated during this inspection, the for	ilowing compliance
COMPLIANCE REQU	IREMENT/PROBLEM	FOLLOW-UP ACTI	ON REQUIRED
		100	R
		ure.	
		& Mobile	PR 1
		e Sources	3 1998
COMMENTS:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	•		
The Annual Compliance Certifica	tion form has been properly certi	fied and submitted to the inspector	YES NO NO
DATE OF NEXT INSPECTION	1	YEAR	
Dille of Meal Morecilon		proximate)	
INSPECTION CONDUCTED B	120	OGER ZHU	
MIGHECTION COMPUCTED D	· ·	ease Print)	
INSPECTOR'S SIGNATURE:_	Kenji M		(813) 272-5530
	Page	of	Revised 10/96

						V		
1		LEANER AIR ( NUAL COMPLIA	- •			Bureau of A	FEB 2	X F C I
		COTNEY'S ALL PRO MARK COTNEY 4809 CHEVAL BLVD LUTZ FL 33549	AIRS ID 05 CLEANERS INC	71032		Bureau of Air Monitoring & Mobile Sources	2 6 1958	FIVED
		Do <u>N</u>	OT Remove Lab	el				
Annual Reporting Period:	1	1	_19 <u>97</u> To	ο	1 1		19	98
Based on each term or conditi 62-213.300, Florida Administ					<b>~</b> ~	n DEP Rul		
If NO, complete the following	:							
#1. Term or condition of the g	general perm	it that has not been in	continuous com	pliance during	the reporting p	period state	ed abov	e:
Exact period of non-complian	ce: from			to				
Action(s) taken to achieve con	npliance:							
Method used to demonstrate c	ompliance:							
#2. Term or condition of the g	general perm	it that has not been in o	continuous com	pliance during	the reporting p	eriod state	ed above	e:
Exact period of non-compliance	ce: from			to	· · · · · · · · · · · · · · · · · · ·		_	
Action(s) taken to achieve con	npliance:		•					
Method used to demonstrate co	ompliance:	·						
As the responsible official, I hero notification are true, accurate a does not exceed 2,100 gallons pe	nd complete.	Further, my annual con	sumption of perc	hloroethylene s	olvent, based up	on purchas		
RESPONSIBLE OFFICIAL	<u>Qro</u>	Cotney ame (Please Print)	_ Ca	N Constitution	те	<u> </u>	$ 2\delta $	98

<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.

# PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT

	COMPLIANCE IN	SECTION C.	TECKTI21 &	
TYPE OF INSPECTION:	ANNUAL	94	COMPLAINT/DIS	OVERY
	RE-INSPECTION		ź	No. 19
				Sol Sa
1TDS TO4. 57/032	DATE 3/17/98	TIME	. 10=00 TD	7 67 10:45
AIRS IU#:	DAIE: -/	THREE	N: 1- 1111	11: 00 to
FACILITY NAME:	NEY 3 ALL	L-PKU	CLERVEIL.	2, 1×C
FACILITY LOCATION:	15305 AMI	BERLY	DR.	
AIRS ID#: 57/03Z  FACILITY NAME: COT  FACILITY LOCATION:  RESPONSIBLE OFFICIAL:  CONTACT NAME:	ThupA, F	L 336	47	
DESPONSIBLE OFFICIAL	MARK COT	TNEY	PEOME. (813)	979-1198
RESPUNSIBLE OFFICIAL.	<u> </u>	<del>'</del> /	PHONE:	11
CONTACT NAME:			PHONE:	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	30 days prior to startuj	p	A : / Á	
2. Facility failed to notify DAR	M to use general permi	it	N/Á	<b>.</b>
-			•	
PART II: CLASSIFICATION	₹			
Facility indicated on notification			☐ No notification for	rm
(check appropriate box)			☐ Drop store/out of }	
A. 1. Existing small area source	rce 🗆 2.	. New small ar	rea cource	n .
dry-to-dry only, x < 140 gal/y		ry-to-dry only,		u
transfer only, $x < 200$ gal/yr	tra	ansfer only, x <	< 200 gal/yr	
both types, $x < 140$ gal/yr		oth types, $x < 1$		
(constructed before 12/9/91)	(c	onstructed on o	or after 12/9/91)	
3. Existing large area source	ce 🗆 4.	. New large ar	ea source	<b>X</b>
dry-to-dry only, $140 \le x \le 2$ ,			140 ≤ x ≤ 2,100 gal/yr	/
transfer only, $200 \le x \le 1,800$			$0 \le x \le 1,800 \text{ gal/yr}$	
	0 gal/yr tra	anster only, 200	$0 \le X \le 1,000 \text{ garyr}$	
both types, $140 \le x \le 1,800$ g	gal/yr bo	oth types, 140 ≤	x ≤ 1,800 gal/ут	
both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$ )	gal/yr bo	oth types, 140 ≤		
	gal/yr bo (c	oth types, 140 ≤	x ≤ 1,800 gal/ут	
(constructed before 12/9/91)  5. This is a correct facility cla	gal/yr bo (c assification	oth types, 140 < constructed on o	$5 \times 1,800 \text{ gal/yr}$ or after 12/9/91)	 
(constructed before 12/9/91)  5. This is a correct facility cla  If no, please check the a  facility	gal/yr bo (c assification appropriate classification y qualified for a genera	oth types, 140 < constructed on of the last constructed on of the last constructed on on the last constructed on the last cons	x ≤ 1,800 gal/yr or after 12/9/91)  □Can not determine  nber above	
(constructed before 12/9/91)  5. This is a correct facility cla  If no, please check the a  facility	gal/yr bo (c assification gain appropriate classification	oth types, 140 < constructed on of the last constructed on of the last constructed on on the last constructed on the last cons	x ≤ 1,800 gal/yr or after 12/9/91)  □Can not determine  nber above	
(constructed before 12/9/91)  5. This is a correct facility cla  If no, please check the a  facility facility	gal/yr bo (c assification Si appropriate classification y qualified for a general ty exceeds above limits	oth types, 140 <pre>constructed on o  Y On: al permit as nur and is not eligitation.</pre>	$x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )  Can not determine  The property above ble for a general permiter.	S
(constructed before 12/9/91)  5. This is a correct facility cla  If no, please check the a  facility	gal/yr bo (c assification Si appropriate classification y qualified for a general ty exceeds above limits	oth types, 140 <pre>constructed on o  Y On: al permit as nur and is not eligitation.</pre>	$x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )  Can not determine  The property above ble for a general permiter.	S

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?	MY ON ON/A					
2. Examining the containers for leakage?	AND NO YA					
3. Closing and securing machine doors except during loading/unloading?	AL ON					
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	Mary □n □n/a					
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	AND NO YOU					
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).						
1	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 refrige (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?	XY DN					
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ØY □N □N/A					
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	A'NO NO YÉ					
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	KATA ON .					
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	AY ON ON/A					
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	Жу □и					

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?	XY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПЙ	□N/A
	Is the temperature differential equal to or greater than 20° F?	PΥ	ĺИ	□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?	$\Box$ Y	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	□И	□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?	ΠY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□и	□N/A
6.	Routed airflow to the carbon adsorber (1f used) at all times?	ΩŸ	ΠИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	M□ AFE					
2. Maintained rolling monthly averages of perc consumption?	MY UN					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON AN/A					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON MOYA					
4. Maintained calibration data? (for applicable direct reading instruments)	AVADO NO YO					
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON <b>M</b> N/A					
6. Maintained startup/shutdown/malfunction plan?						
7. Maintained deviation reports?						
Problem corrected?	DY DN ZN/A					
8. Maintained compliance plan, if applicable?	OY ON MONA					

PART VI: LEAK DETECTION AND	REPAIRS		<del></del>
1. Does the responsible official conduct a	weekly (for small sources.	bi-weekly) leak detection a	nd repair
inspection?			ØY □N
2. Has the facility maintained a leak log?			ÒdYY □N
3. Does the responsible official check the	following areas for leaks?		
Hose connections, fittings, couplings, and valves	STY ON ON/A	Muck cookers	XY ON ON/A
Door gaskets and seating	AND ND YA	Stills	XY ON ON/A
Filter gaskets and seating	AVO NO YA	Exhaust dampers	Y ON DN/A
Pumps	MY ON ON/A	Diverter valves	AND NO YA
Solvent tanks and containers	AND ND Y	Cartridge filter housings	dyy □n □n/a
Water separators	XY ON ON/A		
4. Which method of detection is used by the	ne responsible official?		
Visual examination (condensed so		\$C	
Physical detection (airflow felt thr	<b>A</b> Z <b>A</b> Z		
Odor (noticeable perc odor)	\$C		
Use of direct-reading instrumental	tubes)	<b>≅</b> ( .	
Halogen leak detector			
If using direct-reading instru	ent:	MN/A	
a. Capable of detecting p	erc vapor concentrations in	a range of 0-500 ppm?	מם צם
b. Calibrated against a st (PID/FID only)?	er each use	OY ON	
c. Inspected for leaks and	DY DN		
d. Kept in a clean and se		OY ON	
e. Verified for accuracy t	OY ON		
ROGER ZH	W	3/17/	78

Inspector's Name (Please Print)

Date of Inspection

| VEAR

Inspector's Signature

Approximate Date of Next Inspection

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY							
FACILITY: Cotney's "All-Pro" Cleaners, Inc.					1 OF 1		
FACILITY ADDRESS: 15305 Amberly Dr.					mpa		
					PHONE: (813) 979-1198		
MAILING ADDRESS: S			CITY: Tampa	FLA			
INSPECTION DATE:	TIME IN:	TIME OUT:		I	STATUS:		
Mar 17, 1998 NEDS NUMBER: 571	10:00	10:45	non-C	ספ	In Compliance		
		Classes					
SOURCE DESCRIPTION							
CONTACT(S): Mark	Cotney				•		
Today's visit was to co	nduct the ann	ual inspection	n.	)			
The dry cleaning mach			_				
The machine was in or	•						
Mr. Cotney's record ke		_	-				
receipts and the rolling to		_					
Mr: Cotney indicated the large area source" despite		-					
perc in which the classif		-					
of classification change		_	140W Siliali ai	ca source	ii ne suomits a request		
or classification change		ananasso.					
				•			
		•					
	•						
			•				
,							
				=			
INSPECTED BY:	Roger Zhu			DA'	TE: Mar 17, 1998		

#### TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAINT/D	ISCOVERY	RE-INSPECTION
TIME IN: 1:30 P	M TIME OUT:	3:30 PM	1 AIRS ID#: 5	11032
TYPE OF FACILITY: Pe	rc Do4 Clea			
		Pro" Clea	NECS	DATE: 5/4/99
FACILITY LOCATION: /5	' 4	•		<u> </u>
	<del></del>	647		
RESPONSIBLE OFFICIAL: 6			_PHONE NUMBER: (	813) 979-1198
[CZ]		-		
	the compliance requirement that the compliance requirement thas the compliance requirement that the compliance requirement tha			ity is found to be in
Based on the results of discrepancies were not	the compliance requirement	ents evaluated during	this inspection, the follo	owing compliance
COMPLIANCE REQ	UIREMENT/PROBI	LEM FO	LLOW-UP ACTIO	N REQUIRED
•				· · ·
	· .			
	•		<i>A</i>	1
				<b>∼</b>
	•			, C
		,	80. 40a	
		•	& Mobile Still	1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			OU,	
			·	is the
			•	
COMMENTS:				
		<del></del>		
The Annual Compliance Certifi	ication form has been proj	erly certified and sub	omitted to the inspector.	YES NO NO
DATE OF NEXT INSPECTION	ON.	lyear		
DATE OF NEXT INSIECTION	J11	(Approximate)	)	
INSPECTION CONDUCTED	BY: Wah	annad N	ozar,	
		(Fiesse Frint)	•	
INSPECTOR'S SIGNATURE	: Minggani		_PHONE NUMBER:	813-272-5530
	)	Page \ of \.		Revised 10/96

Adi

AIRS ID#: 057/032

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

FACILITY NAME: Cotney's All Pro Cleaners, INC DATE: 5/4/99
FACILITY LOCATION: 15305 AMBERLY Dr.
Tappa, r-1 33647
Annual Reporting Period: 2/20 19 <b>98</b> TO 2/20 19 <b>99</b>
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.
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
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
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

<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.

### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<b>Q</b>	COMPLAINT/DISC	OVERY	
AIRS ID#: 57/032 D					(30Pm
FACILITY NAME: <u>Cota</u>	vey's " ku-	Pro"C	leaners, In	IC.	
FACILITY LOCATION: _/3	305 AMbe	rly D	· · ·		
ll .	npa, Fl				
RESPONSIBLE OFFICIAL :	Mark Cot N	1ey	_PHONE: (813) (	479 - 11	98_
CONTACT NAME:			_ PHONE:		
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 3	0 days prior to startur	p	NIA		
2. Facility failed to notify DARN	I to use general permi	it	, , , , .		
PART II: CLASSIFICATION					
Facility indicated on notificatio (check appropriate box)  A.	n form that it is:		☐ No notification for ☐ Drop store/out of t		leum
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)	r dı tr bo	ansfer only, x oth types, x <	x < 140 gal/ут < 200 gal/ут		
3. Existing large area sourcedry-to-dry only, $140 \le x \le 2,1$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ grant (constructed before 12/9/91)	00 gal/yr di 0 gal/yr tr al/yr bo	ransfer only, 2 oth types, 140	rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after 12/9/91)	. <b>P</b>	
5. This is a correct facility cla	ssification	N P	□Can not determine	;	
	qualified for a gener	al permit as n	umber above gible for a general perm		
B. The total quantity of perchlor facility was perchlor gallons.	oethylene (perc) purcl	hased within t	he preceding 12 month	s by this dry c	leaning

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY DN DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? DY DN DN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN ENNA condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after OY ON 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 on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	located · <b>A</b> Y □N
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY ON DN/A
Is the temperature differential equal to or greater than 20° F?	OY ON ON/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?	□Y □N □N/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	1,
or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	□Y □N □N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	MA DN
2. Maintained rolling monthly averages of perc consumption?	DEY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or,	, DY DN DEN/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	חעם אם אם אם
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON DON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN MON/A
6. Maintained startup/shutdown/malfunction plan?	ZZY □N
7. Maintained deviation reports?	DY DN ZEN/A
Problem corrected?	DY DN ØN/A
8. Maintained compliance plan, if applicable?	DY DN ØN/A

[								
PART	VI: LEAK DETECTION AND R	EPA	RS					
1. Doe:	s the responsible official conduct a	weekl	y (for	small sources, b	oi-weckly) leak detection as	nd rep	air	
insp	ection?					ΔĮΥ		N
2. Has	the facility maintained a leak log?					ÞΥ		N
3. Does	s the responsible official check the f	follow	ing a	reas for leaks?				
	Hose connections, fittings, couplings, and valves	ØY	ПN	□N/A	Muck cookers	ØY	□и	□N/A
	Door gaskets and seating	ØΥ	ΠN	□N/A	Stills	<b>Ø</b> Y	□и	□N/A
	Filter gaskets and seating	<b>Д</b>	ПN	□N/A	Exhaust dampers	ŻΥ	ПΝ	□N/A
	Pumps	ДQY	ΠN	□N/A	Diverter valves	<b>20</b> Y	ΠN	□N/A
	Solvent tanks and containers	ДΊΥ	ПN	□N/A	Cartridge filter housings	<b>Ø</b> Y	Пи	□N/A
	Water separators	ΦY	ПN	□N/A				
4. Whi	ch method of detection is used by the	ne resp	onsib	ole official?				
	Visual examination (condensed so	lvent	on ex	terior surfaces)		<b>A</b>		
	Physical detection (airflow felt thr	ough	gaske	ets)		邓		
	Odor (noticeable perc odor)					Ø		
	Use of direct-reading instrumenta	tion (I	ID/P	ID/calorimetric	tubes)	Ø		
	Halogen leak detector							
	If using direct-reading instru	umen	ation	, is the equipm	ent:	AN PA	'A	
	a. Capable of detecting p	erc va	apor c	concentrations in	n a range of 0-500 ppm?	ПY	□N	
	b. Calibrated against a st (PID/FID only)?	tandaı	d gas	prior to and aft	er each use	ΟY	ПN	
	c. Inspected for leaks and	d obvi	ous s	igns of wear on	a weekly basis?	ΠY	ПN	
	d. Kept in a clean and se	cure a	area v	when not in use?	<b>.</b>	ΠY	ΠN	
	e Verified for accuracy	by use	of du	plicate samples	(calorimetric only)?	ΠY	ΠN	
			,					
					•			
	h - · ·							

Mohammad Nozari	5/4/99
Inspector's Name (Please Print)	Date of Inspection
M. NQ 3aw Inspector's Signature	Approximate Date of Next Inspection

### PERCHLOROETHYLENE DRY CLEANERS

111125 4	OLIVERAL II	SIGIVITI
COMPLIANCE	INSPECTION	<b>CHECKLIST</b>

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	.cg	COMPLAINT/DISCO	OVERY
AIRS ID#: 57/632 DA FACILITY NAME: Cota				
facility location: <u>153</u>	•	y Dr.		
RESPONSIBLE OFFICIAL :				
PART I: NOTIFICATION				
(check appropriate box)  1. New facility notified DARM 30  2. Facility failed to notify DARM	• •			
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box) A.	form that it is:		☐ No notification for ☐ Drop store/out of b	
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)	dry-t trans both	fer only, x types, x < 1	x 140 gal/ут < 200 gal/уг	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ transfer only, $200 \le x \le 1,800$ g both types, $140 \le x \le 1,800$ gal (constructed before $12/9/91$ )	0 gal/yr dry-t gal/yr trans /yr both	to-dry only, afer only, 20 types, 140	rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )	
5. This is a correct facility class	sification $\square Y$	Пи	Can not determine	
	qualified for a general p	ermit as nu	mber above ible for a general permi	it
B. The total quantity of perchlorographic facility was gallons.	ethylene (perc) purchas	ed within th	e preceding 12 months	by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	□Y □N □N/A
2. Examining the containers for leakage?	□Y □N □N/A
3. Closing and securing machine doors except during loading/unloading?	□Y □N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	□Y □N □N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	□Y □N □N/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 refrig (complete A below).	gerated condenser
. If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber mus installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refrig (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?	□Y □N
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 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?	DA ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	DY DN DN/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אם צם

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	OY ON
2. Maintained rolling monthly averages of perc consumption?	OY ON,
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or:	□Y □N □N/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	□Y □N □N/A
6. Maintained startup/shutdown/malfunction plan?	OY ON -
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	OY ON ON/A
8. Maintained compliance plan, if applicable?	□Y □N □N/A

P	ART VI: LEAK DETECTION AND R	EPAIRS	•	
1.	Does the responsible official conduct a	weekly (for small source	es, bi-weckly) leak detection as	nd repair
	inspection?			DY DN
2.	Has the facility maintained a leak log?			MY ON
3.	Does the responsible official check the	following areas for leaks	5?	
	Hose connections, fittings, couplings, and valves	□Y □N □N/A	Muck cookers	□Y □N □N/A
	Door gaskets and seating	□Y □N □N/A	Stills	□Y □N □N/A
٠.	Filter gaskets and seating	□Y □N □N/A	Exhaust dampers	□Y □N □N/A
	Pumps	OY ON ON/A	Diverter valves	□Y □N □N/A
	Solvent tanks and containers	DY DN DNA	Cartridge filter housings	□Y □N □N/A
	Water separators	DY DN/A		• *
4.	Which method of detection is used by the	ne responsible official?		
	Visual examination (condensed so	olvent on exterior surfac	es)	
	Physical detection (airflow felt thr	ough gaskets)		
	Odor (noticeable perc odor)			
	Use of direct-reading instrumenta	tion (FID/PID/calorimet	tric tubes)	
	Halogen leak detector			
	If using direct-reading instr	umentation, is the equi	pment:	□N/A
	a. Capable of detecting p	perc vapor concentration	s in a range of 0-500 ppm?	DY DN
	Calibrated against a s (PID/FID only)?	tandard gas prior to and	after each use	□Y □N
	c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	OY ON
	d. Kept in a clean and se	cure area when not in u	se?	□Y □N
	e.: Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	OY ON
	<i>!</i>		·	
	Mohammad Nozar	· ^)	4-29-	99
	Inspector's Name (Please Prin		Date of Inspe	
_	M. No ? ari			
	Inspector's Signature		Approximate Date of	Next Inspection

ENVIRO	NMENTAL PROT	INSPECTION RE ECTION COMM		SBORG	OUGH C	COUNTY
FACILITY: Contney's All Pro Cleaners PAGE 1 OF 1					OF 1	
FACILITY ADDRESS: 15305 Amberly Drive CITY: Tampa PHONE: (813)979-1198				-		
MAILING ADDRESS:	same		CITY: Tampa		FLA	ZIP: 33647
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	N TY	PE:	STATUS:
May 4, 1999	1:30 PM	3:30PM	Annu	ıal		In Compliance
NEDS NUMBER: 571032						
SOURCE DESCRIPTION: Perchloroethylene ( Perc ) Dry Cleaner						
CONTACT(S): Mark Co	otney			·		

The purpose of the visit was an annual inspection. We found the following:

- 1. The record keeping of the Perc purchases was very good and organized.
- 2. The gauge temperature reading was recorded weekly and the average was 40°F
- 3. The vicinity around the dry cleaning machine was very clean and well maintained.
- 4. The Perc was loaded directly with a hookup connection. No container of perc was at the site.
- 5. The monthly averages for perc consumption was recorded correctly and the total for past 12 months was 141 gallons and it was verified.
- 6. The machine was in operation today. No leaks or odors were noticed.
- 7. The waste from the dry cleaning machine was properly store in the tied lid containers to be disposed in accordance with solid waste regulations.

INSPECTED BY:	DATE:
Mohammad Nozari	May 4, 1999

### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<u>@</u>	COMPLAINT/DISCOVE	ERY U
AIRS ID#: <u>57/6</u> 3と	DATE: 4/29/9	g time i	n: <u>0930</u> time 0	OUT: _ / 0 <sup>3</sup> 0
FACILITY NAME:	tney's " All.	-Pro"	Cleaners, INC	<u> </u>
FACILITY LOCATION:/	5305 Amher	ly Dr.		
<u></u>	anipa, Fl	3364	7 10	
RESPONSIBLE OFFICIAL :	Mark Cota	7a.4	PHONE (813)	8-1198
CONTACT NAME:	/		PHONE E	7
PART I: NOTIFICATION			le sout	
(check appropriate box)			es	
1. New facility notified DARM	30 days prior to startup		₫a	9
2. Facility failed to notify DAR	M to use general permit			
		•		/
			<del></del>	
PART II: CLASSIFICATION	V			
Facility indicated on notification (check appropriate box)			☐ No notification form ☐ Drop store/out of busin	ness/petroleum
Facility indicated on notificati	rce	isfer only, x n types, x < 1	□ Drop store/out of busing rea source □ x 140 gal/yr < 200 gal/yr	ness/petroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area sound dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	rce	to-dry only, asfer only, asfer only, and types, $x < 1$ astructed on New large a to-dry only, asfer only, 20 and types, 140	□ Drop store/out of busing rea source  x 140 gal/yr  < 200 gal/yr  140 gal/yr  or after 12/9/91)	ness/petroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area sound 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 sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800	ion form that it is:  ree	to-dry only, asfer only, asfer only, and types, $x < 1$ astructed on New large a to-dry only, asfer only, 20 at types, 140 anstructed on	□ Drop store/out of busing rea source $x > 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 140 \text{ gal/yr}$ or after $12/9/91$ )  rea source $= 140 \le x \le 2,100 \text{ gal/yr}$ $= 140 \le x \le 1,800 \text{ gal/yr}$ $= 140 \le x \le 1,800 \text{ gal/yr}$ $= 140 \le x \le 1,800 \text{ gal/yr}$	ness/petroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area sound 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 sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility of the fac	ion form that it is:  ree	nto-dry only, wasfer only, wasfer only, wasfer only, 20 an types, 140 anstructed on IN	□ Drop store/out of busing  rea source x 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)  rea source 140 ≤ x ≤ 2,100 gal/yr 00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91)  □ Can not determine  umber above	ness/petroleum

PART III: GENERAL CONTROL REQUIREMENTS					
Is the responsible official of the dry cleaning facility: (check appropriate boxes)					
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN DN/A				
2. Examining the containers for leakage?	DY DN DN/A				
3. Closing and securing machine doors except during loading/unloading?	NO YO				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	□Y □N □N/A·				
PART IV: PROCESS VENT CONTROLS					
In Part II-A:					
If classification 1 has been checked, no controls are required. Proceed to Part V.					
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).					
. If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993					
If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).					
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	·				
1. Equipped all machines with the appropriate vent controls?	OY ON				
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 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?	DV DN				
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?	оу ом				

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?	ΔY	DN	
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□N/A
Is the temperature differential equal to or greater than 20° F?	ПY	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,		<b></b>	
if machines are equipped with a carbon adsorber?	ЦY	ЦN	□N/A
Is the perc concentration equal to or less than 100 ppm?	$\Box$ Y	ΠИ	□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	ПN	□N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПΝ	□N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	DY DN
2. Maintained rolling monthly averages of perc consumption?	DY DN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or	DY DN DN/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	□Y □N □N/A
6. Maintained startup/shutdown/malfunction plan?	DY DN
7. Maintained deviation reports?	□Y □N □N/A
Problem corrected?	OY ON ON/A
8. Maintained compliance plan, if applicable?	OY ON ON/A

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
insp	pection?			NO YO		
2. Has	the facility maintained a leak log?			NO Y		
3. Doe	s the responsible official check the f	following areas for leaks?				
	Hose connections, fittings,	Det Dit Ditt				
74.	couplings, and valves	DY DN DN/A	Muck cookers	OY ON ON/A		
	Door gaskets and seating	□Y □N □N/A	Stills	□Y □N □N/A		
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	□Y □N □N/A		
	Pumps	DY ON ON/A	Diverter valves	□Y □N □N/A		
	Solvent tanks and containers	מאם אם צם	Cartridge filter housings	□Y □N □N/A		
	Water separators	DY DN/A				
4. Whi	ich method of detection is used by th	ne responsible official?				
	Visual examination (condensed so	lvent on exterior surfaces)				
	Physical detection (airflow felt thr	ough gaskets)				
If using direct-reading instrumentation, is the equipment:				□N/A		
	DY DN					
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Calibrated against a standard gas prior to and after each use (PID/FID only)?				OY ON		
		d obvious signs of wear on	a weekly basis?	DY DN		
	חם אם אם					
d. Kept in a clean and secure area when not in use?  e. Verified for accuracy by use of duplicate samples (calorimetric only)?				DY DN		
	c. Vermou for accuracy t	by use of duplicate samples	(calorimetre only):			
	·	·				
1 20 00						
Inspector's Name (Please Print)  United Section 4-29-99  Date of Inspection						
	Inspector's Name (Please Prin	τ)	Date of Inspe	cuon		
	M. NO Pari					
	Inspector's Signature	<del>-</del>	Approximate Date of	Next Inspection		

the owner did Not have Time to Show me the Record.

### TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:30 TIME OUT: 11:	15 AIRS ID#: 571032
TYPE OF FACILITY: PERC DRY CLEANER	
FACILITY NAME: COTNEY'S ALL PRO	CLEANERS DATE: 4/11/00
FACILITY NAME: COTNEY'S ALL PRO FACILITY LOCATION: 15305 AMBERLY DE TAMPA, FL 3364	LIVE
RESPONSIBLE OFFICIAL: MARK COTNEY	PHONE NUMBER: (813) 979 - 1198
Based on the results of the compliance requirements eval compliance with DEP Rule 62-213.300, Florida Adminis	
Based on the results of the compliance requirements eval discrepancies were noted:	uated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
· · · ·	
<del></del>	
<u> </u>	
	MAY 1 au of Ai Mobile
	φ <sub>2</sub> <b>λ</b>
e e	2000 Annitor
	<del></del>
· · · · · · · · · · · · · · · · · · ·	
COMMENTS:	•
•	
The Annual Compliance Certification form has been properly ce	
DATE OF NEXT INSPECTION:/	YEAR Approximate)
	06 ER 2HU
	Please Print)
INSPECTOR'S SIGNATURE: Roger Bhu	PHONE NUMBER: (813) 272 - 5530
Page_	of / Revised 10/9

Revised 10/96

AIRS ID#: 57/032



# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

100
।
/oc 
00
ve:
<u>.</u>
٠.
ove:
•
ents ised per

<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.

### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COMPLAINT/DISCOVERY

ANNUAL

TYPE OF INSPECTION:

RE-INSPECTION
AIRS 10#: 571032 DATE: 4/11/00 TIME IN: 9=30 TIME OUT: 11:15
FACILITY NAME: COTNEY'S ALL PRO CLEANERS
FACILITY LOCATION: 15305 AMBERLY DRIVE
TAMPA, FL 33647
RESPONSIBLE OFFICIAL: MARK COTNEY PHONE: (813) 979-1198
FACILITY NAME: 15305 AMBERLY DRIVE  TAMPA, FL 33647  RESPONSIBLE OFFICIAL: MARK COTNEY PHONE: (813) 979-1198  CONTACT NAME: SAME PHONE: SAME
PART I: NOTIFICATION
(check appropriate box)
1. New facility notified DARM 30 days prior to startup
2. Facility failed to notify DARM to use general permit
PART II: CLASSIFICATION  Facility indicated on notification form that it is:
(check appropriate box)   Drop store/out of business/petroleum  A.
1. Existing small area source dry-to-dry only, x < 140 gal/yr dry-to-dry 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)  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 $\square$ 4. New large area source $\square$ dry-to-dry only, $140 \le x \le 2,100$ gal/yr dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ 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
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 105 gallons.

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

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?	XX.	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ND	□N/A
	Is the temperature differential equal to or greater than 20° F?	DY.	ND	□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?	ΟY	ΠИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПN	□N/A
4	Assured that the sampling port on the carbon adsorber exhaust for measuring	- ".		ļ
	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?	ΠY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΠN	□N/A
6.	Redted airflow to the carbon adsorber (if used) at all times?	ΩY	N	□N/A

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) MY ON 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? ØY □N 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or, DY ON MINA b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN DYNA and parts installed w/in 5 days of receipt? AWA NO. YO 4. Maintained calibration data? (for applicable direct reading instruments) DY DN WNA 5. Maintained exhaust duct monitoring data on perc concentrations? MD AM 6. Maintained startup/shutdown/malfunction plan? DY ON MINA 7. Maintained deviation reports? DY DN MNA Problem corrected? OY ON MINA 8. Maintained compliance plan, if applicable?

#### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? $\square N$ 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, XY ON ON/A MY ON ON/A Muck cookers couplings, and valves Door gaskets and seating MY ON ON/A Stills MY ON ON/A MY ON ON/A MY ON ON/A Exhaust dampers Filter gaskets and seating MY ON ON/A MY ON ON/A Pumps Diverter valves MY ON ON/A Cartridge filter housings XY \( \square\) Solvent tanks and containers MY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector **V**N/A If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use (PID/FID only)? OY ON c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? OY ON ROGER ZHU Date of Inspection Inspector's Name (Please Print) Logu Shi 1 YEAR

Inspector's Signature

Approximate Date of Next Inspection

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY							
FACILITY: Cotney's "All-Pro" Cleaners, Inc.				PAGE	1	OF	1
FACILITY ADDRESS:	15305 Amberl	y Dr.		CITY: Tar PHONE: (	•	79-1198	
MAILING ADDRESS:	Same		CITY: Tampa	FLA		33647	
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTION	TYPE:		STATUS	S:
Apr 11, 2000	9:30	11:15	non-CD	S	In	Complia	ince
NEDS NUMBER: 57	71032						
SOURCE DESCRIPTION	N: Perc Dry	Cleaner					
CONTACT(S): Mar	k Cotney						
Today's visit was to of The machine was in of Mr. Cotney keeps good	peration today	. No leaks or	odors were noti		st 12 m	nonths.	
							.
	·						
					•		
•							
• .							
		•			•		
				4			
							٤
'							
					•		
INSPECTED BY:	Roger Zhu			DA	TE:	Apr 11, 2	2000
IIIOI LOILD DI.	Roger Ziiu				.11.	pr 11, 2	
	. *			3.7		_	

**o** .

<del>.</del>

	P 174 D	52	072	2		
	US Postal Service Receipt for Certified Mail					
M2 480	OTNEY'S ALL PRO ( ARK COTNEY 09 CHEVAL BLVD ITZ FL 33549	CLEA	AIRS ID#	0571032		
Į.	Postage	\$		- · · · · · · · · · · · · · · · · · · ·		
ſ	Certified Fee					
[	Special Delivery Fee					
	Restricted Delivery Fee					
1999	Return Receipt Showing to Whom & Date Delivered					
Apri	Return Receipt Showing to Whom, Date, & Addressee's Address					
8	TOTAL Postage & Fees	\$	_			
PS Form <b>3800</b> , April 1995	Postmark or Date					

.

{	Of equievae no colors to enthis sing				
on the reverse side?	SENDER:  ■ Complete items 1 and/or 2 for additional services.  ■ Complete items 3, 4a, and 4b.  ■ Print your name and address on the reverse of this form so that we card to you.  ■ Attach this form to the front of the mailpiece, or on the back if space permit.  ■ Write "Return Receipt Requested" on the mailpiece below the article.  ■ The Return Receipt will show to whom the article was delivered and delivered.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.			
ADDRESS completed	AIRS.ID #:057.1032 COTNEY'S ALL PRO CLEANERS MARK COTNEY 4809 CHEVAL BLVD LUTZ FL 33549 LUTZ FL 33549	4a. Article N 4b. Service Registere Express Return Rec 7. Date of De	Type  ed		
5. Redeived By: (Print Name)  6. Signature: (Addressee or Agent)		8. Addressee's Address (Only if requested and fee is paid)			
<u></u>	PS Form <b>3811</b> , December 1994		Domestic Return Receipt		

on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write 'Return Receipt Requested' on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and delivered.	I also wish to rectiful following service extra fee):  1.	s (for an ee's Address	
	3. Article Addressed to:	4a. Article N		3/1/2
completed	AIRS ID # 0571032 COTNEY'S ALL PRO CLEANERS	2 333 660 364 4b. Service Type		
	MARK COTNEY	☐ Registere	ed	Certified E
SS	4809 CHEVAL BLVD	☐ Express !	Mail	Insured is
ADDRE	LUTZ FL 33549	☐ Return Re	ceipt for Merchandise	
		7. Date of De	S DO	you for
RETURN	5 Beceived By: (Print Name)  May Gut They	8. Addressee and fee is	e's Address (Only paid)	if requested Yugar
ls your	6. Signature: (Addressee or Agent)	:		
==	PS Form <b>3811</b> , December 1994	2595-97-B-0179	Domestic Ret	urn Receipt

.

US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse)  AIRS ID # 0571032 COTNEY'S ALL PRO CLEANERS' MARK COTNEY 4809 CHEVAL BLVD LUTZ FL 33549  Certified Fee Special Delivery Fee Restricted Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date					
Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse)  AIRS ID # 0571032  COTNEY'S ALL PRO CLEANERS' MARK COTNEY 4809 CHEVAL BLVD LUTZ FL 33549  Certified Fee Special Delivery Fee  Restricted Delivery Fee		· Z 333 6i	60 364	190	99
Do not use for International Mail (See reverse)  AIRS ID # 0571032  COTNEY'S ALL PRO CLEANERS  MARK COTNEY  4809 CHEVAL BLVD  LUTZ FL 33549  Certified Fee  Special Delivery Fee  Restricted Delivery Fee	ĺ	Receipt for Cer		l	
AIRS ID # 0571032 COTNEY'S ALL PRO CLEANERS' MARK COTNEY 4809 CHEVAL BLVD LUTZ FL 33549  Certified Fee Special Delivery Fee Restricted Delivery Fee	[	Do not use for Internation		everse)	
MARK COTNEY 4809 CHEVAL BLVD LUTZ FL 33549  Certified Fee Special Delivery Fee Restricted Delivery Fee	'	C	AIRS ID	# 05710	32
4809 CHEVAL BLVD LUTZ FL 33549  Certified Fee Special Delivery Fee Restricted Delivery Fee	CO	TNEY'S ALL PRO CI	LEANERS'		
Certified Fee  Special Delivery Fee  Restricted Delivery Fee	MA	RK COTNEY			
Certified Fee  Special Delivery Fee  Restricted Delivery Fee	480	9 CHEVAL BLVD			
Special Delivery Fee Restricted Delivery Fee	LU	TZ FL 33549			
Special Delivery Fee Restricted Delivery Fee					
Restricted Delivery Fee		Certified Fee			
		Special Delivery Fee			
Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address  TOTAL Postage & Fees Postmark or Date		Restricted Delivery Fee			
Return Receipt Showing to Whom, Date, & Addressee's Address  TOTAL Postage & Fees Postmark or Date	199				
TOTAL Postage & Fees \$ Postmark or Date	April	Return Receipt Showing to Whom, Date, & Addressee's Address			
Postmark or Date	800	TOTAL Postage & Fees	\$		
ပ္စု	S Form 3	Postmark or Date			



### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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 # 0571032

COTNEY'S ALL PRO CLEANERS MARK COTNEY 4809 CHEVAL BLVD **LUTZ FL 33549** 

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

	P 265 30	12 142				
,						
	US Postal Service Receipt for Certified Mail No Insurance Coverage Provided.					
MAR 4809	AIRS ID#: 0571032 COTNEY'S ALL PRO CLEANERS INC MARK COTNEY 4809 CHEVAL BLVD LUTZ FL 33549					
		<b>▼</b>				
	Certified Fee					
	Special Delivery Fee					
10	Restricted Delivery Fee					
1996	Return Receipt Showing to Whom & Date Delivered					
April	Return Receipt Showing to Whom, Date, & Addressee's Address					
· · · 800,	TOTAL Postage & Fees	\$				
E G	Postmark or Date					
PS For	Return Receipt Showing to Whom & Date Delivered  Return Receipt Showing to Whom, Date, & Addressee's Address  TOTAL Postage & Fees  Postmark or Date  2/14/97					

SENDER:  Ol adolanua jo dol jano auij 18  Complete item.  Complete item.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.	also wish to receive the following services (for an extra fee):  a does not e does not e number.  2. □ Restricted Delivery
3. Article Addressed to:  AIRS ID#: 057103250 COTNEY'S ALL PRO CLEANERS INC MARK COTNEY 4809 CHEVAL BLVD LUTZ FL 33549	4a. Article Number  4b. Service Type  Registered  Express Mail  Return Receipt for Merchandise  COD  7. Date of Delivery
5. Received By: (Print Name)  6. Signature: (Addressee of Agent)  7. PS Form 3811, December 1994	8. Addressee's Address (Only if requested and fee is paid)  Domestic Return Receipt

(cut here)

### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

261583 L

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

**TOTAL AMOUNT DUE: \$50.00** FEB 26 97

Do NOT Remove Label

AIRS ID#: 0571032 COTNEY'S ALL PRO CLEANERS INC MARK COTNEY 4809 CHEVAL BLVD **LUTZ FL 33549** 

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

### . Z 333 613 608 US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID 0571032 COTNEY'S ALL PRO CLEANERS INC MARK COTNEY 4809 CHEVAL BLVD LUTZ FL 33549 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees \$ Postmark or Date

<u> </u>	Of application of the long the long to the		
se side?	SENDEM: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we card to you.	I also wish to receive the following services (for an extra fee):	
reverse	Attach this form to the front of the mailpiece, or on the back if space permit.	e does not	1. ☐ Addressee's Address 2. ☐ Restricted Delivery
the	■Write "Return Receipt Requested" on the mailpiece below the article ■The Return Receipt will show to whom the article was delivered an		2. ☐ Restricted Delivery
5	delivered.		Consult postmaster for fee.
completed	3. Article Addressed to:  AIRS ID 0571032	4a. Article N	3-//3-/ <sub>2</sub> /3
Ĕ	COTNEY'S ALL PRO CLEANERS INC	4b. Service	· · · · · · · · · · · · · · · · · · ·
	MARK COTNEY 4809 CHEVAL BLVD	│□ Registere	an Val ceitilien =
DRESS	LUTZ FL 33549	Express I	Mail Insured
E		☐ Return Re	ceipt for Merchandise COD
N AD		7. Date of De	18/98 3
RETU	5. Received By: (Print Name)	8. Addressee and fee is	e's Address (Only if requested paid)
s your	6. Signature. (Addressed or Agent)		
	PS Form <b>3811</b> , December 1994		Domestic Return Receipt

#### **BEST AVAILABLE COPY**

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION TWIN TOWERS OFFICE BUILDING 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

MC5521

BAMMS/BCO EY ROBERTS JOEY 5510

333 667 404



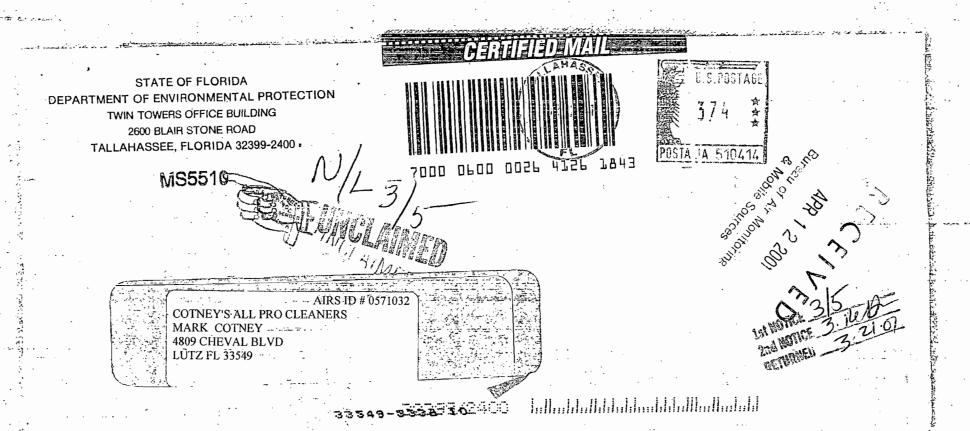
eau of/Air Monitoring POSTALIA 512167

FINAL NO 1st HOTICE\_ 2nd HOTICE\_ ALTURNED.

COTNEY'S ALL PRO CLEANERS MARK, COTNEY 4809 CHEVAL BLVD LUTZ FL 33549

Infinitional and Anticological States

### **BEST AVAILABLE COPY**



## BEST AVAILABLE COPY

MARK COTNEY  4809:CHEVAL·BLVD  3. Service Type  Certified Mail □ Express Mail	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  AIRS ID # 0571032  COTNEY'S ALL PRO CLEANERS	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee  D. Is delivery address different from item 1?  Yes  If YES, enter delivery acidress below:
	MARK COTNEY 4809:CHEVAL:BLVD	Certified Mail

Postage S

Gender Fee (Endorsement Required)

Tot:

Rectified Page (Endorsement Required)

Restorted Delivery Fee (Endorsement Required)

Tot:

Restorted Delivery Fee (Endorsement Required)

Sire 4809 CHEVAL BLVD

Cit.

Ci



(cut here)

#### I'HIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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** 

303445

Do NOT Remove Label

AIRS ID 0571032 COTNEY'S ALL PRO CLEANERS INC MARK COTNEY 4809 CHEVAL BLVD LUTZ FL 33549

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Оъј.: 002273

U.S. Postalis CERTIFIED (Domestic Maillo	MAIL REC	EIPT Coverage Provided)
Postage Certified Fee  Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	\$	Postmark Here
Re PELICAN CLEAD JOHN BALDWIN St. 6005 POWERS A JACKSONVILLE	NERS N VENUE FL 32217	# 0310478

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>	Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee
Articlé Addressed to:	D. Is delivery address different from item 12
AIRS ID # 0571032 COTNEY'S ALL PRO CLEANERS MARK COTNEY	If YES, enter delivery address below:
4809 CHEVAL BLVD LUTZ FL 33549	3. Service Type  Certified Mail  Registered  Insured Mail  C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 1000 0600 0004 4	4274102
PS Form 3811, July 1999 Domestic Reti	urn Receipt 102595-99-M-1789

Harllahallahallah

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0571032 COTNEY'S ALL PRO CLEANERS

MARK COTNEY 4809 CHEVAL BLVD LUTZ FL 33549

Bureau of Air Monitoring & Mobile Sources FOR GOVERNMENT USE ON Org.: 37550101000 EO:05 Fund: 20-2-035001 Obj.: 002273

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			led)
17				
72	Postage	\$		
4.1.	Certified Fee		Postmark	
먑	Return Receipt Fee (Endorsement Required)		Here	
8	Restricted Delivery Fee (Endorsement Required)			
日日	To1	111-10	# 0571032	
190	COTNEY'S ALI	L PRO CLEANERS EY		
_	4809 CHEVAL Stree LUTZ FL 33549			
7000	City,	,		
Local Party	PS Form 3800, February 2	2000	See Reverse for	Instructions



## THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 413469 JAN24 2002

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 # 0571032 COTNEY'S ALL PRO CLEANERS MARK COTNEY 4809 CHEVAL BLVD LUTZ FL 33549

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

407293 MAR21 2001

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** 

3758

2273

Do NOT Remove Label

AIRS ID # 0571032

COTNEY'S ALL PRO CLEANERS MARK COTNEY 4809 CHEVAL BLVD LUTZ FL 33549 FOR GOVERNMENTE USE PALY Org.: 37550101000 PQO: APD Fund: 20-2-03500 Ar Nonitoring Obj.: 002273 Sources

Postage \$ Certified Fee Postmark Here  Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) LUTZ FL 33549 LUTZ FL 33549		U.S. Postal Service CERTIFIED MAIL RECE (Domestic Mail Only; No Insurance Co	
Postage \$ Certified Fee Postmark Here  Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)  AIRS ID # 0571032001AG MARK COTNEY COTNEY'S ALL PRO CLEANERS 4809 CHEVAL BLVD LUTZ FL 33549			
Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  AIRS ID # 0571032001AG  MARK COTNEY COTNEY'S ALL PRO CLEANERS  4809 CHEVAL BLVD  LUTZ FL 33549		OFFICIAL	USE
MARK COTNEY COTNEY'S ALL PRO CLEANERS  4809 CHEVAL BLVD LUTZ FL 33549	006 736	Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee	
	791 000	MARK COTNEY COTNEY'S ALL PRO CLEANERS 4809 CHEVAL BLVD	G

Article Addressed to:	D. Is delivery address different romatiem 1?  Yes .  If YES, enter delivery address below:  No	
TNEY'S ALL PRO CLEANERS O CHEVAL BLVD	3. Service Mobile South Monitoring Certified Mail Registered Return Receipt for Merchandise	
	4. Restricted Delivery? (Extra Fee)	
I	AIRS ID # 0571032001AG RK COTNEY RNEY'S ALL PRO CLEANERS 9 CHEVAL BLVD IZ FL 33549  Article Number (Copy from service lebel)	RK COTNEY  RK COTNEY  PREY'S ALL PRO CLEANERS  9 CHEVAL BLVD  TZ FL 33549  3. Service Mobile Surgary  Certified Mail  Registered Return Receipt for Merchandise  Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)