

Department of Environmental Protection

0990419 057/065

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

Virginia B. Wetherell Secretary

October 25, 1996

Mr. Michael St. John President St. John's Cleaners 3225 South MacDill Avenue Tampa, Florida 33629

Dear Mr. St. John:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 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 is subject to the requirements of the Title V general permit.

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

/DD

cc: Ms. Liz Deken, Hillsborough County

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.

RECEIVED MAIL ROOM

MAR -3 99

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0571065

ST. JOHN'S CLEANERS MICHAEL ST. JOHN 3225 S MACDILL AVE TAMPA FL 33629 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Ste Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	ST. John's CLEANERS
3.	Hazardous Waste Generator Identification Number:
	FLD 982-135477 Facility Location: 3225 So. MACDICC AVE
4.	Street Address: 3225 So. MACDICC AVE
	City: TAMPA County: HILLS Zip Code: 33629
5.	Facility Identification Number (DEP Use):
	0571065
	Responsible Official
_	News and Title of Processials Officials
6.	Name and Title of Responsible Official:
	Michael ST. John Pres.
7.	Responsible Official Mailing Address:
	Organization/Firm: ST. John's Cleaners Inc.
	Street Address: City: SAM & County: Zip Code:
	2.4 com.
8.	Responsible Official Telephone Number:
	Telephone: (813) 837 3012 Fax: ()
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	SAME AS. N.O.
10.	Facility Contact Address:
	Street Address: City: SAMe County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - SAMe Fax: () -
	DECEIVED

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

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine '	Control		Machine	Control
	ĺ	Initially	Device		Initially	Device	ļ	Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
cype or maning		1	1		1	111512115		1	
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit						-			
(1) w/ ref. condenser	1	10-N0491	-X						
(2) w/ carbon adsorber	<u> </u>	<u> </u>							
(3) w/ no controls	-								
Washer Unit		•							
(4) w/ ref. condenser	_								
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit					•		•		
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit			* .		•		•		
(10) w/ ref. condenser									T
(11) w/carbon adsorber		_							
(12) w/ no controls							İ		
 (b) Control devices are (c) No control devices 2.(a) What was the total q (b) If less than 12 montrol Check why it is less 	are re luanti gallo	equired to be ity of perchlo ons ow many? [_	installed [] months	perc)	_] purchased in				[]
3. What is the facility's so (Indicate with an "X".	Selec	t one classifi	cation only.)		nitions found	·	3) of	Part II?	
, " <i>J</i> .		-					ı		
Existing large are	a sou	irce []	Ne	w lar	ge area sour	ce []			

DEP Form No. 62-213,900(2) Effective: 6-25-96

4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
	inits shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
•	
Equipment Monitoring a	nd Recordkeeping Information
Check all logs which are required to be kept on-site i	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	$[\times]$
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mon	itoring []
(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	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								
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. 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, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.									
I will prom	I will promptly notify the Department of any changes to the information contained in this notification. $ \frac{8-29-96}{\text{Date}} $								

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL $\not\!$	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: //00 TIME OUT: /2:/0	
TYPE OF FACILITY: PERC Day Clesser FACILITY NAME: St. John's Clesser	
FACILITY LOCATION: 3225 5 Myc D://	
Temps, F1 33629	
RESPONSIBLE OFFICIAL: Michael St. John	PHONE NUMBER: (877) 837 ~ 30/2
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	· · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaluadiscrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	
	· · · · · · · · · · · · · · · · · · ·
	·
·	
COMMENTS: Keeps ingrection records on a so	weekly besis,
The Annual Compliance Certification form has been properly certification form has been properly certification.	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: ~ /yes (Ap	proximate)
· .	_
Pl	ease Print)
INSPECTOR'S SIGNATURE: Jan Holl	PHONE NUMBER: (8/3)272-5530

Revised 10/96



Department of Environmental Protection

Jeb Bush Governor Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400

David B. Struhs Secretary

June 25, 2001

Mr. Michael St. John St. John's Cleaners, Inc. 3225 South MacDill Avenue Tampa, Florida 33629

Dear Mr. St. John:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on June 22.

In reviewing your submittal, it was noted that St. John's Cleaners, Inc. elected to surrender its existing Title V air general permit (AIRS ID 0571065). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 840/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring

and Mobile Sources

SB/

Enclosure

cc: Mr. Thomas Shelton, Hillsborough County

"More Protection, Less Process"

AIRS ID#: 057/065

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: St. John FACILITY LOCATION: 3225	u's CLeau	ers,	/Ne	DATI	6-23-97
FACILITY LOCATION: 3225	SO MAG	Diu	. Ave -	TAMPA	F(33629
					<i></i>
		.			
Annual Reporting Period: 10/1		_19 <u>_56</u>	то	6/23	19 <u>5</u> 7
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.		-		-	DEP Rule
If NO, complete the following:					
#1. Term or condition of the general permit	that has not been in co	ontinuous co	ompliance durir	ng the reporting pe	riod stated above:
Exact period of non-compliance: from			to	RECE	IVED
Action(s) taken to achieve compliance:					<u>4 1997</u>
Method used to demonstrate compliance:				Bureau of Ai & Mobile	r Monitoring
#2. Term or condition of the general permit	that has not been in co	ontinuous co	ompliance duri		
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, be made in this notification are true, accurate a upon rolling averages of purchase receipts, a year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	nd complete. Further loes not exceed 2,100	, my annua gallons per	l consumption of year for dry-to	of perahloroethyles dry facilities or i	ne solvent, based
Nan	ie (ricase riiii)	6	/ \$ign	auge	. Jak

^{*}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	COMPLAINT/DISCOVERY D
FACILITY NAME: St. John's FACILITY LOCATION: 3225 S Ma	
PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	9
2. New facility notified DARM 30 days prior to sta	artup 🗆
3. Facility failed to notify DARM to use general pe	ermit
PART II: CLASSIFICATION	
	is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) properties facility was 135 gallons.	ourchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
Storing perchloroethylene in tightly scaled and impervious containers?	ØÝ □N
2. Examining the containers for leakage?	©rý □n
3. Closing and securing machine doors except during loading/unloading?	OY EM
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON OTÁ/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	
If classification 2 has been checked, the machine should be equipped with a refri (complete A below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mu installed prior to September 22, 1993	•
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	OY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so andlow 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 basis?	ОУ ОИ
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON

1. Measured and recorded the exhaust temperature on the outlet side on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	e of the condenser located □Y □N
Measured and recorded the washer exhaust temperature at the co- inlet and outlet weekly?	ndenser
Is the temperature differential equal to or greater than 20° F	? OY ON
3. Measured and recorded the perc concentration in the exhaust stre at the end of the final drying cycle while the machine is venting t if machines are equipped with a carbon adsorber?	
Is the perc concentration equal to or less than 100 ppm?	□Y □N
4. Assured that the sampling port on the carbon adsorber exhaust for perc concentrations is at least 8 duct diameters downstream of an or expansion; is at least 2 duct diameters upstream from any bencor expansion; and downstream from no other inlet?	y bend, contraction,
5. Equipped transfer machines (dryers, reclaimers, and washers) wi condenser coils?	th individual
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
o. Routed affilow to the carbon adsorber (it ased) at all times:	
PART V: RECORDKEEPING REQUIREMENTS	· · · · · · · · · · · · · · · · · · ·
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official:	N□ M
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes)	NO AR
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	ON DN
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?	ON DN
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 form	ollowing: NA OY ON
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the form and documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak responsible.	ollowing: Ollowing: OY ON epaired w/in 2 days
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 form and accumentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak reand parts installed w/in 5 days of receipt?	epaired w/in 2 days OY ON OY OY OY OY OY OY OY OY OY
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 form and documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak rand parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only)	epaired w/in 2 days OY ON OY OY OY OY OY OY OY OY OY
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 form and documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repair and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations	epaired w/in 2 days Or ON ON ON OY OY OY OY OY OY OY OY OY

B. Has the responsible official of an existing large or new large area source also:

DY DN BM/A

1. Does the responsible official conduct a weekly leak detection and repair inspection?

8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS

2.	Which method of detection is used by	the respon	nsible offic	cial?		
	Visual examination (condensed s	solvent on	exterior s	surfaces)	9	
	Physical detection (airflow felt the	ırough ga	skets)	•		
	Odor (noticeable perc odor)				a	Ĭ
	Use of direct-reading instrument	ation (FII	D/PID/calc	orimetric tubes)		l
	If using direct-reading instrum	uipment:				
	a. Capable of detecting	perc vapo	or concent	rations in a range of 0-500 ppm?	□Y □	⊐и
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					□и
	c. Inspected for leaks a	nd obviou	s signs of	wear on a weekly basis?	□Y I	□и
	d. Kept in a clean and	secure are	a when no	ot in use?	ΠY !	□и
	e. Verified for accuracy	by use of	f duplicate	samples (calorimetric only)?	ΠY	ПN
3.	Has the facility maintained a leak log?)			OY	□и
4.	Does the responsible official check the	followin	g areas for	leaks?		
	Hose connections, fittings,					
	couplings, and valves	ØΥ	ПN	Muck cookers (MA)	ďΥ	ПN
	Door gaskets and seating	œÝ	ПN	Stills	ŒΥ	ПN
	Filter gaskets and seating	œÝ	□и	Exhaust dampers	Q.Y	□N.
	Pumps	œÝ	□и	Diverter valves	GY.	ПN
	Solvent tanks and containers	œÝ	ПN	Cartridge filter housings	GY	ПN
	Water separators	₽₹	ПΝ			
_	Michool St. Johns					
	Name of Responsible Offic	ıal				
_	Janes O Holton			6/23/87		
	Inspector's Name (Please Pr	int)		Date of Inspe	ection	
_	On O Holb		. ′	-/y ea-		
	Inspector's Signature			Approximate Date of	Next I	nspection

ADDITIONAL SITE INFORMATION: St. Johns Cleaners

- This facility has a perc dry-to-dry machine, model Mercury 45, S/N 45-1191-4669. Capacity is 45#, and unit construction was in the November, 1990.
- R. O. keeps all records required of him, with leak inspections performed on a
 weekly basis. His requirement is a minimum of bi-weekly inspections. His
 inspection records go back to 1994.
- The machine was running at the time of this inspection.
- R. O. was storing numerous containers, including waste drums, in the perc spill pan. I explained to him that the purpose of this pan is to be capable of containing perc should a leak occur of the magnitude that allows all the solvent to drain from the machine. I indicated to him that by storing all these containers in the pan, there is a possibility that the volume displacement could be enough to cause the perc to overflow from the catch pan, thus defeating its purpose. He indicated he may place a grating over the pan to store these containers on the grating, and still serve his purpose of catching any spills from these containers without affecting the volume capability for the machine.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL		MPLAINT/DIS	COVERY	RE-INSPE	CTION
TIME IN: 9:15 TIM	Æ OUT: 10:2	10	AIRS ID#:	571065	
TYPE OF FACILITY: PERC D					11015
FACILITY NAME: ST. JOH	N'S CLEAN	VETCS		DATE: 5 /	19/98
	McDILL				· ·
TAMPA,	FL 33629				
RESPONSIBLE OFFICIAL: MICHAEL	ST. JOHN		PHONE NUMBER	R: (813)83	7-3012
Based on the results of the compliand compliance with DEP Rule 62-213.3				facility is found to	be in
Based on the results of the compliant discrepancies were noted:	ce requirements eval	uated during thi	s inspection, the f	following complian	ıce
COMPLIANCE REQUIREMEN	T/PROBLEM	FOLI	LOW-UP ACT	ION REQUIR	ED
				· ^	
		_		C.	-
		<u> </u>	- Ch. My		
			& Mocile Air	5/20 K	
			Outces	Toling	
	-				
		<u> </u>			
	•				
COMMENTS:		<u> </u>			·
	<u> </u>			_	-
The Annual Compliance Certification form has			ed to the inspector	r. YES	NO U
DATE OF NEXT INSPECTION:	· · · · · · · · · · · · · · · · · · ·	YEAR			
INSPECTION CONDUCTED BY:		proximate) GCAL Z	2HV_	_	
NSPECTOR'S SIGNATURE: Cu	(Ple	ese Print) PH	ONE NUMBER:	(813)272	-5530

Page ____ of ____.

Revised 10/96

DRY CLE

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ST. JOHN'S CLEANERS INC
MICHAEL ST. JOHN
3225 S MACDILL AVE
TAMPA FL 33629

Jureau of Air Monitoring & Mobile Sources

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^{*}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-INSPECTIO		COMPLAIN	MOJ RI	5/80 K
AIRS ID#: 571065 FACILITY NAME: 5	DATE: 5/19/ T. JOHN'S	98 TIM	EIN: 9:15 UERS	_ TIME OUR:	80:40
FACILITY LOCATION: 3	ZZS S. A Ampa, F	ICDILL	Ave		
RESPONSIBLE OFFICIAL :	MICHAEL	ST. JUH	7	813) 837. SANE	3012
PART I: NOTIFICATION					
(check appropriate box) 1. New facility notified DARM 2. Facility failed to notify DAR		-	N/A		<u> </u>
PART II: CLASSIFICATION	Ţ				
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour 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)	ce 🖄	dry-to-dry on transfer only, both types, x	ll area source ly, x < 140 gal/yr x < 200 gal/yr	/out of business/p	etroleum
3. Existing large area source dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$)	100 gal/ут 0 gal/ут	transfer only, both types, 14	e area source iy, $140 \le x \le 2,100$ $200 \le x \le 1,800$ gal on or after $12/9/91$	gal/ут /ут	
5. This is a correct facility cla	assification	MY ON	□Can not det	ermine	
	appropriate classific y qualified for a gen y exceeds above lim	eral permit as		above al permit	
B. The total quantity of perchlor facility was $\boxed{\Theta O}$ gallons.	roethylene (perc) pu	rchased within	the preceding 12	months by this dr	y cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	DY ON ON/A
2. Examining the containers for leakage?	ANO NO YES
3. Closing and securing machine doors except during loading/unloading?	A IY □N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	AVI ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN MA
<u> </u>	,
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 ref (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refu (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	רם צם אם
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?	□Y □N □N/A
4 Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	מם צם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	□Y □N □N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	□Ү □и

PART III: GENERAL CONTROL REQUIREMENTS

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?	אם עם	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y □N	□N/A
	ls 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?	□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, or expansion; is at least 2 duct diameters upstream from any bend, contraction,		
	or expansion; and downstream from no other inlet?	OY ON	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N	□N/A
6.	Roused airflow to the carbon adsorber (if used) at all times?	OY ON	□N/A

PART V: RECORDKEEPING REQUIREMENTS	,
Has the responsible official: (check appropriate boxes)	_
1. Maintained receipts for perc purchased?	MD N⊠
2. Maintained rolling monthly averages of perc consumption?	DAY ON
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ŒN/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?	באַעָּלָ אם צם
4. Maintained calibration data? (for applicable direct reading instruments)	DY □N ÞØN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DA DN KANVA
6. Maintained startup/shutdown/malfunction plan?	ρία αν
7. Maintained deviation reports?	DY DN DVA
Problem corrected?	A'NO NO YO
8. Maintained compliance plan, if applicable?	DY DN PN/A

PART VI: LEAK DETECTION AND	REPAIRS		
1. Does the responsible official conduct a	weekly (for small sources,	bi-weekly) leak detection a	nd repair
inspection?			MD A D A
2. Has the facility maintained a leak log?	•		XY DN
3. Does the responsible official check the	following areas for leaks?		t
Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	AND NO YA
Door gaskets and seating	to an anya	Stills	Y ON ON/A
Filter gaskets and seating	AND ND YEA	Exhaust dampers	ATY ON ON/A
Pumps	MY ON ON/A	Diverter valves	Y ON ON/A
Solvent tanks and containers	Y ON ON/A	Cartridge filter housings	Y ON ON/A
Water separators	אוחם מם צעם		
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed s	solvent on exterior surfaces)		À
Physical detection (airflow felt th	rough gaskets)		Æ
Odor (noticeable perc odor)			A
Use of direct-reading instruments	ation (FID/PID/calorimetric	tubes)	
Halogen leak detector			<u> </u>
. If using direct-reading instr	rumentation, is the equipm	ient:	A\M eti
a. Capable of detecting	perc vapor concentrations i	n a range of 0-500 ppm?	OY ON
b. Calibrated against a (PID/FID only)?	standard gas prior to and af	ter each use	מם צם
c. Inspected for leaks a	nd obvious signs of wear on	a weekly basis?	OY ON
d. Kept in a clean and s	secure area when not in use'	?	OY ON
e. Verified for accuracy	by use of duplicate samples	s (calorimetric only)?	OY ON
			,
ROBER ZH	J	5/19/	98
Inspector's Name (Please Pri	nt)	Date of Inspe	ction
aut 131	m	1 YE	4R
Inspector's Signature	· · · · · · · · · · · · · · · · · · ·	Approximate Date of	Next Inspection

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY FACILITY: St. John's Cleaners **PAGE** OF FACILITY ADDRESS: 3225 S. McDill Ave CITY: Tampa PHONE: (813) 837-3012 CITY: Tampa MAILING ADDRESS: Same FLA ZIP: 33629 INSPECTION DATE: INSPECTION TYPE: TIME IN: TIME OUT: STATUS: May 19, 1998 9:15 10:40 non-CDS In Compliance NEDS NUMBER: 571065 SOURCE DESCRIPTION: Perc Dry Cleaner CONTACT(S): Michael St. John

Today's visit was to conduct the annual inspection.

The dry cleaning machine is the same one noted in the last inspection.

The machine was in operation today. No leaks or odors were noticed. The facility is very clean and apparently well maintained.

The facility keeps good records. There is no requirement on temperature measurement due to the facility's classification as a "Existing small area source". The leak inspection has been taken every week. The perc rolling total and the purchase receipts indicated the total perc usage over the last 12 months was 100 gallons.

The owners manual is kept on site in which including startup, shutdown and malfunction plan.

PKCK LKO Store Sources All & Monitorine Sources

INSPECTED BY:	Roger Zhu	DATE:	May 19, 1998

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL 🔀 COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:00 TIME OUT: 11:00 TYPE OF FACILITY: PERC DRY CLEANER FACILITY NAME: ST. JOHN'S CLEAN FACILITY LOCATION: 3225 S. McDILL	ERS DATE: 7/13/99
TAMPA, FL 3362	2-9
RESPONSIBLE OFFICIAL: MICHAEL ST. JOHN	PHONE NUMBER: (813) 837 - 3012
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluation.	rative Code (F.A.C.).
discrepancies were noted:	ated during this hispection, the following computance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	P
	Alle Alle And Control of And Control
	Most No 1995 A
	To T
COMMENTS:	
DATE OF NEXT INSPECTION:	YEAR
INSPECTION CONDUCTED BY:	pproximate) SEN ZHU lease Print)
INSPECTOR'S SIGNATURE: Roger M	PHONE NUMBER: (8/3) 272 - 553 0
Page(of Revised 10/96

He

AIRS ID#: 571065

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

·				
FACILITY NAME: ST. FACILITY LOCATION: 327	JOHN'S CI	EANERS	D	ATE: >/13/99
FACILITY LOCATION: 323	25 S. McD	ILL AVE		/
TAI	MPA, FL	33629		
Annual Reporting Period:	Teb 27_	19 <u>9</u> 8 TO	July 1	1999
Based on each term or condition of t 62-213.300, Florida Administrative				rith DEP Rule
If NO, complete the following:	·			
#1. Term or condition of the genera	l permit that has not been	in continuous compli	ance during the reportin	g period stated above:
Exact period of non-compliance: from	om		to	
Action(s) taken to achieve complian	ce:			
Method used to demonstrate complia	ance:		•	·
// T				
#2. Term or condition of the genera	i permit that has not been	in continuous compi	ance during the reporting	ig period stated above:
Exact period of non-compliance: fro	om		_to	
Action(s) taken to achieve complian	œ:			
Method used to demonstrate complia	ance:			
•	•			·
As the responsible official, I hereby made in this notification are true, a upon rolling averages of purchase r year for transfer or combination fac	ccurate and complete. Fueceipts, does not exceed 2	irther, my annual con	sumption of perchloroet	hylene solvent, based
	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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NUAL -INSPECTION	>	COMPLAINT/DISC	OVERY	
AIRS ID#: 57/065 DATE FACILITY NAME: 57. FACILITY LOCATION: 322	JOHN'S	CLEAN	VERS	IE OUT: _/	11:00
RESPONSIBLE OFFICIAL : MIC	1PA, FL	330	629	837- 6AME	3012
PART I: NOTIFICATION					`
(check appropriate box) 1. New facility notified DARM 30 day 2. Facility failed to notify DARM to us	-		N/b		0 0
PART II: CLASSIFICATION					
Facility indicated on notification for (check appropriate box) A.	m that it is:	-	☐ No notification fo☐ Drop store/out of		troleum
Facility indicated on notification for (check appropriate box)	2. N dry-t trans both	fer only, $x < 1$ types, $x < 1$	□ Drop store/out of prea source x < 140 gal/yr < 200 gal/yr		troleum
Facility indicated on notification form (check appropriate box) 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	2. N dry-t trans both (cons	o-dry only, x types, x < 1 structed on a co-dry only, fer only, 20 types, 140	Drop store/out of trea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	business/pet	troleum
Facility indicated on notification form (check appropriate box) 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 transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	2. N dry-t trans both (consulty) dry-t trans both (consulty)	o-dry only, x types, x < 1 structed on a co-dry only, fer only, 20 types, 140	Drop store/out of $ $ rea source $	business/pet	troleum
Facility indicated on notification form (check appropriate box) 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 transfer only, 200 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification, please check the approparation of facility qual	2. N dry-to trans both (consumple of trans) 4. N dry-to trans both (consumple of trans) both (consumple of trans) ation X Y	o-dry only, fer only, x types, x < 1 structed on a co-dry only, fer only, 20 types, 140 structed on a large and larg	□ Drop store/out of \Box rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after 12/9/91) □ Can not determine	business/pet	troleum

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 MANA∕
2. Examining the containers for leakage?	OY ON XIN/A
3. Closing and securing machine doors except during loading/unloading?	NO YA
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	XY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ANA
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
/ If classification 1 has been checked, no controls are required. Proceed to Part V	
If classification 2 has been checked, the machine should be equipped with a refri (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mulinstalled prior to September 22, 1993	J
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	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?	OY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON

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?	ZY	ND	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is verting to the adsorber,			
	if machines are equipped with a carbon adsorber?	$\Box Y$	ΠИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПΝ	□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	ЙΠ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?				
2. Maintained rolling monthly averages of perc consumption?	Ø1Y □N			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN MNA			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY DN DN/A			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON \$DN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN \$2N/A			
6. Maintained startup/shutdown/malfunction plan?	MO YIM			
7. Maintained deviation reports?	AVA X NO YO			
Problem corrected?	OY ON \$MN/A			
8. Maintained compliance plan, if applicable?	DY DN ØN/A			

PART VI: LEAK DETECT	PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
inspection?					ΣΊΥ	C	אב
2. Has the facility maintained	a leak log?				ΧY	C	אכ
3. Does the responsible official	l check the followi	ng ar	eas for leaks?				
Hose connections, fitt couplings, and valve	/	ПN	□N/A	Muck cookers	ØΥ	ПN	□N/A
Door gaskets and seat	ing 💆 Y	□N	□N/A	Stills	ØΥ	□N	□N/A
Filter gaskets and sea	ting X Y	ΠN	□N/A	Exhaust dampers	ΣY	ΠN	□N/A
Pumps	7 21Y	ΠN	□N/A	Diverter valves	Д Y	□N	□N/A
Solvent tanks and con	tainers 🌣 🌣 Y	ПN	□N/A	Cartridge filter housings	×Υ	□N	□N/A
Water separators	, p Y	ПN	□N/A				
4. Which method of detection	is used by the resp	onsib	le official?			•	
Visual examination (o	condensed solvent	on ex	terior surfaces)		X		
Physical detection (ai	flow felt through	gaske	ls)		Ø		
Odor (noticeable perc	odor)				Σί		
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)							
Halogen leak detector							
If using direct-reading instrumentation, is the equipment:						•	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? \[\textstyle \textst							
b. Calibratea (PID/FID	l against a standar only)?	d gas	prior to and aft	er each use	ΟY	□N	
c. Inspected	for leaks and obvious	ous si	gns of wear on	a weekly basis?	ΩY	ΩN	
d. Kept in a	clean and secure a	rea w	hen not in use?		ΠY	ΩN	
e. Verified f	or accuracy by use	of du	plicate samples	(calorimetric only)?	ΠY	ΩN	
· :							
LOGER	ZHU			7/13/	199	7	
Inspector's Name			<u> </u>	Date of Inspe	ction		
Roger	- Bho-			1 YEA	R	_	
Inspector's Si	gnature			Approximate Date of	Next 1	nsper	ction

	-			•			
	•						
		INSPECTION RE			-	_	
	NMENTAL PROT	ECTION COMM	ISSION OF HILLS				
FACILITY: St. John's		111 4		PAGE	1	OF	1
FACILITY ADDRESS:	3225 S. McD	III Ave		CITY: Tai PHONE: (•	7 2012	
MAILING ADDRESS:	Same	T	CITY: Tampa				
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO			STATU	īC.
July 13, 1999	9:00	11:00	non-C		_	Compli	- · II
	71065						
SOURCE DESCRIPTIO		Clooper	•				
		Cleaner				,	
CONTACT(S): Mic	hael St. John	-					
Today's visit was to c	onduct the ann	nual inspection	1.				
The machine was in o	•					,	
Mr. St. John keeps go							
The dry cleaning macl		-	fore, no tempo	erature gau	ge requ	ired.	The perc
usage was 110 gallons	-		1		1 10		
The owners manual i	s kept on site i	n which inclu	ding startup, s	hutdown ar	id malfu	inction	i plan.
			•				
·							
·							

Roger Zhu

INSPECTED BY:

July 13, 1999

DATE:

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:00 TIME OUT: 11:00 TYPE OF FACILITY: PERC DRY CLEANE	AuG ib#
FACILITY NAME: ST. JOHN'S CLEAR FACILITY LOCATION: 3225 S. McDILL	DATE: 6/27/0-0
RESPONSIBLE OFFICIAL: MICHAEL ST. JOHN	
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaluadiscrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	PE
•	Bureau of the state of the stat
	Source So
COMMENTS:	÷
The Annual Compliance Certification form has been properly certification form has been properly certification.	fied and submitted to the inspector. YES NO
	proximate) 66K ZHV
	PHONE NUMBER: (813) 272-5530
Page	of Revised 10/96

Revised 10/96

571065

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

				
racilli i name.	1'S CLEANET		DATE: _	6/27/00
FACILITY LOCATION: 3225	5. McDILL A	vE	· 	·
TAMPA	, FL 336	2 9		
		·		
Annual Reporting Period: Tuly	14 19 9	19 to June	27	20 00
Based on each term or condition of the Title	V general air permit, my faci	lity has remained in complian	ace with DEP	Rule
62-213.300, Florida Administrative Code (F.	•	·	_	NO
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in continue	we compliance during the res	noting period	etated shows:
#1. Term of condition of the general permit	mat has not been in continuo	us computance during the rep	orung period	stated above:
		· · · · · · · · · · · · · · · · · · ·		•
Exact period of non-compliance: from		to	·	·
Action(s) taken to achieve compliance:				•
Method used to demonstrate compliance:	· •	ř		
#2. Term or condition of the general permit	that has not been in continue	ous compliance during the re	porting period	I stated above:
•	•	• •		
· · · · · · · · · · · · · · · · · · ·				<u> </u>
Exact period of non-compliance: from		to	-,	
Action(s) taken to achieve compliance:	·			
Method used to demonstrate compliance:				٠.
wiemod used to demonstrate comphance.	•	·		· · ·
		·		
As the responsible official, I hereby certify, made in this notification are true, accurate	and complete. Further, my	mnual consumption of perch	loroethylene :	solvent, based
upon rolling averages of purchase receipts, year for transfer or combination facilities,	does not except 2,100 gallo	• •		_
(1///	V // X _	michael STN	lohn (5-27-00
RESPONSIBLE OFFICIAL: //////	me (Please Print)	Signature		Date
/		_		

of

^{*}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-INSPECTIO	M COMPLAINT/DISCOVERY D
AIRS ID#: 571065 DATE: 6/27/	00 TIME IN: 10:00 TIME OUT: 11:00
FACILITY NAME:	CLEANERS
FACILITY LOCATION: 3225 S. A	1cDILL AVE .
TAMPA,	FL 33629
RESPONSIBLE OFFICIAL: MICHAEL	ST. JOHN PHONE: (813) 837-3012 PHONE: SAME
CONTACT NAME: SAME	PHONE: SAME
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	utup 🗆
2. Facility failed to notify DARM to use general pe	armit , , , , , , , , , , , , , , , , , , ,
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification '	□Y □N □Can not determine
"	ication: general permit as number above imits 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

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?	ND YD	XN/A
2. Examining the containers for leakage?	OY ON	A N/A
3. Closing and securing machine doors except during loading/unloading?	M Y □N	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	, מם אם	X N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON	X 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).		denscr
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber must installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigion.	st have been	
(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 OM	1
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON	N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY O	A/ND 1
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi weekly basis?	מ צם	4
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	מם צם	A/ND N
6. Conducted all temperature monitoring after an appropriate cooldown period and after	ם צם	N.

A TOTAL

DAT

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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?	DY DN
2.	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?	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?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
	or expansion; and downstream from no other inlet?	OY ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	AVIO NO YO

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

PART VI: LEAK DETECTION AND REPAIRS

1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?	MO YX				
2.	Has the facility maintained a leak log?	MY ON				
3.	Does the responsible official check the following areas for leaks?					
	Hose connections, fittings, couplings, and valves TY ON ON/A Muck cookers	אואם אם אוא				
	Door gaskets and seating	AVO NO YA				
	Filter gaskets and seating AY ON ON/A Exhaust dampers	YY ON ONA				
	Pumps AY ON ON/A Diverter valves	Ø(Y □N □N/A				
	Solvent tanks and containers YY ON ON/A Cartridge filter housings	Y ON ON/A				
	Water separators					
4.	4. Which method of detection is used by the responsible official?					
	Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)	X				
	Use of direct-reading instrumentation (FID/PID/Ealorimetric tubes)					
	Halogen leak detector	o .				
	If using direct-reading instrumentation, is the equipment:	MN/A				
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	OY ON				
	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?	OY ON				
	d. Kept in a clean and secure area when not in use?	OY ON				
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	OY ON				

looth;	ZHU
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Inspector's Name (Please Print)

6/2//00

Date of Inspection

Înspector's Signature

Approximate Date of Next Inspection

YEAR

ENVIRO	NMENTAL PROT	INSPECTION RE		SBOROUGH (COUNTY	
FACILITY: St. John's	Cleaners			PAGE	1 OF	1
FACILITY ADDRESS: 3225 S. McDill Ave			CITY: Tampa PHONE: (813) 837-3012			
MAILING ADDRESS:	Same		CITY: Tampa		ZIP: 33629	
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	N TYPE:	STA	ΓUS:
June 27, 2000	10:00	11:00	non-C	DS	In Com	pliance
NEDS NUMBER: 571065						
SOURCE DESCRIPTIO	•	Cleaner				
	hael St. John					
Today's visit was to of The machine was not Mr. St. John keeps of There is no temperatur was 115 gallons for the	in operation to good records. e-monitoring r	oday. No leak The leak ins equirement be	s were noticed pection has b	een record		
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INSPECTED BY:	Roger Zhu			DA	TE: June 2	27, 2000
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SENDER: COMPLETE THIS S O1 94019AL	Teld at line over top of er the return s
■ 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. 1. Article Addressed to:	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? If YES, enter delivery address below: No
AIRS ID # 0571065 ST. JOHN'S CLEANERS MICHAEL ST. JOHN 1225 S MACDILL AVE TAMPA FL 33629	3. Service Type ★☐ Certified Mail □ Express Mail
	Registered Receipt for Merchandise C.O.D.
2333667407	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic F	Return Receipt 102595-99-M-1789

Z. 333 667 407

US Postal Service Receipt for Certified Mail

AIRS ID # 0571065

ST. JOHN'S CLEANERS MICHAEL ST. JOHN 3225 S MACDILL AVE TAMPA FL 33629

	Postage	\$
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	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
8	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	
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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 # 0571065

ST. JOHN'S CLEANERS MICHAEL ST. JOHN 3225 S MACDILL AVE TAMPA FL 33629

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

14/2 3 1.7	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items; 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Pelivery
Print your name and address on the reverse so that we can return the card to you.	C. Signature
Attach this card to the back of the mailpiece, or on the front if space permits.	X Card State Addressee
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AIRS ID # 0571065 ST. JOHN'S CLEANERS MICHAEL ST. JOHN	
3225 S MACDILL AVE TAMPA FL 33629	3. Service Type
	Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	424 4024
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		PS Form 3800, February	2000	See Reverse for Instructions

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

405387 FEB/135 2001

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TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0571065

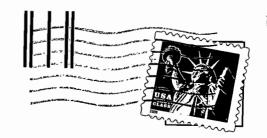
ST. JOHN'S CLEANERS MICHAEL ST. JOHN 3225 S MACDILL AVE TAMPA FL 33629 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

ST. John's C(enver) 3225 SD. MACDIC AVE TAMPA, FC 33629





TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 304241

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

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ST. JOHN'S CLEANERS INC MICHAEL ST. JOHN 3225 S MACDILL AVE TAMPA FL 33629

AIRS ID 0571065

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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Z .333 613 614 US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to AIRS ID 0571065 ST. JOHN'S CLEANERS INC MICHAEL ST. JOHN 3225 S MACDILL AVE **TAMPA FL 33629** 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

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 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. 1. Article Addressed to: AIRS ID # 0571065001AG MICHAEL ST. JOHN ST. JOHN'S CLEANERS 3225 S MACDILL AVE TAMPA FL 33629 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Addressee Addressee Addressee Addressee If YES, enter delivery address below: No No
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Receipt for Certified Mail

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Return Receipt Showing to Whom Date, & Addressee's Address Return Receipt Showing to Whom Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees Postmark or Date

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US Postal Service Receipt for Certified Mail

AIRS ID#: 0571065 ST. JOHN'S CLEANERS INC MICHAEL ST. JOHN 3225 S MACDILL AVE TAMPA FL 33629

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TOTAL AMOUNT DUE: \$50,000 -1 99

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AIRS ID # 0571065

ST. JOHN'S CLEANERS MICHAEL ST. JOHN 3225 S MACDILL AVE **TAMPA FL 33629**

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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