Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):				
VALET CLEANERS, INC.				
2. Site Name (For example, plant name or number):				
VALET CLEANERS				
3. Hazardous Waste Generator Identification Number:				
4. Facility Location: Street Address: 123 E. Blooming DALC AV.				
City: BRANDON, Fl. County: Hills borous# Zip Code: 335//				
5. Facility Identification Number (DEP Use):				
0571085				
Responsible Official				
6. Name and Title of Responsible Official:				
ED THOMPSON - V.P.				
7. Responsible Official Mailing Address: Organization/Firm: VALE+ CLENCES, TNC.				
Street Address: 123 E. Bloomin607le AV.				
City: BEANDON, Fl. County: Hills, Zip Code: 3351/				
8. Responsible Official Telephone Number:				
Telephone: (813) 685-4292 Fax: (813) 651-0151				
Facility Contact (If different from Responsible Official)				
9. Name and Title of Facility Contact (For example, plant manager):				
10. Facility Contact Address:				
Street Address:				
City: Zip Code:				
11. Facility Contact Telephone Number:				
Telephone: () - Fax: () -				

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SEP 3 1996

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Bureau of Air Monitoring & Mobile Sources

#0571085

·	Valet Cleaners
	Stake will Fol The Distriction -
	10/3/1996 - Uses approx.
	Spoke with Ed Thompson— 10/3/1996-uses approx. 230gal/wk.=11,960gal/yr.— under limits
	- controls required - compliance
	plan needed
p.15	5. (f) required
-	
	,

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.

		Date	Date ·		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
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								_	
(2) w/ carbon adsorber									
(3) w/ no controls	1	07-July-9	b						
Washer Unit		0 4			•				
(4) w/ ref. condenser									Π
(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						1			
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are required, but not yet installed [**X] (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? [
(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: []									
<i>*</i>			e						
3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)									
Existing small ar	ea so	urce []	N	lew sn	nall area sou	rce [)		
Existing small ar Existing large are	ea so	urce [X]	N	lew la	rge area soui	rce []		

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4. What control technology is required on machines pure (Indicate with an "X".)	suant to section (5) of Pa	rt II of this notification form?
Existing large area source Carbon adsorber [] Ref	frigerated condenser	(/) .
New small area source Refrigerated condenser []		
New large area source Refrigerated condenser []		
All steam and hot water generating units on-site (1) have boiler HP or less), and (2) are fired exclusively by natural during which propane or fuel oil containing no more that All steam and hot water generating units exclusively by natural during which propane or fuel oil containing no more that All steam and hot water generating units exempt	t water generating units of the a total heat input of 10 all gas except for periods in one percent sulfur is for	on-site meet the following million BTU/hr or less (298 s of natural gas curtailment
No such units on-site	— use (propane Iselusu
Equipment Monitoring and	Recordkeeping Inform	ation
Check all logs which are required to be kept on-site in a	ccordance with the requi	rements 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 monitor	ing	
(e) Instrument calibration		
(ii) Start-up, shutdown, malfunction plan		

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

Surrender of Existing Air Permit(s)

Please indica	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form: specifically, permit number(s)					
4	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification					
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.					
I will pro	mptly notify the Department of any changes to the information contained in this notification.					
Signature	1 Date 196					

Apr 21998

Bureau of Air Monitoring & Mobile Sourcess

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Pen am phone convers at in today,

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evelosed are the corrected certification

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DRY CLEANER AIR QUALITY GENERAL PERMIT

ANNUAL COMPLIANCE CERTIFICATION FORM
Annual Reporting Period: Annual Reporting P
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL:
Name (Please Print) Signature 380 1998

*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.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

VALET CLEANERS INC ED THOMPSON 123 E BLOOMINGDALE AVE BRANDON FL 33511 AND
Annual Reporting Period: 1997 TO 1997 TO
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Locality (plant) Moved to 4301 M. 56
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Please lemone 123 6. Bloomingdolf #0571085 ax Exact period of non-compliance: from a plant - It is how only a drop
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 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: FOR ASD M. THOMPSON Signature Name (Please Print) Signature 330 C 8

*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.

AIRS ID#: 57/0.85

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Revised 10/10/96 UEU 1 3 1996

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Bureau of Air Monitoring

·	& Mobile Sources
FACILITY NAME: VALET CLEANERS, INC.	DATE: 12/5/96
FACILITY LOCATION: 123 F. Blooming DATE AV.	
BRANDON, FLA. 33511	
Annual Reporting Period: 19 96 TO Dec	1994
Based on each term or condition of the Title V general air permit, my facility has remained in compliant 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the repo	orting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the repo	orting period stated above:
Exact period of non-compliance: fromto	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	<u> </u>
As the responsible official, I hereby certify, based on information and belief formed after reasonable incommade in this notification are true, accurate and complete. Further, my annual consumption of perchlor upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facility year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print)	roethylene solvent, based
- William (* 1990)	

*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.

Page _____ of _____.

Bure Kny 272-5530



Town Discourse

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

V	

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION	
TIME IN: 1415 TIME OUT: 1530		
TYPE OF FACILITY: Day Cleaner FACILITY NAME: Valet Cleaner		
FACILITY LOCATION: 123 E Blaumlay dele		
RESPONSIBLE OFFICIAL: [] Thompson	PHONE NUMBER: (8/3) 685-4292	
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administration	- · · · · · · · · · · · · · · · · · · ·	
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED	
	·	
•		
COMMENTS: Good efforts on preventive maintena	nue practices.	
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO		
DATE OF NEXT INSPECTION: / year	proximate)	
INSPECTION CONDUCTED BY: Jeney O	Holton	
	PHONE NUMBER: (2/3) 272 - 5530	

Page / of /.

Revised 10/96



AIRS ID#: 057/085

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Valet Cleaners One.	DATE: 4/17/97
	, ,
	,
Brondon, Ilc. 3351	<i>I</i>
	1/2
Annual Reporting Period:19 <u>%</u> TO	4/1() 1997
Based on each term or condition of the Title V general air permit, my facility has remaine	ed in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this state	ement. 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: fromto_	
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: fromto	
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 made in this notification are true, accurate and complete. Further, my annual consumpt upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print)	ion of perchloroethylene solvent, based

^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

V

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECT	COMPLAINT/DISCOVERY O			
FACILITY NAME: Valet Cleaners				
Brandon, F	omingelele 1 33511			
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)	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 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,>			
This is a correct facility classification	BY ON see notes			
If no, please check the appropriate classification:				
facility qualified for a general p facility exceeds above limits and	ermit as number above d is not eligible for a general permit			
B. The total quantity of perchloroethylene (perc) facility was 274 gallons.	purchased within the preceding 12 months by this dry cleaning			

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? Not storing 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY ON ON/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 prior to September 22, 1993 installed 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) OY ON 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after מבי באני verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

 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? Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? 	DY DAY
• • • • • • • • • • • • • • • • • • •	□Y □M
more and determined.	
Is the temperature differential equal to or greater than 20° F?	OY ON
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? Is the perc concentration equal to or less than 100 ppm?	CY 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
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON OMA
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON OM/A

White are

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

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	ey on
	ce note

2. Whi	2. Which method of detection is used by the responsible official?						
	O						
	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 p	erc vapo	r concentrations is	n a range of 0-500 ppm?	UY UN		
	b. Calibrated against a st (PID/FID only)?	andard g	gas prior to and af	ter each use	OY ON		
	c. Inspected for leaks and	d obvious	s signs of wear on	a weekly basis?	OY ON		
	d. Kept in a clean and se	cure area	a when not in use?	· ?	UY UN		
	e. Verified for accuracy b	y use of	duplicate samples	s (calorimetric only)?	OY ON		
3. Has	the facility maintained a leak log?			see note	DY BY		
4. Does	the responsible official check the f	ollowing	areas for leaks?				
	Hose connections, fittings,						
	couplings, and valves $\square Y \square N$ Muck cookers $\square M$						
	Door gaskets and seating						
	Filter gaskets and seating	CY	□и	Exhaust dampers (NA)) DY DN		
	Pumps	ΟΥ	□N	Diverter valves	ON CHO		
	Solvent tanks and containers	OY	ПИ	Cartridge filter housings	on №		
	Water separators	ÜÝ	□и				
							
	Ed Themson						
	Name of Responsible Official	1		6/2/02	/		
	James O. Holten			4/2/87	4/17/97		
	Inspector's Name (Please Prin	t)		Date of Inspe	ection		
	Can 2 Kelt			41218 1	مريد م		
	Inchector's Signature			Annrovimate Date of	Next Increation		

BEST AVAILABLE COPY

ADDITIONAL SITE INFORMATION:

- · Machine info Real Star RS 473 Cyclify 550 5/N 42-16-062 1996 commercial
 in 11/96
- Retrig Condenser outlet temperature has been measured daily, however this inspection determined the measurements (indicator) was being read incorrectly. Typical tempo recordings were $9^{\circ}C 9^{\circ}C$, and I witnessed the payer to be reading $6^{\circ}C T$ instructed the R.O. in the proper reading of this dial.
- R.C. temp. differential was not being measured. Machine has a temp. indicator labelled "Drying Temp." which moderaled may be the dozen exhaust to the R.C. Instructed R.D. to approvide documentation regionaling the sensor location for this indicator or install a temp indicator to measure At.
- · fee consumption for past 12 monthes was 334 yellows, all from old machine that was replaced by this one. Records indicate an additional 50 gallows, plus what was transferred from old machine to new machine, was regularly for mitigal start-up. This 50 gallows is not included in the for mitigal start-up. This 50 gallows is not included in the 334 gallows mentioned above. No pero consumption since start-y.
- · RO practices good P.M. fechniques.
- · Tampe Bay Clocker Supply is per supplier; met picks up waste.
- " No Decementation of leak checks. Instructed RO to begin
- "RO (owner) is despr in process of opening a new store with another RS Model 473. Once he goes commercial, his plans include moving this existing machine to the new facility " have 2 machines @ that site.
- Facility is listed as an existing large was source due to the ild machine's consumption. Informed RO that, upon his first will the change and pere addition, he could provate out lyen and request from a classification change.

Received phone call on 4/8/97 from R.D.; he reclized his look check logs were included on the RC offet teyenture logs and we overlooked them & the time of the inspection. Will follow up to the site with this information. Jan 1 Hollow 4/8/97

Leak check records were verified on 4/17/87. Records are kept on same log as R.C. temperature sexhaust.

Jan 2 Hollo 4/17/87

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL XI COM	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 10:00	TIME OUT:10 > 4	AIRS ID#:	57/085
TYPE OF FACILITY: PG2	c DRY CLEANER		
FACILITY NAME: VA	LET CLEANERS		DATE: 3/12/98
	3 E. BLOOMING	DALE SUE	
FACILITY DOCATION. 15A	LANDON, FL 3	3511	
RESPONSIBLE OFFICIAL:			(813)685-4292
Based on the results of t		ated during this inspection, the farative Code (F.A.C.).	cility is found to be in
Based on the results of t	•	ated during this inspection, the fo	llowing complianœ
COMPLIANCE REQU	TREMENT/PROBLEM	FOLLOW-UP ACTI	ON REQUIRED
			P
		Bureau & N	EC E
		obile Sou	13 KSB)
		ces .	
OMMENTS:	15 A DROP S	STERE ONLY.	
			N/A
ne Annual Compliance Certificat	ion form has been properly certific	ed and submitted to the inspector	YES NO
ATE OF NEXT INSPECTION			
	(App	roximate) 26GR ZHU	
SPECTION CONDUCTED B		ase Print)	
spector's signature:_		PHONE NUMBER:	(813)272-5530
	, , , , , , , , , , , , , , , , , , ,	e	Revised 10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID 0571085

ureau of Air Monitoring VALET CLEANERS INC ED THOMPSON 123 E BLOOMINGDALE AVE BRANDON FL 33511 Do NOT Remove Label Annual Reporting Period: 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. \square YES \square 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 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: 'llast lemove 123 6. Bloomwoodolf # Exact period of non-compliance: from 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 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.

^{*}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

		,	~ ~	ر ۱
TYPE OF INSPECTION:	ANNUAL	×	COMPLAINT/DESCOVER	8/8/
	RE-INSPECTION		COMPLAINT/DISCOVER	10 M
			60.4	1 39 C
AIRS ID#: 571085	3/12/98	, , , , , , , , , , , , , , , , , , , ,	. 10:00 mg	10,0:45
AIRS 1D#:	DATE: // / -	TIME I	N: / TIME OU	II: 8
FACILITY NAME:	ALET CLEAN	NULS		
FACILITY LOCATION:/	23 E. Blo	OMING	DALE AVE	
	BRANDON,	FL 3	33511	
RESPONSIBLE OFFICIAL : CONTACT NAME:	ED Thom	прѕох	PHONE: (813) 685	-4292
CONTACT NAME:	SAMG	_	PHONE: SAME	
PART I: NOTIFICATION				
(check appropriate box)	_			
New facility notified DARM	30 days prior to startup			
•				
2. Facility failed to notify DARI	M to use general permit			
PART II: CLASSIFICATION				
Facility indicated on notification	on form that it is:		☐ No notification form	/laum
(check appropriate box)			☐ Drop store/out of business	s/petroteum
1. Existing small area source	ce 🗆 2. I	New small ar	rea source	
d-140 140 140				
dry-to-dry only, x < 140 gal/y		• •	x < 140 gal/yr	
transfer only, $x < 200$ gal/yr	tran	isfer only, x <	< 200 gal/yr	
transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr	tran both	isfer only, x < h types, x < l	< 200 gal/yr 40 gal/yr	
transfer only, $x < 200$ gal/yr	tran both	isfer only, x < h types, x < l	< 200 gal/yr	
transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr	tran both (con	isfer only, x < h types, x < l	200 gal/yr 40 gal/yr or after 12/9/91)	
transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before 12/9/91)	tran both (con	usfer only, x < h types, x < lonstructed on o New large ar	200 gal/yr 40 gal/yr or after 12/9/91)	
transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,1$ transfer only, $200 \le x \le 1,800$	tran both (con	nsfer only, x < 10 types, x < 10 types, x < 10 types, x < 10 types on the structed on the structed on the structed only, 1 types only, 200 typ	x 200 gal/yr 40 gal/yr or after 1279/91) rea source □ 140 ≤ x ≤ 2,100 gal/yr 0 ≤ x ≤ 1,800 gal/yr	
transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,1$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ galaxies.	trant both (contact of the second sec	nsfer only, x < 10 types, x < 10 types, x < 10 types, x < 10 types are two dry only, 10 types, 140 <	x 200 gal/yr 40 gal/yr or after 1279/91) rea source 140 ≤ x ≤ 2,100 gal/yr 0 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr	
transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,1$ transfer only, $200 \le x \le 1,800$	trant both (contact of the second sec	nsfer only, x < 10 types, x < 10 types, x < 10 types, x < 10 types are two dry only, 10 types, 140 <	x 200 gal/yr 40 gal/yr or after 1279/91) rea source □ 140 ≤ x ≤ 2,100 gal/yr 0 ≤ x ≤ 1,800 gal/yr	
transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,1$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800 \text{ gal/yr}$	tran both (con on the con of the	nsfer only, x < 10 types, x < 10 types, x < 10 types, x < 10 types are to-dry only, 10 types, 140 < 10 types, 140 < 10 types, 140 < 10 types, 140 on types,	x 200 gal/yr 40 gal/yr or after 1279/91) rea source 140 ≤ x ≤ 2,100 gal/yr 0 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr	
transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,1$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ gr (constructed before $12/9/91$) 5. This is a correct facility cla	tran both (con on the con of the	isfer only, x < 10 in types, x < 10 instructed on one of the large are to dry only, 10 in types, 140 < instructed on one of types, 140 < instructed on one of the large are types.	200 gal/yr 40 gal/yr 50 after 12/9/91) Fea source 140 ≤ x ≤ 2,100 gal/yr 0 ≤ x ≤ 1,800 gal/yr 15 x ≤ 1,800 gal/yr 16 after 12/9/91)	
transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2.1$ transfer only, $200 \le x \le 1.800$ both types, $140 \le x \le 1.800$ g. (constructed before $12/9/91$) 5. This is a correct facility cla If no, please check the argain facility of the source	tran both (con ie 4. N .00 gal/yr dry- gal/yr tran al/yr both (con ssification	nsfer only, x < 10 types, 140 ≤ 10 types	200 gal/yr 40 gal/yr or after 12/9/91) rea source 140 \le x \le 2,100 gal/yr 0 \le x \le 1,800 gal/yr (x \le 1,800 gal/yr or after 12/9/91) Can not determine above	
transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2.1$ transfer only, $200 \le x \le 1.800$ both types, $140 \le x \le 1.800$ g. (constructed before $12/9/91$) 5. This is a correct facility cla If no, please check the argain facility of the source	tran both (con ie 4. N .00 gal/yr dry- gal/yr tran al/yr both (con ssification	nsfer only, x < 10 types, 140 ≤ 10 types	200 gal/yr 40 gal/yr or after 12/9/91) rea source 140 \le x \le 2,100 gal/yr 0 \le x \le 1,800 gal/yr (x \le 1,800 gal/yr or after 12/9/91) Can not determine above	
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 \le x \le 2,1 transfer only, 200 \le x \le 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification of the second	tran both (con see 4. M. 100 gal/yr dry-pal/yr both ppropriate classification: qualified for a general prescreeds above limits and	nsfer only, x < 10 types, x < 10 types, x < 10 types, x < 10 types are too-dry only, 10 types, 140 < 10 types,	x 200 gal/yr 40 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr 0 ≤ x ≤ 1,800 gal/yr x ≤ 1,800 gal/yr or after 12/9/91) □ Can not determine nber above ble for a general permit	dry cleaning
transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2.1$ transfer only, $200 \le x \le 1.800$ both types, $140 \le x \le 1.800$ g. (constructed before $12/9/91$) 5. This is a correct facility cla If no, please check the argain facility of the source	tran both (con see 4. M. 100 gal/yr dry-pal/yr both ppropriate classification: qualified for a general prescreeds above limits and	nsfer only, x < 10 types, x < 10 types, x < 10 types, x < 10 types are too-dry only, 10 types, 140 < 10 types,	x 200 gal/yr 40 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr 0 ≤ x ≤ 1,800 gal/yr x ≤ 1,800 gal/yr or after 12/9/91) □ Can not determine nber above ble for a general permit	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?	OY ON ON/A
2. Examining the containers for leakage?	OY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	QY QN
Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part	٧.
If classification 2 has been checked, the machine should be equipped with a refr (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?	מם צם
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ב/אם א <u>ָ</u> ם צם
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?	ОУ ОИ
 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?	ΩY	מם	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	אַם	ON	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	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 venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ĽΥ	ML	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПИ	□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?	QΥ	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ЙΩ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ΩN	□N/A

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

P.A	RT VI: LEAK DETECTION AN	D REPAIRS				
Ĩ.	Does the responsible official conduc	a weekly (for small source	s. bi-weekly) leak detection a	und repair		
	inspection?			OY ON		
2.	2. Has the facility maintained a leak log?					
3.	Does the responsible official check the	he following areas for leaks	a ,			
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	OY ON ON/A		
	Door gaskets and seating	OY ON ON/A	Stills	□Y □N □N/A		
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	□Y □N □N/A		
	Pumps	□Y □N □N/A	Diverter valves	□Y □N □N/A		
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	OY ON ON/A		
	Water separators	DY DN DNIA				
4.	Which method of detection is used by	the responsible official?				
	Visual examination (condensed	solvent on exterior surface	s)			
	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?					
	b. Calibrated against a (PDO/FID only)?	standard gas prior to and a	after each use	OY ON		
	c./Inspected for leaks a	and obvious signs of wear o	n a weekly basis?	QY QN		
	d. Kept in a clean and	secure area when not in us	e?	QY QN		
	e. Verified for accurac	y by use of duplicate sampl	es (calorimetric only)?	□Y □N		
		····				
	ROCEN ZIN 3/12/98					
	Inspector's Name (Please Pr	int)	Date of Inspec	ction		
	Ruy 1950	2				
	7 7 7.		A	les Incocrion		

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY					
FACILITY: Valet Cleaners	PAGE 1 OF 1				
FACILITY ADDRESS: 123 E. Blooming Dale A	Ave. CITY: Tampa PHONE: (813) 685-4292				
MAILING ADDRESS: Same	CITY: Brandon FLA ZIP: 33511				
INSPECTION DATE: TIME IN: TIME 0 Mar 12, 1998 10:00 10:4	•				
NEDS NUMBER: 571085					
SOURCE DESCRIPTION: Drop Store for dry	v cleaning				
CONTACT(S): Ed Thompson					
Today's visit was to verify that this facility is move to the facility on 4301 N. 56 th Street (al	is a drop store only. The dry cleaning equipment was already inspected).				
• .					
•	•				
INSPECTED BY: Roger Zhu	DATE: Mar 12,1998				
IIIOI DO IDD D I. ROBOL Zilu					

. 6.3

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual $igwedge$	COMPLAINT/I	DISCOVERY	RE-INSPECTIO	N
TIME IN: 10=00	TIME OUT:	10:45	AIRS ID#:	57/085	
TYPE OF FACILITY: PER	c Dry CIE	ANTR			· .
	LET CLEAN	CRS		DATE: 3/12/	98
	3 E. BLOOM	ING DALE	SUG		
	RANDON, FO				
RESPONSIBLE OFFICIAL:			PHONE NUMBER	(813)685-4	1292
	the compliance requireme			acility is found to be in	
Based on the results of the discrepancies were note	the compliance requiremed:	ents evaluated during	this inspection, the f	ollowing compliance	
COMPLIANCE REQU	JIREMENT/PROBI	LEM FO	LLOW-UP ACT	ION REQUIRED	
1	·				
COMMENTS:					
	S 15 A DR	op Stope	S ONLY.	4 2	
				·	NA
The Annual Compliance Certific	arion form has been prop	erly certified and sub	omitted to the inspect	or. YES N	
DATE OF NEXT INSPECTION	N:				
		(Approximate)	2 ZHU		
INSPECTION CONDUCTED I	3Y:	(Please Print)	LINU		
inspector's signature:	aix'	yu.	PHONE NUMBER	e <u>(813)272-3</u>	5530
	F	Page of .		Rev	rised 10/96

#0571085

	Valet Cleaners
	uses approx. 230 gal/wk. = ~ 11,960 gal/yr spoke with Ed Thompson-10/3/1996
	PM=4.784 lb.lyr. NOx=167.44 lb.lyr.
	NOx=167.44 lb./yr. CO=22.724 lb./yr. TOC=5.98 lb./yr.
3	

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	L X COMPLAINT/DISCOVERY C
FACILITY NAME: VACET FACILITY LOCATION: 123 E	CLEANERS BLOOMING DALE AVE ON, FL 33511 THOMPSON PHONE: (813) 685-4292 PHONE: SAME
PART I: NOTIFICATION	
(check appropriate box) 1. New facility notified DARM 30 days prio 2. Facility failed to notify DARM to use gen	_
PART II: CLASSIFICATION	
PART II: CLASSIFICATION	l l
Facility indicated on notification form that (check appropriate box) A.	it is: □ No notification form □ Drop store/out of business/petroleum
(check appropriate box)	
(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	Drop store/out of business/petroleum 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)
(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/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate confacility qualified for facility exceeds about the dry only and the properties of facility exceeds about the dry only only only only only only only onl	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □Y □N □Can not determine

PART III: GENERAL CONTROL REQUIREMENTS	7
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	/
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
Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/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).	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	
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?	OY ON ON/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?	оу ои
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

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?	ΩY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ДУ	ND	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΔY	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 venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	ИП	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΠИ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,			
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΠY	ПИ	□N/A
	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	QY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ע□	□N/A

PART V: RECORDKEEPING REQUIREMENTS		_	
Has the responsible official: (check appropriate boxes)		-	
1. Maintained receipts for perc purchased?	ΠY	ПN	
2. Maintained rolling monthly averages of perc consumption?	ΠY	ΠИ	
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of loaks repaired w/in 24 hrs? or,	QΥ	ΠИ	□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?	ΩY	ПN	□N/A
4. Maintained calibration data? (for applicable direct reading instruments)	ΩY	ПN	□N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	ΩY	ПN	□N/A
6. Maintained startup/shutdown/malfunction plan?	ΠY	ПN	
7. Maintained deviation reports?	ΠY	ПN	□N/A -
Problem corrected?	ΠY	ПN	□N/A
8. Maintained compliance plan, if applicable?	ΟY	ПN	□N/A

PART VI: LEAK DETECTION AND REPAIRS						
1. Doe	s the responsible official conduct a	weekly (for	small sources.	bi-weckly) leak detection a	nd repair	/
insp	pection?				OY ON	
2. Has	the facility maintained a leak log?				אם אלם	
3. Doe	s the responsible official check the	following a	reas for leaks?			
	Hose connections, fittings,					
	couplings, and valves	DY DN	□N/A	Muck cookers	OY ON ON	N/A
}	Door gaskets and seating	OY ON	□N/A	Stills		N/A
	Filter gaskets and seating	OY ON	□N/A	Exhaust dampers	OY ON ON	√/A
	Pumps	OY ON	□N/A	Diverter valves	OY ON ON	√/A
	Solvent tanks and containers	OY ON	□N/A	Cartridge filter housings	OY ON ON	√A.
	Water separators	OY ON	DNIX			
4. Whi	ch method of detection is used by the	ne responsib	ole official?			
	Visual examination (condensed so	olvent on ex	terior surfaces)			
Physical detection (airflow felt through gaskets)						
Odor (noticeable perc odor)						
	Use of direct-reading instrumenta	ion (FID/P	ID/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?				QY QN		
	b. Calibrated against a st (PD)/FID only)?	andard gas	prior to and af	ter each use	□Y □N	
	c. Inspected for leaks and	d obvious si	igns of wear on	a weekly basis?	□Y □N	
	d. Kept in a clean and se	cure area w	when not in use?	?	□Y □N	
	e. Verified for accuracy	by use of du	plicate samples	s (calorimetric only)?	QY QN	
(•				
		s		3/12/9	8	
	ROCER Z			3/10/1	<u> </u>	_
•	Inspector's Name (Please Prin	t)		Date of Inspe	ction	
	KRY JA				<u>·</u>	
	Inspector's Signature			Approximate Date of I	Next Inspection	i

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wis 19 19		NSPECTION RE		000000	2012.		
FACILITY: Valet Clea		ECTION COMMI	SSION OF HILLSB			<u> </u>	
				PAGE		OF 1	
FACILITY ADDRESS:	123 E. Bloomir	ng Dale Ave.		ITY: Ta		5 4000	
MAII DIC ADDDECC.	C			HONE:			
MAILING ADDRESS:			CITY: Brandon	FLA			
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTION			STATUS:	
Mar 12, 1998	10:00	10:45	non-CDS	5			
	71085						
SOURCE DESCRIPTION	N: Drop Stor	e for dry cleani	ng				
CONTACT(S): Ed	Thompson	-			,		
<u> </u>							
Today's visit was to	verify that this	facility is a dr	on store only. T	he dry c	leaning	equinment	13/25
move to the facility on				ine dry e	icaning	equipment	, was
move to the facility on	4501 N. 50 k	Sirect (already	nispected).				
	•						
			·				
•							
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						•	
INSPECTED BY:	Roger Zhu			DA	TE: N	Mar 12,1998	<u> </u>
					_	,	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL \square	COMP	LAINT/DISCO	OVERY	RE-INSP	ECTION
	T: 10:4		_AIRS ID#:	57108	5
TYPE OF FACILITY: PERC DRY		<u> 25</u>		·	
FACILITY NAME: VALET LLO				date: ² /	23/98
FACILITY LOCATION: 123 E. BL	OOMING	DALE	AUG		
BRANDON	FL	33511			
RESPONSIBLE OFFICIAL: ED THON	npson	PH	IONE NUMBER	e: (813) 68	15-4292
Based on the results of the compliance requirements and the compliance with DEP Rule 62-213.300, Florida and the compliance with DEP Rule 62-213.300, Florida and the compliance requirements are complianced and the compliance requirements and the compliance requirements and the compliance requirements are complianced and the complianced				facility is found	o be in
Based on the results of the compliance required discrepancies were noted:	uirements evaluat	ed during this	inspection, the f	following compl	iance
COMPLIANCE REQUIREMENT/PE	ROBLEM	FOLL	OW-UP ACT	TION REQU	IRED
THE R.O. WAS NOT AVAIL	LABLE	R5-12	SPECT	IN 30	DAYS
					*
					. .
					<u> </u>
COMMENTS:					·
					~,
The Annual Compliance Certification form has bee	• •		ted to the inspec	tor. YES] NO NO
DATE OF NEXT INSPECTION:	<u>-</u>	DAYS			·
		roximate)	e		
INSPECTION CONDUCTED BY:		GER	ZHU		
INSPECTOR'S SIGNATURE: ROSLI	Ples	ase Print) PI	IONE NUMBI	CR: (8/3):	272-4530
	Page o	d			Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ANNUAL

TYPE OF INSPECTION:

COMPLAINT/DISCOVERY

AIRS ID#: 571085 DATE: 2/23/98 TIME IN: 9=30 TIME OUT: 10=45 FACILITY NAME: VALET CLEANERS FACILITY LOCATION: 123 E BLOOMING DALE 4NE BRANDON FL 335/ RESPONSIBLE OFFICIAL: ED THOMPSON PHONE: (813) 685-4292 CONTACT NAME: PHONE: 5Ame 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:
FACILITY LOCATION: 123 E BLOOMING DALE 4NE BRANDON FL 3351 RESPONSIBLE OFFICIAL: ED THOMPSON PHONE: (813) 685-4292 CONTACT NAME: PHONE: SAME PH
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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) 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 both types, x < 140 gal/yr both types, x < 140 gal/yr
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) 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 both types, x < 140 gal/yr both types, x < 140 gal/yr
Ccheck appropriate box 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit
Ccheck 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) 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 Drop store/out of business/petroleum Call Drop
2. 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
Facility indicated on notification form that it is: (check appropriate box) 1. Existing small area source
Facility indicated on notification form that it is: (check appropriate box) 1. Existing small area source
(check appropriate box) 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 dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr
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 both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) (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 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.

Davised 9/11/6

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
Storing perchloroethylene in tightly sealed and impervious containers?	OY ON ON/A
2. Examining the containers for leakage?	MY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	אם צם
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/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 refr (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 muinstalled 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?	□Y □N · ·
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY DN DN/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?	ОУ ОИ
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?		ØИ	,
2.	Measured and recorded the washer exhaust temperature at the condensor inlet and outlet weekly?		ПП	□N/A
	Is the temperature differential equal to or greater than 20° F?	ŪΥ	ПΝ	□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?	ŪΥ	ПΝ	□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?	ΩY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	QY	ΩΝ	□N/A

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

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?	DY ON			
2.	2. Has the facility maintained a leak log?	מם אַם			
3.	B. Does the responsible official check the following areas for leaks?				
	Hose connections, fittings, couplings, and valves $\Box Y \Box N \Box N/A$ Muck cookers	OY ON ON/A			
	Door gaskets and seating	OY ON ON/A			
	Filter gaskets and seating	S OY ON ON/A			
	Pumps	□Y □N □N/A			
	Solvent tanks and containers	ousings 🗆Y 🗆N 🗆N/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)	٥			
	Odor (noticeable perc odor)				
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	٥			
	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)?	□Υ □И			
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	DY DN			
	d. Kept in a clean and secure area when not in use?	OY ON			
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?				

ROCCE ZHU	2/23/99
Inspector's Name (Please Print)	Date of Inspection
Kazer &h	30 DAYS
Inspector's Signature	Approximate Date of Next Inspection

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	Certified Fee				
	Special Delivery Fee				
ις.	Restricted Delivery Fee				
April 1995	Return Receipt Showing to Whom & Date Delivered				
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PS Form					
SENDER: Complete items 1 and/or 2 to Complete items 3, 4a, and 4! Print your name and address card to you.			following extra fee	sh to receive the g services (for an a):	
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VALET CLEANERS INC ED THOMPSON] Registered 123 E BLOOMINGDALE AVE] Express Mail BRANDON FL 33511 ☐ Return Receipt for Merchandise ☐ COD . Date of Delivery 5. /? Received By: (Print Name) 8. Addressee's Address (Only if requested and fee is paid) 6. Signature: (Addressee on Agent) PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

- Z 333 P73 P43 **US Postal Service** Receipt for Certified Mail
No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID# 0571085 VALET CLEANERS INC ED THOMPSON 123 E BLOOMINGDALE AVE BRANDON FL 33511 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered

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

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 mallpiece, 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.			
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· · P 262 302 191 **US Postal Service Receipt for Certified Mail** No Insurance Coverage Provided. AIRS ID#: 0571085 VALET CLEANERS INC ED THOMPSON 123 E BLOOMINGDALE AVE **BRANDON FL 33511 го**зтаде Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered 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 2/14/97

on the reverse side?	Ol adolanua to dol tano auti teological services. Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered and delivered.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.		
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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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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.

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TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#: 0571085 **VALET CLEANERS INC** ED THOMPSON 123 E BLOOMINGDALE AVE **BRANDON FL 33511**

FOR GOVERNMENT USE ONLY

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

Obl.: 002273

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 0571085

VALET CLEANERS INC ED THOMPSON 123 E BLOOMINGDALE AVE **BRANDON FL 33511**

FOR GOVERNMENT USE ONL

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Fund: 20-2-035001 Оыј.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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TOTAL AMOUNT DUE: \$50.00 MAIL ROOM

AIRS ID# 0571085

VALET CLEANERS INC
ED THOMPSON
123 E BLOOMINGDALE AVE
BRANDON FL 33511

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FOR GOVERNMENT USE ONLY

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

Fund: 20-2-0350 Obj.: 002273

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is decized. 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. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Addressee Addressee Addressee			
1. Article Addressed to: 10 AIRS ID # 0571085001AG ED THOMPSON	D. Is delivery address different from item 1?			
VALET CLEANERS 123 E BLOOMINGDALE AVE BRANDON FL 33511	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.			
	4. Restricted Delivery? (Extra Fee) ☐ Yes			
2. Article Number (Copy from service label) 7000 0520 0020 9372 9804				
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789				