

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 27, 1997

Mr. Alvin Kornhauser Elite Cleaners 11301 North 56th Street Tampa, Florida 33617

Re: Facility I.D. No. 0571114

Dear Mr. Kornhauser:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 6, 1997.

Please note that in January 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, Florida 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: Mr. Thomas Shelton, Hillsborough County

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PITALIFF/INSPECTION RE-INSPECTION
TIME IN: $9'(15)$ TIME OUT: $11'(3)$	AIRS ID#: 0571114
TYPE OF FACILITY: DRY CLEONER	FEB 1 7 1997
FACILITY NAME: RLITE CLEANERS	Bureau of Air Monitoring DATE: 1/15/97
FACILITY LOCATION: 11301 N 56+0 ST	& Mobile Sources
RESPONSIBLE OFFICIAL: NOW KORNHAUSE	TRPHONE NUMBER: 989 - 2439
Based on the results of the compliance requirements evaluations compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluations discrepancies were noted:	ative Code (F.A.C.).
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
MACHINE DORS NOT HAVE A TEMP GUAGE INSTALLED.	INSTALL GUNGE & REINSPECT
SOME LEDKS DUE TO MOCIFICATION AND WORK BEING DONE ON MACHINE	Consider Establish to the Michael Con
797	IN 30 DAYS REINSPECTION REDEALED THAT NELESBRY REPRINES WERE MAGE AND NO LEAKS WERE OBSERVED
COMMENTS: COMPLIBNCE CERTIFICATION LEF TO THE FORP.	T WITH RO. WHO WILL FORWARD
TO THE TOTAL	
The Annual Compliance Certification form has been properly certi	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: APPRO	
A	proximate)
INSPECTION CONDUCTED BY: NEAL B.	ease Print)
INSPECTOR'S SIGNATURE: / Caf B. Juns	PHONE NUMBER: 272-5530
Page	of \ . Revised 10/96

RECEIVED

AIRS ID#: <u>0541114</u>

JAN 2 3 1997

Revised 10/10/9

DRY CLEANER AIR QUALITY CENTERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: E/rte FACILITY LOCATION: 1/30/	Cleaners	·	•	DATE: 1/19/97
FACILITY LOCATION: //30/	N 56d	57	<u> </u>	
TAMPA 7	<u> </u>	3617		
Annual Reporting Period:		_19 <u>96</u> TO _	NAT.	19 <u>97</u>
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A.	_		/	
If NO, complete the following:		• .		
#1. Term or condition of the general permit t	hat has not been in co	ntinuous complian	ce during the report	ing 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 t	hat has not been in co	ntinuous complian	ce during the report	ing period stated above:
Exact period of non-compliance: from _		t	0	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:		· .	,	
As the responsible official, I hereby certify, be made in this notification are true, accurate as upon rolling averages of purchase receipts, dependent of transfer or combination facilities. RESPONSIBLE OFFICIAL: ////////////////////////////////////	nd complete. Further,	my annual consur	nption of perchloro	ethylene 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.

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location	
1. Facility Owner/Company Name (Name of corporation, agency, or individual	ual owner):
Alvin Kornhauser Twv. Twc D/B/A E. 2. Site Name (For example, plant name or number):	lite Pleaners
2. Site Name (For example, plant name or number):	
	•
3. Hazardous Waste Generator Identification Number:	
FLD 984181735	
4. Facility Location: //30/ N 5645T	
City: Hillsbacoust	Zip Code: 33617
5 Eacility (dentification Number (DEP Use ONLY) do no efill in);	
	·
Responsible Official	
6. Name and Title of Responsible Official:	•
Name: Alvin Kornhruser Title: PR	<i>J</i> S
7. Responsible Official Mailing Address:	-,
Street Address: 1/30/ N 564 ST	
7. Responsible Official Mailing Address: Organization/Firm: Elife Cleaner Street Address: //30/ N 56 5 5T City: County: Tampn Hilsboroush 8. Responsible Official Telephone Number:	Zip Code: 33617
7 ampr Hillsboroush	
8. Responsible Official Telephone Number: Telephone: (7.7) 7.7 Fax: () -
Telephone: (813) 969 - 2439 Fax: (, -
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	-
to the second se	
noun noun noun noun noun noun noun noun	-
10. Facility Contact Address:	
Street Address:	
10. Facility Contact Address: Street Address: City: County	Zip Code:
1	
11. Facility Contact Telephone Number:	<u>.</u>
11. Facility Contact Telephone Number: Telephone: () - Fax: () -

DEP Form No. 62-213.900(2) Effective: 2/24/99

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Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site?



		provide the following information	
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
6/6/90	Existing New	RC/CA None required	· —————
4/10/00	Existing	RC/CA/None required	· · · · · · · · · · · · · · · · · · ·
	Existing/New	RC/CA/None required	
*CONTROL DEVICE KI	EY: $RC = ref$	rigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	•	
How many washers do yo	ou have on-site?		
How many dryers/reclaim	iers do you have or	n-site? []	
		please provide the following info Control Device Required*	Date Control Device Installed (if already included at time of purchase, write "SAME")
·	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
*CONTROL DEVICE K	EY: RC = re	frigerated condenser CA =	carbon adsorber
. 2.(a) How much perchlo	roethylene (perc) h	ave you used within the last 12 r	nonths?
[<u>270</u>] gallo	ns (You must fill t	his in)	
(b) If less than 12 more	nths, how many?] months	
•			
Check why it is le	ss than 12 months:	New owner: [] Did not ke	ep records: []
Check why it is le	ss than 12 months:	New owner: Did not ke	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

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.)
Small Area Source []
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site Large Area Source (used less than 140 gallons of perc per year) (used less than 140 gallons of perc per year)
Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year) Transfer only on-site (used 200 - 1,800 gallons of perc per year) Both machine types on-site (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing machines at small area source (NONE REQUIRED) [] New machines at small area source Refrigerated condenser []
Existing machines at large area source Carbon adsorber Refrigerated condenser [] New machines at large area source Refrigerated condenser [] 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 (see attached memo for the criteria).
All steam and hot water generating units exempt No such units on-site OR
How many boilers do you have on-site?
For each boiler, indicate its horsepower (HP) rating: [50] []
What type of fuel do you use? [] propane [] No. 2 fuel oil [] No. 4 fuel oil [] Other (please list)
6. 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/solvent addition log
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Startup, shutdown, malfunction plan

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DEP Form No. 62-213.900(2) Effective: 2/24/99

7. Surrender of Existing DEP Air Permit(s) Please indicate with an "X" the appropriate selection: I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are No DEP 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. All IN DEN LAUSER Print name of responsible official Date

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
AIVIN KORNAUSER INV. INC D/B/A Elite CleANERS 2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number):
Hazardous Waste Generator Identification Number:
FID 984101731
FLD 984181735 4. Facility Location: 1/301 N 56457 Street Address: 1/301 N 56457
Street Address: //30/ N 5643/
City: Tampa County: Hillsboroust Zip Code: 33617
5 Pacilify/Identification/Number/(DEP/Use/ONDY-domoFillim)
Responsible Official
6. Name and Title of Responsible Official:
Name: Alvin Kornhousen Title: Pros 7. Responsible Official Mailing Address;
7. Responsible Official Mailing Address:
Street Address: 1/30/ N 564 5T
City: County: Zip Code: 33617
7. Responsible Official Mailing Address: Organization/Firm: Elife Cleander = Street Address: //30/ N 564 57 City: County: Zip Code: 33617 8. Responsible Official Telephone Number:
8. Responsible Official Telephone Number:
Telephone: (813) 969 - 2439 Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address:
10. Facility Contact Address:
Street Address: City: County; Zip Code:
Sign Code.
11. Facility Contact Telephone Number:
Telephone: () Fax: () -

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information

achity information			
l.(a) DRY-TO-DRY M.	ACHINES ONLY	,	
How many dry-to-dry ma	achines do you hav	re on-site?	
For each dry-to-dry mach	ine on-site, please	provide the following informati	ion:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
6/6/90	Existing Ne	w RC/CA None required	
4/10/00	Existing	RC/CA/None required	
	Existing/Ne	w RC/CA/None required	· .
*CONTROL DEVICE K	EY: RC = re	efrigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	·	•
How many washers do ye	ou have on-site?		
How many dryers/reclain	ners do you have o	on-site? [
		Control Device Required*	lowed to operate under this general information: Date Control Device Installed (if already included at time of purchase, write "SAME")
			}
<u> </u>	Existing/New	RC/CA:None required	
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	· · · · · · · · · · · · · · · · · · ·
*CONTROL DEVICE K	CEY: RC = re	efrigerated condenser CA	x = carbon adsorber
2.(a) How much perchlo	proethylene (perc)	have you used within the last 12	
$[\underline{\cancel{\cancel{1}}},\underline{\cancel{0}}]$ gallo	ons (You must fill	this in)	
(b) If less than 12 mo	nths, how many? [months	
Check why it is le	ess than 12 months	: New owner: [] Did not k	keep records: []
		New store: [] New mach	nine []
	•	·	<u> </u>

DEP Form No. 62-213.900(2) Effective: 2/24/99

3. What is the facility's source classification based on Indicate with an "X". Select one classification on	
Small Area Source	
Transfer only on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
Large Area Source	•
Transfer only on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines pro (Indicate with an "X".)	ursuant to section (5) of Part II of this notification form?
Existing machines at small area source (NONE REQUIRED)	New machines at small area source Refrigerated condenser []
Existing machines at large area source Carbon adsorber Refrigerated condenser	New machines at large area source Refrigerated condenser [X]
	nits shall not be eligible to use the general permit pursuant to it water generating units on-site meet the following exemption I memo for the criteria).
All steam and hot water generating units exempt No such units on-site	OR
How many boilers do you have on-site?	·
For each boiler, indicate its horsepower (HP) rating: [<u> 20 []</u>
What type of fuel do you use? [] propane [] No. 2 fuel [] No. 6 fuel	
6. Equipment Monitoring and Recordkeeping Information	ation
Check all logs which are required to be kept on-site in	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent ac	ddition log
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	\checkmark
(d) Carbon adsorber exhaust perc concentration moni	toring []
(e) Startup, shutdown, malfunction plan	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are

No DEP 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.

I will promptly notify the Department of any changes to the information contained in this notification.

Signature

Date

DEP Form No. 62-213.900(2) Effective: 2/24/99

RECEIVED JAN 6 1997 Bureau-of-Air Monitoring

O Whom I may Concein Mobile Sources mught have sent this prepiously but I

ld date control device a) mark out "V" and initial

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification

JAN 6 1997

Facility Name and Location

Bureau of Air Monitoring

& Mobile Sources

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
/	Alvin Kornhausen Inv. Inc. D/B/A Elite Clenners Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
3.	Hazardous Waste, Generator Identification Number:
	71D 984181435
4.	Facility Location: Street Address: 11301 N 564 ST
	City: Zip Code: Hillsborough 33617 Facility: Identification: Number (DEP Use):
5.	Facility Identification Number (DEP Use):
	057114
	Responsible Official
6.	Name and Title of Responsible Official:
	Alvin Koanhausen Paes.
7.	Responsible Official Mailing Address:
	Organization/Firm: Elite Cleanurs Street Address: 11301 N 56 of 57
	City 7in Code
	TAMPA HILSBURDUSK 33617
8.	Responsible Official Telephone Number:
	Telephone: (813)989 - 2439 Fax: () -
	To the Grant Control of the Control
	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: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit		2017 1 7 7	erayeren er er e		*		k ny	ration year that the	The second
	2.0		e speciel e en la companie de la co T	· .	<u>i kiri Maria digerta.</u> T	<u> </u>	Τ .	Tarabasa sa	
(1) w/ ref. condenser (2) w/ carbon adsorber	1	6/6/90		<u> </u>			 		
(3) w/ no controls		_							
Washer Unit	- 1 ma		Market Sandana arket						I the second
(4) w/ ref. condenser	-		in yayaya . I	<u>;</u> ;; ;	· · · · · · · · · · · · · · · · · · ·	or start etter.	;. 	i i i de la companione. T	<u>. * 'ya ya </u>
(5) w/ carbon adsorber						 			
(6) w/ no controls							-		
Dryer Unit		l Darimati	<u> </u> 	l ver in ,					A SAME AS
(7) w/ ref. condenser		10 11 11 12 10 10 10 10 10 10 10 10 10 10 10 10 10	finites :	- :: 	1 1 1 1 1 1 1 1 1 1	<u> </u>	l .		1
(8) w/ carbon adsorber									
(9) w/ no controls		_				 			
Reclaimer Unit	1.000	l Filipario de Coma	l Nga payaya ninga ya		l de la companya de l		<u> </u>	l Din Nakabura y	l Marana est
(10) w/ ref. condenser			digeteral dib. T	nggatair .	agentina antino della T	T		The rest of the re	,,,
(11) w/carbon adsorber		 						<u> </u>	
(12) w/ no controls	1					<u> </u>	l .		
(b) Control devices are (c) No control devices 2.(a) What was the total of	are r	equired to be	installed [_	<u> </u>]	the latest 1	more	othe?	
(b) If less than 12 mont	gallo	ons ow many? [_] months						<u></u>]
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	t one classifi	cation only.)		nitions found		3) of	Part II?	
Existing large are	ea soi	urce [X]	Ne	w laı	ge area sour	ce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source Carbon adsorber [] Refrigerated condenser []
New small area source Refrigerated condenser []
New large area source Refrigerated condenser []
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
Start-up, shutdown, malfunction plan

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

Surrender of Existing Air Permit(s)

Please indicate	with an "X" the appropriate selection:						
/	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
, K	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in vation. I hereby certify, based on information and belief formed after reasonable inquiry, that the 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 the terms and conditions of this general permit as set forth in Part II of this notification form.						
I will pron	nptly notify the Department of any changes to the information contained in this notification.						
Signature	Jankausu 1/1/96						

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECT	COMPLAINT/DISCOVERY D
AIRS ID#: 057 1114 DATE: 1/15/ FACILITY NAME: ELITE C FACILITY LOCATION: 11361 1	
DADEL MONTHOLINAN	
PART I: NOTIFICATION	
(check appropriate box) 1. Existing facility notified DARM by 9/1/96	
2. New facility notified DARM 30 days prior to s	tartup
3. Facility failed to notify DARM to use general p	
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	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 before 12/9/91)	transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)
transfer only, x<200 gal/yr both types, x<140 gal/yr	both types, 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="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""><td>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="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""></x<2,></td></x<2,>	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="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""></x<2,>
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, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" a="" above="" and<="" appropriate="" before="" both="" check="" classification="" classification:="" correct="" exceeds="" facility="" for="" gal="" general="" if="" is="" limits="" no,="" only,="" please="" property="" qualified="" td="" the="" this="" transfer="" types,="" yr=""><td>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, (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,>	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, (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,>

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? 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? Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? MY ON 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 Y 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 verifying that the coolant had been completely charged?

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?	OY XV
	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	AM KNO YO
	Is the temperature differential equal to or greater than 20° F?	□Y ⊠ K N□ Y□
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON MN/A
	Is the perc concentration equal to or less than 100 ppm?	DY DN X WX
	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 ¤ M∕a
	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON XIN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	אומעל אם צם

PART V: RECORDKEEPING REQUIREMENTS		
Has the responsible official: (check appropriate boxes)		
1. Maintained receipts for perc purchased?	MO AX	
2. Maintained rolling monthly averages of perc consumption?	XX DN	
3. Maintained leak detection inspection and repair reports for the following:	·	
a. documentation of leaks repaired w/in 24 hrs? or;	× u□ y×	
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	MO AX	
4. Maintained calibration data? (for direct reading instruments only)	אואואל אם צם 🛣	
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN X NA	
6. Maintained startup/shutdown/malfunction plan?	XY ON	
7. Maintained deviation reports?	OY M M NO	
Problem corrected?	OY ON X N/A	
8. Maintained compliance plan, if applicable?	. DY DN DINA	

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

2.	2. Which method of detection is used by the responsib	ole official?					l
	Visual examination (condensed solvent on ext	terior surfaces)		×			
	Physical detection (airflow felt through gasket	ts)		×		Ì	
	Odor (noticeable perc odor)		·	$ ot\! ot\! ot\! ot\! ot\! ot\! ot\! ot\! ot\! ot\!$		ļ	
	Use of direct-reading instrumentation (FID/PI	ID/calorimetric to	ubes)	a`			
	If using direct-reading instrumentation, is t	the equipment:					
	a. Capable of detecting perc vapor co	oncentrations in	a range of 0-500 ppm?		וע⊏		
	b. Calibrated against a standard gas (PID/FID only)?	prior to and afte	r each use		מב	ļ	
	c. Inspected for leaks and obvious significant	igns of wear on a	weekly basis?		אב		
	d. Kept in a clean and secure area w	hen not in use?		QY C	JN		
	e. Verified for accuracy by use of du	plicate samples ((calorimetric only)?	QY C	JN		
3.	3. Has the facility maintained a leak log?			□Y S	M		
4.	4. Does the responsible official check the following are	eas for leaks?		•			
	Hose connections, fittings, couplings, and valves	א⊏	Muck cookers	ΟY	ΩИ	ø	Y
	Door gaskets and seating	Ν	Stills	ΣY	□и		
	Filter gaskets and seating	Л	Exhaust dampers)X(Y	ПП		
	Pumps ZY C	Й	Diverter valves	ΣÝΥ	□и		
	Solvent tanks and containers	Ν	Cartridge filter housings	XX	ПN		
	Water separators	<u></u>	_	·			

ALVIN KORNHAUSER	
Name of Responsible Official	,
NEAL B. JANK	1/15/97
Inspector's Name (Please Print)	Date of Inspection
i/leul B. Jano	APPROX 1 YEAR
Inspector's Signature	Approximate Date of Next Inspection

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

302517

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00 EB 12 98

Do NOT Remove Label

RECEIVED

AIRS ID#0571114

ALVIN KORNHAUSEN ALVIN KORNHAUSEN 11301 N 56TH STREET **TAMPA FL 33617**

Org.: 37550101000 EO: B1
Bureau of Air Montana 12-035001

& Mobile Sources: 002273

ADDITIONAL SITE INFORMATION:

OWHER SENT IN AIR PERMIT APPLICATION AROUND THE BEENNING OF DECEMBER 1996.

MACHINE IS NOT CURRENTLY EQUIPED WITH A TEMPERATURE GUAGE.

OWNER IS CURRENTLY MAKING SOME MODIFICATIONS TO THE MINCHINE. WRRENTLY THERE DRE SOME LEAKS DUE TO WORK BEING DONE.

2/12/97

REINSPECTION REVEALED THAT NECESSARY REPAIRS WERE MADE AND NO LEAKS WERE OBSERVED.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1025	TIME OUT: 1050	AIRS ID#: 57114
TYPE OF FACILITY: YOR	c Dry CLEANER	
FACILITY NAME: 5	ITE CLEANURS	DATE:
FACILITY LOCATION:	1301 N. 56TH ST	
	TEMPLE TERRACE	33617
RESPONSIBLE OFFICIAL:	AWIN KORNHAUSER	PHONE NUMBER: 813-989-2439
	the compliance requirements evaluated the compliance requirements eval	ated during this inspection, the facility is found to be in ative Code (F.A.C.).
Based on the results of discrepancies were not		ated during this inspection, the following compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	WRONG LOCATION	RE-INSTALL IN CORRECT
TOTAL CROOP III		LOCATION WITHN 30 DAYS.
	·	
		RECEIVED
		K E C L I V L D
<u> </u>		SEP 1 5 1997
		Bureau of Air Monitoring & Mobile Sources
		
	· ·	
COMMENTS:		
		$\sim\!\!/\!\!$ A
The Annual Compliance Certific	cation form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTIO	ON:	
• *		proximate)
INSPECTION CONDUCTED		00700
DICDECTODIC CICNA THIND	0 -1/01	PHONE NUMBER: \$13-271-5530
INSPECTOR'S SIGNATURE	- yan 10000	FRONE NUMBER:
	Page	of Revised 10/

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION	
AIRS ID#: 571/14 DATE: 8/27/97 TIME IN: 1025 TIME OUT: 1 FACILITY NAME: ELITE CLEANERS	050
FACILITY LOCATION: 11301 N. 56TH ST TEMPLE TERRACE 33617	
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	Ω,
3. Facility failed to notify DARM to use general permit	ם.
PART II: CLASSIFICATION	
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, (constructed="" 100="" 12="" 140<x<1,800="" 140<x<2,="" 200<x<1,800="" 4.="" 9="" 91)="" a="" area="" before="" both="" classification<="" correct="" dry-to-dry="" facility="" gal="" is="" large="" new="" only,="" source="" td="" this="" transfer="" types,="" yr=""><td></td></x<2,>	
(constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 140<x<2,="" 200<x<1,800="" 4.="" 9="" 91)="" 91)<="" after="" area="" before="" both="" dry-to-dry="" gal="" large="" new="" on="" only,="" or="" source="" td="" transfer="" types,="" yr=""><td></td></x<2,>	

PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
1. Storing perchloroethylene in tightly scaled and impervious containers?	NO YO			
2. Examining the containers for leakage?	OY ON			
3. Closing and securing machine doors except during loading/unloading?	□Y □N			
Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	OY ON			
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 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?	OK 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?	DY DN DNA			
Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	DY DY			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	DV DN			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY DN			

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□У □И .
Is the temperature differential equal to or greater than 20° F?	OΥ 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?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON
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?	מם צם
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	Y DY DN DN/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Has the responsible official:	□У □И
Has the responsible official: (check appropriate boxes)	אם אם אם אם
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	ПА ПИ
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	NO YO
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	NO YO
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? For direct reading instruments only.	OY ON OY ON OY ON OY ON ON/A
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only. 5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON OY ON OY ON ON/A OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only. 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan?	□Y □N □Y □N □Y □N □N/A □Y □N □Y □N
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only. 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports?	OY ON OY ON OY ON ON/A OY ON OY ON OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments onty. 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	OY ON OY ON OY ON ON/A OY ON OY ON OY ON OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments onty. 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	OY ON OY ON OY ON ON/A OY ON OY ON OY ON OY ON

2.	Which method of detection is used by the responsible official?	
	Visual examination (condensed solvent on exterior surfaces)	a
	Physical detection (airflow felt through gaskets)	a
	Odor (noticeable perc odor)	ū
	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	ı? 🗆Y 🗆N
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	QY QN
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	OY ON
	d. Kept in a clean and secure area when not in use?	OY ON
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	OY ON
3.	. Has the facility maintained a leak log?	OY ON
4.	Does the responsible official check the following areas for leaks?	
	Hose connections, fittings,	
	couplings, and valves	□Y □N
	Door gaskets and seating	OY ON
	Filter gaskets and seating	_ OY ON
	Pumps	NO YO
	Solvent tanks and containers	ings DY DN
	Water separators	·
	- ALVIN KORHHAUSER	
	Name of Responsible Official	1
_	Jim Howow 8/2	2/97

Inspector's Name (Please Print) Date of Inspection Inspector's Signature Approximate Date of Next Inspection

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY FACILITY: Elite Cleaners PAGE OF FACILITY ADDRESS: 11301 North 56th Street CITY: Temple Terrace PHONE: 989-2439 MAILING ADDRESS: same as above CITY: same FLA ZIP: 33617 INSPECTION DATE: TIME IN: TIME OUT: INSPECTION TYPE: STATUS: 8/27/97 1025 1050 Follow-up n/a AIR GENERAL PERMIT NUMBER: 0571114 SOURCE DESCRIPTION: perc dry cleaner CONTACT(S): Bob Johnston

This facility had an annual inspection performed on 1/15/97 and, at that time, it was discovered that the dry cleaning machine did not have a temperature gauge installed on the exhaust of the Refrigerated Condenser (RC). The inspector instructed the facility contact that a gauge must be installed to meet the requirements of the air quality rule pertaining to dry cleaners on the classification this facility was incorporated into, which is an "existing large area source".

This inspection was to perform a follow-up to determine if the gauge had been installed as instructed. The machine has had a gauge installed, however the facility co/ntact is not sure if it is measuring the proper location. It appeared, upon inspection, that the sensor/ probe was installed in a drain line coming from the RC. Mr. Johnston has only been filling for the RO, who has apparently been out for several weeks on medical leave. He had no access to any of the records that were supposed to be kept, and was unaware of any of the inspections that were required to be performed.

Mr. Johnston indicated the RO, Mr. Alvin Kornhauser, should be back into the store on Tuesday, 9/2/97. I therefore asked Mr. Johnston to have Mr. Kornhauser contact me when he returns so I can discuss the point of measurement for this gauge, and determine if any records had been kept for the RC exhaust temperature.

Notes added as a result of telephone call received from Mr. Kornhauser on 9/2/97:

The temperature probe sensor is installed in an improper location, as indicated above. Mr. Kornhauser stated it is installed in the RC perc drain line, and its lowest measurement comes at the beginning of the drying cycle, and not the end of the cool down cycle. He stated that he will be getting the sensor installed in the right location "hopefully" this week. I told Mr. Kornhauser that he needs to have it installed prior to the end of the month in order to stay within the DEP "grace period" for FY97. Additionally, I asked him about his frequency of leak inspection records, and he stated that he had only been writing down when leaks have been discovered, and the work performed to correct the leaks. I told him that he needs to write down weekly the fact that a leak inspection had been performed.

INSPECTED BY:	James O. Holton,	Air Toxics Engineer	DATE:	8/27/97	
	Jan O Hill			9/2/97 004	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL [COMPLAINT/I	DISCOVERY [RE-INSPECTION
TIME IN: 0850	TIME OUT: 💆	20	AIRS ID#: 5	71114
TYPE OF FACILITY: PG	ec Dry CLEAN	ER	·	
TACIDITI NAME.	TIE CLEANUTES			DATE: 9-8-97
FACILITY LOCATION:	1301 N. 56 1 S	<u> </u>		
<u>.</u>	TAMPA, Fr 330	017		· · · · · · · · · · · · · · · · · · ·
RESPONSIBLE OFFICIAL:	Alvin Kornhau	ise~	PHONE NUMBER:_	813 - 989 - 2439
	the compliance requirements Rule 62-213.300, Florida Ad			ility is found to be in
Based on the results of discrepancies were not	the compliance requirements	s evaluated during	this inspection, the following	owing compliance
COMPLIANCE REQ	UIREMENT/PROBLE	M FC	LLOW-UP ACTION	ON REQUIRED
	·			
·				
e e e e e e e e e e e e e e e e e e e				
COMMENTS:		,		
, i e				N/A
The Annual Compliance Certific		,	_	YES NO
DATE OF NEXT INSPECTIO	ON:	(Approximate		
INSPECTION CONDUCTED	BY: Jim Ho			
INSPECTOR'S SIGNATURE	: Ja O Holt	(Please Print)		813-272-5570
	Pag	geof		Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	×	COMPLAINT/DISCO	VERY 🗅		
AIRS ID#: 571114 FACILITY NAME: EL FACILITY LOCATION:		= St	1: <u>0858</u> time	OUT: 0970		
PART I: NOTIFICATION						
(check appropriate box)					司	
1. Existing facility notified DA	4RM by 9/1/96					
2. New facility notified DARM 30 days prior to startup						
3. Facility failed to notify DAI	RM to use general permit					
The state of the s					 -1	
PART II: CLASSIFICATIO					=	
Facility indicated on notificat (check appropriate box) A.	ion form that it is:					
1. Existing small area sou 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)	yr dry trai bot	New small at y-to-dry only, unsfer only, x <th o<="" on="" onstructed="" td="" types,="" x<14=""><td>x<140 gal/yr 200 gal/yr</td><td></td><td></td></th>	<td>x<140 gal/yr 200 gal/yr</td> <td></td> <td></td>	x<140 gal/yr 200 gal/yr		
3. Existing large area sou dry-to-dry only, 140 <x<2, 1<br="">transfer only, 200<x<1,800 both types, 140<x<1,800 ga<br="">(constructed before 12/9/91)</x<1,800></x<1,800 </x<2,>	l00 gal/yr dry gal/yr trai al/yr bot	insfer only, 20 th types, 140<	rea source 140 <x<2, 100="" gal="" yr<br="">0<x<1,800 gal="" yr<br="">x<1,800 gal/yr pr after 12/9/91)</x<1,800></x<2,>			
This is a correct facility classif	fication 🗆 Y	Y ON				
If no, please check the appropriate classification:						
	fied for a general permit a ds above limits and is not		above general permit			
B. The total quantity of perchl		ased within th	e preceding 12 months	by this dry cleaning	ng	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? $\square Y \square N$ 2. Examining the containers for leakage? DY DN 3. Closing and securing machine doors except during loading/unloading? \Box Y \Box N 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? OY ON 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? NO YC 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DIN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON DIXA 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? Y ON 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□У □И
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?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	DY DN
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?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	OY ON
2. Maintained rolling monthly averages of perc consumption?	OY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON
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
4. Maintained calibration data? (for direct reading instruments only)	□Y □N □N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON
6. Maintained startup/shutdown/malfunction plan?	OY ON
7. Maintained deviation reports?	OY ON
Problem corrected?	OY ON
8. Maintained compliance plan, if applicable?	OY ON ON/A
PART VI: LEAK DETECTION AND REPAIRS	

2. Which method of detection is used by	the respo	nsible offi	icial?		
Visual examination (condensed	۵				
Physical detection (airflow felt t	۵				
Odor (noticeable perc odor)					
Use of direct-reading instrument					
If using direct-reading instrumentation, is the equipment:					
a. Capable of detecting	OY ON				
b. Calibrated against a (PID/FID only)?	ND. YD				
c. Inspected for leaks a	c. Inspected for leaks and obvious signs of wear on a weekly basis?				
d. Kept in a clean and	d. Kept in a clean and secure area when not in use?				
e. Verified for accuracy	e. Verified for accuracy by use of duplicate samples (calorimetric only)?				
3. Has the facility maintained a leak log?	OY ON				
4. Does the responsible official check the following areas for leaks?					
Hose connections, fittings,				·	
couplings, and valves	ΠY	ПN	Muck cookers	OY ON	
Door gaskets and seating	ΠY	ΠN	Stills	□Y □N	
Filter gaskets and seating	ΩY	□N	Exhaust dampers	OY ON	
Pumps	ΠY	ПN	Diverter valves	ОУ ОИ	
Solvent tanks and containers	ΠY	□N	Cartridge filter housings	NO XO	
Water separators	ŪΥ	□N			
	٠.				
_ Alvin Kornhauser	-	· · ·			
Name of Responsible Official					
Jim HOLTON			7'-8-9-)	
Inspector's Name (Please Print)			Date of Inspe	ection	
La OHalt			year (Year		
Inspector's Signature			Approximate Date of	Next Inspection	

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY					
FACILITY: Elite Cleaners PAGE 1 OF 1					
FACILITY ADDRESS: 11301 North 56th Street CITY: Temple Terrace PHONE: 989-2439					•
MAILING ADDRESS: same as above			CITY: same	FLA	ZIP: 33617
INSPECTION DATE: 9/8/97	TIME IN: 0850	TIME OUT: 0920	INSPECTIO Follow		STATUS: n/a
AIR GENERAL PERMIT NUMBER: 0571114					
SOURCE DESCRIPTION: perc dry cleaner					
CONTACT(S): Alvin Kornhauser					

700

This inspection was performed as a result of receiving a telephone call from Mr. Kornhauser (the R.O. for this facility) this morning stating that he had completed reinstalling his temperature sensor for measuring the exhaust temperature from the refrigerated condenser. The inspection verified the proper installation of this device, as well as the actual temperature readings that are being indicated at the end of the drying cycle.

Mr. Kornhauser's digital thermometer is of the design that will maintain the lowest and highest temperature until it has been reset. A measurement of approximately 32°F was in the memory of the thermometer, which indicates the refrigerated condenser is operating properly.

INSPECTED BY: James O. Holton, Air Toxics Engineer DATE: 9/8/97

· TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	MPLAINT/DISCOVERY RE-INSPECTION				
TIME IN: 10:30 TIME OUT: 11:15	AIRS ID#: 571114				
TYPE OF FACILITY: PERC DRY CLEAN					
FACILITY NAME: ELITE CLEANER					
FACILITY LOCATION: 11301 N. 56 44					
Thinpa, IL 33					
RESPONSIBLE OFFICIAL: NEVIN KERNHAUSER	PHONE NUMBER (813) 989 - 2439				
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				
DUES NOT HAVE A OWNERS	MAILED OUT & GENERIC ONE				
MANUAL EN STE	TO THE FACILITY ON 3/9/98				
	R				
	B 17				
	APR Bureau of & Mob				
	APR 3				
-	ile Air 3				
	Non" Source				
	roger de la companya				
	ing				
COMMENTS:					
The Armed Compliance Could arise for backers are also smile	ind and submitted as the impact of the NOT N/				
The Annual Compliance Certification form has been properly certification form has been properly certification.	EAR				
DATE OF NEXT INSPECTION:	proximate)				
INSPECTION CONDUCTED BY: ROGER ZHU					
(Please Print)					
INSPECTOR'S SIGNATURE: PHONE NUMBER: (8/3) 272-5530					
Page (Revised 10/96				

Octo/

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID#0571114 ALVIN KORNHAUSEN ALVIN KORNHAUSEN 11301 N 56TH STREET **TAMPA FL 33617** 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. ЫNО 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 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

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.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

, , , , , , , , , , , , , , , , , , , ,	AIRS ID#05/1114
	ALVIN KORNHAUSEN ALVIN KORNHAUSEN 11301 N 56TH STREET TAMPA FL 33617
' \(\frac{1}{2}\)	Do NOT Remove Label
Annual Reporting Period:	1/1 19\$ TO 17/31/98 19_
	the Title V general air permit, my facility has remained in compliance with DEP Rule Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:	
#1. Term or condition of the genera	l permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: fro	om to
Action(s) taken to achieve complian	ce:
Method used to demonstrate compliant	ance:
#2. Term or condition of the genera	l permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	om to
Action(s) taken to achieve complian	ze:
Method used to demonstrate complia	ince:
notification are true, accurate and con	rtify, based on information and belief formed after reasonable inquiry, that the statements made in this aplete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, 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.

RECEIVED

FEB 1 6 1998

Bureau of Air Monitoring & Mobile Sources

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

		_	
TVDT	$o_{\mathbf{F}}$	INSPECTIO	N٠
1115	O.L.	TIANT ECTIO	11.

ANNUAL

COMPLAINT/DISCON

RE-INSPECTION

AIRS ID#: 57 11 14 DATE: 3/9/98 TIME IN: 10=30 TIME OUT: 11=15 FACILITY NAME: ELITE CLEANERS
FACILITY LOCATION: 11301 N. 56 th ST.
TAMPA FL 33617
RESPONSIBLE OFFICIAL: ALVIN KORNHAUSER PHONE: (813) 989 - 2439
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

\mathcal{N}/\mathcal{N}	Ą
,	

PART II: CLASSIFICATION

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

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

- 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)
- 3. Existing large area source dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before 12/9/91)
- 5. This is a correct facility classification

- 2. New small area source dry-to-dry only, x < 140 gal/yrtransfer 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, $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91)
- $\square N$ □Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number
- 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 270 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? □N □N/A ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at □N □N/A 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? 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) Y ON 1. Equipped all machines with the appropriate vent controls? AY 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 AM UN DYA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after **A**Y □N verifying that the coolant had been completely charged?

B.	. Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reciaimer, and dryer machines on a weekly basis?	/ky	ПИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	מם	DNIA
) 	Is the temperature differential equal to or greater than 20° F?	<u>Dy</u>	UN	□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	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	□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?	ΩY	□и	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	NO Y
2. Maintained rolling monthly averages of perc consumption?	N□ Y ⊠
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ANA NO YO
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 KÓN/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON MANA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN/A
6. Maintained startup/shutdown/malfunction plan?	DY X
7. Maintained deviation reports?	dy dn p in/a
Problem corrected?	DY DN XI N/A
8. Maintained compliance plan, if applicable?	DY DN SENIA

PART VI	: LEAK DETECTION AND R	EPAIRS					
1. Does th	he responsible official conduct a v	weekly (for	small sources, b	oi-weckly) leak detection a	nd rep	pair	
inspect	tion?				×Υ	ПN	
2. Has the	e facility maintained a leak log?				ΣY	□N	
3. Does th	he responsible official check the f	ollowing a	reas for leaks?		,		
II	Iose connections, fittings, couplings, and valves	XY ON	□N/A	Muck cookers	ÁΥ	□N □N/A	
ם	Ooor gaskets and seating	May □N	□N/A	Stills	XY	□N □N/A	
F	ilter gaskets and seating	ØY □N	□N/A	Exhaust dampers	X Y	□N □N/A	
P	umps	ÒSEY □N	□N/A	Diverter valves	A Y	□N □N/A	
S	olvent tanks and containers	ÿ i Y □N	□N/A	Cartridge filter housings	Ø (Y	□N □N/A	
, w	Vater separators	ATY ON	□N/A				
4. Which	method of detection is used by the	e responsib	le official?				
v	isual examination (condensed sol	lvent on ex	terior surfaces)		X		
Pl	hysical detection (airflow felt thro	ough gasker	ts)		X		
0	dor (noticeable perc odor)				D		
U	se of direct-reading instrumentati	ion (FID/PI	D/calorimetric	tubes)	X X X X X X		
Halogen leak detector)X		
	If using direct-reading instru	mentation,	, is the equipme	ent:	ZÍN/	A	
	a. Capable of detecting pe	erc vapor co	oncentrations in	a range of 0-500 ppm?	'□Υ	□N	
	b. Calibrated against a sta (PID/FID only)?	andard gas	prior to and afte	er each use	ΟY	□N	
	c. Inspected for leaks and	obvious si	gns of wear on a	weekly basis?	ΠY	□N	
	d. Kept in a clean and sec	ture area w	hen not in use?		ΠY	□N	
	e. Verified for accuracy by	y use of du	plicate samples	(calorimetric only)?	ΩY	ПN	
	ROGER ZH)		3/9/98	~		
•	Inspector's Name (Please Print))		Date of Inspec	ction		
	Richble	\sim		1 YEA	R	-	
	Inspector's Signature		· "	Approximate Date of N	Vext I	nspection	

INSPECTION R	EPORT FORM				
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY					
FACILITY: Elite Cleaners		PAGE	1 OF 1		
FACILITY ADDRESS: 11301 56th Street		CITY: Tai	*		
			(813) 989-2439		
MAILING ADDRESS: Same	CITY: Tampa		ZIP: 33617		
INSPECTION DATE: TIME IN: TIME OUT			STATUS:		
Mar 9, 1998 10:30 11:15	non-C	DS	In Compliance		
NEDS NUMBER: 571114					
SOURCE DESCRIPTION: Perc Dry Cleaner					
CONTACT(S): Alvin Kornhauser					
Today's visit was to conduct the annual inspection	n.				
The dry cleaning machine is the same one noted	l in the last ins	pection and	l the serial number for		
this machine is 37-B0-065.					
The machine was in operation today. No leaks of					
Mr. Kornhauser's record keeping is in good shap	e. He purchase	ed 270 gallo	ons of perc over last 12		
months.	11-4	T '1. 1	41.		
Mr. Kornhauser did not have an owners manua	il kept on site.	i mailed (out the generic owners		
manual to him today.					
·					
·					
•					
•			·		
INSPECTED BY: Roger Zhu		DA	TE: Mar 9,1998		

...

AIRS ID#: 0571114

proce

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: ELITE Cleaners	DATE: <u>4//4/99</u>
FACILITY LOCATION: 11 30 14.56 Th STreet	<u> </u>
Tampa, 7-1 336	17
Annual Reporting Period: 9-1-98	19
Based on each term or condition of the Title V general air peri 62-213.300, Florida Administrative Code (F.A.C.), during the	<u> </u>
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	RECEIVED
Action(s) taken to achieve compliance:	MAY 1 7 1999
Method used to demonstrate compliance:	Bureau of Air Monitoring & Mobile Sources
made in this notification are true, accurate and complete. Fu	tion and belief formed after reasonable inquiry, that the statements rther, my annual consumption of perchloroethylene solvent, based 1,100 gallons per year for dry-to dry facilities or 1,800 gallons per Signature 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	COMPLA	INT/DISCOVERY	RE-INSPECTION
TIME IN: 1,00 TIME OU	T: 3150	AIRS ID#: 05	71114
TYPE OF FACILITY: Perc Day	Cleuner		
FACILITY NAME: Ecite cleu	aner		DATE: 4-14-99
FACILITY LOCATION: 11301 N. E	56Th Stree	Ê	
Tampa, Fl	33617		
RESPONSIBLE OFFICIAL:		PHONE NUMBER:	
Based on the results of the compliance req compliance with DEP Rule 62-213.300, F			cility is found to be in
Based on the results of the compliance req discrepancies were noted:	uirements evaluated	during this inspection, the fol	lowing compliance
COMPLIANCE REQUIREMENT/PI	ROBLEM	FOLLOW-UP ACTI	ON REQUIRED
			-
		i.	-
COMMENTS:	<u> </u>	· · ·	
·			<u> </u>
The Annual Compliance Certification form has be	en properly certified	and submitted to the inspecto	r. YES NO NO
DATE OF NEXT INSPECTION:	- Lyea		
	(Approx	•	
INSPECTION CONDUCTED BY: Moha	mmad No (Please	O ZGr Print)	·
INSPECTOR'S SIGNATURE: M.NOZAN	<u>. </u>	PHONE NUMBER	:
O	Pageof	<u>L</u> .	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	Ø (COMPLAINT/DI	SCOVERY	
AIRS 10#: 57/1/4				TIME OUT: 3	!co
FACILITY NAME: EC	ite clea	uners			
FACILITY LOCATION: _//	301 Nor	Th 56	in Street	<u> </u>	
Ta	mpa, F.	<u>/ 336</u>	(17		
RESPONSIBLE OFFICIAL :	ALVIN KO	EN HAUS	PHONE: <u>(8/3</u>)989-2	439
CONTACT NAME:	L (_ PHONE:	L(
PART I: NOTIFICATION				RECE	IVE
(check appropriate box)			1		. 7 .000
1. New facility notified DARM			NH	MAY	1 721999
2. Facility failed to notify DAR	M to use general perm	ut			Air Monitor
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box)			☐ No notification☐ Drop store/out		roleum
1. Existing small area sour dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	yr d tu b	ransfer only, x ooth types, x <	, x < 140 gal/yr < 200 gal/yr		
3. Existing large area sourd dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$)	100 gal/yr d 0 gal/yr tr gal/yr b	iry-to-dry only, ransfer only, 2 both types, 140	rea source , $140 \le x \le 2,100$ ga $00 \le x \le 1,800$ gal/yr $\le x \le 1,800$ gal/yr or after $12/9/91$)	ıl/yr	·
5. This is a correct facility cl	assification	N C	□Can not determ	nine	
	appropriate classificati ty qualified for a gener ty exceeds above limits	ral permit as n			
B. The total quantity of perchlo facility was 380 gallons.		chased within t	he preceding 12 mo	nths by this dry	cleaning

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

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	✓OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	□Y □N □N/A
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 duet 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?	
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? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; DY DN PN/A b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN ON/A and parts installed w/in 5 days of receipt? DY DN MN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN MYA 5. Maintained exhaust duct monitoring data on perc concentrations? DY ZIN 6. Maintained startup/shutdown/malfunction plan? DY ON DINA 7. Maintained deviation reports? DY DN ØN/A Problem corrected? DY DN ON/A 8. Maintained compliance plan, if applicable?

PA	PART VI: LEAK DETECTION AND REPAIRS						
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			DY ON			
2.	Has the facility maintained a leak log?	•		ØY ON			
3.	Does the responsible official check the	following areas for leaks	?				
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	Y ON ON/A			
	Door gaskets and seating	ØY ON ON/A	Stills	Y ON ON/A			
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	MY ON ON/A			
	Pumps	MY ON ON/A	Diverter valves	MY ON ON/A			
	Solvent tanks and containers	ZY ON ON/A	Cartridge filter housings	MY ON ON/A			
	Water separators	ZY ON ON/A					
4.	Which method of detection is used by	the responsible official?					
	Visual examination (condensed	solvent on exterior surfac	es)				
	1						
	Odor (noticeable perc odor)						
	2						
	a						
	ØN/A						
	a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	□Y □N			
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	DY DN			
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	OY ON			
	d. Kept in a clean and	secure area when not in u	se?	OY ON			
	•	by use of duplicate samp		DY DN			
	mahammad Nozari 4-14-99						
	Inspector's Name (Please Pri		Date of Inspe				
	Mi Nogari		1 yea				
_	Inchector's Signature		Approximate Date of				

INSPECTION R ENVIRONMENTAL PROTECTION COMM		SBOROUGH	COUNTY		
FACILITY: Elite Cleaners		PAGE	1 OF 1		
FACILITY ADDRESS: 11301 North 56th Street	CITY: Tar	npa			
PHONE: (813)989-2439					
MAILING ADDRESS: The same as above	CITY: Tampa	FLA	ZIP: 33617		
INSPECTION DATE: TIME IN: TIME OUT			STATUS:		
April 14, 1999 1:00 PM 3:00 PM	Annu	ıal	In Compliance		
NEDS NUMBER: 571114					
SOURCE DESCRIPTION: Perchloroethylene (Perc	Dry Cleaner	-			
CONTACT(S): Mr. Alvin Kornhauser					
The purpose of the visit was an annual inspection.	We found the f	following:			
1. The record keeping of the Perc purchases was		•			
2. The gauge temperature reading was recorded v	_	_			
3. The vicinity around the dry cleaning machine v	-				
4. The Perc was loaded directly with a hookup co the site.	mection and no	o container	of perc was existed at		
5. The monthly averages for perc consumption w	ere recorded co	rrectly and	the totals for the past		
12 months were 380 gallons and it was verified		arioutly aria	the totals for the past		
6. The machine was in the cooling mode. No lea		e noticed.			
This facility has one drop store in the New Tampa					
·		•			
	•				
	•				
INSPECTED BY:			DATE:		
Mohammad Nozari			April 14, 1999		

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X COME	PLAINT/DISCOVERY RE-INSPECTION					
TIME IN: 14:00 TIME OUT: 15: TYPE OF FACILITY: PERC DRY CLEANER	AIRS 10#/					
FACILITY NAME: ELITE CLEANERS	DATE: 3/7/00					
FACILITY LOCATION: 11301 N. 56 th ST. TAMPA, FL 336	77					
RESPONSIBLE OFFICIAL: ALVIN KORNHAUSET	PHONE NUMBER: (813) 989-2439					
Based on the results of the compliance requirements evalual compliance with DEP Rule 62-213.300, Florida Administra						
Based on the results of the compliance requirements evaluadiscrepancies were noted:	ted during this inspection, the following compliance					
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED					
INCOMPLETED RECORDREEPING (RECORDED TEMP. & PERC USAGE, BUT NO LEAK LOG KEPT)	RE-INSPECT RECOILD KEEPING IN 90 DAYS					
	RE					
	TO THE SE MODE OF PARTY OF PAR					
	Nonitorii Sources					
COMMENTS:						
The Annual Compliance Certification form has been properly certi						
DATE OF NEXT INSPECTION:	pproximate)					
INSPECTION CONDUCTED BY:	ease Print)					
INSPECTOR'S SIGNATURE: Rose She PHONE NUMBER: (813) 272-5530						

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ANNUAL

TYPE OF INSPECTION:

×

COMPLAINT/DISCOVERY

RE-INSPECTION
AIRS ID#: 571114 DATE: 3/7/00 TIME IN: 14:00 TIME OUT: 15:00
FACILITY NAME: ELITE CLEANERS
FACILITY LOCATION: 11301 N. 56 th ST.
TAMPA, FL 33617
RESPONSIBLE OFFICIAL: ALVIN KORNHAUSER PHONE: (813) 989 - 2439 CONTACT NAME: PHONE: SAME
CONTACT NAME: SAME PHONE: SAME
PART I: NOTIFICATION
(check appropriate box) 1. New facility notified DARM 30 days prior to startup
,
2. Facility failed to notify DARM to use general permit
PART II: CLASSIFICATION
Facility indicated on notification form that it is: (check appropriate box) Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification
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 270 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?	OY ON DANA
2. Examining the containers for leakage?	OY ON X N/A
3. Closing and securing machine doors except during loading/unloading?	M Y □N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	AND ND Y X
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON M 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	7.
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?	MY □N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	MY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	M Y ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	d Y □N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	Øgy □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

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?	X Y	_N	
2. ·	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	D Y	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY		UN/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	אם	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	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?		·∵ □\x	□N/A
		u,	L I4	LINA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПN	□N/A
_				
P	ART V: RECORDKEEPING REQUIREMENTS			
11	as the responsible official: heck appropriate boxes)			
1.	Maintained receipts for perc purchased?	ÌΖ	П	
2.	Maintained rolling monthly averages of perc consumption?	Ø Y	ND N	
3.	Maintained leak detection inspection and repair reports for the following:			
	a. documentation of leaks repaired w/in 24 hrs? or;	ΩY		AMA
	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	מם	(DN	M N/A
4.	. Maintained calibration data? (for applicable direct reading instruments)	מם	MD. 3	\(\forall \) \(\forall \) \(\

MY ON

□Y □N ØN/A

□Y □N ØN/A

םץ םא אַאאן

5. Maintained exhaust duct monitoring data on perc concentrations?

6. Maintained startup/shutdown/malfunction plan?

8. Maintained compliance plan, if applicable?

7. Maintained deviation reports?

Problem corrected?

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

ROGER ZHU	3/7/00
Inspector's Name (Please Print)	Date of Inspection
Roger Blum	1 YEAR
Inspector's Signature	Approximate Date of Next Inspection

AIRS ID#: 571114

MC

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: ELITE FACILITY LOCATION: 1/301 TAMPA	CLEANER	25			7/00
FACILITY LOCATION: // 30 /	N. 56 th	ST.			\$
TAM PZ	s, FL	33617			
Annual Reporting Period: $\frac{4/15}{}$	· · · · · · · · · · · · · · · · · · ·	19 <u>_9</u> 7 to	4/	7	20 00
Based on each term or condition of the Title	V general air perm	it, my facility has re	mained in complian	with DEP Rul	e
62-213.300, Florida Administrative Code (F	A.C.), during the p	period covered by the	is statement. XY	es 🗆	Ю
If NO, complete the following:	. •				
#1. Term or condition of the general permit	t that has not been i	n continuous compli	ance during the ren	orting period stat	ed 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 permi	t that has not been i	n continuous compl	iance during the rep	porting period sta	ted above:
					• •
Exact period of non-compliance: from			to	•	
Exact period of non-comphance. Iron			_ 		
Action(s) taken to achieve compliance:		-	-		
Method used to demonstrate compliance:		·	·		1
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Fundament for the complete and the complete for the complete	ther, my annual con 100 gallons per yea	isumption of perchi	oroethylene solve	ent, based
RESPONSIBLE OFFICIAL: ##\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	TORNHAUS ame (Please Print)	en ffl	Signature	ULL 4/	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.

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY								
FACILITY: Elite Clear	FACILITY: Elite Cleaners PAGE 1 OF 1						1.	
FACILITY ADDRESS: 11301 56 th Street CITY: Tampa PHONE: (813) 989-2439						· ·		
MAILING ADDRESS:	MAILING ADDRESS: Same CITY: Tampa FLA ZIP: 33617							
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	N TYP	E:		STATU	
Mar 7, 2000 10:30 11:15 non-CDS						In	Compl	liance
NEDS NUMBER: 571114								
SOURCE DESCRIPTION: Perc Dry Cleaner								
CONTACT(S): Alvin Kornhauser								

Today's visit was to conduct the annual inspection.

The machine was in operation today. No leaks or odors were noticed.

The perc usage was 270 gallons for the past 12 months.

The recordkeeping was incomplete. Mr. Kornhauser has recorded the temperature and the perc usage, but not recording leak checks. He said he watches his machine closely, but forgot to write it down on the compliance calendar. I told him it is a part of our inspection to check the recordkeeping and the records are the only things we can verify. I consider this facility is in compliance based on no finding of leaks or odors, but I'll come back in 90 days for his recordkeeping methods.

Mr. Kornhauser told me he'll probably add another machine in this summer. He'll let me know when it occurs.

INSPECTED BY: Roger Zhu DATE: Mar7, 2000

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:45 TIME OUT: 11:00 TYPE OF FACILITY: PERC DRY CHEAVER	AIRS ID#: 571114
FACILITY NAME: ELITE CLEANERS FACILITY LOCATION: 1/30/ N. 56 H STR	DATE: 4/19/00
TAMPA, FL 3361	·
RESPONSIBLE OFFICIAL: ALVIN KORNHAUSER	PHONE NUMBER: (8/3) 989 - 2439
Based on the results of the compliance requirements evalual compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluadiscrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	RECEIVED
COMMENTS:	MAY 1 8 2000
	Bureau of Air Monitoring & Mobile Sources
The Annual Compliance Certification form has been properly certification.	fied and submitted to the inspector. YES NO
n k	oproximate) OCOR ZHU
INSPECTION CONDUCTED BY:	lease Print) PHONE NUMBER: (813) 272-5530
Page	of Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	p≰ □	COMPLAINT/DISCOVERY	
AIRS ID#: 571114 FACILITY NAME: 6	DATE: 4/19/00		n: 9:45 time out	: 11=00
FACILITY LOCATION:		th STI	15ET	
RESPONSIBLE OFFICIAL CONTACT NAME:				- 2439
PART I: NOTIFICATION				
(check appropriate box) 1. New facility notified DAR 2. Facility failed to notify DA		•		Δ.
PART II: CLASSIFICATIO	DN	g ore the second of the second		
Facility indicated on notification (check appropriate box)	ation form that it is:		☐ No notification form ☐ Drop store/out of busines	ss/petroleum
1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9	al/yr dr yr tr bo	ansfer only, and the types, x <	у, x < 140 gal/ут x < 200 gal/ут	
3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,80 (constructed before 12/9/9	2,100 gal/yr di ,800 gal/yr tr 00 gal/yr be	ry-to-dry only, ansfer only, to the types, 14	area source $\ \ \ \ \ \ \ \ \ \ \ \ \ $	
5. This is a correct facility	classification C	N X	□Can not determine	
1 fac 270	hloroethylene (perc) purc	al permit as and is not e	number above ligible for a general permit the preceding 12 months by the	uis dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	AVA NO YO
2. Examining the containers for leakage?	ANA NO YO
3. Closing and securing machine doors except during loading/unloading?	NO YA
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DAY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	YEY 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 refrig (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must installed prior to September 22, 1993	_
If classification 4 has been checked, the machine should be equipped with a refrience (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?	Aga □n´
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	XY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	\$ 1
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	Ø1Y □N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	YY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	AY DN

.

ت رئد ب

В.	Has the responsible official of an existing large or new large area source also:		•	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	XY	ПΝ	
2. ·	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY	אם	DN/A
	Is the temperature differential equal to or greater than 20° F?	DY	ND	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	ΠИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠN	□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,		٠	
	or expansion; and downstream from no other inlet?	ΠY	ΠN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПИ	□N/A

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

PA	PART VI: LEAK DETECTION AND REPAIRS					
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?	¥Ϋ́Υ	□N .			
2.	Has the facility maintained a leak log?	X Y	ПИ.			
3.	Does the responsible official check the following areas for leaks?					
	Hose connections, fittings, couplings, and valves Ty \(\D\ \D\ \D\/A \) Muck cookers	ØY	□N □N/A			
	Door gaskets and seating TY ON ON/A Stills	χY	□N □N/A			
	Filter gaskets and seating YY ON ON/A Exhaust dampers	Ϋ́Υ	□N □N/A			
	Pumps Diverter valves	XY	□N □N/A			
	Solvent tanks and containers ' Y DN DN/A Cartridge filter housings	XY	□N □N/A			
	Water separators Ty DN DN/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)	效				
	Odor (noticeable perc odor)	×				
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector					
	If using direct-reading instrumentation, is the equipment:	DIN	/A			
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	ΈY	ND			
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	ΟY	□N			
;	c. Inspected for leaks and obvious signs of wear on a weekly basis? .	ΔY	и□			
	d. Kept in a clean and secure area when not in use?	ΩY	. □N			
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	ΩY	_ □N			
L						

ROGER ZHU	4/19/00
Inspector's Name (Please Print)	Date of Inspection
loger she	1 YEAR
Inspector's Signature	Approximate Date of Next Inspection

	INSPECTION RE					
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY						
FACILITY: Elite Cleaners			PAGE	1 OF	1	
FACILITY ADDRESS: 11301 56th S	treet		CITY: Tai	mpa (813) 989-2439	,	
MAILING ADDRESS: Same		CITY: Tampa	<u></u>	`- 	7	
INSPECTION DATE: TIME IN:	TIME OUT:			STATU	īs·	
Apr 20, 2000 9:45	11:00	non-C	I	In Compl		
NEDS NUMBER: 571114	<u> </u>					
SOURCE DESCRIPTION: Perc Dry	Cleaner					
CONTACT(S): Alvin Kornhauser						
Today's visit was a follow-up inspections and temperature monitor Mr. Kornhauser said he would machine.	the last week. machine is Un loop vapor ven odors or leaks ds now. Each ring on a weekl	ion with the sating system. were noticed. machine has in the system.	erial numb The initial its own rec	er 305-BO-0' fill-up was 7 ords indicated	750. The 5 gallons.	
	•				,	
·	•					
	•				*	
·						
INSPECTED BY: Roger Zhu			DA	ΓE: April 20), 2000	

خ رفدن

Z 333 632 965

US Postal Service Receipt for Certified Mail

AIRS ID 0571114

ALVIN KORNHAUSEN ALVIN KORNHAUSEN 11301 N 56TH STREET TAMPA FL 33617

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
_	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
Š	TOTAL Postage & Fees	\$
PS Form Sauce	Postmark or Date	
Ş		

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 red following service extra fee): 1. Address 2. Restricte Consult postmas	s (for an ee's Address
ADDRESS completed on	3. Article Addressed to: AIRS ID 0571114 ALVIN KORNHAUSEN ALVIN KORNHAUSEN 11301 N 56TH STREET TAMPA FL 33617	4a. Article Number 2 333 6/2 96 5 4b. Service Type Registered Express Mail Return Receipt for Merchandise 7. Date of Delivery		
Is your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	8. Addressed and fee is	o's Address (Only paid) Domestic Ret	



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0356387

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

ELITE CLEANERS ALVIN KORNHAUSEN 11301 N 56TH STREET **TAMPA FL 33617**

AIRS ID # 0571114

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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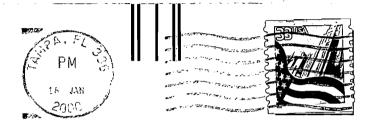
TOTAL AMOUNT DUE: \$50.00

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ELITE CLEANERS ALVIN KORNHAUSEN 11301 N 56TH STREET TAMPA FL 33617 AIRS ID # 0571114

FOR GOVERNMENT USE ON US Org.: 37550101000 EO: Bb Stund: 20-2-035001 Obj.: 002273

ALVIN KORNHAUSER 16204 BONNEVILLE DR. TAMPA, FL 33624-1113



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

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TOTAL AMOUNT DUE: \$50.00 Se Mobile Sources Mobile Sources Sources AIRS ID # 0571114

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ELITE CLEANERS ALVIN KORNHAUSEN 11301 N 56TH STREET **TAMPA FL 33617**

FOR GOVERNMENT USE ONLY OF 37550101000 ECOA1 Fund: 20-2-035001

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AIRS ID # 0571114

ELITE CLEANERS ALVIN KORNHAUSEN 11301 N 56TH STREET TAMPA FL 33617

Org.: 37550101000 EO: A1

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