

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

April 1, 1997

Mr. Arthur Benes Imperial Cleaners 14831 North Dale Mabry Tampa, Florida 33618

Facility No. 0571129

Dear Mr. Benes:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 5, 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, Fl 32399-2400

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

Sincerely,

Ďotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Thomas Shelton, Hillsborough County

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

Geroy	#05711	124	RE	CEIVE
BEST AVAILABLE CO	opy Imperial Clear	news		
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	boke with Am 3/12/1997	hur Bene	5- &	Mobile Sources
I. Facil	3/12/1997		or the state of th	
SUR 2. Site D./3 4	add location	Iddiega		
In 8.	add location a add phone no.	-813/962-4	044	·
3. Haz				
43 Fac P.14 1.	la) add date ce	entrol dev	ice -	
CStr	installed Should be exi	àtina lam	0 336	18
5. Faĝ	area source	sury lang	100 C	
p./5 5.	add "11" to "A			
	boiler-20HP	/pat.gas		
6. Nat 5,	(d) not require	Y	The state of the s	
7. Res			de anni de de anni de anni de de anni de de	
Org Str Cit	RECEIV	E D	: ;	3618
8 № Res	APR 1 6 199	7		
Те	Bureau of Air Monit & Mobile Source	toring	/	
		, , , , , , , , , , , , , , , , , , ,		
9. Name and Title of Facil	ity Contact (For example, plant)	Hange of the state		
10. Facility Contact Addres	s:			200
Street Address: City:	County:	Zi	o Code:	
11. Facility Contact Teleph Telephone: (one Number:	Fax: ()	-	
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		A B	MAR 27 1997	U
N. (2.212.000	(2) Page 13 of 10	6	- " 100/	•

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EPC of HC AIR MANAGEMENT

RECEIVE

Perchloroethylene Dry Cleaning Facility Notification

MåR 5 1997

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

l.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
	ure-fit Termanucur	
2	Site Name (For example, plant name or number):	
	IMPORIAL CLOUPERS (MP) Hazardous Waste Generator Identification Number:	
3.	Hazardous Waste Generator Identification Number:	
4.	Facility Location:	
	China A 3 dinas	1
	City: County: Zip Code: Facility Identification Number (DEP Use): Street Address: County: Julishanda Zip Code: Julishanda Zip Co	3618
5.	Facility Identification Number (DEP Use):	
	057/129	
- Williams	trong traval and the transport transfer of the second transfer of the second transfer of the second	and the second of
	Responsible Official	
6.	Name and Title of Responsible Official:	
	ARTHUR BENES OWNER	
7.	Responsible Official Mailing Address:	
	Organization/Firm: Street Address: 14831 N. BALE IN ABIL	
	Cin. Code	
	Responsible Official Telephone Number:	33618
8.	Responsible Official Telephone Number:	
	Telephone: () - Fax: () -	
	Facility Contact (If different from Responsible Official)	:
		
9.	Name and Title of Facility Contact (For example, plant manager):	
		l
10.	Facility Contact Address:	:
	Street Address: City: County: Zip Code:	:
	County. Zip Couc.	:
11.	Facility Contact Telephone Number:	i
	Telephone: () - Fax: () -	
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Facility Information

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

		Date	Date		Date	Date		Date .	Date
		Machine	Control		Machine	Control		Machine	Control
	ļ	Initially	Device		Initially	Device	ļ	Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	lnstalled
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit								*	
(1) w/ ref. condenser		4191							T
(2) w/ carbon adsorber		T.							
(3) w/ no controls									
Washer Unit		L			<u></u>		·		
(4) w/ ref. condenser				ŀ				,	
(5) w/ carbon adsorber									
(6) w/ no controls			·						
Dryer Unit									. ,
(7) w/ ref. condenser									
(8) w/ carbon adsorber			-						<u> </u>
(9) w/ no controls									
Reclaimer Unit			I					<u>.</u>	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls							-		
(b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [
3. What is the facility's son (Indicate with an "X". S Existing small are Existing large are	Selec ea so	t one classifi	cation only.) No	ew sn	nitions found nall area sour	rce [3) of	Part II?	
			• • •			· -	,		

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

 What control technology is required on machines pursus (Indicate with an "X".) 	ant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber Refr	igerated condenser
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
	·
•	
5. A facility which contains non-exempt emissions units s to Rule 62-213.300, F.A.C. Verify that all steam and hot vexemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a boiler HP or less), and (2) are fired exclusively by natural during which propane or fuel oil containing no more than	gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Re	ecordkeeping Information
Check all logs which are required to be kept on-site in acco	ordance 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	g
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

Surrender of Existing Air Permit(s)

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

arthur Benes

4-14-97

DEP Form No. 62-213.900(2)

Effective: 6-25-96

AIRS ID#: 057/129

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	IMPERIA	L Ch	egners		DATE	2-28-97			
FACILITY NAME:	14831	N. DA	ale ma	Bry					
	TAMPA								
Annual Reporting Period:	OCT		19 96	то	FRO	1997			
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.									
If NO, complete the following:									
#1. Term or condition of the g	general permit tha	at has not been	in continuous	compliance of	during the reporting peri	od stated above:			
Exact period of non-compliance	e: from			to_					
Action(s) taken to achieve com	pliance:				·				
Method used to demonstrate co	ompliance:	· · · · · · · · · · · · · · · · · · ·		·					
#2. Term or condition of the g	eneral permit tha	at has not been	in continuous	compliance of	during the reporting peri	iod stated above:			
Exact period of non-compliance	æ: from			to					
Action(s) taken to achieve com	pliance:								
Method used to demonstrate compliance:									
As the responsible official, I he made in this notification are tr upon rolling averages of purch year for transfer or combination	rue, accurate and nase receipts, doe	complete. Fu	irther, my anni	ial consumpt	ion of perchloroethylene	solvent, based			
RESPONSIBLE OFFICIAL:	ARTHUR	BENES	·	Arthur	Bones	2-28-97 Data			
	name ((Please Print)			Signature	Date			

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	IPLAIN I/DISCOVERY RE-INSPECTION
TIME IN: 9',30 TIME OUT: 11',30) AIRS ID#: None
TYPE OF FACILITY: DRYCLEANER	
FACILITY NAME: IMPERIAL CLEANER	S DATE: 2/27/97
FACILITY LOCATION: 14831 N. DALE M	
RESPONSIBLE OFFICIAL: NRT BENES	PHONE NUMBER: 962-4044
Based on the results of the compliance requirements evalu compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evalu discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
ALW SVOMIT PERMIT TO FORP	SUBMIT FRRMIT TO FDEP
ROZLING PRRC LOG	BESIN PERC LOG
TEMP & INSPECTION LOG	BEEIN XEEPING LOGS
	RECEIVED
	MAR 1 7 1997
	& Mobile Sources
	Sources
COMMENTS: COMPLIANCE CERTIFICATION	LRFT WRO. WHO WILL
1 FORWARD TO FOEP.	
The Annual Compliance Certification form has been properly certification	ified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	YERR
· · · · · · · · · · · · · · · · · · ·	pproximate)
INSPECTION CONDUCTED BY: NF. AL. L	3. UDNIS
	lease Print)
INSPECTOR'S SIGNATURE: / (1) ()	PHONE NUMBER: 272-5530
Page	of Revised 10/

#057/129 Imperial Cleaners -spoke with Arthur Benes-3/12/1997 4 add location address 8 add phone no. -813/962-4044 1. (a) add date control device 3. Should be existing large area source 5. add "\" to "All. exempt"— boiler - 20 HP/nat. gas 5.(d) not required

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification

MAR 5 1997

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
5	vee-f.1 Formanwar
2.	Site Name (For example, plant name or number):
	IMPERIAL CLEAPERS (MP)
3.	Hazardous Waste Generator Identification Number:
(4)	Facility Location:
-	Street Address
	City: TAMPA FL County: Hillsborning Zip Code: 33618
5.	Facility Identification Number (DEP Use):
	054/129
. 11.17.77.71.11	And the second state of the second state of the second sec
	Responsible Official
6.	Name and Title of Responsible Official:
	ARTHUR BENES OWNER
7.	Responsible Official Mailing Address:
	Organization/Firm: Street Address: 14831 N. DALE IN ABIY
	City: Zip Code:
	1840117 FL FLUS. 53618
(8:)	
	Telephone: () - Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Senara Additional
	Street Address: City: County: Zip Code:
	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.

		Date	Date		Date	Date		Date	Date
	l	Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser		4491			Α.		Γ		
(2) w/ carbon adsorber		T							
(3) w/ no controls									
Washer Unit		·	· · · ·						
(4) w/ ref. condenser						T	T		
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit						•			
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit			<u> </u>						
(10) w/ ref. condenser									
(11) w/carbon adsorber							\vdash		
(12) w/ no controls		_							
(b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [
(Indicate with an "X". Existing small ar	Selec	t one classif	ication only.))	initions found		3) of	Part II?	
Existing small ar	ea so	urce []	Ne	ew la	rge area sour	ce [J		
A 10.1					_	· ·	_		

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

(Indicate with an "X".)	nachines pursuant to section (3) of Part II of this notific	ation form?
Existing large area source Carbon adsorber	Refrigerated condenser	
New small area source Refrigerated condenser		
New large area source Refrigerated condenser []		
•		·
	nissions units shall not be eligible to use the general per steam and hot water generating units on-site meet the fo et on-site:	
	n-site (1) have a total heat input of 10 million BTU/hr ovely by natural gas except for periods of natural gas cu g no more than one percent sulfur is fired.	
All steam and hot water generating units ex No such units on-site	empt []	
Equipment Mon	itoring and Recordkeeping Information	
Check all logs which are required to be kep	t on-site in accordance with the requirements of this ge	neral permit:
(a) Purchase receipts and solvent purchases		
(b) Leak detection inspection and repair		
(c) Refrigerated condenser temperature mor	nitoring	
(d) Carbon adsorber exhaust perc concentra	ation monitoring	
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction plan		

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

Surrender of Existing Air Permit(s)

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

AIRS ID#: <u>057/129</u>

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	IMPORIA	4	CLEGN	005		DATE: 2-28-97		
FACILITY NAME: FACILITY LOCATION: _	14831	n)	DAIS	man				
	1411914	FLO	ICINIA	.5.36	/8			
Annual Reporting Period:	OCT	:		19 96 T	o FRB	1997		
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.								
If NO, complete the following	g:							
#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-complian	ice: from				to			
Action(s) taken to achieve con	mpliance:				· · · · · · · · · · · · · · · · · · ·			
Method used to demonstrate of	compliance:							
#2. Term or condition of the	general permit tha	at has no	ot been in co	ntinuous con	npliance during the rep	orting period stated above:		
Exact period of non-complian	ace: from				to			
Action(s) taken to achieve con	mpliance:				 			
Method used to demonstrate of	compliance:				·			
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.								
RESPONSIBLE OFFICIAL		BE.		4	Signature	2-28-97- Date		
						<u> </u>		

^{*}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.

9500956

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	1 <u>0</u>	COMPLAINT/DISCO	OVERY 🗆
AIRS ID#:	= · · · · · · · · · · · · · · · · · · ·		n: <u>9(36</u> tim)	е о ит: <u> 1,30</u>
FACILITY NAME:	IMPERIAL	CLEAN	IERS	
FACILITY LOCATION: _	14831 N.	DALE	MABRY	
	•		96	,2-4004
			· · ·	
PART I: NOTIFICATION			·	
(check appropriate box)	2.72.61 0/1/06			
Existing facility notified I Now facility position DAI	•			
 New facility notified DAF Facility failed to notify D. 		-		<u>u</u> . ∀2∕
5. Tacinty failed to notify D.	and to use general period			~
PART II: CLASSIFICATI	ON			
Facility indicated on notific (check appropriate box) A. 1. Existing small area so		2. New small :	Drag cource	
dry-to-dry only, x<140 ga transfer only, x<200 gal/y both types, x<140 gal/yr (constructed before 12/9/9	ll/yr л	dry-to-dry only transfer only, x both types, x<1	, x<140 gal/ут <200 gal/ут	-
3. Existing large area so dry-to-dry only, 140 <x<2 (constructed="" 12="" 140<x<1,800="" 200<x<1,80="" 9="" 9<="" before="" both="" only,="" th="" transfer="" types,=""><th>, 100 gal/yr 00 gal/yr gal/yr</th><th>transfer only, 2 both types, 140</th><th>nrea source , 140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,></th><th></th></x<2>	, 100 gal/yr 00 gal/yr gal/yr	transfer only, 2 both types, 140	nrea source , 140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,>	
This is a correct facility clas	sification	Ma DN		
☐ facility exc	lified for a general permeeds above limits and is	not eligible for		
B. The total quantity of perofacility was 254 gallo		chased within t	he preceding 12 months	s by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN XN/A 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? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly 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?

	and recorded the exhaust temperature on the outlet side of the condenser located ry, reclaimer, and dryer machines on a weekly basis?	□Y XN
	and recorded the washer exhaust temperature at the condenser at the condense at t	OY OX XX MA MX XX NO YO
Is the	temperature differential equal to or greater than 20° F?	M K NO YO
at the end of	and recorded the perc concentration in the exhaust stream weekly of the final drying cycle while the machine is venting to the adsorber, are equipped with a carbon adsorber?	OY ON XIN/A
Is the	perc concentration equal to or less than 100 ppm?	מם עם
perc concer or expansion	at the sampling port on the carbon adsorber exhaust for measuring intrations is at least 8 duct diameters downstream of any bend, contraction, on; is at least 2 duct diameters upstream from any bend, contraction, on; and downstream from no other inlet?	oy on X WX
5. Equipped to condenser	ransfer machines (dryers, reclaimers, and washers) with individual coils?	OY ON MANA
6. Routed airf	low to the carbon adsorber (if used) at all times?	OY ON MIN/A
DADT V. DE	CORDKEEPING REQUIREMENTS	
FARI V: RE	COLUMNIA IN TEL OTTOMICA IN THE COLUMNIA IN TH	
	nsible official:	
Has the respo	nsible official:	MA ON
Has the responsible (check approposition 1. Maintained	nsible official: riate boxes)	MA AO
Has the responsible (check approposition) 1. Maintained 2. Maintained	nsible official: riate boxes) receipts for perc purchased?	,
Has the responsable (check approposition) 1. Maintained 2. Maintained 3. Maintained	nsible official: riate boxes) receipts for perc purchased? rolling monthly averages of perc consumption?	и <mark>ф</mark> ко
Has the response (check appropriate of the check appropriate of the che	nsible official: riate boxes) receipts for perc purchased? rolling monthly averages of perc consumption? leak detection inspection and repair reports for the following:	,
Has the response (check appropriate of the check appropriate of the che	nsible official: riate boxes) receipts for perc purchased? rolling monthly averages of perc consumption? leak detection inspection and repair reports for the following: cumentation of leaks repaired w/in 24 hrs? or; cumentation of parts ordered to repair leak and leak repaired w/in 2 days	DA W
Has the response (check appropriate of the check appropriate of the che	nsible official: riate boxes) receipts for perc purchased? rolling monthly averages of perc consumption? leak detection inspection and repair reports for the following: cumentation of leaks repaired w/in 24 hrs? or; cumentation of parts ordered to repair leak and leak repaired w/in 2 days d parts installed w/in 5 days of receipt?	DA YN
Has the response (check appropriate of the check appropriate of the che	nsible official: riate boxes) receipts for perc purchased? rolling monthly averages of perc consumption? leak detection inspection and repair reports for the following: cumentation of leaks repaired w/in 24 hrs? or; cumentation of parts ordered to repair leak and leak repaired w/in 2 days d parts installed w/in 5 days of receipt? calibration data? for direct reading instruments only)	OY ZIN OY ON ZIN/A
Has the responsive (check appropriate of the check appropriate of the c	nsible official: riate boxes) receipts for perc purchased? rolling monthly averages of perc consumption? leak detection inspection and repair reports for the following: cumentation of leaks repaired w/in 24 hrs? or; cumentation of parts ordered to repair leak and leak repaired w/in 2 days d parts installed w/in 5 days of receipt? calibration data? for direct reading instruments only) exhaust duct monitoring data on perc concentrations?	OY DN DON/A
Has the response (check appropriate of the check appropriate of the che	nsible official: riate boxes) receipts for perc purchased? rolling monthly averages of perc consumption? leak detection inspection and repair reports for the following: cumentation of leaks repaired w/in 24 hrs? or; cumentation of parts ordered to repair leak and leak repaired w/in 2 days d parts installed w/in 5 days of receipt? calibration data? (for direct reading instruments only) exhaust duct monitoring data on perc concentrations? startup/shutdown/malfunction plan?	DY DYN DY DYN
Has the responsive (check appropriate of the check appropriate of the c	nsible official: riate boxes) receipts for perc purchased? rolling monthly averages of perc consumption? leak detection inspection and repair reports for the following: cumentation of leaks repaired w/in 24 hrs? or; cumentation of parts ordered to repair leak and leak repaired w/in 2 days d parts installed w/in 5 days of receipt? calibration data? for direct reading instruments only) exhaust duct monitoring data on perc concentrations? startup/shutdown/malfunction plan?	OY DIN OY
Has the respondence (check appropriate of the check appropriate of the	riate boxes) receipts for perc purchased? rolling monthly averages of perc consumption? leak detection inspection and repair reports for the following: cumentation of leaks repaired w/in 24 hrs? or; cumentation of parts ordered to repair leak and leak repaired w/in 2 days d parts installed w/in 5 days of receipt? calibration data? (for direct reading instruments only) exhaust duct monitoring data on perc concentrations? startup/shutdown/malfunction plan? deviation reports? em corrected? compliance plan, if applicable?	
Has the responsible (check appropriate of the check appropriate of the	nsible official: riate boxes) receipts for perc purchased? rolling monthly averages of perc consumption? leak detection inspection and repair reports for the following: cumentation of leaks repaired w/in 24 hrs? or; cumentation of parts ordered to repair leak and leak repaired w/in 2 days d parts installed w/in 5 days of receipt? calibration data? (for direct reading instruments only) exhaust duct monitoring data on perc concentrations? startup/shutdown/malfunction plan? deviation reports? em corrected?	

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

2.	Which method of detection is used by	the respor	isible offic	cial?		,		l
	Visual examination (condensed	solvent on	exterior s	surfaces)	$\not\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!$			
	Physical detection (airflow felt the	•	À,					
	Odor (noticeable perc odor)		X		١			
	Use of direct-reading instrument	ation (FII	D/PID/calo	primetric tubes)				
	If using direct-reading instrumentation, is the equipment:							
	a. Capable of detecting	perc vapo	or concent	rations in a range of 0-500 ppm?	ПY	□N		
	b. Calibrated against a	standard (gas prior t	o and after each use				
	(PID/FID only)?				ЦY	ПN		
	c. Inspected for leaks a	nd obviou	s signs of	wear on a weekly basis?	QY	ΠИ		
	d. Kept in a clean and	secure are	a when no	ot in use?	$\Box Y$	ΠN		
e. Verified for accuracy by use of duplicate samples (calorimetric only)?						ПN		
3.	Has the facility maintained a leak log?	,			ΠY	1) X (1		,
4.	Does the responsible official check the	following	g areas for	leaks?				ĺ
	Hose connections, fittings, couplings, and valves	×χ	ПN	Muck cookers	ΟY	□и	×	ΜŻ
	Door gaskets and seating	Y	Ωи	Stills	XY	ДΝ		ľ
	Filter gaskets and seating	D Y	ПN	Exhaust dampers	Y	□и		
	Pumps	Ϋ́Y	□N	Diverter valves	X	□N		
	Solvent tanks and containers	$\cancel{\nabla}^{\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!$	ПИ	Cartridge filter housings	**	ПN		
	Water separators	Y	ПИ		. <u>. </u>			

ART BENES	
Name of Responsible Official	
NEAL B. JAMS	2/27/97
Inspector's Name (Please Print)	Date of Inspection
Ylend B. Jain	I YEAR
Inspector's Signature	Approximate Date of Next Inspection
/ //	•

ADDITIONAL SITE INFORMATION:

NEEDS TO SUBMIT AIR PERMIT TO FORP.

NEEDS TO START KERPINE ROLLING PERC. LOG.

NEEDS TO START KERPING INSPECTION OF TEMP.

LOGS.

•

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X	COMPLAIN	T/DISCOVERY	RE-INSPECTION
TIME IN: 11.5.2.1)	TIME OUT:	10:22	AIRS ID#:	571129
TYPE OF FACILITY:	Dry Cleaner	<u>-</u>		
FACILITY NAME:	1 7	leaners		DATE: ///5-/9-7
FACILITY LOCATION: /5	1231 N. D.	il Mil	cu	
	ampa. FL	33618	+	
	5 7 7		OTTO TO SEE A CONTROL OF THE CONTROL	R: 942-4044
RESPONSIBLE OFFICIAL:	MARKET 13.	2 nes	PHONE NUMBER	R. <u>78.2 = 70 y y</u>
	the compliance requiremental Aule 62-213.300, Florida A			facility is found to be in
Based on the results of discrepancies were note	the compliance requirements:	nts evaluated dur	ing this inspection, the i	following compliance
COMPLIANCE REQU	JIREMENT/PROBL	EM]	FOLLOW-UP ACT	TION REQUIRED
				
				·
			1	
COMMENTS:				
				N/A
The Annual Compliance Certific	ation form has been prope	rly certified and	submitted to the inspect	or. YES NO
DATE OF NEXT INSPECTION	N:	Har		
		(Approxima	te)	
INSPECTION CONDUCTED	BY: Bruce	m- 7	Tung	
		(Please Prin		
NSPECTOR'S SIGNATURE:	Dille MXcin	7	PHONE NUMBER	R: 272-5030
	P	age of 1.		Revised 10/9

ECEIVED

MAR 0 4 1998

Bureau of Air Monitoring
& Mobile Sources

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID 0571129 SURE-FIT FORMALWEAR ARTHUR BENES 14831 N DALE MABRY TAMPA FL 33618

MAIL ROOM
MAR -2 98

Do NOT Remove Label

Annual Reporting Period:	lan 1	19 <u>97</u> TO	Du 3	1 1997
62-213.300, Florida Administrative Code (F		eriod covered by this st	atement. YES	□NO
If NO, complete the following: #1. Term or condition of the general permit	that has not been in	continuous complianc	e during the reporting	g period stated above:
Exact period of non-compliance: from		t	0	
Action(s) taken to achieve compliance:				· · · · · · · · · · · · · · · · · · ·
Method used to demonstrate compliance:			****	· · ·
#2. Term or condition of the general permit Exact period of non-compliance: from	that has not been in	continuous compliance		g period stated above:
Action(s) taken to achieve compliance:		·		
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, base notification are true, accurate and complete. Findoes not exceed 2,100 gallons per year for dry-to-	urther, my annual coi	sumption of perchloroe	thylene solvent, based i	upon purchase receipts,
RESPONSIBLE OFFICIAL:AR7Nan	HVR BEN ne (Please Print)	is aun	Fur Banes Signature	2-24-9f Date
#This forms is made and labels to the state of the state			takan ja en en e	

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: ANNUAL RE-INSPECTION	ON D
FACILITY NAME:	197 TIME IN: 10:00 TIME OUT: 10:20 VILL (CERNSON 1. Dals Maling F 1 336FE Bares PHONE: 962-4044 11 PHONE: 11 11
PART I: NOTIFICATION	
(check appropriate box) 1. New facility notified DARM 30 days prior to star 2. Facility failed to notify DARM to use general per	N, \mathcal{L}
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	□ No notification form □ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a gent facility exceeds above lim	ation: deral permit as number above at a general permit
B. The total quantity of perchloroethylene (perc) pu facility was 25° 0° gallons.	rchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS							
Is the responsible official of the dry cleaning facility: (check appropriate boxes)							
1. Storing perchloroethylene in tightly sealed and impervious containers?	XY ON ON/A						
2. Examining the containers for leakage?	MY ON ON/A						
3. Closing and securing machine doors except during loading/unloading?	NO AIM						
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	XY ON ON/A						
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אוא אַ אם אם						
DANGE VILLIANT GOVERNOVS							
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 YA						
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON DIN/A						
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON DINA						
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ј у п						
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?	gy on						

В.	. Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	Y ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON PIN/A
	Is the temperature differential equal to or greater than 20° F?	DY DN DONA
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 Von⁄a
	Is the perc concentration equal to or less than 100 ppm?	AVNÍŽ NO YO
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON DXV/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N XM/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	A/N/A

PART V: RECORDKEEPING REQUIREMENTS							
Has the responsible official: (check appropriate boxes)							
1. Maintained receipts for perc purchased?	p(x □n						
2. Maintained rolling monthly averages of perc consumption?	g X □N						
3. Maintained leak detection inspection and repair reports for the following:	·						
a. documentation of leaks repaired w/in 24 hrs? or;	DX □N □N/A						
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אומם מם צעם						
4. Maintained calibration data? (for applicable direct reading instruments)	אוא(ם מם צם						
5. Maintained exhaust duct monitoring data on perc concentrations?	ANA D NO YO						
6. Maintained startup/shutdown/malfunction plan?	фý пи						
7. Maintained deviation reports?	Ò√Ý □N □N/A						
Problem corrected?	A'NŒ NO YO						
8. Maintained compliance plan, if applicable?	DY DN ANA						

P.	PART VI: LEAK DETECTION AND REPAIRS							
1.	Does the responsible official conduct	a weekly	(for	small sou	rces, bi-weekly) leak detection a	ınd rer	pair	
	inspection?					$\mathbf{M}_{\mathbf{Y}}$. (אכ
2.	Has the facility maintained a leak log	?				Υ <mark>ζ</mark> ί	. (אב
3.	Does the responsible official check th	e followi	ng ar	reas for lea	aks?	/ C.		
	Hose connections, fittings, couplings, and valves	Y	ПΝ	□N/A	Muck cookers	ПY	ПΝ	⊠ N/A
	Door gaskets and seating	TY	ПΝ	□N/A	Stills	ΠY	□и	M/A
	Filter gaskets and seating	¥Υ	ΠN	□N/A	Exhaust dampers	YOY	ПN	□N/A
	Pumps	Y	ПΝ	□N/A	Diverter valves	Σ	Πи	□N/A
	Solvent tanks and containers	Y	ПN	□N/A	Cartridge filter housings	Y	ПN	□N/A
	Water separators	YY	ΠN	□N/A				
4.	Which method of detection is used by	the resp	onsib	le official	?			
	Visual examination (condensed	solvent o	n ex	terior surf	aces)	X		
	Physical detection (airflow felt t	hrough g	aske	ts)		Ø		
	Odor (noticeable perc odor)							
	Use of direct-reading instrumen	auon (F	ID/PI	D/calorin	netric tubes)	' □		
	Halogen leak detector							
	If using direct-reading inst	ruments	tion.	, is the eq	uipment:	□N/	'A	
	a. Capable of detecting	perc var	or co	oncentratio	ons in a range of 0-500 ppm?	ПY	ПN	
	b. Calibrated against a (PID/FID only)?	standard	l gas	prior to ar	nd after each use	ΩY	ΩN	
	c. Inspected for leaks a	nd obvio	us si	gns of wea	er on a weekly basis?	ПY	ΠN	
	d. Kept in a clean and	secure ar	ea w	hen not in	use?	ΠY	ΩN	
	e. Verified for accuracy	by use o	of du	plicate sar	nples (calorimetric only)?	ПY	□И	
								
	Bross M. King				11/5/97	Z		
	Inspector's Name (Please Pr	int)			Date of Inspe	ction		
/	Bru m Line				1-yea	1		
	Inspector's Signature	<u> </u>			Approximate Date of	Next I	nspec	tion

ADDITIONAL SITE INFORMATION:	
All records were ament and available for review	
	·



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	29

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

				_		
FACILITY NAME:/	MPERIAL	CLEAN	ERS		DAT	E: 12/21/98
FACILITY NAME:	14831 N.	DHE M	ABRY			
	TAMPA, F	L 3361	8			
				· ·		
Annual Reporting Period:	Dee 3		_19 <u>97</u> TO	Vec	21	19 <u>9</u> 8
Based on each term or condition 62-213.300, Florida Administration of NO, complete the following:	rative Code (F.A.C.)	_	-	7		DEP Rule
#1. Term or condition of the g		nas not been in co	ontinuous complia	nce during the	e reporting pe	riod stated above:
Exact period of non-compliance	ce: from			to		
Action(s) taken to achieve com	npliance:				· .	
Method used to demonstrate co	ompliance:					
#2. Term or condition of the g	general permit that l	has not been in c	ontinuous complia	nce during the	e reporting po	eriod stated above:
Exact period of non-compliance	ce: froin			to		
Action(s) taken to achieve con	nplianœ:			_		
Method used to demonstrate o	omplianœ:					· .
As the responsible official, I h made in this notification are to upon rolling averages of purc year for transfer or combinati RESPONSIBLE OFFICIAL	rue, accurate and c hase receipts, does on facilities. :: ARTHUR	omplete. Furthe	r, my annual cons	umption of per	rchloroethyle	ne solvent, based

	1	,
Page	of	!
Lage	O1	1 .

^{*}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 \square COM	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:30 TIME OUT: (1:	30 AIRS ID#: 571129
TYPE OF FACILITY: PERC DRY CLEANE	=R
FACILITY NAME: IMPERIAL CLEANES.	25 DATE: 12/21/98
TIME IN: 9-30 TIME OUT: 17- TYPE OF FACILITY: PERC DRY CLEANER FACILITY NAME: IMPERIAL CLEANER FACILITY LOCATION: 14831 N. DALE MATAMPA, FL 33618 RESPONSIBLE OFFICIAL: ARTHUR BENES	BRY
TAMPA FI 33618	3
LOTILLE BENES	1012) 9/7-1044
RESPONSIBLE OFFICIAL: ARTHUR BENES	PHONE NUMBER: (813) 962-4044
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Adminis	
Based on the results of the compliance requirements evaluation discrepancies were noted:	uated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	KECFIA
	JAN 1 3 YEEF
	Bureau of Air Monitoring & Mobile Sources
.	
	
•	
COMMENTS:	
	57 1 [7]
The Annual Compliance Certification form has been properly ce	
DATE OF NEXT INSPECTION:	YEAR
(4	Approximate)
INSPECTION CONDUCTED BY:	OGER ZHU
	Please Print)
INSPECTOR'S SIGNATURE: Roge Bh	PHONE NUMBER: (813) 272-5530
	of Revised 10/96
Page_	$\frac{1}{1}$ or $\frac{1}{1}$. Revised 10/90

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	½	COMPLAINT/DISCOVI	ERY □
AIRS 10#: 571129	DATE: 12/21/9	78 TIME	IN: <u>4:30</u> TIME O	OUT: _//-30
FACILITY NAME:				
FACILITY LOCATION:	14831 N. D.	ALE MA	BRY	
	TAMPA, FL	- 3361	8	
 RESPONSIBLE OFFICIA	IL: ARTHUR B	ENES	_PHONE: (8/3)96	2-4044
RESPONSIBLE OFFICIA	SAME		PHONE: SAW	1E
PART I: NOTIFICATIO	N			
(check appropriate box)				
1. New facility notified DA	RM 30 days prior to start	tup	NA	۵
2. Facility failed to notify I	DARM to use general per	mit		a
				1
PART II: CLASSIFICAT				
Facility indicated on notificated (check appropriate box)			☐ No notification form☐ Drop store/out of busi	ness/petroleum
Facility indicated on notif	source gal/yr al/yr	transfer only, x both types, x <	□ Drop store/out of busi area source □ , x < 140 gal/yr < 200 gal/yr	ness/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area dry-to-dry only, x < 140 transfer only, x < 200 gas both types, x < 140 gal/y	source gal/yr ///////////////////////////////////	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140	☐ Drop store/out of busi area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr a or after 12/9/91)	ness/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area dry-to-dry only, x < 140 transfer only, x < 200 gas both types, x < 140 gal/y (constructed before 12/9) 3. Existing large area dry-to-dry only, 140 ≤ x transfer only, 200 ≤ x ≤ both types, 140 ≤ x ≤ 1,	source gal/yr al/yr //91) source ≤ 2,100 gal/yr 1,800 gal/yr 800 gal/yr //91)	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140	□ Drop store/out of busi area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr a or after 12/9/91) area source , $140 \le x \le 2,100$ gal/yr $00 \le x \le 1,800$ gal/yr $\le x \le 1,800$ gal/yr	ness/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area dry-to-dry only, x < 140 transfer only, x < 200 gas both types, x < 140 gal/y (constructed before 12/9) 3. Existing large area dry-to-dry only, 140 ≤ x transfer only, 200 ≤ x ≤ both types, 140 ≤ x ≤ 1, (constructed before 12/9) 5. This is a correct facility of the property of the p	source gal/yr al/yr //91) source ≤ 2,100 gal/yr 1,800 gal/yr 800 gal/yr //91) ity classification the appropriate classification gen	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or 14) Y	□ Drop store/out of busing area source , $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr for after $12/9/91$) area source , $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ for after $12/9/91$) □ Can not determine	ness/petroleum

PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON BAN/A			
2. Examining the containers for leakage?	DY DN MANA			
3. Closing and securing machine doors except during loading/unloading?	∮ Y □N			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ANO NO NA			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	רו ער מו אַן אר מו אַן			
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 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?	MD AM			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	A/M U C			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON MON/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	% Y □N			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	oy on Man/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?	ÞΥ	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY"	N	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	□и	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	□и	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	□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?	ΟY	 □N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□N	□N/A
P	ART V: RECORDKEEPING REQUIREMENTS			
	as the responsible official: heck appropriate boxes)	-		
7	Maintained receipts for more purchased?	Mx	□NI	

1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? DSY □N -3. Maintained leak detection inspection and repair reports for the following: DY DN DN/A 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 win 5 days of receipt? DY DN SON/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? DY DN \$4N/A 6. Maintained startup/shutdown/malfunction plan? ANA ON ON YOR 7. Maintained deviation reports? DY DN \$N/A Problem corrected? DY DN ANA 8. Maintained compliance plan, if applicable?

PART	VI: LEAK DETECTION AND	REPAIRS		
l. Do	es the responsible official conduct a	weekly (for small source	s, bi-weekly) leak detection ar	nd repair
ins	pection?			X Y □N
2. Has	Oxfy □N			
3. Do	es the responsible official check the	following areas for leaks	?	
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	MY ON ON/A
	Door gaskets and seating	MY ON ON/A	Stills	MY ON ON/A
	Filter gaskets and seating	XY ON ON/A	Exhaust dampers	אומם מם צואן
	Pumps	YOY ON ON/A	Diverter valves	XY ON ON/A
	Solvent tanks and containers	XY ON ON/A	Cartridge filter housings	MY ON ON/A
	Water separators	YY ON ONA		
4. Wh	ich method of detection is used by	the responsible official?		
	Visual examination (condensed s	colvent on exterior surface	es)	À
	Physical detection (airflow felt th	rough gaskets)) 20.
	文			
	為			
	□N/A			
	OY ON			
	OY ON			
	c. Inspected for leaks as	nd obvious signs of wear	on a weekly basis?	□Y □N
	d. Kept in a clean and s	secure area when not in u	se?	OY ON
	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	OY ON
-				
	ROGER ZH	V	12/21,	198
	Inspector's Name (Please Pri	nt)	Date of Inspe	ection
	Prosi Da	>	1 YEA	R

Approximate Date of Next Inspection

Inspector's Signature

INSPECTION REPORT FORM							
INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY							
FACILITY: Imperial Cleaners P					1 OF 1		
FACILITY ADDRESS: 14831 N. Dale Mabry Hwy CIT				CITY: Tar			
					813) 962-4044		
MAILING ADDRESS:	Same		CITY: Tampa	FLA	ZIP: 33618		
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO		STATUS:		
Dec 21, 1998	9:30	11:30	non-C	DS	In Compliance		
NEDS NUMBER: 5'	71129						
SOURCE DESCRIPTION	N: Perc Dry (Cleaner					
CONTACT(S): Arth	nur Benes						
Today's visit was to	conduct the ani	nual inspectio	n.				
	_	ng my visit, n	o odors and le	eaks were n	oticed. The facility is		
kept clean and well org	_						
		_			l keeping is pretty neat		
and consistent on a we	ekly basis as re	equired for a "	existing large	area source			
					e e e e e e e e e e e e e e e e e e e		
					·		
		•					
INSPECTED BY:	Roger Zhu			DA'	TE: Dec 21, 1998		

· WENGHO

W. . .

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0391019

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

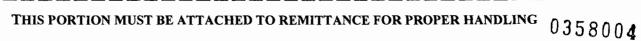
TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0571129

IMPERIAL CLEANERS ARTHUR BENES 14831 N DALE MABRY TAMPA FL 33618 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 RECEIVED MAIL ROOM



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TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0571129

IMPERIAL CLEANERS ARTHUR BENES 14831 N DALE MABRY **TAMPA FL 33618**

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



304138

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

MAR -2 98

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AIRS ID#0571129 AR

SURE-FIT FORMALWEAR ARTHUR BENES 14831 N DALE MABRY TAMPA FL 33618 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	СОМР	LAINT/DISC	OVERY	RE-INSP	ECTION
TIME IN: 9=00 TIME OUT TYPE OF FACILITY: PERC DRY	T: 10:	40	_AIRS ID#:	571129	
FACILITY NAME: IMPERIAL	CLEANE			DATE: 1	20/00
FACILITY LOCATION: 14831 N. UTAMPA, F.	ALE MAB L 33618	, / .	-		
RESPONSIBLE OFFICIAL: ARTHUR BE	ENES	P	HONE NUMBE	R: (813)96	;2-4044
Based on the results of the compliance requirements compliance with DEP Rule 62-213.300, FI		_	_	facility is found t	o be in
Based on the results of the compliance req discrepancies were noted:	uirements evaluat	-			
COMPLIANCE REQUIREMENT/PI	ROBLEM	FOLI	LOW-UP AC	TION REQU	IRED
			•		
				P	
			· · ·		<u>^</u>
				Mole Car Sills	1
				Ources Smitoring	
			_		
COMMENTS:				· .	
The Annual Compliance Certification form has be	en properly certif	_	itted to the inspe	ector. YES	Мо
DATE OF NEXT INSPECTION:		YEAR	· <u>-</u>		
		proximate)	7 i.L.)		
INSPECTION CONDUCTED BY:		SER Z			
INSPECTOR'S SIGNATURE:	gu sh	ease Print)	PHONE NUMB	BER: (8/3)	27 <i>2-553</i> e
	Page	of			Revised 10/96

AIRS 1D#: 571129

Ace

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: FACILITY LOCATION:	IMPERIAL C	CLEANERS		DATE: 1/20/00
FACILITY LOCATION:	14831 N. D	PALE MABE	24	,
	TAMPA, F	L 33618		
-				
Annual Reporting Period:	Dec 22		TO Jan	20 420
Based on each term or cond	dition of the Title V general	air permit, my facility	has remained in compliance	æ with DEP Rule
62-213.300, Florida Admir	nistrative Code (F.A.C.), dur	ring the period covered	l by this statement.	es 🗖 no
If NO, complete the follow	ing:			
#1. Term or condition of the	he general permit that has n	ot been in continuous	compliance during the repo	rting period stated above:
Exact period of non-compli	iance: from		to	
Action(s) taken to achieve	compliance:			. ;
Method used to demonstrat	-	· · · · · ·		
#2. Term or condition of the	he general permit that has n	not been in continuous	compliance during the repo	orting period stated above:
Exact period of non-comple	iance: from		to	
Action(s) taken to achieve	compliance:			
Method used to demonstrate	te compliance:			<u>.</u>
As the responsible official, made in this notification as upon rolling averages of power for transfer or combining RESPONSIBLE OFFICL	re true, accurate and compl urchase receipts, does not e nation facilities.	ete. Further, my annu exceed 2,100 gallons p	al consumption of perchlor	oethylene solvent, based ties or 1,800 gallons per
•	Name (Please	Print)	Signature	Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COMPLAINT/DISCOVERY

ANNUAL

TYPE OF INSPECTION:

RE-INSPECTION	
AIRS ID#: 571/29 DATE: 1/20/00 TIME IN:	
FACILITY NAME: IMPERIAL CLEANER	<u> </u>
FACILITY LOCATION: 14831 N. DALE MARS	24
TAMPA, FL 33618	
RESPONSIBLE OFFICIAL: ARTHUR BENES P. CONTACT NAME: SAME P.	HONE: (813) 962-4044
CONTACT NAME: SAME P	HONE: SAME
PART I: NOTIFICATION	
(check appropriate box)	
New facility notified DARM 30 days prior to startup	×
2. Facility failed to notify DARM to use general permit	<u> </u>
PART II: CLASSIFICATION	
	No notification form
(check appropriate box)	Drop store/out of business/petroleum
1. Existing small area source 2. New small area	·
dry-to-dry only, $x < 140$ gal/yr dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr transfer only, $x < 200$ gal/yr	
both types, $x < 140$ gal/yr both types, $x < 140$	
(constructed before 12/9/91) (constructed on or	•
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr dry-to-dry only, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) (constructed on or	$0 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$
5. This is a correct facility classification	□Can not determine
If no, please check the appropriate classification: facility qualified for a general permit as number of a cility exceeds above limits and is not eligible.	
B. The total quantity of perchloroethylene (perc) purchased within the facility was 300 gallons.	preceding 12 months by this dry cleaning

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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 XVA
2. Examining the containers for leakage?	OY ON MAN/A
3. Closing and securing machine doors except during loading/unloading?	MD V X
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	Ø Y □N □N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON DANA
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V.	•
If classification 2 has been checked, the machine should be equipped with a refri (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber must installed prior to September 22, 1993	<u> </u>
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	≱ Y □N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	X ON DONA
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	AY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	AY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	XY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	A Y □N

Revised 8/11/9

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B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	XY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	_لات	ON/A
	Is the temperature differential equal to or greater than 20° F?	ΔÍÝ	ИП	□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 corber adsorber?	ΠY	ON	□N/A
	if machines are equipped with a carbon adsorber?	u I	אוט	UN/A
ŀ	Is the perc concentration equal to or less than 100 ppm?	\Box Y	\Box 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?	ΟY	ПN	_ □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)	
1. Maintained receipts for perc purchased?	ØY □N
2. Maintained rolling monthly averages of perc consumption?	XY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON XIN/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON DANA
4. Maintained calibration data? (for applicable direct reading instruments)	ava k a no yo
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON XXVA
6. Maintained startup/shutdown/malfunction plan?	MO Y
7. Maintained deviation reports?	אוא לל אם אם
Problem corrected?	OY ON XXIVA
8. Maintained compliance plan, if applicable?	DY DN XNIA

PART VI: LEAK DETECTION AND R	EPAIRS		
1. Does the responsible official conduct a	weekly (for small sources, b	oi-weckly) leak detection an	d repair
inspection?			XX □N
2. Has the facility maintained a leak log?		· ·	ØYY □N
3. Does the responsible official check the	following areas for leaks?		
Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	MY ON ON/A
Door gaskets and seating	XY ON ON/A	Stills	XY ON ON/A
Filter gaskets and seating	MY ON ON/A	Exhaust dampers	MY ON ON/A
Pumps	XY ON ON/A	Diverter valves	MY ON ON/A
Solvent tanks and containers '	MY ON ON/A	Cartridge filter housings	MY ON ON/A
Water separators	YY ON ONA		
4. Which method of detection is used by the	he responsible official?		
Visual examination (condensed so	olvent on exterior surfaces)		5 4
Physical detection (airflow felt the	rough gaskets)		×
Odor (noticeable perc odor)			≱
Use of direct-reading instrumenta	uon (FID/PID/calorimetric	tubes)	Ø
Halogen leak detector			
If using direct-reading instr	umentation, is the equipm	ient:	XN/A
a. Capable of detecting	perc vapor concentrations i	n a range of 0-500 ppm?	OY ON
b. Calibrated against a s (PID/FID only)?	standard gas prior to and af	ter each use	DY DN
c. Inspected for leaks ar	d obvious signs of wear on	a weekly basis?	OY ON
	ecure area when not in use	•	OY ON
e. Verified for accuracy	by use of duplicate sample	s (calorimetric only)?	OY ON
· .	•		
ROGER 241) 	1/20	100
Inspector's Name (Please Pri	nt)	Date of Inspe	ection

Inspector's Signature

YEAR

Approximate Date of Next Inspection

•					•		
	•	INSPECTION RE	PORT FORM		:		
ENVIRO	NMENTAL PROT			SBOROUGH (COUNT	Y	
FACILITY: Imperial C	eaners			PAGE	1	OF	1
FACILITY ADDRESS:	14831 N. Dale	e Mabry Hwy		CITY: Tar	_		
				PHONE: (' 		
MAILING ADDRESS:			CITY: Tampa			33618	
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO			STATU	
Jan 20, 2000	9:00	10:40	non-C	DS	In	Compli	ance
NEDS NUMBER: 5	71129						
SOURCE DESCRIPTION	N: Perc Dry	Cleaner		·	•		
CONTACT(S): Artl	nur Benes		-				
The facility is very during my visit, no odd The perc usage was a recordkeeping is in a gon a weekly basis. My calendar that is OK with	ors and leaks was 300 gallons for good shape. The Benes pref	vere noticed. r the past 12-the temperature	month accordi e and leak log	ng to the p	ourchas n recor	se receij ded cor	pts. The
			•			,	·
			,				
			,				

DATE:

Jan 20, 2000

Roger Zhu

INSPECTED BY:

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	PS Form 38	00, May 2	000		7	STATE OF THE PARTY	See Re	verse to	rinstru	ıctions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Received by (Please Print Clearly) C. Signature Agent Addresse D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
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2. Article Number (Copy from service label)	
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item 4 if Restricted Print your name a so that we can ret	IMPERIAL CLEANERS ARTHUR BENES 14831 N DALE MABRY TAMPA FL 33618 PS Form 3800, February 2000 SSEHDIO NUMBER AND JUNE OF THE SERVICE OF THE S	A. Received by (Please Print Clearly) B. Date C. Signature	of Délivery O Agent Addressee Yes No
14831 N DALE MAE TAMPA FL 33618	BRY L	3. Service Type Sertified Mail	erchandise Yes
2. Article Number (Cop.	600 0026 41:	26 5780	-99-M-1789



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405710 MAR 22001

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TOTAL AMOUNT DUE: \$50.00

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IMPERIAL CLEANERS ARTHUR BENES

14831 N DALE MABRY

AIRS ID # 0571129

11691 SHELDON RO.

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

Insperior Cleaners 11691 Sheldonka. You'll 33625



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

32315X3070

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	(Domestic Mail Or	MAIL RECE	EIPT overage Provided)	
9 0	7 0 10 1		tale manual or section.	
SE Complete items item 4 if Restricte Print your name so that we can re	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total IMPERIAL C Recipi ARTHUR BE 14831 N DAL Street, TAMPA FL 3	LEANERS ENES LE MABRY 3618 COWIFE ete A. Rece	Postmark Here S ID # 0571129 See Reverse for Instructions FIE THIS SECTION ON DElived by (Please Print Clearly)	B. Date of
or on the front if 1. Article Addressed t	space permits.	D. is de	livery address different from ite S, enter delivery address belong	em 1? Y
IMPERIAL CLEAR ARTHUR BENES 14831 N DALE MA TAMPA FL 33618		3. Servi M Co □ Ro □ In	ce Type ertified Mail	

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) PS Form 3800 , April 1995	Postmark or Date				

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