



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

November 25, 1996

Mr. Jayanti H. Patel  
President  
Majik Touch Cleaners  
2314 West Linebaugh Avenue  
Tampa, Florida 33612

Re: Facility I.D. No. 0571069

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 5, 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/jw

cc: Ms. Liz Deken, Hillsborough County

*"Protect, Conserve and Manage Florida's Environment and Natural Resources"*

10-2-96 #0571069

Spoke to Jayanti Patel,  
his machine was  
purchased in 1993  
he uses under 100  
gall. of perc a year.

P.14

1. (a) add dates
1. (c) should not be marked
2. (a) fill in - 100
3. should be new small  
area source

P.15

4. new small v.c. should  
be marked

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	AMSAT INC. D.B.A. MASIX TOUCH DRY CLEANERS		
2. Site Name (For example, plant name or number):	MASIX TOUCH CLEANERS		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:			
Street Address:	2314 W. HINERBAUGH AVE.		
City:	County:	Zip Code:	
TAMPA	HILLS	33612	
5. Facility Identification Number (DEP Use):	0571069		

## Responsible Official

6. Name and Title of Responsible Official:	SANTHI H. PATEL (PRESIDENT)		
7. Responsible Official Mailing Address:			
Organization/Firm:	2314 W. HINERBAUGH AVE		
Street Address:			
City:	County:	Zip Code:	
TAMPA	HILLS	33612	
8. Responsible Official Telephone Number:			
Telephone:	(813) 935-6554	Fax:	( ) -

## Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SANTHI H. PATEL		
10. Facility Contact Address:			
Street Address:	2314 W. HINERBAUGH AVE		
City:	County:	Zip Code:	
TAMPA	HILLS	33612	
11. Facility Contact Telephone Number:			
Telephone:	(813) 935-6554	Fax:	( ) -

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SEP 3 1996

**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.

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
<i>Example</i>		<i>#1 03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit									
(1) w/ ref. condenser	<input checked="" type="checkbox"/>								
(2) w/ carbon adsorber	<input type="checkbox"/>								
(3) w/ no controls	<input type="checkbox"/>								
Washer Unit									
(4) w/ ref. condenser	<input type="checkbox"/>								
(5) w/ carbon adsorber	<input type="checkbox"/>								
(6) w/ no controls	<input type="checkbox"/>								
Dryer Unit									
(7) w/ ref. condenser	<input type="checkbox"/>								
(8) w/ carbon adsorber	<input type="checkbox"/>								
(9) w/ no controls	<input type="checkbox"/>								
Reclaimer Unit									
(10) w/ ref. condenser	<input type="checkbox"/>								
(11) w/carbon adsorber	<input type="checkbox"/>								
(12) w/ no controls	<input type="checkbox"/>								

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  
 gallons

(b) If less than 12 months, how many?  months  
 Check why it is less than 12 months: New owner:  New store:  Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part 11?  
 (Indicate with an "X". Select one classification only.)

- Existing small area source       New small area source   
 Existing large area source       New large area source

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

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

### 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 promptly notify the Department of any changes to the information contained in this notification.*

Signature



Date



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

✓

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: <u>1145</u>	TIME OUT: <u>1240</u>	AIRS ID#: <u>0571069</u>
TYPE OF FACILITY: <u>PERC Dry Cleaner</u>		
FACILITY NAME: <u>Majik Touch Cleaners</u>	DATE: <u>6/26/97</u>	
FACILITY LOCATION: <u>2314 West Knebaugh Ave</u> <u>Tampa FL 33612</u>		
RESPONSIBLE OFFICIAL: <u>Jayanti Patai</u>	PHONE NUMBER: <u>(813) 935-6554</u>	

Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<u>Record keeping - Incomplete records on leak inspections</u>	<u>R.O. is to start back performing leak inspections.</u>
<u>No temperature measurements - RO ensure if existing gauge is proper gauge, or if one needs to be installed.</u>	<u>R.O. is to verify installed gauge, or have a temperature gauge installed within 30 days.</u>

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: Either reinspect following gauge installation or 1 year  
(Approximate)

INSPECTION CONDUCTED BY: James O Holton  
(Please Print)

INSPECTOR'S SIGNATURE: Jan O Holt PHONE NUMBER: (813) 272-5530

AIRS ID#: OS 710069

ACE

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Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT JUL 14 1997  
ANNUAL COMPLIANCE CERTIFICATION FORM

Bureau of Air Monitoring  
& Mobile Sources

FACILITY NAME: MARIA TOWERS CLEANERS DATE: 6/26/97

FACILITY LOCATION: 2314 W. UNIVERSITY AVE.  
TAMPA, FL 33612

Annual Reporting Period: Oct 1 1996 TO 6/26/97 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Records Keeping

Exact period of non-compliance: from Oct. 1 '96 to 6/26/97

Action(s) taken to achieve compliance: To Review Records

Method used to demonstrate compliance: Next Inspection

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

No Temp. Control

Exact period of non-compliance: from Oct 96 to 6/26/97

Action(s) taken to achieve compliance: INSTALL COND BT 20D

Method used to demonstrate compliance: Next Inspector BT 20D

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: JACQUES H. [Signature] 6/26/97

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.



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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 1005 TIME OUT: 1025 AIRS ID#: 571069  
 TYPE OF FACILITY: PERC DRY CLEANER  
 FACILITY NAME: MATIK TOUCH CLEANERS DATE: 8/27/97  
 FACILITY LOCATION: 2314 LYNEBAUGH AVE  
TAMPA 33612  
 RESPONSIBLE OFFICIAL: JAYANTI PATEL PHONE NUMBER: 813-935-6554

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	<b>RECEIVED</b>
	SEP 15 1997
	Bureau of Air Monitoring & Mobile Sources

COMMENTS: \_\_\_\_\_

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO  N/A

DATE OF NEXT INSPECTION: \_\_\_\_\_ (Approximate)

INSPECTION CONDUCTED BY: Jim Holton (Please Print)

INSPECTOR'S SIGNATURE: Jim Holton PHONE NUMBER: 813-272-5530

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 571069 DATE: 8/27/97 TIME IN: 1005 TIME OUT: 1025  
FACILITY NAME: MAJIK TOUCH CLEANERS  
FACILITY LOCATION: 2314 LINEBAUGH AVE  
TAMPA 33612

PART I: NOTIFICATION

(Check appropriate box)

1. Existing facility notified DARM by 9/1/96   
2. New facility notified DARM 30 days prior to startup   
3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:  
(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) <input type="checkbox"/>	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) <input type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	4. New large area source dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed on or after 12/9/91) <input type="checkbox"/>

This is a correct facility classification  Y  N

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 \_\_\_\_\_ gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

Is the responsible official of the dry cleaning facility:  
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers?  Y  N
- 2. Examining the containers for leakage?  Y  N
- 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
- 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?  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?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  Y  N
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  N

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

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  
Is the temperature differential equal to or greater than 20° F?  Y  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?  Y  N  N/A  
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 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
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?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

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

2. 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)

**If using direct-reading instrumentation, is the equipment:**

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N

c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N

d. Kept in a clean and secure area when not in use?  Y  N

e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

3. Has the facility maintained a leak log?  Y  N

4. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	<input type="checkbox"/> Y <input type="checkbox"/> N	Muck cookers	<input type="checkbox"/> Y <input type="checkbox"/> N
Door gaskets and seating	<input type="checkbox"/> Y <input type="checkbox"/> N	Stills	<input type="checkbox"/> Y <input type="checkbox"/> N
Filter gaskets and seating	<input type="checkbox"/> Y <input type="checkbox"/> N	Exhaust dampers	<input type="checkbox"/> Y <input type="checkbox"/> N
Pumps	<input type="checkbox"/> Y <input type="checkbox"/> N	Diverter valves	<input type="checkbox"/> Y <input type="checkbox"/> N
Solvent tanks and containers	<input type="checkbox"/> Y <input type="checkbox"/> N	Cartridge filter housings	<input type="checkbox"/> Y <input type="checkbox"/> N
Water separators	<input type="checkbox"/> Y <input type="checkbox"/> N		

JAYANTI PATEL

Name of Responsible Official

Jim Horton

Inspector's Name (Please Print)

[Signature]

Inspector's Signature

8/27/97

Date of Inspection

\_\_\_\_\_  
Approximate Date of Next Inspection

INSPECTION REPORT FORM  
 ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Majik Touch Cleaners			PAGE 1 OF 1	
FACILITY ADDRESS: 2314 Linebaugh Avenue			CITY: Tampa PHONE: 935-6554	
MAILING ADDRESS: same as above		CITY: same	FLA	ZIP: 33612
INSPECTION DATE: 8/27/97	TIME IN: 1005	TIME OUT: 1025	INSPECTION TYPE: Follow-up	STATUS: n/a
AIR GENERAL PERMIT NUMBER:		0571145 1069		
SOURCE DESCRIPTION: perc dry cleaner				
CONTACT(S): Jayanti Patel				

This facility had an annual inspection performed on 6/26/97 and, at that time, the RO was unsure as to whether the dry cleaning machine had a temperature gauge installed on the exhaust of the Refrigerated Condenser (RC). The RO was instructed to verify the purpose of a specific temperature gauge and, if that gauge was not for the RO exhaust gas temperature, then ensure a gauge is installed to meet the requirements of the air quality rule pertaining to dry cleaners on the classification this facility was incorporated into, which is a "new small area source".

This inspection was to perform a follow-up to determine if the status of the gauge. The machine's "unknown" temperature gauge was not for the RC exhaust, however the RO had an additional temperature gauge installed, as was required.

Measurements have been recorded around 5°C, however the RO has only been recording these measurements on a bi-weekly schedule. I instructed the RO that the temperature measurement is required to be performed at least weekly.

INSPECTED BY: James O. Holton, Air Toxics Engineer	DATE: 8/27/97
<i>James O. Holton</i>	

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID#:	571069	DATE:	5/5/98	TIME IN:	10:00	TIME OUT:	11:45
FACILITY NAME:	MASIK TOUCH CLEANER						
FACILITY LOCATION:	2314 LINEBAUGH AVE TAMPA, FL 33612						
RESPONSIBLE OFFICIAL:	JAYANTI PATEL			PHONE:	(813) 935-6554		
CONTACT NAME:	Same			PHONE:	SAME		

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 JUN 15 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

**PART I: NOTIFICATION**

(check appropriate box)

1. New facility notified DARM 30 days prior to startup	N/A	<input type="checkbox"/>
2. Facility failed to notify DARM to use general permit		<input type="checkbox"/>

**PART II: CLASSIFICATION**

Facility indicated on notification form that it is:  
 (check appropriate box)

<input type="checkbox"/> No notification form
<input type="checkbox"/> Drop store/out of business/petroleum

**A.**

1. Existing small area source <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)

5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:

<input type="checkbox"/> facility qualified for a general permit as number _____ above
<input type="checkbox"/> 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 96 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

Is the responsible official of the dry cleaning facility:  
(check appropriate boxes)

- |   |                                       |                            |   |
|---|---------------------------------------|----------------------------|---|
| 1. Storing perchloroethylene in tightly sealed and impervious containers?   | <input type="checkbox"/> Y            | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |
| 2. Examining the containers for leakage?  | <input type="checkbox"/> Y            | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading?  | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |   |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?                     | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A            |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y            | <input type="checkbox"/> N | <input checked="" type="checkbox"/> 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?   | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |   |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?   | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A            |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?                     | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A            |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?                 | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |   |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?                               | <input type="checkbox"/> Y            | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |   |



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

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/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?  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?  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?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly averages of perc consumption?  Y  N
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?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
     Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
 

Hose connections, fittings, couplings, and valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Muck cookers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Door gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Stills	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Filter gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Exhaust dampers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Pumps	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Diverter valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Solvent tanks and containers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Cartridge filter housings	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Water separators	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
4. Which method of detection is used by the responsible official?
 

Visual examination (condensed solvent on exterior surfaces)	<input checked="" type="checkbox"/>
Physical detection (airflow felt through gaskets)	<input checked="" type="checkbox"/>
Odor (noticeable perc odor)	<input checked="" type="checkbox"/>
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	<input type="checkbox"/>
Halogen leak detector	<input type="checkbox"/>
<b>If using direct-reading instrumentation, is the equipment:</b>	<input checked="" type="checkbox"/> N/A
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	<input type="checkbox"/> Y <input type="checkbox"/> N
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	<input type="checkbox"/> Y <input type="checkbox"/> N
c. Inspected for leaks and obvious signs of wear on a weekly basis?	<input type="checkbox"/> Y <input type="checkbox"/> N
d. Kept in a clean and secure area when not in use?	<input type="checkbox"/> Y <input type="checkbox"/> N
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	<input type="checkbox"/> Y <input type="checkbox"/> N

ROGER ZHU

Inspector's Name (Please Print)

5/5/98

Date of Inspection

*Roger Zhu*

Inspector's Signature

1 YEAR

Approximate Date of Next Inspection

INSPECTION REPORT FORM  
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Majik Touch Cleaners			PAGE 1 OF 1	
FACILITY ADDRESS: 2314 Linebaugh Ave.			CITY: Tampa PHONE: (813) 935-6554	
MAILING ADDRESS: Same		CITY: Tampa	FLA	ZIP: 33612
INSPECTION DATE: May 5, 1998	TIME IN: 10:00	TIME OUT: 11:45	INSPECTION TYPE: non-CDS	STATUS: In Compliance
NEDS NUMBER: 571069				
SOURCE DESCRIPTION: Perc Dry Cleaner				
CONTACT(S): Jayanti Patel				

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.  
Mr. Patel's record keeping is in good shape. The temperature measurements and the leak inspections have been performed on a bi-weekly basis. The perc purchase receipts and the rolling total indicated that there was 96 gallons of perc purchased over the last 12 months.  
The owners manual is kept on site which includes startup, shutdown and malfunction plan.

**RECEIVED**  
JUN 15 1998  
Bureau of Air Monitoring  
& Mobile Sources

INSPECTED BY: Roger Zhu	DATE: May 5, 1998
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✓

**PERCHLOROETHYLENE DRY CLEANERS**  
**TITLE V GENERAL PERMIT**  
**COMPLIANCE INSPECTION CHECKLIST**

**TYPE OF INSPECTION:**      ANNUAL                     COMPLAINT/DISCOVERY        
    RE-INSPECTION                   

**AIRS ID#:** 0571069      **DATE:** 6/26/97      **TIME IN:** 1145      **TIME OUT:** 1240  
**FACILITY NAME:** Majik Touch Cleaners  
**FACILITY LOCATION:** 2314 W Linebaugh Ave.  
Tampa, FL 33612

**PART I: NOTIFICATION**

(check appropriate box)

- 1. Existing facility notified DARM by 9/1/96
- 2. New facility notified DARM 30 days prior to startup
- 3. Facility failed to notify DARM to use general permit

**PART II: CLASSIFICATION**

Facility indicated on notification form that it is:  
 (check appropriate box)

- A.**
- |  |  |
|--|--|
| 1. Existing small area source <input type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91)                         | 2. New small area source <input checked="" type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91)              |
| 3. Existing large area source <input type="checkbox"/><br>dry-to-dry only, $140 < x < 2,100$ gal/yr<br>transfer only, $200 < x < 1,800$ gal/yr<br>both types, $140 < x < 1,800$ gal/yr<br>(constructed before 12/9/91) | 4. New large area source <input type="checkbox"/><br>dry-to-dry only, $140 < x < 2,100$ gal/yr<br>transfer only, $200 < x < 1,800$ gal/yr<br>both types, $140 < x < 1,800$ gal/yr<br>(constructed on or after 12/9/91) |

This is a correct facility classification       Y       N

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 100 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

Is the responsible official of the dry cleaning facility:  
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers?  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
- 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?  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?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?  Y  N
- 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?  Y  N  N/A

**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?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  
Is the temperature differential equal to or greater than 20° F?  Y  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?  Y  N  N/A  
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 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
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?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly averages of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:  
a. documentation of leaks repaired w/in 24 hrs? or; *partial records*  Y  N  
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N
4. Maintained calibration data? *(for direct reading instruments only)*  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N *N/A*
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N *N/A*  
Problem corrected?  Y  N
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

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

2. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces) *when performed*
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

If using direct-reading instrumentation, is the equipment:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

3. Has the facility maintained a leak log? *PARTIAL*  Y  N

4. Does the responsible official check the following areas for leaks?

- |   |  |                       |                           |  |
|---|--|-----------------------|---------------------------|--|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <i>when performed</i> | Muck cookers              | <i>N/A</i> <input type="checkbox"/> Y <input type="checkbox"/> N |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |                       | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |                       | Exhaust dampers           | <i>N/A</i> <input type="checkbox"/> Y <input type="checkbox"/> N |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |                       | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |                       | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |                       |                           |  |

Jayanti Patel  
Name of Responsible Official

James O Holton  
Inspector's Name (Please Print)

Jan O Holb  
Inspector's Signature

6/26/97  
Date of Inspection

~1 year  
Approximate Date of Next Inspection  
*or after the temp gauge is installed, if applicable -> see notes*

**ADDITIONAL SITE INFORMATION: Majik Touch Cleaners**

- This facility has a perc dry-to-dry machine, and the information is as follows: Metro 45, S/N 45-B4-446. Capacity is 45#, and unit construction date was 1993.
- There is a temperature gauge on the front of the dry cleaning machine that appears as though it may be the refrigerated condenser gauge, however the R. O. is not sure if this is the proper gauge. He indicated that the machine supplier said the machine needed a temperature gauge installed. The R.O. was instructed to verify if the existing gauge was the proper gauge and, if not, have one installed. Additionally, if one has to be installed, the R.O. is to notify the EPC for re-inspect for verification of installation.
- Records for leak inspections exist between 1/97 - 4/97, but not on either of the surrounding time frames back to 10/1/97. Dates on inspection records only reflected the month and year, but there was two inspections per month. This mostly depicts a bi-weekly inspection, however the R.O. was instructed to apply the date of the day the inspection, in order to adequately verify the proper timing.
- Perc supply is from Tampa Bay Cleaning Supply; Waste pick-up is by Safety Kleen.





# Department of Environmental Protection

3755  
2213

0313388



Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

**TO: Holder of Title V Air General Permit**

**Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).**

**For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.**

**Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:**

**Title V Air General Permits  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32399-2400**

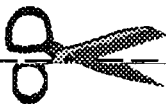
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(cut here)

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

0313388

**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**

75.00

Bureau of Air Monitoring  
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**Do NOT Remove Label**

AIRS ID# 0571069

AMSAY INC  
JAYANTI H PATEL  
2316 W LINEBAUGH AVE  
TAMPA FL 33612

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj.: 002273



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

April 2, 1998

## NOTICE OF LATE PAYMENT OF ANNUAL EMISSIONS FEE VIA: CERTIFIED MAIL WITH RETURN RECEIPT

TO: User of Title V Air General Permit

Department records indicate that during calendar year 1997 you operated a facility which is a source of air pollution. You have also claimed eligibility for this facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual emissions fee, as established by the Department in Rule 62-213.205, F.A.C. You are also required, under Rule 62-213.300(2)(c)2, F.A.C., to notify the Department in writing of any change in facility status.

The annual emissions fee for your facility is \$50 for calendar year 1997. A notice of your obligation to pay the annual emissions fee was sent to you by certified mail, along with an invoice form and instructions.

As of this date, the Department has not received your annual emissions fee. Therefore, in accordance with Rule 62-213.205(1)(g), F.A.C., the Department is assessing a 50% penalty against your facility, for a total fee of \$75.00 for calendar year 1997.

Under Rule 62-213(1)(g), F.A.C., failure to timely pay the required annual emissions fee, penalty, or interest constitutes grounds for revocation of your Title V Air General Permit. If the fee and penalty are not promptly paid, the Department will revoke your facility's Title V Air General Permit and may also seek interest in accordance with Section 220.807, F.S.

To submit your \$75.00 payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Rick Butler at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your immediate attention to this matter.

Sincerely,

Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

/DD

Enclosure: Invoice Form

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& Mobile Sources  
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"Protect, Conserve and Manage Florida's Environment and Natural Resources"

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DEPT OF ENVIRONMENTAL PROTECT.  
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*ARISAY INC.*  
*DBA.*

**MAJIK TOUCH DRY CLEANERS**  
2314 W LINEBAUGH AVE, PH 935-6554  
TAMPA, FL 33612

01-91

~~304969~~

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63-27/631  
401

*3/3/98*

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ORDER OF

*DEPT OF ENV. PROTECTION*

\$ *50.00*

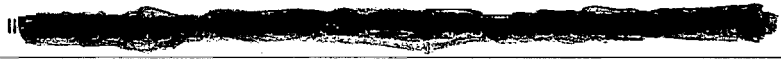
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& Mobile Sources

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

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 10:00 TIME OUT: 11:45 AIRS ID#: 571069  
 TYPE OF FACILITY: PERC DRY CLEANER  
 FACILITY NAME: MATIK TOUCH CLEANERS DATE: 5/5/98  
 FACILITY LOCATION: 2314 LINEBAUGH AVE  
TAMPA, FL 33612  
 RESPONSIBLE OFFICIAL: SAYANTI PATEL PHONE NUMBER: (813) 935-6554

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

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 Bureau of Air Monitoring  
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COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO  N/A

DATE OF NEXT INSPECTION: 1 YEAR  
 (Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU  
 (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (813) 272-5530

✓

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

**TYPE OF INSPECTION:** ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 2:20 PM TIME OUT: 3:30 PM AIRS ID#: 0571069  
 TYPE OF FACILITY: Perc Dry Cleaners  
 FACILITY NAME: Majik Touch Cleaners DATE: 6-17-99  
 FACILITY LOCATION: 2314 Linebaugh Ave  
Tampa, FL 33612  
 RESPONSIBLE OFFICIAL: JAYANTI Patel PHONE NUMBER: (813) 935-6554

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

RECEIVED  
 JUL 15 1999  
 Bureau of Air Monitoring & Mobile Sources

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 1 year  
(Approximate)

INSPECTION CONDUCTED BY: M. Nozari  
(Please Print)

INSPECTOR'S SIGNATURE: M. Nozari PHONE NUMBER: (813) 272-5536

ACC

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

FACILITY NAME: MASIK Touch Cleaners DATE: 6/17/99  
 FACILITY LOCATION: 2314 Linebaugh Ave  
Tampa, FL 33602

Annual Reporting Period: 5/5/1998 TO 6/17/1999

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

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If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_


Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: JAYANT H. PATEL [Signature] 6/17/99  
 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**

  
 RECEIVED  
 JUL 16 1999  
 Bureau of Air Monitoring  
 & Mobile Sources

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID#: 0571069 DATE: 6-17-99 TIME IN: 2:20PM TIME OUT: 3:30 PM  
 FACILITY NAME: MAGIK Touch Cleaners  
 FACILITY LOCATION: 2314 Linebaugh Ave  
Tampa, FL 33612  
 RESPONSIBLE OFFICIAL: Jayanti Patel PHONE: (813) 935-6554  
 CONTACT NAME: Same PHONE: Same

**PART I: NOTIFICATION**

(check appropriate box)

1. New facility notified DARM 30 days prior to startup  N/A  
 2. Facility failed to notify DARM to use general permit

**PART II: CLASSIFICATION**

Facility indicated on notification form that it is:  
(check appropriate box)

- No notification form  
 Drop store/out of business/petroleum

A.

- |  |  |
|--|--|
| 1. Existing small area source <input type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91)   | 2. New small area source <input checked="" type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91)                                |
| 3. Existing large area source <input type="checkbox"/><br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed before 12/9/91) | 4. New large area source <input type="checkbox"/><br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed on or after 12/9/91) |
5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number 42 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 180 gallons.



**PART III: GENERAL CONTROL REQUIREMENTS**

Is the responsible official of the dry cleaning facility:  
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers?  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 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?  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?  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?  Y  N
- 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?  Y  N

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

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/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?  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?  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?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly averages of perc consumption?  Y  N
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?  Y  N  N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
     Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
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
- If using direct-reading instrumentation, is the equipment:**  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

M. Nozari  
Inspector's Name (Please Print)

6-17/99  
Date of Inspection

M. Nozari  
Inspector's Signature

1 year  
Approximate Date of Next Inspection

INSPECTION REPORT FORM  
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Majik Touch Cleaners

PAGE 1 OF 1

FACILITY ADDRESS: 2314 Linebough Avenue

CITY: Tampa

PHONE: (813)435-6554

MAILING ADDRESS: Same

CITY: Tampa

FLA

ZIP: 33612

INSPECTION DATE:

TIME IN:

TIME OUT:

INSPECTION TYPE:

STATUS:

June 17, 1999

2:20 PM

3:20 PM

Annual

In Compliance

NEDS NUMBER: 571069

SOURCE DESCRIPTION: Perchloroethylene ( Perc ) Dry Cleaner

CONTACT(S): Jayanti Patel

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.
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 180 gallons and it was verified.
6. The machines were 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 regulations.

INSPECTED BY:  
Mohammad Nozari

DATE:  
June 17,1999

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 9:00 TIME OUT: 10:00 AIRS ID#: 571069  
 TYPE OF FACILITY: PERC DRY CLEANER  
 FACILITY NAME: MAJIK TOUCH CLEANERS DATE: 6/21/00  
 FACILITY LOCATION: 2314 LINEBAUGH AVE  
TAMPA, FL 33612  
 RESPONSIBLE OFFICIAL: JAYANTI PATEL PHONE NUMBER: (813) 935-6554

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

RECEIVED  
 JUN 21 2000  
 Bureau of Air Monitoring  
 & Mobile Sources

COMMENTS: \_\_\_\_\_

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 1 YEAR  
 (Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU  
 (Please Print)

INSPECTOR'S SIGNATURE: Roger Zhu PHONE NUMBER: (813) 272-5530

AIRS ID#: 571069

Revised 10/10/96

*ACC*

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

FACILITY NAME: MASIK TOUCH CLEANERS DATE: 6/21/00  
 FACILITY LOCATION: 2314 LINEBAUGH AVE  
TAMPA, FL 33612

Annual Reporting Period: June 18 19 99 TO June 21 20 00

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
 Action(s) taken to achieve compliance: \_\_\_\_\_  
 Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
 Action(s) taken to achieve compliance: \_\_\_\_\_  
 Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: JAY PATEL [Signature] 6/21/2000  
 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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID#: 571069 DATE: 6/21/00 TIME IN: 9:00 TIME OUT: 10:00  
 FACILITY NAME: MAJIK TOUCH CLEANERS  
 FACILITY LOCATION: 2314 LINEBAUGH AVE  
TAMPA, FL 33612  
 RESPONSIBLE OFFICIAL: JAYANTI PATEL PHONE: (813) 935-6554  
 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)

- No notification form  
 Drop store/out of business/petroleum

A.

- |  |  |
|--|--|
| <p>1. Existing small area source <input type="checkbox"/><br/>                 dry-to-dry only, <math>x &lt; 140</math> gal/yr.<br/>                 transfer only, <math>x &lt; 200</math> gal/yr<br/>                 both types, <math>x &lt; 140</math> gal/yr<br/>                 (constructed before 12/9/91)</p>                                 | <p>2. New small area source <input checked="" type="checkbox"/><br/>                 dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>                 transfer only, <math>x &lt; 200</math> gal/yr<br/>                 both types, <math>x &lt; 140</math> gal/yr<br/>                 (constructed on or after 12/9/91)</p>                       |
| <p>3. Existing large area source <input type="checkbox"/><br/>                 dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>                 transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>                 both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>                 (constructed before 12/9/91)</p> | <p>4. New large area source <input type="checkbox"/><br/>                 dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>                 transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>                 both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>                 (constructed on or after 12/9/91)</p> |
5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number      above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 136.5 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

Is the responsible official of the dry cleaning facility:  
(check appropriate boxes)

- |   |   |
|---|---|
| 1. Storing perchloroethylene in tightly sealed and impervious containers?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 2. Examining the containers for leakage?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading?  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?                     | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?                 | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?                               | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |



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

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/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?  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?  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?  Y  N  N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly averages of perc consumption?  Y  N
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?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N

2. Has the facility maintained a leak log?  Y  N

3. Does the responsible official check the following areas for leaks?

- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |

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
- If using direct-reading instrumentation, is the equipment:
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
  - b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
  - c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
  - d. Kept in a clean and secure area when not in use?  Y  N
  - e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

ROGER ZHU

Inspector's Name (Please Print)

*Roger Zhu*

Inspector's Signature

6/21/00

Date of Inspection

1 YEAR

Approximate Date of Next Inspection

INSPECTION REPORT FORM  
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Majik Touch Cleaners PAGE 1 OF 1

FACILITY ADDRESS: 2314 Linebaugh Ave. CITY: Tampa  
PHONE: (813) 935-6554

MAILING ADDRESS: Same CITY: Tampa FLA ZIP: 33612

INSPECTION DATE: June 21, 2000	TIME IN: 9:00	TIME OUT: 10:00	INSPECTION TYPE: non-CDS	STATUS: In Compliance
-----------------------------------	------------------	--------------------	-----------------------------	--------------------------

NEDS NUMBER: 571069

SOURCE DESCRIPTION: Perc Dry Cleaner

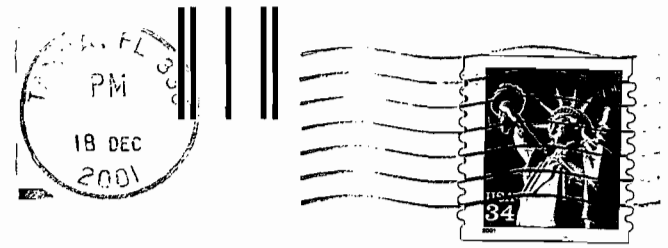
CONTACT(S): Jayanti Patel

Today's visit was to conduct the annual inspection.  
The machine was in operation today. No leaks or odors were noticed.  
The facility is very clean and the machine is well maintained.  
The recordkeeping is good. The perc usage was 136.5 gallons according to the purchase receipts.  
The owner's manual is kept on site which includes startup, shutdown and malfunction plan.

INSPECTED BY: Roger Zhu

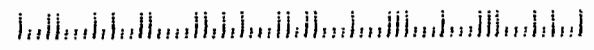
DATE: June 21, 2000

**MAJIK TOUCH DRY CLEANERS**  
PH. 935-6554  
2314 W. LINEBAUGH AVE.  
TAMPA, FL 33612



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

32315+3070 49



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

411972 DEC20 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**

Do NOT Remove Label

AIRS ID # 0571069  
MAJIK TOUCH DRY CLEANERS  
JAYANTI H PATEL  
2314 W LINEBAUGH AVE  
TAMPA FL  
33612

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <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>	A. Received by (Please Print Clearly)	B. Date of Delivery <i>2-17</i>
1. Article Addressed to:  10 AIRS ID # 0571069001AG JAYANTI H PATEL MAJIK TOUCH DRY CLEANERS 2314 W LINEBAUGH AVE TAMPA FL 33612	C. Signature <i>X J. Patel</i>	
	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Copy from service label) <i>7000 0520 0020 9372 9781</i>		
PS Form 3811, July 1999                              Domestic Return Receipt                              102595-99-M-1789		

U.S. Postal Service <b>CERTIFIED MAIL RECEIPT</b> <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>		
[Redacted Box]		
Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	<input checked="" type="checkbox"/>	
7000 0520 0020 9372 9781	To: 10 AIRS ID # 0571069001AG <b>Re</b> JAYANTI H PATEL <span style="float: right;">(mailer)</span> <b>Str.</b> MAJIK TOUCH DRY CLEANERS 2314 W LINEBAUGH AVE <b>City</b> TAMPA FL 33612	
PS Form 3800, February 7, 2000    See reverse for instructions		

PLEASE NOTE THE  
CORRECT NAME & ADDRESS

AMSAY INC  
JAYANTI H. PATEL  
2314 W. LINEBAUGH AVE  
TAMPA, FL. 33612

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258233

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

AMSAY INC  
JAYANTI H PATEL  
2316 W LINEBAUGH AVE  
TAMPA FL 33612

AIRS ID# 0571069

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj.: 002273

RECEIVED  
MAIL ROOM  
JAN 16 97

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 # 0571069  
MAJIK TOUCH DRY CLEANERS  
JAYANTI H PATEL  
2316 W LINEBAUGH AVE  
TAMPA FL 33612

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: 61  
Fund: 20-2-035001  
Obj.: 002273

0353979  
DEC 15 1998  
RECEIVED  
Bureau of Air Monitoring  
& Mobile Sources  
MAIL ROOM  
DEC 1 1998

Z 333 613 692

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (*See reverse*)

AIRS ID# 0571069

AMSAY INC  
 JAYANTI H PATEL  
 2316 W LINEBAUGH AVE  
 TAMPA FL 33612

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

Is your RETURN ADDRESS completed 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 can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AMSAY INC  
 JAYANTI H PATEL  
 2316 W LINEBAUGH AVE  
 TAMPA FL 33612

AIRS ID# 0571069

4a. Article Number

**Z 333 613 692**

4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered                     | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured              |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD                  |

7. Date of Delivery

**4/8/98** *Arun*

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

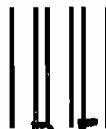
**X**

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.



UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

RECEIVED

• Print your name, address, and ZIP Code in this box •

DR 17 1998

DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

Fold at line over top of envelope to the right of the return address

**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 can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: AIRS ID 0571069

AMSAY INC.  
JAYANTI H PATEL  
2316 W LINEBAUGH AVE  
TAMPA FL 33612

4a. Article Number  
**2333-613-622**

4b. Service Type

Registered  Certified

Express Mail  Insured

Return Receipt for Merchandise  COD

7. Date of Delivery  
**2-14-95**

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
**X D. L. Stafford**

PS Form 3811, December 1994 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

Z 333 613 622

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

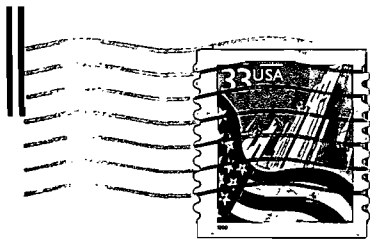
Sent to AIRS ID 0571069

AMSAY INC  
JAYANTI H PATEL  
2316 W LINEBAUGH AVE  
TAMPA FL 33612

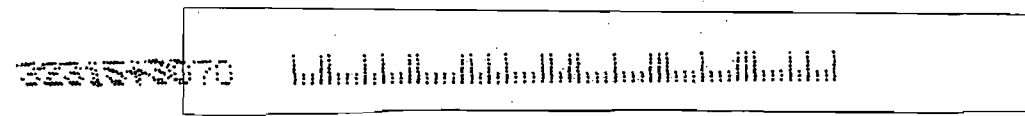
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, April 1995

**MAJIK TOUCH CLEANERS**  
2314 W Linebaugh Ave.  
Tampa FL 33612



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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389448

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

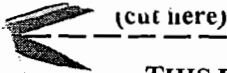
**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID # 0571069  
MAJIK TOUCH DRY CLEANERS  
JAYANTI H PATEL  
2316 W LINEBAUGH AVE  
TAMPA FL 33612

FOR GOVERNMENT USE  
Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj.: 002273

RECEIVED  
MAIL ROOM  
DEC 13 1999



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

399894

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 # 0571069  
 MAJIK TOUCH DRY CLEANERS  
 JAYANTI H PATEL  
 2314 W LINEBAUGH AVE  
 TAMPA FL 33612

Bureau of Air Monitoring  
& Mobile Sources

RECEIVED  
DEC 11 2000

12/14/00  
pd

RECEIVED  
MAIL ROOM  
DEC 14 00

FOR GOVERNMENT USE ONLY  
 Orig.: 37550101000 EO: A1  
 Fund: 20-2-035001  
 Obj.: 002273