

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

June 24, 1997

Mr. Sal Daly 1.49 Cleaners, Inc. 2425 South Dale Mabry Tampa, Florida 33629

Re: Facility No.: 0571141

Dear Mr. Daly:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 18, 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,

Dotty 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"



# Department of Environmental Protection

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

David B. Struhs Secretary

January 31, 2000

♯Mr. Sal Daly\$1.49 Cleaners2425 South Dale MabryTampa, Florida 33629

Dear Mr. Daly,

Thank you for your note regarding the sale of \$1.49 Cleaners. The Department received your note on January 28 and has made the appropriate change to our database.

Rule 62-213.300, Florida Administrative Code (F.A.C.), states that an annual operation fee in the amount of \$50.00 is due and payable annually between January 15 and March 1 for the preceding year which the facility was in operation and subject to the requirement of the Title V general permit. Our records indicate that \$1.49 Cleaners was in operation in 1999. Therefore, the annual operation fee is now due.

Next week we will be sending out reminder notices along with invoices to facilities not yet paying the 1999 annual operation fee. For your convenience, a reminder notice and invoice will be mailed to \$1.49 Cleaners. If you have any questions concerning the fee or the Title V general permit program, please call me at 850/921-9583.

Sincerely,

Sandra Bowman

Mobile Source Control Section

Bureau of Air Monitoring

and Mobile Source

SB\

cc: Margaret Hennis, Pinellas County



# Department of Environmental Protection

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

David B. Struhs Secretary

January 31, 2000

Mr. Sal Daly \$1.49 Cleaners 2425 South Dale Mabry Tampa, Florida 33629

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Sincerely,

Sandra Bowman

Mobile Source Control Section

Bureau of Air Monitoring

and Mobile Source

SB\

cc: Margaret Hennis, Pinellas County

| <u> </u> |                                      |
|----------|--------------------------------------|
|          | #0571141                             |
|          |                                      |
|          |                                      |
|          | 1.49 Cleaners                        |
|          |                                      |
|          | -stoke with the manager -            |
| 1        | -spoke with the manager -<br>5/13/97 |
|          |                                      |
| P.14     | 1.(a) add dates for machine #2       |
| 7 7      | #2                                   |
|          | ,                                    |
|          |                                      |
|          |                                      |
|          |                                      |
| <u> </u> |                                      |
| -        |                                      |
|          |                                      |
|          | ;<br><del> </del>                    |
|          |                                      |
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|          |                                      |
|          |                                      |
|          |                                      |
|          |                                      |
|          |                                      |
|          |                                      |
|          |                                      |

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

| 1.       | Facility Owner/Company Name (Name of corporation, agency, or individual owner): |
|----------|---|
|          | SAL DALY  |
| 2.       | Site Name (For example, plant name or number):                                  |
|          | 149 CLEANERS INC  |
| 3.       | Hazardous Waste Generator Identification Number:                                |
|          |   |
| 4.       | Facility Location: 2425 5. DALE MABRY Street Address:                           |
|          | County: HILLS BOROUGH Zip Code: 33629   |
| 5.       | Facility Identification Number (DEP Use):                                       |
|          | 0511141   |
|          |   |
|          | Responsible Official  |
| 6.       | Name and Title of Responsible Official:   |
|          | SAL DALY (OWNER)  |
| 7.       | Responsible Official Mailing Address: Organization/Firm:                        |
|          | Street Address: 2425 5. DALE MABRY  |
|          | City: TAMPA FL. County: HILLS BOROUGH 33629                                     |
| 8.       | Responsible Official Telephone Number:  |
|          | Telephone: (813)254 - 8573 Fax: ( )   |
| <u> </u> |   |
|          | Facility Contact (If different from Responsible Official)                       |
| 9.       | Name and Title of Facility Contact (For example, plant manager):                |
|          | $\cdot$   |
| 10.      | Facility Contact Address:   |
|          | Street Address:   |
|          | City: County: Zip Code:   |
|          | Facility Course Telephone Numbers   |
| 11.      | Facility Contact Telephone Number:  Telephone: ( ) - Fax: ( ) -                 |
|          |   |

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APR 1 8 1997

### **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.

| 1  | }                        | Date  | Date                         |        | Date          | Date           |            | Date      | Date   |
|--|--------------------------|---|------------------------------|--------|---------------|----------------|------------|-----------|--|
| •  |                          | Machine                                     | Control                      |        | Machine       | Control        |            | Machine   | Control  |
|  |                          | Initially                                   | Device                       | 1      | 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  | 1                        | 1/91  | 1/91                         | V      |               |                |            |           |  |
| (2) w/ carbon adsorber   | 1                        | 1/91  | 1/51                         | V      |               |                |            |           |  |
| (3) w/ no controls   |                          |   |                              |        |               |                |            |           |  |
| Washer Unit  |                          |   |                              |        |               |                |            |           |  |
| (4) w/ ref. condenser  |                          | }   |                              |        |               |                |            |           |  |
| (5) w/ carbon adsorber   |                          |   |                              |        |               |                |            |           |  |
| (6) w/ no controls   |                          |   |                              |        |               |                |            |           |  |
| Dryer Unit   |                          | <u></u>                                     |                              | ·      |               |                | ·          | •         | <del></del>                                      |
| (7) w/ ref. condenser  |                          |   |                              |        |               |                |            |           |  |
| (8) w/ carbon adsorber   |                          |   |                              |        |               |                |            |           |  |
| (9) w/ no controls   |                          |   |                              |        |               |                |            |           |  |
| Reclaimer Unit   |                          | <u></u>                                     | <del></del>                  |        |               | *              | L <u>-</u> |           | ·  |
| (10) w/ ref. condenser   |                          |   | 1                            |        |               |                |            | <u> </u>  |  |
| (11) w/carbon adsorber   |                          |   |                              |        |               |                |            |           |  |
| (12) w/ no controls  |                          |   | <del> </del>                 |        | <del> </del>  | <del> </del>   |            |           | <del>                                     </del> |
| <ul> <li>(b) Control devices are</li> <li>(c) No control devices</li> <li>2.(a) What was the total of 245</li> <li>(b) If less than 12 montrol Check why it is less</li> </ul> | are re<br>quant<br>gallo | equired to be<br>ity of perchlons<br>ons    | installed [                  | perc)  | purchased in  |                |            |           |  |
| 3. What is the facility's so (Indicate with an "X".  Existing small ar   | urce<br>Selec<br>ea so   | classification<br>t one classifi<br>urce [] | i based on the cation only.) | e defi | initions foun | d in section ( |            | ·         |  |
| Existing large are   | ea soi                   | urce 🔀                                      | Ne                           | ew la  | rge area sour | rce [          | ]          |           |  |

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| 4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)  |
|---|
| Existing large area source  Carbon adsorber  Refrigerated condenser   |
| New small area source Refrigerated condenser []   |
| New large area source Refrigerated.condenser []   |
|   |
|   |
| 5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:                                 |
| All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired. |
| All steam and hot water generating units exempt No such units on-site   |
|   |
|   |
|   |
| Equipment Monitoring and Recordkeeping Information  |
| Check all logs which are required to be kept on-site in accordance with the requirements of this general permit   |
| (a) Purchase receipts and solvent purchases   |
| (b) Leak detection inspection and repair  |
| (c) Refrigerated condenser temperature monitoring   |
| (d) Carbon adsorber exhaust perc concentration monitoring   |
| (e) Instrument calibration  |
| (f) Start-up, shutdown, malfunction plan  |

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

### Surrender of Existing Air Permit(s)

| Please indica                      | te 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)   |
| . <u>X</u>                         | No air permits currently exist for the operation of the facility indicated in this notification form.   |
|                                    | Responsible Official Certification  |
| this notif<br>statemen<br>maintain | dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the us 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                         | omptly notify the Department of any changes to the information contained in this notification.  |
| C                                  |   |

Signature

Date

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1.49 Cleaners RECEIVED -spoke with the manager – 5/13/97 AUG 1 1 1997 l. Fac P.14 1.(a) add dates for machine #2 Bureau of Air Monitoring & Mobile Sources JUN 26 1997 6. EPC of HG JUL 24 1997 EPC of HC AIR MANAGEMENT (For example, plant manager):

**BEST AVAILABLE COPY** 

| 9. Name and Title of Facility Contact (1 of           | . CAMILPIO, I |            |
|---|---------------|------------|
| 10. Facility Contact Address:                         |               |            |
| Street Address:<br>City:                              | County:       | Zip Code:  |
| 11. Facility Contact Telephone Number: Telephone: ( ) |               | Fax: ( ) - |

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APR 1 6 1997

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Bureau of Air Monitoring & Mobile Sources

# JUN 26 1997

# Perchloroethylene Dry Cleaning Facility Notification

# EPC of HC AIR MANAGEMENT

# Facility Name and Location

| 1.       | Facility Owner/Company Name (Name of corporation, agency, or individual owner): |
|----------|---|
| 1.       |   |
|          | SAL DALY  |
| 2.       | Site Name (For example, plant name or number):                                  |
|          | 149 CLEANERS INC.   |
| 3.       | Hazardous Waste Generator Identification Number:                                |
| ٠.       | Trazad dods waste Generator Identification Indinoci.                            |
|          |   |
| 4.       | Facility Location: 2425 5. DALE MARRY   |
| ]        | Street Address:   |
|          | City: TAMPA County: HILLS BOROUGH Zip Code: 33629                               |
| 5.       | Facility Identification Number (DEP Use):                                       |
|          | 0571141   |
|          |   |
|          | Responsible Official  |
| <u> </u> |   |
| 6.       | Name and Title of Responsible Official:   |
|          | SAL DALY (OWNER)  |
| 7.       |   |
|          | Organization/Firm: Street Address: 2425 S. DALE MABRY                           |
|          | City: County: Zin Code:   |
|          | City: TAMPA FL. County: HILLS BORDUGH 33629                                     |
| 8.       | •   |
|          | Telephone: (813)254 - 8573 Fax: ( ) -   |
|          |   |
|          | Facility Contact (If different from Responsible Official)                       |
| 9.       | Name and Title of Facility Contact (For example, plant manager):                |
|          |   |
| 10       | English Contract Address:   |
| 10.      | Facility Contact Address:   |
|          | Street Address:   |
|          | City: County: Zip Code:   |
|          |   |
| 11.      | Facility Contact Telephone Number:  |
|          | Telephone: ( ) - Fax: ( ) -   |
| L        |   |

RECEIVED

APR 1 8 1997

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

### **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          | 1        | Date          | Date          | 1                  | Date                                  | Date      |
|---|----------------|------------------|---------------|----------|---------------|---------------|--------------------|---------------------------------------|-----------|
|   | Ì              | Machine          | Control       | Į        | Machine       | Control       | 1                  | Machine                               | Control   |
| l .   | ļ              | Initially        | Device        |          | Initially     | Device        | 1                  | Initially                             | Device    |
| Type of Machine                                     | ID             | Purchased        | Installed     | ID       | Purchased     | Installed     | ID                 | Purchased                             | Installed |
| Example   | #1             | 03-OCT-93        | 12-NOV-93     | #2       | 08-DEC-91     |               | #3                 | 02-MAR-92                             | 02-MAR-92 |
| Dry-to-Dry Unit                                     |                | <u> </u>         | <del></del>   |          | 7             |               |                    |                                       |           |
| (1) w/ ref. condenser                               | 1              | 1/91             | 1/91          | TD-      | 1/91          | 1/91          | Ţ <u></u>          |                                       |           |
| (2) w/ carbon adsorber                              | 1              | 18 2 D           | 2000          | Ø        | Q             |               |                    |                                       |           |
| (3) w/ no controls                                  | ন্তি           |                  | ,             | <b>"</b> |               |               |                    |                                       |           |
| Washer Unit   |                | <del>*</del>     |               | <u> </u> |               | •             |                    |                                       | -         |
| (4) w/ ref. condenser                               |                |                  |               |          |               |               | $\top$             |                                       |           |
| (5) w/ carbon adsorber                              |                |                  |               | T        |               |               |                    |                                       |           |
| (6) w/ no controls                                  | 1              |                  |               | 1        | 1.            |               |                    |                                       |           |
| Dryer Unit  | 1              |                  |               | •        |               |               |                    |                                       |           |
| (7) w/ ref. condenser                               |                | 1                | T             |          |               |               | T                  |                                       |           |
| (8) w/ carbon adsorber                              |                | 1.               |               |          |               |               | - <del> </del>     |                                       |           |
| (9) w/ no controls                                  |                | 1                | 1             | 1        |               |               |                    |                                       |           |
| Reclaimer Unit                                      |                | ·                | <u> </u>      | <u> </u> | <del></del>   | ·•            |                    | · · · · · · · · · · · · · · · · · · · | *         |
| (10) w/ ref. condenser                              |                | 1                |               | T        |               |               |                    |                                       |           |
| (11) w/carbon adsorber                              |                | 1                |               | 1        |               |               |                    |                                       |           |
| (12) w/ no controls                                 |                | <u> </u>         |               |          |               |               |                    | '                                     |           |
| (b) Control devices are                             | -              |                  | •             |          | ]             |               |                    |                                       | ,         |
| 2.(a) What was the total (2.45)                     | quant<br>gallo | ity of perchlons | oroethylene ( | (perc)   | purchased     | in the latest | 12 mor             | nths? For                             | 2 1996    |
| (b) If less than 12 mont<br>Check why it is less    |                |                  |               |          | _] New stor   | e: [] Dí      | d not k            | eep records:                          |           |
| 3. What is the facility's so (Indicate with an "X". |                |                  |               |          | initions four | nd in section | (3) <sub>o</sub> f | Part II?                              |           |
| Existing small ar                                   | ea so          | urce []          | N             | ew sn    | nall area sou | ırce [        | J                  |                                       |           |
| Existing large area source New large area source    |                |                  |               |          |               |               |                    |                                       |           |

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

# Surrender of Existing Air Permit(s)

| lease indica                        | te with an "X" the appropriate selection:  |
|-------------------------------------|--|
|                                     | I hereby surrender all existing air permits authorizing operation of the   |
|                                     | facility indicated in this notification form; specifically, permit number(s)   |
|                                     |  |
|                                     | No air permits currently exist for the operation of the facility indicated in this notification form.  |
|                                     |  |
|                                     |  |
|                                     | Responsible Official Certification   |
|                                     |  |
| this notifi<br>statemen<br>maintain | dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in<br>ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the<br>ts made in this notification are true, accurate and complete. Further, I agree to operate and<br>the air pollutant emissions units and air pollution control equipment described above so as to<br>with all terms and conditions of this general permit as set forth in Part II of this notification form. |
| I will pro                          | mptly notify the Department of any changes to the information contained in this notification.  |
| Signature                           | Date 4/14/97   |
| - n                                 |  |
| S                                   | 1/2/99   |

|  |   |                                  | -114  |
|--|---|----------------------------------|---|
| ين<br>مده  | TITLE V AIR QUALITY INSPECTION SUM                                |                                  | 12000923  |
| TYPE OF INSPECTION:  | ANNUAL COM  | PLAINT/DISCOVERY                 | RE-INSPECTION [                                   |
| TIME IN: 9.30  TYPE OF FACILITY: Pure FACILITY NAME: 41.49  FACILITY LOCATION: 242 | TIME OUT: 10:3<br>erchloroethyl<br>Cleaners<br>5 S. Dale M.       | alony, Tampa                     | DATE: 12.4.96<br>                                 |
| RESPONSIBLE OFFICIAL:  | 4/ Dalx   | PHONE NUMBE                      | ER (813)254-8573                                  |
|  | he compliance requirements evaluate 62-213.300, Florida Administr |                                  | facility is found to be in                        |
| Based on the results of t discrepancies were noted                                 | he compliance requirements evaluation                             | ated during this inspection, the | following compliance                              |
| COMPLIANCE REQU  | IREMENT/PROBLEM   | FOLLOW-UP AC                     | TION REQUIRED                                     |
| tenk betections  temperature Log  Falled to Notif                                  | Logs Inot Kept  s Inot Kept  NAPIN (CP)                           | ty suce:                         | with examples with applecation sested him en comp |
|  |   |                                  |   |
|  |   |                                  |   |
| nstructed to com   | nce Contiguation of<br>plete and police                           | rund to FDEP,                    | rione and   |
| The Annual Compliance Certific   | ation form has been properly certi                                | fled and submitted to the inspe  | ctor. YES NO                                      |
| INSPECTION CONDUCTED   | BY: Bruce M   | pproximate)  ease Print)         |   |
| INSPECTOR'S SIGNATURE:   | Page /  | of /.                            | Revised 10/96                                     |

TBD 00923

## PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION:   | ANNUAL RE-INSPECTION                        | , ×   | COMPLAINT/DISC  | COVERY           |          |
|---|---|---|---|------------------|----------|
| AIRS ID#: 0571141  FACILITY NAME: 49  |   |   | in: <u>9'.30</u> tir  | ме оит: <u>/</u> | 1:30     |
|   |   | 0   | 100   |                  |          |
| facility location: $2$  |   |   | <i>_</i>  |                  |          |
| Ta  | mpa, t                                      | = 2 3   | 3627~   |                  |          |
| PART I: NOTIFICATION  |   |   |   |                  |          |
| (check appropriate box)   |   |   |   |                  |          |
| 1. Existing facility notified DAR   | M by 9/1/96                                 |   |   |                  |          |
| 2. New facility notified DARM 3   | 0 days prior to start                       | up ,  |   |                  |          |
| 3. Facility failed to notify DARM   | f to use general peri                       | mit I.d no  | thee Applic   | ation            | 4        |
| ·   |   |   |   |                  |          |
| PART II: CLASSIFICATION   |   |   |   |                  |          |
| Facility indicated on notificatio (check appropriate box)   | n form that it is:                          |   |   |                  |          |
| <b>A.</b>   | •   |   |   |                  |          |
| 1. Existing small area sourc<br>dry-to-dry only, x<140 gal/yr<br>transfer only, x<200 gal/yr<br>both types, x<140 gal/yr<br>(constructed before 12/9/91)  | e . 🗖                                       | 2. New small dry-to-dry only transfer only, a both types, x<1 (constructed or | , x<140 gal/yr<br>:<200 gal/yr  | 0                |          |
| 3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" gaboth="" gal="" only,="" td="" transfer="" types,="" y=""><td>) gal/yr ¯ \<br/>al/yr</td><td>transfer only, 2 both types, 140</td><td>area source<br/>y, 140<x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td><td></td></x<2,> | ) gal/yr ¯ \<br>al/yr                       | transfer only, 2 both types, 140  | area source<br>y, 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,> |                  |          |
| This is a correct facility classific  | ation                                       | NO YO   |   |                  |          |
| If no, please check the appropria   | te classification:                          |   |   |                  |          |
| facility qualified facility exceeds   | d for a general perm<br>above limits and is | nit as number _<br>not eligible for   | a general permit  |                  |          |
| B. The total quantity of perchlor facility was 400 gallons.   | oethylene (perc) pur                        | rchased within  | the preceding 12 mont   | hs by this dry   | cleaning |

# Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

### 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?

ÆY □N

2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

DY ON ON/A

3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?

ANO NO YES

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?

DY DON

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?

MO AR

6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

DY 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 XN   |
| 2.  | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?   | DY DEN  |
|   | 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 DONA  |
|   | Is the perc concentration equal to or less than 100 ppm?   | □Y □N   |
| 4.  | Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?  | OY ON   |
| 5.  | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  | OY ON TON/A   |
| 6.  | Routed airflow to the carbon adsorber (if used) at all times?  | OY ON TON/A   |
| _   |  |   |
|   |  |   |
| =   | ART V: RECORDKEEPING REQUIREMENTS  |   |
| Н   | ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: heck appropriate boxes)  |   |
| <b>Н</b><br>(с                                    | as the responsible official:   | ÀY ON   |
| H<br>(c<br>1.                                     | as the responsible official:<br>heck appropriate boxes)  | MY ON OY MY   |
| H<br>(c<br>1.                                     | as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?   | MY ON OY DAN  |
| H<br>(c<br>1.                                     | as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  | MY ON OY MY   |
| H<br>(c<br>1.                                     | as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  | MY DN<br>DY MY<br>DY MY<br>DY MY                      |
| H<br>(c<br>1.<br>2.<br>3.                         | as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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   | -1 <del>1</del> 1 1                                   |
| H<br>(c<br>1.<br>2.<br>3.                         | as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  | DY \$W  |
| H<br>(c<br>1.<br>2.<br>3.                         | as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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?  Maintained calibration data? (for direct reading instruments only)   | על אינט אינט אינט אינט אינט אינט אינט אינט            |
| H<br>(c<br>1.<br>2.<br>3.                         | as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  | OY DIN<br>OY DIN ON/A<br>OY ON DIN/A                  |
| H<br>(c<br>1.<br>2.<br>3.                         | As the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan? Malluterance manual   | OY ON ON/A  |
| H<br>(c<br>1.<br>2.<br>3.<br>4.<br>5.<br>6.<br>7. | Maintained receipts for perc purchased?  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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?  Maintained calibration data? for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan? Mallutanus manual  Maintained deviation reports?  | OY DAN OY ON ON/A OY ON ON/A OY ON ON/A OY ON ON/A    |
| H (c 1. 2. 3. 4. 5. 6. 7. 8.                      | Maintained receipts for perc purchased?  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan? / Malfuncian manual  Maintained deviation reports?  Problem corrected?  Maintained compliance plan, if applicable? | OY DAN OY ON ON/A OY ON ON/A OY ON ON/A OY DAN OY DAN |
| 1. 2. 3. 4. 5. 6. 7. 8.                           | As the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan? Maintained deviation reports?  Problem corrected?   | OY DAN OY ON ON/A OY ON ON/A OY ON ON/A OY DAN OY DAN |

| 2. Which method of detection is used by  | the respon | nsible officie | 17                              |              |          |
|--|------------|----------------|---------------------------------|--------------|----------|
| Visual examination (condensed  | _          |                |                                 | $\mathbf{x}$ |          |
| Physical detection (airflow felt t   |            |                |                                 | X1           |          |
| •  | inough ga  | iskcis)        |                                 | <del>M</del> |          |
| Odor (noticeable perc odor)  | entine (TI | D/DTD/1        | imatrio tubas                   | Δr.          |          |
| Use of direct-reading instrumen  | •          |                | ·                               | u            |          |
| If using direct-reading instrum  |            |                | ·                               |              |          |
| -  | -          |                | ations in a range of 0-500 ppm? |              | 1N       |
| b. Calibrated against a (PID/FID only)?  | standard   | gas prior to   | and after each use              |              | JN       |
| c. Inspected for leaks a   | and obviou | ıs signs of w  | ear on a weekly basis?          |              | N        |
| d. Kept in a clean and   | secure are | ea when not    | in use?                         |              | JN       |
| e. Verified for accurac  | y by use o | f duplicate s  | amples (calorimetric only)?     |              | אנ       |
| 3. Has the facility maintained a leak log  | ?          |                |                                 | □Y )         | (N       |
| 4. Does the responsible official check the   | e followin | g areas for l  | eaks?                           |              |          |
| Hose connections, fittings, couplings, and valves  | Xv,        | ПN             | Muck cookers                    | ΠY           | □N       |
| Door gaskets and seating   | XY         | □и             | Stills                          | XY           | □N       |
| Filter gaskets and seating   | Xiy        | □N             | Exhaust dampers                 | Ϋ́           | □N       |
| Pumps  | XY         | □N             | Diverter valves                 | XY           | □N       |
| Solvent tanks and containers   | XY         | □N             | Cartridge filter housings       | XY           | □N       |
| Water separators   | THY.       | N              |                                 | ·            |          |
| Name of Responsible Office  Bruce M. Line  Inspector's Name (Please Proposition of the Pr | 9          |                | 12-4-92<br>Date of Inspe        |              |          |
| Inspectof's Signature  |            |                | Approximate Date of             | Next In      | spection |

ADDITIONAL SITE INFORMATION: no leaks no odars no record keeping or maintain Housekeiping very good. Owner stated that he ded not receive an application from FDEP. I provide an application and orsested the cover in completing the form The application and Innual Compliance Cortification fam will be muiled to FAEP. Will FAX capies of example logs to be maentaien.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION:                                | ANNUAL COI   | MPLAINT/DISCOVERY                 | RE-INSPECTION              |
|--|--|-----------------------------------|----------------------------|
| TIME IN: 0571141                                   | TIME OUT: 3  | AIRS ID#:                         | 9:00                       |
| TYPE OF FACILITY:                                  | u, Cleaner   |                                   |                            |
| FACILITY NAME:                                     | 1 \$1.49 Clear   | Ler-                              | DATE: 1/4/97               |
| FACILITY LOCATION:                                 | 2425 S. S.   | ele mulory                        | , ,                        |
|  | Tampa, Fi  | L 336295                          |                            |
| RESPONSIBLE OFFICIAL:                              | Sal Daly   | PHONE NUMBE                       | CR: 75-4-8573              |
|  | he compliance requirements evaluate 62-213.300, Florida Administ |                                   | facility is found to be in |
| Based on the results of t discrepancies were notes | he compliance requirements evalud:                               | nated during this inspection, the | following compliance       |
| COMPLIANCE REQU                                    | JIREMENT/PROBLEM   | FOLLOW-UP AC                      | TION REQUIRED              |
|  | •  |                                   |                            |
|  |  |                                   |                            |
|  |  |                                   |                            |
|  |  |                                   |                            |
|  |  |                                   |                            |
|  |  |                                   |                            |
|  |  |                                   |                            |
|  |  |                                   |                            |
|  |  | 7                                 |                            |
|  |  |                                   |                            |
| COMMENTS:  |  |                                   |                            |
|  |  |                                   | N/A                        |
| The Annual Compliance Certifica                    | ation form has been properly certi-                              | fied and submitted to the inspec  | tor. YES NO                |
| DATE OF NEXT INSPECTION                            |  |                                   |                            |
|  | Ap   | proximate)                        |                            |
| INSPECTION CONDUCTED I                             |  | KING                              |                            |
| INSPECTOR'S SIGNATURE:                             | Brue M. Lun  | ease/Print) /PHONE NUMBE          | IR: 272-5530               |
| -  | Page   | of                                | Revised 10/9               |

# PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ANNUAL

TYPE OF INSPECTION:

COMPLAINT/DISCOVERY

| RE-INSPECTION  |   |          |
|--|---|----------|
| AIRS ID#: <u>057/14/</u> DATE: 1/4/6 FACILITY NAME: / . 49 Cle   | 77 time in: <u>68<b>3</b>0</u> time out: <u>9.°00</u>   |          |
| FACILITY LOCATION: 2425  | 5. Dule Milory<br>FL 33629  |          |
| RESPONSIBLE OFFICIAL: STEP DEL   | 1   | -<br>-   |
|  |   |          |
| PART I: NOTIFICATION   |   |          |
| <ol> <li>(check appropriate box)</li> <li>New facility notified DARM 30 days prior to sta</li> <li>Facility failed to notify DARM to use general per</li> </ol>  | W.A.  |          |
| DADEN CYACCYTYCA TYON  |   |          |
| PART II: CLASSIFICATION  |   |          |
|  |   | <u> </u> |
| Facility indicated on notification form that it is: (check appropriate box)  | ☐ No notification form ☐ Drop store/out of business/petroleum   |          |
| 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)  |          |
| (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr  | Drop store/out of business/petroleum  2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr   |          |
| (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr   | Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1.800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr                         |          |
| A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classification facility qualified for a ge | Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1.800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)  Y □N □Can not determine |          |

# Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed 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 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.

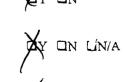
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

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)

- Equipped all machines with the appropriate vent controls?
   Equipped dry-to-dry machines with a closed-loop vapor venting system?
   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/bi-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?   | Y           | DИ |              |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | ΠY          | ПN | DAVA         |
|    | Is the temperature differential equal to or greater than 20° F?   | $\Box$ Y    | ΠN | QN/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?  | $\Box$ Y    | ΠN | AN/A<br>AN/A |
|    | Is the perc concentration equal to or less than 100 ppm?  | $\Box$ Y    | □N | X/N/A        |
| 4. | Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, |             |    | . /          |
|    | or expansion; and downstream from no other inlet?   | ΠY          | ПИ | DYNA         |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | <b>ċ</b> ⁄⁄ | □N | □N/A         |
| 6. | Routed airflow to the carbon adsorber (if used) at all times?   | ПY          | ΠN | ф€V/A        |

| PART V: RECORDKEEPING REQUIREMENTS  |                   |
|---|-------------------|
| Has the responsible official:<br>(check appropriate boxes)  |                   |
| Maintained receipts for perc purchased?   | XY ON             |
| 2. Maintained rolling monthly averages of perc consumption?   | XIY □N            |
| 3. Maintained leak detection inspection and repair reports for the following:   | (                 |
| a. documentation of leaks repaired w/in 24 hrs? or;   | Y ON ON/A         |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days<br>and parts installed w/in 5 days of receipt? | OY ON MANA        |
| 4. Maintained calibration data? (for applicable direct reading instruments)   | DY DN 🗫           |
| 5. Maintained exhaust duct monitoring data on perc concentrations?  | DY DN <b>X</b> VA |
| 6. Maintained startup/shutdown/malfunction plan?  | XIY DN            |
| 7. Maintained deviation reports?  | Y ON MINA         |
| Problem corrected?  | Y ON ON/A         |
| 8. Maintained compliance plan, if applicable?   | DY DN DN/A        |

# PART VI: LEAK DETECTION AND REPAIRS

| l. | Does the respon  | sible official conduct a                | weekly (for small sources, b  | oi-weekly) leak detection a | nd repair   |
|----|------------------|---|-------------------------------|-----------------------------|-------------|
|    | inspection?      |   |                               |                             | Y ON        |
| 2. | Has the facility | maintained a leak log?                  |                               |                             | NO YES      |
| 3. | Does the respon  | sible official check the                | following areas for leaks?    |                             |             |
|    |                  | ections, fittings,<br>s, and valves     | Y ON ON/A                     | Muck cookers                | YOY ON ON/A |
|    | Door gask        | ets and seating                         | AVO UO AVA                    | Stills                      | XIY ON ON/A |
|    | Filter gask      | tets and seating                        | XY ON ON/A                    | Exhaust dampers             | AND NO WA   |
|    | Pumps            |   | MY ON ON/A                    | Diverter valves             | OY ON OMÍA  |
|    | Solvent tar      | nks and containers                      | AY ON ON/A                    | Cartridge filter housings   | OY ON QÚ∕A  |
|    | Water sepa       | arators                                 | Y ON ON/A                     |                             |             |
| 4. | Which method o   | of detection is used by the             | ne responsible official?      |                             |             |
|    | Visual exa       | mination (condensed so                  | olvent on exterior surfaces)  |                             | A           |
|    | Physical de      | etection (airflow felt thr              | ough gaskets)                 |                             | X           |
|    | Odor (noti       | ceable perc odor)                       |                               |                             | $\searrow$  |
|    | Use of dire      | ect-reading instrumentar                | tion (FID/PID/calorimetric    | tubes)                      |             |
|    | Halogen le       | ak detector                             |                               |                             |             |
|    | If usin          | g direct-reading instru                 | umentation, is the equipme    | ent:                        | □N/A        |
|    | a.               | Capable of detecting p                  | erc vapor concentrations in   | a range of 0-500 ppm?       | OY ON       |
|    | b.               | Calibrated against a st (PID/FID only)? | tandard gas prior to and afte | er each use                 | OY ON       |
|    | c.               | Inspected for leaks and                 | d obvious signs of wear on a  | weekly basis?               | OY ON       |
|    | d.               | Kept in a clean and se                  | cure area when not in use?    |                             | OY ON       |
|    | e.               | Verified for accuracy b                 | by use of duplicate samples   | (calorimetric only)?        | OY ON       |
|    |                  |   |                               |                             |             |

Inspector's Name (Please Print)

Bruce King

Tye

Approximate Date of Next Inspection

### ADDITIONAL SITE INFORMATION:

Facility has all appropriate records.

Had one malpeinction. From leake on 4/3/97 and part archived 4/4/97 repaired on 4/7/97

all

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

SAL DALY SAL DALY 2425 S DALE MABRY TAMPA FL 33629 AIRS ID#0571141

Do NOT Remove Label

| Annual Reporting Period:  |                          | TC              | )                                      | 19                         |
|---|--------------------------|-----------------|--|----------------------------|
| Based on each term or condition of the Title 62-213.300, Florida Administrative Code (  |                          | •               | <del>1</del> -                         |                            |
| If NO, complete the following:  |                          |                 |  |                            |
| #1. Term or condition of the general permi  | that has not been in con | tinuous comp    | pliance during the report              | ting period stated above:  |
|   |                          |                 |  |                            |
| Exact period of non-compliance: from  |                          |                 | to                                     | <del></del>                |
| Action(s) taken to achieve compliance:  |                          | <del></del>     | ······································ | ne m                       |
| Method used to demonstrate compliance:  | ·                        | <del></del>     |  | Mobile III                 |
| #2. Term or condition of the general permi  | that has not been in con | tinuous comp    | oliance during the report              | tingpediod sized above:    |
| Exact period of non-compliance: from  | :                        |                 | to                                     | 00                         |
| Action(s) taken to achieve compliance:  |                          |                 | ,                                      |                            |
| Method used to demonstrate compliance:  |                          |                 | <u> </u>                               |                            |
| As the responsible official, I hereby certify, bar notification are true, accurate and complete. I does not exceed 2,100 gallons per year for dry-RESPONSIBLE OFFICIAL: | urther, my annual consun | iption of perch | hloroethylene solvent, bas             | ed upon purchase receipts, |

<sup>\*</sup>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.

ACC

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

SAL DALY SAL DALY 2425 S DALE MABRY TAMPA FL 33629 AIRS ID#0571141

Burgar Of Air Monitors

### Do NOT Remove Label

|   |                          |                   | 40                         |  |
|---|--------------------------|-------------------|----------------------------|--|
| Annual Reporting Period:  |                          | _19 TO            |                            | 19   |
| Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F   |                          |                   | <u> </u>                   | and the same of th |
| If NO, complete the following:  |                          |                   |                            |  |
| #1. Term or condition of the general permit   | that has not been in co. | ntinuous compli   | ance during the reporting  | ng period stated above:  |
| Exact period of non-compliance: from  |                          |                   | to                         |  |
| Action(s) taken to achieve compliance:  |                          |                   |                            | o e  |
| Method used to demonstrate compliance:  | <u> </u>                 |                   |                            | Mod A  |
| Method used to demonstrate compliance:  #2. Term or condition of the general permit   | that has not been in con | ntinuous compli   | ance during the reportin   | es of the state of |
| Exact period of non-compliance: from  |                          |                   | _to                        |  |
| Action(s) taken to achieve compliance:  |                          |                   |                            |  |
| Method used to demonstrate compliance:  | ·<br>·                   | ·                 |                            |  |
| As the responsible official, I hereby certify, bas notification are true, accurate and complete. F does not exceed 2,100 gallons per year for dry-t | urther, my annual consu  | mption of perchle | proethylene solvent, based | l upon purchase receipts,  |
| RESPONSIBLE OFFICIAL: 5A  | Me (Please Print)        |                   | Signature                  | 2/2 < /5/5<br>Date   |

<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

AIRS ID#: 571141

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

| , <u> </u>           |  | <del> </del>  |   | MAGEME   | VI  |
|----------------------|--|---|---|--|---|
| \$1.49 0             | LEANER   | - <b>S</b>  |   | DATE:  |   |
| 2425 5               | S. DALE  | MABRY   |   |  |   |
| TAMPA,               | , FL 3:  | 3629  |   |  |   |
|                      |  |   |   | ·,   |   |
| Feb 2                | 8  | 19 <u>_98</u> to  | 12/1  | 5/98   | 19  |
|                      |  |   |   | /  | P Rule  |
| ng:                  |  |   |   |  |   |
| e general permit th  | at has not been in   | ı continuous compl  | liance during the re  | eporting perio   | d stated above:   |
| ance: from           |  |   | to  |  |   |
| ompliance:           |  |   | political control of the control of |  |   |
| compliance:          |  | <u>.                                    </u>  |   |  |   |
| e general permit th  | at has not been ir   | 1 continuous comp   | liance during the r   | eporting perio   | od stated above:  |
| ance: from           |  |   | to  |  |   |
| ompliance:           |  |   |   | -1   |   |
| e compliance:        |  |   |   |  |   |
| e true, accurate and | d complete. Furt   | her, my annual coi  | nsumption of perch  | hloroethylene  | solvent, based  |
|                      | tion of the Title V strative Code (F.A. ng: e general permit the compliance: compliance: e general permit the nnce: from ompliance: e general permit the nnce: from ompliance: compliance: | tion of the Title V general air permistrative Code (F.A.C.), during the pag: e general permit that has not been in the compliance: compliance: e general permit that has not been in the compliance: e general permit that has not been in the compliance:  I hereby certify, based on information the true, accurate and complete. Further that in facilities. | tion of the Title V general air permit, my facility has restrative Code (F.A.C.), during the period covered by the general permit that has not been in continuous complance:  compliance:  | # 1.49 CLEANERS  Z425 S. DALE MABSLY  TAMPA, FL 33629  Fele 28  19 98 TO  12 (1)  tion of the Title V general air permit, my facility has remained in complisate to code (F.A.C.), during the period covered by this statement. In the general permit that has not been in continuous compliance during the remained in compliance:  compliance:  de general permit that has not been in continuous compliance during the remained in compliance:  compliance:  de general permit that has not been in continuous compliance during the remained in compliance:  compliance:  de from 10 10 10 10 10 10 10 10 10 10 10 10 10 | tion of the Title V general air permit, my facility has remained in compliance with DE strative Code (F.A.C.), during the period covered by this statement.    YES  The general permit that has not been in continuous compliance during the reporting period covered by this statement.    The period covered by this statement.    The general permit that has not been in continuous compliance during the reporting period compliance:  The general permit that has not been in continuous compliance during the reporting period compliance:  The general permit that has not been in continuous compliance during the reporting period compliance:  The general permit that has not been in continuous compliance during the reporting period compliance:  The general permit that has not been in continuous compliance during the reporting period compliance:  The general permit that has not been in continuous compliance during the reporting period compliance:  The general permit that has not been in continuous compliance during the reporting period compliance:  The general permit that has not been in continuous compliance during the reporting period compliance:  The general permit that has not been in continuous compliance during the reporting period compliance:  The general permit that has not been in continuous compliance during the reporting period compliance:  The general permit that has not been in continuous compliance during the reporting period compliance:  The general permit that has not been in continuous compliance during the reporting period compliance:  The general permit that has not been in continuous compliance during the reporting period compliance:  The general permit that has not been in continuous compliance during the reporting period compliance:  The general permit that has not been in continuous compliance during the reporting period compliance:  The general permit that has not been in continuous compliance during the reporting period compliance:  The general permit that has not been in continuous compliance during the |

<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION:                             | ANNUAL 💢  | COMPLAINT/DIS      | SCOVERY                       | RE-INSPECTION                | лс 🔲          |
|---|---|--------------------|-------------------------------|------------------------------|---------------|
| TIME IN: 9=30                                   | TIME OUT:   | 11=30              | AIRS ID#:                     | 571141                       |               |
| TYPE OF FACILITY: PE                            | AC DRY CIEA.  | NER                |                               |                              |               |
| FACILITY NAME: 4/                               | .49 Cleaners  |                    |                               | DATE: 12/13                  | 5/98          |
| FACILITY LOCATION: 24                           | 125 S. Dale   | Makry              |                               |                              |               |
| T   | ampa, FL 3  | 3629               |                               |                              |               |
| RESPONSIBLE OFFICIAL:                           | Sal Daly  |                    | PHONE NUMBER                  | c (813) 254-8                | 3573          |
| 7   | the compliance requirements<br>Rule 62-213.300, Florida Adr | _                  |                               | acility is found to be in    | a             |
| Based on the results of discrepancies were note | the compliance requirements                                 | evaluated during t | his inspection, the f         | following compliance         |               |
| COMPLIANCE REQ                                  | UIREMENT/PROBLE   | M FOI              | LOW-UP ACT                    | pow Requirei                 | )             |
|   |   |                    | JAN 1                         | 3 1999                       |               |
|   |   |                    | Bureau of <i>E</i><br>& Mobil | Air Monitoring<br>le Sources |               |
|   | <del></del>   |                    |                               |                              |               |
|   |   |                    |                               |                              |               |
|   |   |                    |                               |                              |               |
|   |   |                    |                               |                              |               |
|   |   |                    |                               |                              |               |
|   |   |                    |                               |                              |               |
|   |   |                    |                               | <del></del>                  |               |
|   |   |                    |                               |                              |               |
| COMMENTS:                                       | R R.O. TO 111   | HIL IN             | > RECEIVE                     | TO ON 12/1                   | 6/98<br>L.    |
|   |   |                    |                               |                              |               |
| The Annual Compliance Certif                    | ication form has been proper                                |                    |                               | ctor. YES                    | NO            |
| DATE OF NEXT INSPECTI                           | ON:   | 1 YEAR             |                               |                              |               |
|   |   | (Approximate)      |                               |                              |               |
| INSPECTION CONDUCTED                            |   | Roger              |                               |                              |               |
| INSPECTOR'S SIGNATUR                            | E: Nogur  | (Please Print)     | PHONE NIIMRI                  | ER: (813) 272-               | -553-0        |
|   | · ·   | 1                  |                               |                              |               |
|   | Pa  | igeof              |                               |                              | Revised 10/96 |

# $\sqrt{\phantom{a}}$

# PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| RE-INSPECT   | Ø COMPLAINT/DISCOVERY ☐   |
|--|---|
| AIRS ID#: 57114   DATE: 12/15 FACILITY NAME: \$ 1.49 Cle   | 198 TIME IN: 9=30 TIME OUT: 11=30   |
| FACILITY LOCATION: 2425 5.   | Dale Mabry FL 33629 Paly PHONE: (813) 254-8573 PHONE: Same  |
| RESPONSIBLE OFFICIAL: Sal I  | PHONE: (813) 254-8573   |
| CONTACT NAME:  | PHONE: Same   |
| PART I: NOTIFICATION   |   |
| (check appropriate box)  1. New facility notified DARM 30 days prior to st  2. Facility failed to notify DARM to use general p   | ~/~   |
|  |   |
| PART II: CLASSIFICATION  |   |
| Facility indicated on notification form that it is: (check appropriate box)  | ☐ No notification form ☐ Drop store/out of business/petroleum   |
| Facility indicated on notification form that it is:  |   |
| Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr  | ☐ Drop store/out of business/petroleum  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   |
| 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)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr   | Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr   |
| 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)  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)  5. This is a correct facility classification  If no, please check the appropriate classif facility qualified for a g | □ Drop store/out of business/petroleum  2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ 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)  □ Y □ N □ Can not determine |

| 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 XINA         |  |  |  |
| 2. Examining the containers for leakage?  | OY ON DANIA        |  |  |  |
| 3. Closing and securing machine doors except during loading/unloading?  | MY ON              |  |  |  |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?   | XY ON ON/A         |  |  |  |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?   | DY ON ON/A         |  |  |  |
|   |                    |  |  |  |
| PART IV: PROCESS VENT CONTROLS  |                    |  |  |  |
| In Part II-A:   |                    |  |  |  |
| If classification 1 has been checked, no controls are required. Proceed to Part V   | ,                  |  |  |  |
| If classification 2 has been checked, the machine should be equipped with a refr<br>(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 refrequence (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?  | MA DN              |  |  |  |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  | AVN UN UNA         |  |  |  |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  | QY ON ON/A         |  |  |  |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?  | × □N               |  |  |  |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?  | AVIO NO YK         |  |  |  |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after  | !                  |  |  |  |

| 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?  | AY 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?  | DY DN DN/A |
| 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?   | DY DN DN/A |
| Is the perc concentration equal to or less than 100 ppm?   | OY ON ON/A |
| 4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, |            |
| or expansion; and downstream from no other inlet?  | OY ON ON/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | □Y □N □N/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? 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 DN/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? DY ON DNA 4. Maintained calibration data? (for applicable direct reading instruments) DY ON DINA 5. Maintained exhaust duct monitoring data on perc concentrations? DY DN DNA MY ON 6. Maintained startup/shutdown/malfunction plan? DY ON BN/A 7. Maintained deviation reports? Problem corrected? DY DN DNA DY DN DINA 8. Maintained compliance plan, if applicable?

| PART VI: LEAK DETECTION A                         | AND REPAIRS                        |                              |                 |
|---|------------------------------------|------------------------------|-----------------|
| 1. Does the responsible official cond             | luct a weekly (for small sources,  | bi-weekly) leak detection as | nd repair       |
| inspection?                                       |                                    |                              | MA DN           |
| 2. Has the facility maintained a leak             | log?                               | •                            | Ø(Y □N          |
| 3. Does the responsible official chec             | k the following areas for leaks?   | •                            |                 |
| Hose connections, fittings, couplings, and valves | AVO NO YK                          | Muck cookers                 | MY ON ON/A      |
| Door gaskets and seating                          | MAY ON ON/A                        | Stills                       | MANU NO AMA     |
| Filter gaskets and seating                        | AND NO YA                          | Exhaust dampers              | MY ON ON/A      |
| Pumps   | idy on ona                         | Diverter valves              | MY ON ONA       |
| Solvent tanks and container                       | s <b>X</b> Y ON ON/A               | Cartridge filter housings    | XY ON ON/A      |
| Water separators                                  | YY ON ON/A                         |                              |                 |
| 4. Which method of detection is use               | d by the responsible official?     |                              |                 |
| Visual examination (conden                        | used solvent on exterior surfaces) | ·                            | Ŕ               |
| Physical detection (airflow f                     | felt through gaskets)              |                              | <b>Ø</b>        |
| Odor (noticeable perc odor)                       |                                    |                              | Ø               |
| Use of direct-reading instru                      | mentation (FID/PID/calorimetric    | tubes)                       |                 |
| Halogen leak detector                             |                                    |                              | ۵               |
| If using direct-reading                           | instrumentation, is the equipm     | nent:                        | N/A             |
| a. Capable of detec                               | cting perc vapor concentrations i  | n a range of 0-500 ppm?      | OY ON           |
| b. Calibrated agair<br>(PID/FID only)             | ast a standard gas prior to and af | iter each use                | OY ON           |
| c. Inspected for lea                              | aks 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 acci                              | uracy by use of duplicate sample   | s (calorimetric only)?       | QY QN           |
|   |                                    |                              |                 |
|   |                                    |                              |                 |
|   |                                    | ,                            | 4               |
| ROGER 2   | LHV.                               | 12/15/                       | 198             |
| Inspector's Name (Pleas                           | se Print)                          | Date of Inspe                | ection          |
| Rozer   | Shi                                | 1 40                         | AR_             |
| Inspector's Signatur                              | re .                               | Approximate Date of          | Next Inspection |

| ENVIRO                                       | NMENTAL PROT   | INSPECTION RE                  |                | SBOROUGH (   | COUNTY                                 |
|--|--|--------------------------------|----------------|--------------|--|
| FACILITY: \$1.49 Clea                        |  | 2011011 0011111                |                | PAGE         | 1 OF 1                                 |
| FACILITY ADDRESS:                            | 2425 S. Dale   | Mabry Hwy                      |                | CITY: Tar    | •                                      |
| MAILING ADDRESS:                             | Same   |                                | CITY: Tampa    |              | 813) 254-8573<br>ZIP: 33629            |
| INSPECTION DATE:                             | TIME IN:   | TIME OUT:                      |                |              | STATUS:                                |
| Dec 15, 1998                                 | 9:30   | 11:30                          | non-C          |              | In Compliance                          |
|  | 71141  | 11.50                          | 1              |              | All compliance                         |
| SOURCE DESCRIPTION                           | N: Perc Dry  | Cleaner                        |                |              |  |
| CONTACT(S): Sal                              | Daly   |                                |                |              |  |
| was noticed during my The perc usage for the | identical mach<br>inspection.<br>e past 12 mont<br>ping is in a go | nines (Aero-T<br>hs was 166 ga | ech 350), both | g to the pur | chase receipts. ection and temperature |
| INSPECTED BY:                                | Roger Zhu  |                                |                | DA           | TE: Dec 15, 1998                       |

Transport

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: ANNUAL X COM   | PLAINT/DISCOVERY RE-INSPECTION   |
|--|--|
| TIME IN: 13=30 TIME OUT: 15=1  | 5AIRS ID#: 571141  |
| TYPE OF FACILITY: PERC DRY CLEANES   | 2  |
| FACILITY NAME: \$ 1.49 CLEANERS  | P DATE: 1/19/00  |
| FACILITY LOCATION: 2425 S. DALE M.   | ABRY   |
| TAMPA, FL 3362   | -9 E A A 350 350 350 350 350 350 350 350 350 350                                 |
| RESPONSIBLE OFFICIAL: SAL TALY TOUR  | MORAN PHONE NUMBER: (843) 254 - 8573   |
| Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administr | ated during this inspection, the facility is found to be in ative Code (F.A.C.). |
| Based on the results of the compliance requirements evaluadiscrepancies were noted:                                  | ated during this inspection, the following compliance                            |
| COMPLIANCE REQUIREMENT/PROBLEM   | FOLLOW-UP ACTION REQUIRED  |
| MNC -NEW DWNER   | SUBMIT NOTIFICATION.   |
| IN compliance  | CHECKED ARMS - INVENTORY, FOUND SAME AIR ID# (571141) ISSUED BY FOEP. LA. 2/8/00 |
|  | 7/8/00   |
|  |  |
|  |  |
|  |  |
| nu 10/1/90   | TO "SOUTH DALE CLEANERS"   |
| THE NEW OWNE / R.O.  | 15 MR. JULIO MORAN.  |
| The Annual Compliance Certification form has been properly certification   | fied and submitted to the inspector. YES NO                                      |
| DATE OF NEXT INSPECTION: (A)   | oproximate)  |
| INSPECTION CONDUCTED BY:   | 76662  |
| INSPECTOR'S SIGNATURE: Roger Mu  | PHONE NUMBER: (813) 272-5530   |
| Page   | of Revised 10/96   |

# PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TIPE OF INSPECTION:  | RE-INSPECTION  |   | OWLTAIN LIDIZO  | LOVERY        | u .     |
|--|--|---|---|---------------|---------|
| AIRS ID#: 571141   |  |   | 13:30 TIM   | ME OUT: _     | 5:15    |
| facility name: 4   |  |   |   |               |         |
| FACILITY LOCATION: 2   |  |   |   |               |         |
| 7  | AMPA, FL   | 3362  | 9   |               |         |
| RESPONSIBLE OFFICIAL : CONTACT NAME:   | SAL DALYT  | TULIO P   | HONE: (8/3)   | 254-8         | 7573    |
| CONTACT NAME:  | . SAME   | <i>V</i> P  | HONE:   | SAME          |         |
| PART I: NOTIFICATION   |  |   | •   |               |         |
| (check appropriate box)  |  |   |   |               | -       |
| 1. New facility notified DARM  | 30 days prior to startup   |   | •   |               | ά       |
| 2. Facility failed to notify DAR   | M to use general permit  |   | ·   |               |         |
|  |  |   |   |               |         |
| [  |  |   |   |               |         |
| PART II: CLASSIFICATION  |  |   |   |               |         |
| Facility indicated on notification (check appropriate box)   |  |   | No notification for Drop store/out or   |               | troleum |
| Facility indicated on notification   | ce 2. I dry-tran   |   | Drop store/out of<br>a source<br>< 140 gal/yr<br>200 gal/yr<br>) gal/yr   |               | troleum |
| Facility indicated on notification (check appropriate box)  A.  1. Existing small area sourd dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr   | ce 2. I dry-tran both (cor land gal/yr tran gal/yr both both gal/yr both both gal/yr both both gal/yr both | New small are to-dry only, x sfer only, x < 140 at types, x < 140 astructed on or New large are to-dry only, 140 after only, 200  | Drop store/out of a source < 140 gal/yr 200 gal/yr 20gal/yr after 12/9/91) a source 0 ≤ x ≤ 2,100 gal/yr x ≤ 1,800 gal/yr   | f business/pe | troleum |
| Facility indicated on notification (check appropriate box)  A.  1. Existing small area sourd 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 sourd dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 goth types, 140 ≤ x ≤ 1,800 goth types, 140 ≤ x ≤ 1,800 g  | on form that it is:  ce  | New small are to-dry only, x asfer only, x < 140 astructed on or New large are to-dry only, 140 sfer only, 200 a types, 140 sfructed on or or 140 sfructed on or 140 | Drop store/out of a source < 140 gal/yr 200 gal/yr 20gal/yr after 12/9/91) a source 0 ≤ x ≤ 2,100 gal/yr x ≤ 1,800 gal/yr   | f business/pe | troleum |
| Facility indicated on notification (check appropriate box)  A.  1. Existing small area sourd 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 sourd dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91)  5. This is a correct facility classified in the constructed before 12/9/91) | on form that it is:  ce  | New small are to-dry only, x asfer only, x < 140 astructed on or New large are to-dry only, 140 series only, 200 at types, 140 series on or IN  | Drop store/out of a source $< 140 \text{ gal/yr}$ 200 gal/yr after 12/9/91)  a source $0 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ after 12/9/91)  Can not determine the contraction of the contracti | f business/pe | troleum |

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN X N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON MN/A 2. Examining the containers for leakage? MO YM 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON MINA 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 MY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated MO Y condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the MY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after MO Y 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?   | XY        | ПN |       |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | ΟY        | ΠN | ON/A- |
|    | Is the temperature differential equal to or greater than 20° F?   | <u>DY</u> | DN | □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?  | ЦY        | UN | □N/A  |
|    | Is the perc concentration equal to or less than 100 ppm?  | $\Box$ Y  | 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, |           |    |       |
|    | or expansion; and downstream from no other inlet?   | ΟY        | ПN | □N/A  |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | ΩY        | ПN | □N/A  |
| 6. | Routed airflow to the carbon adsorber (if used) at all times?   | ΩY        | ПΝ | □N/A  |
| _  |   |           |    |       |

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

| PAR   | PART VI: LEAK DETECTION AND REPAIRS                                  |                           |                             |                 |  |  |  |
|---|--|---------------------------|-----------------------------|-----------------|--|--|--|
| Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair |  |                           |                             |                 |  |  |  |
| iı  | nspection?   |                           |                             | DAY ON          |  |  |  |
| 2. H  | Ias the facility maintained a leak log?                              |                           |                             | Maga □N         |  |  |  |
| 3. D  | . Does the responsible official check the following areas for leaks? |                           |                             |                 |  |  |  |
|   | Hose connections, fittings, couplings, and valves                    | ON ON ON/A                | Muck cookers                | MY ON ON/A      |  |  |  |
|   | Door gaskets and seating   | YY ON ON/A                | Stills                      | AND ND YA       |  |  |  |
|   | Filter gaskets and seating   | YY ON ON/A                | Exhaust dampers             | MAY ON ON/A     |  |  |  |
|   | Pumps  | MY ON ON/A                | Diverter valves             | XY ON ON/A      |  |  |  |
|   | Solvent tanks and containers   | ANA UO YO                 | Cartridge filter housings   | MY ON ON/A      |  |  |  |
|   | Water separators   | ØY □N □N/A                |                             |                 |  |  |  |
| 4. V  | Which method of detection is used by t                               | he responsible official?  |                             |                 |  |  |  |
|   | Visual examination (condensed s                                      | olvent on exterior surfac | ces)                        | <b>A</b>        |  |  |  |
|   | Physical detection (airflow felt th                                  | rough gaskets)            |                             | <b>Þ</b>        |  |  |  |
|   | <b>X</b>   |                           |                             |                 |  |  |  |
|   |  |                           |                             |                 |  |  |  |
|   | Halogen leak detector  |                           |                             |                 |  |  |  |
|   | If using direct-reading instrumentation, is the equipment:           |                           |                             |                 |  |  |  |
|   | a. Capable of detecting  | perc vapor concentration  | ns in a range of 0-500 ppm? | OY ON           |  |  |  |
|   | b. Calibrated against a s (PID/FID only)?                            | standard gas prior to and | d after each use            | OY ON           |  |  |  |
|   | c. Inspected for leaks ar  | nd obvious signs of wear  | on a weekly basis?          | OY ON           |  |  |  |
|   | d. Kept in a clean and s   | ecure area when not in    | use?                        | OY ON           |  |  |  |
|   | e. Verified for accuracy   | by use of duplicate sam   | ples (calorimetric only)?   | OY ON           |  |  |  |
|   |  |                           |                             | ·               |  |  |  |
|   |  |                           |                             |                 |  |  |  |
|   | ROBER Z  | .HV                       | 1/19/                       | 00              |  |  |  |
| •   | Inspector's Name (Please Pri   | nt)                       | Date of Inspe               | ection          |  |  |  |
|   | Rogersh  |                           | N/ A                        | <               |  |  |  |
|   | Inchector's Signature  |                           | Approximate Date of         | Next Inspection |  |  |  |

|  |                              | ********          | · //-         |   |  |  |
|--|------------------------------|-------------------|---------------|---|--|--|
| INS<br>ENVIRONMENTAL PROTEC  | SPECTION REF                 |                   | BÖROUGH (     | COUNTY  |  |  |
| FACILITY: \$1.49 Cleaners PAGE 1 OF 1  |                              |                   |               |   |  |  |
|  |                              |                   |               | npa<br>(813) 254-8573                           |  |  |
| MAILING ADDRESS: Same  |                              | CITY: Tampa       | FLA           | \   |  |  |
| INSPECTION DATE: TIME IN: 7 Jan 19, 2000 13:30   | TIME OUT:<br>15:15           | INSPECTION non-CI | 1             | STATUS:<br>In Compliance                        |  |  |
| NEDS NUMBER: 571141  | <del>"</del> .               |                   | I             |   |  |  |
| SOURCE DESCRIPTION: Perc Dry Cl  | eaner                        | •                 |               |   |  |  |
| CONTACT(S): Sal Daly Juno  | Moran                        |                   |               |   |  |  |
| Oprisko, who used to work for the pre months perc rolling total is 241 gallons. The two large existing machines are the were noticed.  I made a second trip over there this after him, also helped him to fill out the Tallahassee tomorrow. | he same as b<br>ternoon to m | efore. The fa     | cility is cle | ean. No odors or leaks  I explained the rule to |  |  |
| ·  |                              |                   |               |   |  |  |
|  |                              |                   |               |   |  |  |
|  | ·                            |                   |               |   |  |  |
|  |                              |                   |               |   |  |  |
|  |                              |                   |               |   |  |  |
| INSPECTED BY: Roger Zhu  |                              |                   | DA            | TE: Jan 19, 2000                                |  |  |

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Dureau of Air Monitoring & Mobile Sources

TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0571141

\$1.49 CLEANERS SAL DALY 2425 S DALE MABRY

TAMPA FL 33629

IKS ID # 03/1141

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

#### **BEST AVAILABLE COPY**







TITLE V - General Permit Receipts Past-Office By 2078 Tallahassee, FL 32315-3070



32312X3070



### Department of Environmental Protection

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

David B. Struhs Secretary

January 31, 2000

Mr. Sal Daly \$1.49 Cleaners 2425 South Dale Mabry Tampa, Florida 33629

Dear Mr. Daly,

Thank you for your note regarding the sale of \$1.49 Cleaners. The Department received your note on January 28 and has made the appropriate change to our database.

Rule 62-213.300, Florida Administrative Code (F.A.C.), states that an annual operation fee in the amount of \$50.00 is due and payable annually between January 15 and March 1 for the preceding year which the facility was in operation and subject to the requirement of the Title V general permit. Our records indicate that \$1.49 Cleaners was in operation in 1999. Therefore, the annual operation fee is now due.

Next week we will be sending out reminder notices along with invoices to facilities not yet paying the 1999 annual operation fee. For your convenience, a reminder notice and invoice will be mailed to \$1.49 Cleaners. If you have any questions concerning the fee or the Title V general permit program, please call me at 850/921-9583.

Sincerely,

Sandra Bowman

Mobile Source Control Section Bureau of Air Monitoring

and Mobile Source

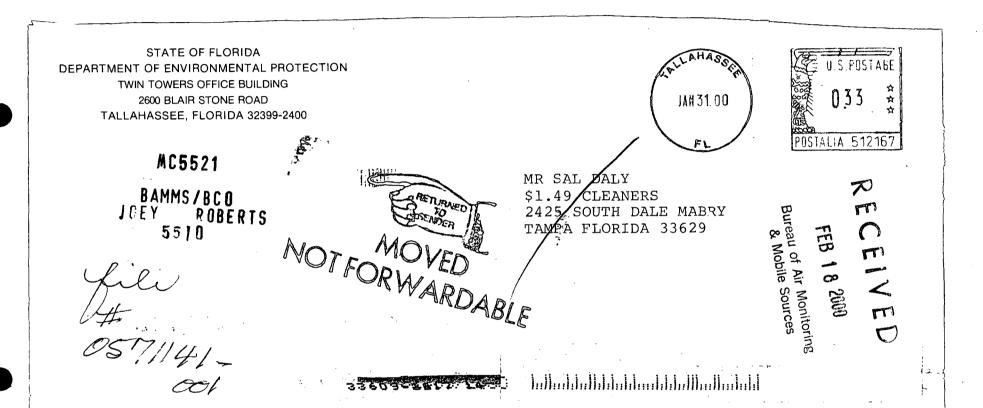
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SB\

ce: Margaret Hennis, Pinellas County

A distribution of the state of



### Z 333 PPO PSP

## US Postal Service Receipt for Certified Mail

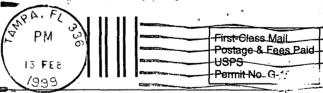
AIRS ID # 0571141

\$1.49 CLEANERS SAL DALY 2425 S DALE MABRY **TAMPA FL 33629** 

|            | Postage  | \$ |
|------------|--|----|
|            | Certified Fee  |    |
|            | Special Delivery Fee   |    |
| _          | Restricted Delivery Fee  |    |
| April 1995 | Return Receipt Showing to<br>Whom & Date Delivered             |    |
| April      | Return Receipt Showing to Whom,<br>Date, & Addressee's Address |    |
| OCO.       | TOTAL Postage & Fees   | \$ |
| Form Sou   | Postmark or Date   |    |
| _          |  |    |

|                         |   | ;   |   |                               |   |                 |
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|                         |   | it of the return address  | the righ  |                               |   |                 |
| ed on the reverse side? | Complete items 1 and 4 and 4 Print your name and address card to you.  Attach this form to the front opermit.  Write Return Receipt Reque | b. s on the reverse of this form so that w of the mailpiece, or on the back if spacested" on the mailpiece below the article w to whom the article was delivered ar | e can return this<br>be does not<br>le number.<br>nd the date | following sen extra fee):  1. | essee's Address<br>ricted Delivery<br>master for fee. | eceipt Service. |
| completed               | Ф. 40 т-  | AIRS ID # 0571141   | 233<br>4b. Service T  | 3 660                         | 626   | urn H           |
| SS con                  | \$1.49 CLEANERS<br>SAL DALY   | e e e e e e e e e e e e e e e e e e e   | ☐ Registere   | d                             | Certified   | sing Retu       |
| DDRES                   | 2425 S DALE MAB<br>TAMPA FL 33629   | RY  | 1 -   | eipt for Merchan              | ✓ Insured   | - <b>-</b> -    |
| 3N AD                   |   |   | 7. Date of De   | r - '                         |   | you for         |
| ETU                     | 5. Received By: (Print Name)  |   | 8. Addressee<br>and fee is                                    |                               | nly if requested                                      | Thank           |
| your E                  | 6. Signature: (Addressee  | or Agent)   |   | 5                             |   | -               |
| <u></u>                 | PS Form 3811. Decemb  | ner 1994 10   | 2595-97-B-0179  | Domestic F                    | Return Receipt  |                 |

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DARM/MOBILE SOURCE CONTROL PROGRAM E I V E D
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2600 BLAIR STATION 5510

2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

FEB 1 6 1999

Bureau of Air Monitoring & Mobile Sources

|                       | P US Postal Receip No Insuran Do not use Sent to | service<br>ot for ( | rage Prov | ed Mai    |           | 9  |  |
|-----------------------|--|---------------------|-----------|-----------|-----------|----|--|
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|                       | Certified Fe                                     |                     |           | · · · · · | · ·       |    |  |
| April 1995            | Restricted D<br>Return Reco<br>Whom & Da         | eipt Showir         | ig to.    |           |           |    |  |
| 1800, April           | Return Receip<br>Date, & Addre<br>TOTAL Pos      | ssee's Addre        | ss        |           |           |    |  |
| PS Form <b>3800</b> , | Postmark of                                      | Date                |           | ٠.        |           |    |  |

| RETURN ADDRESS completed on the reverse side? | SENDER:  Complete items 1 and/or 2 for additional services.  Cemplete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.  3. Article Addressed to:  AIRS ID # 0571141  \$1.49 CLEANERS  SAL DALY  2425 S DALE MABRY  TAMPA FL 33629  5. Received By: (Print Name) | e can return this e does not e number. d the date  4a. Article N 4b. Service  Registere Express Return Re 7. Date of De | I also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.  Imperior Cortified Mail Insured Ceipt for Merchandise COD Celivery Consult postmaster for fee.  Insured Ceipt for Merchandise COD Color of the color | Thank you for using Return Receipt Service. |
|---|---|---|---|---|
| your RET                                      | 6. Signature: (Addressee or Agent)  | and fee is  | paid)   | Tha   |
| ≥   | PS Form <b>3811</b> , December 1994   |   | Domestic Return Receipt   |   |

| SAL DALY<br>SAL DALY<br>2425 S DALE MABRY<br>FAMPA FL 33629    | AIRS ID 057114 | 41 |
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| Return Receipt Showing to Whom,<br>Date, & Addressee's Address |                |    |
| TOTAL Postage & Fees   | \$             |    |
| Postmark or Date   |                |    |

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| s your <u>RETUR</u>    | 5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X   | 8. Addressee<br>and fee is  | ř ,  |
| }_                     | PS Form <b>3811</b> , December 1994   |   | Domestic Return Receipt  |



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Bureau of Air Monitoring & Mobile Sources

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