

## Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

June 30, 1998

Mr. Shafkat Ali Bayside Cleaners 3032 Jodi Lane Palm Harbor, Florida 34684

Re: Facility No.: 0571199

Dear Mr. Ali:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 29, 1998.

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 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

Mr. Thomas Shelton, Hillsborough County

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

CLEANERS
IIT
ECKLIST
COMPLAINT/DISCOVERY
COMPL PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST TYPE OF INSPECTION: ANNUAL RE-INSPECTION DATE: 4/8/98 TIME IN: 14:50 TIME OUT: AIRS ID#: NONE BAYSIDE DRY CLEANERS FACILITY NAME: 4807 BUNN HWY , SUITE 138 FACILITY LOCATION: RESPONSIBLE OFFICIAL : \_\_\_\_\_ CONTACT NAME: SHAFKAT ALI (PRESIDENT) PHONE: (813) 264 - 5123 PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION Facility indicated on notification form that it is: ☐ No notification form ☐ Drop store/out of business/petroleum (check appropriate box) 2. New small area source 1. Existing small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/vrboth types, x < 140 galver (constructed before 12/9/91) (constructed on or after 12/9/91) 4. New large area source 3. Existing large area source dry-to-dry only, 140 < x < 2,100 gal/yr dry-to-dry only, 140 < x < 2,100 gal/yr transfer only,  $200 \le x \le 1,800$  gal/yr transfer only,  $200 \le x \le 1,800 \text{ gal/yr}$ both types,  $140 \le x \le 1,800 \text{ gal/vr}$ both types, 140 < x < 1,800 gal/yr (constructed on or after 12/9/91) (constructed before 12/9/91)

 $\Box Y$ 

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

facility qualified for a general permit as number

 $\square N$ 

facility exceeds above limits and is not eligible for a general permit

□Can not determine

5. This is a correct facility classification

facility was gallons.

If no, please check the appropriate classification:

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 ON/A
2. Examining the containers for leakage?	OY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	OY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	□Y □N □N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part	v.
If classification 2 has been checked, the machine should be equipped with a refu (complete A below).	rigerated condenser
. If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber minimized prior to September 22, 1993	
If classification 4 has been checked the machine should be equipped with a refu (complete A and B below).	rigerated 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?	MD YD
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	מותם אם עם
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ОУ ОИ
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON

_					
В	. Has the responsible official of an existing large or new large area source also:		,	•	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	Ωχ	/ DN		
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	□и	□N/A	
	Is the temperature differential equal to or greater than 20° F?	ΩY	מם	□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?	$\Box Y$	ПN	□N/A	
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПΝ	□N/A	
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,				
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	□Y (	ПΝ	□N/A	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y (	ПN	□N/A	
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y (	ПИ	□N/A	
D A	DADT V. DECODDETEDING DECIMPENTS				

### Has the responsible official: (check appropriate boxes) 'UY UN 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? DY DN 3. Maintained leak detection inspection and repair reports for the following: DY DN DN/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days QY QN QN/A and parts installed wiin 5 days of receipt? DY DN DN/A 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? DY DN DN/A 6. Maintained starrup/shutdown/malfunction plan? DY DN A/MD MD YD 7. Maintained deviation reports? DY DN DN/A Problem corrected? 8. Maintained compliance plan, if applicable? DY DN DNA

PA	PART VI: LEAK DETECTION AND REPAIRS							
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?							
2.	Has the facility maintained a leak log?	?		אם / צם				
3.	Does the responsible official check the	es the responsible official check the following areas for leaks?						
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	OY ON ON/A				
	Door gaskets and seating	OY ON ON/A	Stills	OY ON ON/A				
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	OY ON ON/A				
	Pumps	OY ON ON/A	Diverter valves	OY ON ON/A				
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	DY DN DN/A				
:	Water separators	מוחם חם עם	,					
4.	Which method of detection is used by	the responsible official?						
	Visual examination (condensed s	solvent on exterior surfac	es)					
	Physical detection (airflow felt th	rough gaskets)						
	ric tubes)							
	□N/A							
	s in a range of 0-500 ppm?	NO YO						
	b. Calibrated against a s	standard gas prior to and	after each use	OY ON				
		nd obvious signs of wear	on a weekly basis?	QY QN				
		ecure area when not in u	•	QY QN				
	•	by use of duplicate samp		OY ON				
/	J. Vermee for desired, by and or depression numbers (maximized order).							
			,					
	· ROBER ZHU 4/8/98							
	Inspector's Name (Please Prin	nt)	Date of Inspe	ction				
	Cuit Min 60 DAYS							
	Inspector's Signature	Approximate Date of I	Vext Inspection					

	INSPECTION REPORT FORM							
ENVIRO	ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY							
FACILITY: Bayside D	ry Cleaners	_		PAGE	1	OF 1		
FACILITY ADDRESS:	4807 Gunn H	wy, Suite 138		CITY: Ta	mpa			
				PHONE:	(813)	264-5123		
MAILING ADDRESS:	Same		CITY: Tampa	FLA	ZIP	2: 33624		
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	N TYPE:		STATUS:		
Apr 8, 1998					C	Out Compliance		
NEDS NUMBER: None								
SOURCE DESCRIPTION: Perc Dry Cleaner								
CONTACT(S): Shafkat Ali (President)								

Today, I found this new facility with a dry cleaning machine on my way back to my office.

I went in and talked to Mr. Ali who is the president of this facility. He told me that this new facility was part of the Bayside Dry Cleaners chain and this facility was opened a couple months ago. Mr. Ali does not have a general permit. He said he thought he could use other facility's permit because of the same chain name. I told him that it is a violation of the rules to run the business without a general permit for each individual dry cleaner regardless whether or not other facilities of the chain already have the permits. Therefore, he shall submit a Air General Permit Notification Form (I gave him one which I brought it with me) to FDEP in Tallahassee as soon as possible.

Mr. Ali said he is going to do it at once. I also requested him to send us a copy of the Notification Form in order for us to keep track on it and decide the follow-up action.

RECEIVED

RECEIVED

MAY 18 (998

Bureau of Air Monitorine
8 Mobile Sources

INSPECTED BY:	Roger Zhu	DATE:	Apr 8,1998	

		C
	Perchloroethylene Dry Cleaning Facility No	otification . L
	Facility Name and Location	The state of the s
	Facility Owner/Company Name (Name of corporation, agency, or individual Suyside Cleaners (Gun)	al owner): Out of the line of
2.	Site Name (For example, plant name or number):  4807 GUNN Huy Suite	
3. 1	Hazardous Waste Generator Identification Number:	
	Facility Location: Street Address: City:  County:	Zip Code: 33 624
5. I	Facility Identification Number (DEP Use):	054/199
	Responsible Official	
6. N	Name and Title of Responsible Official:  SHAFKAT A Li	
S	Responsible Official Mailing Address: Organization/Firm: Street Address: City: DAUGUAR County:	lane_ Zip Code: 34684
	B 1 (1/1/11) 14 (14)	Zip Code: 3/00/
i .	Responsible Official Telephone Number: Telephone: (813) 269 - 9, 264-5123 Fax: ( )	•
	Facility Contact (If different from Responsible Off	icial)
9. N	Name and Title of Facility Contact (For example, plant manager):  SAME AS AB	'eNE
10. F	SAME AS AB Sacility Contact Address:  SAME AS	ABNE.
	street Address:	Zip Code:
11. F:	acility Contact Telephone Number:  [elephone: (2/2) 264 - 8/22 Fax: ( )	_

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j	
6/16/98	Stoke to Shafteat ali and he stated that he is the fresident of the Corporation (Guns Inc.) He also stated that less than 140 gallons
//(	stated that he is the president of
	the corporation (Guns, Inc.) He
	also stated that less than 140 gallons
	of perc'had been purchased in past 12 months
	part 12 months
A1 4	
6.	add Ville of Responsible Official (President)
p14	
/ (c)	Add (itle of Responsible Official (President)  Should not be marked. Marks out ond initial.  Add # of gallons of pere purchased in  post 12 months.
2(a)	add # of gallons of pere purchased in
	fast 12 months.
p/6	
	Responsible Official sign and date for changes
	for changes
	/ /

• ;

### **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 Machine	Date		Date Machine	Date Control		Date Machine	Date Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	1_	Installed	ΙD	Purchased	Installed	ΙD	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91	•	#3	02-MAR-92	02-:MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	01-NOV-4	15-161-9	1	]			1	
(2) w/ carbon adsorber		1							
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser		1			Ī				
(5) w/ carbon adsorber					Ī				
(6) w/ no controls					1	1			
Dryer Unit			•			•		·	
(7) w/ ref. condenser		1			1				
(8) w/ carbon adsorber						1	•		
(9) w/ no controls							-		
Reclaimer Unit		1				·		-	
(10) w/ ref. condenser					1				
(11) w/carbon adsorber					Ì				
(12) w/ no controls									
(b) Control devices are required, but not yet installed									
3. What is the facility's sou (Indicate with an "X". S Existing small are	Select a sou	one classific	ation only.) Ne	w sm	all area sour	ce	) of I	Part II?	
Existing large are	a sou	rce	Ne	w lar	ge area sourc	:e			

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Effective: 6-25-96

<ol> <li>What control technology is requ (Indicate with an "X".)</li> </ol>	ired on machines	oursuant to section (5) of I	Part II of this notification form?
Existing large area source Carbon adsorber  New small area source		Refrigerated condenser	
Refrigerated condenser			
New large area source Refrigerated condenser			
5. A facility which contains non-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such u	that all steam and		• • •
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co	l exclusively by na	rural gas except for period	ds of natural gas curtailment
All steam and hot water generating No such units on-site	units exempt		
Equipme	nt Monitoring an	d Recordkeeping Inforn	nation
Check all logs which are required to	be kept on-site in	accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent pu	rchases		
(b) Leak detection inspection and re	pair		
(c) Refrigerated condenser temperate	ure monitoring		
(d) Carbon adsorber exhaust perc co	ncentration monit	oring	
(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)

lease indica	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
Signature	Mayh 5-15-92

	_	Y GENERAL PERMI MMARY REPORT	T +500 2684			
TYPE OF INSPECTION: ANNUAL	L COM	MPLAINT DISCOVERY D	<del></del>			
TIME IN: 15 00 TIME TYPE OF FACILITY: PERC	EOUT: 16:00	AIRS ID#:	NONE 0511199			
FACILITY NAME: BAYSID	G DRY C		DATE: 4/8/93			
111000111		, SUITE 138				
RESPONSIBLE OFFICIAL: SHÁFKAT	, FL 339 ALI		BER: (313)264-5123			
Based on the results of the compliance with DEP Rule 62-213.3	-		he facility is found to be in			
Based on the results of the compliant discrepancies were noted:	ce requirements evalu	ated during this inspection, t	he following compliance			
COMPLIANCE REQUIREMEN	T/PROBLEM		CTION REQUIRED			
OPERATING WITHOUT	S GENERAL	Ī	11T THE NOTIFICATION			
PERMIT		FORM TO FO	DEP			
	-		<del></del>			
		<u></u>	Bures Bures			
			Mobile School			
			onitoring briters			
COMMENTS:						
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES NO NO						
DATE OF NEXT INSPECTION:						
INSPECTION CONDUCTED BY:  (Approximate)  [COGER Zkt-/						
INSPECTOR'S SIGNATURE:	My Mu	PHONE NUMB	ER: (813) 272-5530			
	Pageof	<u>.                                    </u>	Revised 10/96			

INSPECTION SUM	N/						
	PLAINT/DISCOVERY RE-INSPECTION						
TIME IN: 10=30 TIME OUT: 12:00  TYPE OF FACILITY: PERC DRY CLEANET  FACILITY NAME: BAYSIDE CLEANER	AIRS ID#: 571199						
TYPE OF FACILITY: PERC DRY CLEANET	2						
FACILITY NAME: BAYSIDE CLEANER	S DATE: 9/2-3/98						
FACILITY LOCATION: 4807 GUNN HWY	SUITE 138						
RESPONSIBLE OFFICIAL: SHAFKAT ALI	PHONE NUMBER: (813) 264 - 5123						
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra							
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the following compliance						
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED						
	·						
COMMENTS:	<u>,</u>						
<u> </u>							
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES NO							
DATE OF NEXT INSPECTION:	YEAR						
-	proximate)						
Elor Berroll Competition 51.	SER ZHU						
INSPECTOR'S SIGNATURE:	ease Print)  PHONE NUMBER: (813) 272-5530						
	of Revised 10/96						

### PERCHLOROETHYLENE DRY CLEANERS

\$15.60mg(e)

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TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	1 D	COMPLAINT/DISC	COVERY	u
AIRS ID#: 571199	DATE: 9/14/ BAYSIDE C	98 TIME	IN: 10=30 TIM	ие о <b>ит</b> : _/	7:00
FACILITY NAME:	1807 GUNG TAMPA, I	V HWY FL 331	(813	138	5123
RESPONSIBLE OFFICIAL CONTACT NAME:	SAME	,,, c <sub>1</sub>	PHONE: ( b 1 7/2) PHONE:	SAME	
PART I: NOTIFICATION					
(check appropriate box)  1. New facility notified DARM  2. Facility failed to notify DA		•	N/A		0
PART II: CLASSIFICATIO	ANT			·····	
Facility indicated on notifica (check appropriate box)  A.  1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y	tion form that it is:  urce   ul/yr	transfer only, x	, x < 140 gal/yr < 200 gal/yr		roleum .
both types, x < 140 gal/yr (constructed before 12/9/91		both types, x < (constructed or	140 gal/yr or after 12/9/91)		
3. Existing large area soudry-to-dry only, $140 \le x \le 1,800$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$	2,100 gal/yr 800 gal/yr ) gal/yr	transfer only, 2 both types, 140	area source $x, 140 \le x \le 2,100 \text{ gal/y}$ $x, 00 \le x \le 1,800 \text{ gal/y}$ $x, x \le 1,800 \text{ gal/y}$ $x, x \le 1,800 \text{ gal/y}$ $x, x \le 1,800 \text{ gal/y}$	u yr	
	1)	•			
5. This is a correct facility		<b>ўз</b> ч □и	□Can not determin	ne	
If no, please check th ☐ faci		ttion:	□Can not determin	ve	

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 X			
2. Examining the containers for leakage?	ם אוא <b>אַ</b> אם אם A			
3. Closing and securing machine doors except during loading/unloading?	NO V <b>Ď</b>			
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	XY ON ON/A			
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON MAN/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 refrige (complete A below).	gerated condenser			
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993				
If classification 4 has been checked, the machine should be equipped with a refrience (complete A and B below).	gerated condenser			
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)				
1. Equipped all machines with the appropriate vent controls?	MAY ON			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	YY ON ON/A			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DAY ON ON/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	מום צום			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	אַמוֹם מם צום			
Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	MY ON .			

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 loc on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	CATED DY DN
Measured and recorded the washer exhaust temperature at the condensor inlet and outlet weekly?	□Y □N □N/A
Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	DY DN DN/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duet 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 inler?	□Y □N □N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

Landy .

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

PA	ART VI: LEAK DETECTION AND	REPAIRS			
1.	Does the responsible official conduct a	weekly (for	small sour	ces, bi-weekly) leak detection as	nd repair
	inspection?				MY ON
2.	Has the facility maintained a leak log?			ı	XY DN
3.	Does the responsible official check the	following ar	eas for lead	ks?	
	Hose connections, fittings, couplings, and valves	MY ON	□N/A	Muck cookers	XY ON ON/A
	Door gaskets and seating	NO Y	□N/A	Stills	XY DN DN/A
	Filter gaskets and seating	<b>⋈</b> Y □N	□N/A	Exhaust dampers	Y ON ON/A
	Pumps	Aga □n	□N/A	Diverter valves	XY ON ON/A
	Solvent tanks and containers	MY DN	□N/A	Cartridge filter housings	YY ON ON/A
	Water separators	MO VA	□N/A		
4.	Which method of detection is used by	the responsib	le official?	•	
	Visual examination (condensed s	solvent on ex	terior surfa	aces)	<b>p</b> á
	Physical detection (airflow felt th	rough gaske	ts)		¢ά.
	Odor (noticeable perc odor)			:	囡
	Use of direct-reading instrument	ation (FID/P	ID/calorim	etric tubes)	
	Halogen leak detector			,	
	If using direct-reading inst	rumentation	, is the equ	uipment:	XN/A
	a. Capable of detecting	perc vapor c	oncentratio	ons in a range of 0-500 ppm?	DY DN
	b. Calibrated against a (PID/FID only)?	standard gas	prior to ar	nd after each use	OY ON
	c. Inspected for leaks as	nd obvious si	gns of wea	r on a weekly basis?	OY ON
	d. Kept in a clean and s	secure area w	hen not in	use?	OY ON
	e. Verified for accuracy	by use of du	iplicate sar	nples (calorimetric only)?	OY ON
	<del></del>				
	ROGER Z	HV		9/23/9	8
_	Inspector's Name (Please Pri	int)		Date of Inspe	ection
	arit M	m		1 YEA	AR_
	Inspector's Signature Approximate Date of N				Next Inspection

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY							
FACILITY: Bayside Cl	eaners			PAGE	1 OF	1	
					ETTY: Tampa HONE: (813) 264-5123		
MAILING ADDRESS:	Same		CITY: Tampa	FLA	ZIP: 33644		
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	N TYPE:	STAT	US:	
Sep 23, 1998	10:30	12:00	non-C	DS	In Comp	liance	
NEDS NUMBER: 57	NEDS NUMBER: 571199						
	•	Cleaner	-				
CONTACT(S): Shat	fkat Ali		•			1	
SOURCE DESCRIPTION: Perc Dry Cleaner							
INSPECTED BY:	Roger Zhu	1		DA	ATE: Sep 23	, 1998	

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

TYPE OF INSPECTION: ANNUAL 🔀 CO	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 13-00 TIME OUT: 14	1=50 AIRS ID#: 57/199
TYPE OF FACILITY: PLACE OF CLEANE	04 [127/90]
FACILITY NAME: DAYSIVE CLEANER	DATE: 5/2/179
TYPE OF FACILITY: PERC DRY CLEANER FACILITY NAME: BAYSIDE CLEANER FACILITY LOCATION: 4807 GUNN HWY TAMPA, FL 33	SOITE 130
7AMPA, FL 33	644
RESPONSIBLE OFFICIAL: SHAFKAT ALI	PHONE NUMBER: (813) 264 - 5123
Based on the results of the compliance requirements eval compliance with DEP Rule 62-213.300, Florida Adminis	tuated during this inspection, the facility is found to be in strative Code (F.A.C.).
Based on the results of the compliance requirements eval discrepancies were noted:	uated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	PA
	*.C
•	Que My El
-	e du or de
	Surgar of Air Modeling Soliton Oring
	Tices Oring
	<del> </del> .
COMMENTS:	<del></del>
COMMENTS.	
The Annual Compliance Certification form has been properly cer	rtified and submitted to the inspector. YESX NO
-	YEAR
DATE OF NEXT INSPECTION:	Approximate)
p	OGER ZHU
	Please Print)
INSPECTOR'S SIGNATURE: Roger Bl	PHONE NUMBER: (813) 272 - 5530
Page_	of . Revised 10/96

AIRS ID#:	571199	
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Revised 10/10/96

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

<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.

## PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	4 D	COMPLAINT/DIS	COVERY	
AIRS ID#: 57 11 99  FACILITY NAME:	BAYSIDE CL	ELNER	5		4:50
FACILITY LOCATION:	4807 GUN	N HWY	SUITE	138	
	TAMPA, F - SHAFKAT	-L 336 ALI	44	264-5	
RESPONSIBLE OFFICIA	SAME		_ PHONE:	SAME	
PART I: NOTIFICATION	7				
(check appropriate box)  1. New facility notified DA  2. Facility failed to notify D		•	N/A		0
PART II: CLASSIFICAT	ION			_	·
Facility indicated on notifi (check appropriate box) A. 1. Existing small areas		2. New small	☐ No notification f ☐ Drop store/out o		roleum
dry-to-dry only, x < 140 transfer only, x < 200 ga both types, x < 140 gal/y (constructed before 12/9/	gal/yr l/yr r	dry-to-dry only transfer only, x both types, x <	, x < 140 gal/yr : < 200 gal/yт	<b>/</b> \	
3. Existing large area so dry-to-dry only, $140 \le x$ transfer only, $200 \le x \le$ both types, $140 \le x \le 1.8$ (constructed before $12/9$ )	≤ 2,100 gal/yr 1,800 gal/yr 300 gal/yr	transfer only, 2 both types, 140	area source $x, 140 \le x \le 2,100 \text{ gal/yr}$ $x \ge 1,800 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$ $x \ge 1,800 \text{ gal/yr}$ $x \ge 1,800 \text{ gal/yr}$		
5. This is a correct facili	ty classification	<b>¼</b> Y □N	□Can not determin	ne	
If no, please check the appropriate classification:  facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit					
fa fa	acility qualified for a gen	eral permit as n	<del></del>		

Revised 8/11/97

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN \$\forall N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN MINA 2. Examining the containers for leakage? DEY DN 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 DN **Ø**N/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) Day Din 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the MY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? **D**Y ON 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? YY ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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

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

PA	PART VI: LEAK DETECTION AND REPAIRS						
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			ØY □N			
2.	Has the facility maintained a leak log	3		<b>M</b> Y □N			
3.	Does the responsible official check the	e following areas for leaks	?				
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	MY ON ON/A			
	Door gaskets and seating	AND ND YK	Stills	MY ON ON/A			
	Filter gaskets and seating	DYY ON ON/A	Exhaust dampers	ØY ON ON/A			
	Pumps	DY ON ON/A	Diverter valves	Y ON ON/A			
	Solvent tanks and containers	XY ON ON/A	Cartridge filter housings	MY ON ON/A			
	Water separators	ØY □N □N/A		· =			
4.	Which method of detection is used by	the responsible official?					
	Visual examination (condensed	solvent on exterior surfac	es)	¥			
	Physical detection (airflow felt t	hrough gaskets)		j <b>z</b> i			
	Odor (noticeable perc odor)						
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	Halogen leak detector						
	If using direct-reading instrumentation, is the equipment:						
	a. Capable of detecting	g perc vapor concentration	ns in a range of 0-500 ppm?	DY DN			
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON			
	c. Inspected for leaks a	and obvious signs of wear	on a weekly basis?	NO YO			
	d. Kept in a clean and	secure area when not in u	ise?	OY ON			
	e. Verified for accurac	y by use of duplicate samp	ples (calorimetric only)?	OY ON			
_	ROGER Z	HU 	5/27	/ 47			
	Inspector's Name (Please Pr	rint)	Date of Inspe	ection			
	Rosus	lu	/ Y	EAR			
	Inspector's Signature		Approximate Date of	Next Inspection			

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY						
FACILITY: Bayside Dry Cleaners				PAGE	1 OF	1
FACILITY ADDRESS: 4807 Gunn Hwy, Suite 138				CITY: Tampa PHONE: (813) 264-5123		
MAILING ADDRESS:	Same		CITY: Tampa		ZIP: 33644	
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	1	STAT	
May 27, 1999	13:00	14:50	non-C	DS	In Comp	oliance
NEDS NUMBER: 571199						
		Cleaner		•		
CONTACT(S): Shat	fkat Ali					-
SOURCE DESCRIPTION: Perc Dry Cleaner  CONTACT(S): Shafkat Ali  Today's visit was to conduct the annual inspection.  The responsible official, Mr. Ali, keeps good records which are logged on bi-weekly basis as required for a new small area source. The perc usage was 102 gallons over the last 12 months.  It is a clean facility with a well maintained machine. I didn't notice any leaks or odors during my inspection.						
INSPECTED BY:	Roger Zhu	_		DA	ГЕ: Мау 2 <sup>7</sup>	7, 1999

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AIRS ID#: 57/195

APINS

Revised 10/10/96

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

					<u> </u>
FACILITY NAME: BAY FACILITY LOCATION: 480	1510E	CLEANE	25	DATE:	5/19/00
FACILITY LOCATION: 480	7 GUNN	1 Hwy	5TE 138	·	
TAN	nps,	FL 33	644		
Annual Reporting Period:	ry 28	19_99	то Ма	19	20 00
Based on each term or condition of the	e Title V general air	permit, my facility	has remained in com	iplizate with Di	EP Rule
62-213.300, Florida Administrative Co	ode (F.A.C.), during	g the period covered	by this statement.	YES	□NO
If NO, complete the following:					
#1. Term or condition of the general p	permit that has not	been in continuous	compliance during th	e reporting peri	od stated above:
					·
Exact period of non-compliance: from	<b>a</b>	·	to	•	
Action(s) taken to achieve compliance	<del></del>	•			
Method used to demonstrate complian					
without used at demonstrate compliant	<u> </u>			•	P
#2. Term or condition of the general	permit that has not	been in continuous	compliance during th	ne reporting per	iod stated above:
				& M	JUN F
Exact period of non-compliance: from	n		to	A Air	<u> </u>
Action(s) taken to achieve compliance	<u> </u>			Monit Sourc	The man of the same of the sam
_			<del>-</del>	es	O
Method used to demonstrate complian	nce:		·	<u></u>	<u> </u>
					,
As the responsible official, I hereby c made in this notification are true, acc					
upon rolling averages of purchase re- year for transfer or combination facili	ceipts, does not exc			-	
	CLACL	VAT Di:	M. M.t	M.	~/19/m
RESPONSIBLE OFFICIAL:	Name (Please P	rint)	Signatur	ne .	Date

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

Page of .

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

TYPE OF INSPECTION: ANNUAL 🔀 COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 13:00 TIME OUT: 13:5  TYPE OF FACILITY: PELC DRY CLEAN	
	NERS DATE: 5/19/00
FACILITY LOCATION: 4807 GUNN HUY,	SUITE 138
	33644
RESPONSIBLE OFFICIAL: SHAFKAT ALI	PHONE NUMBER: (8/3) 264 - 5/23
Based on the results of the compliance requirements evalual compliance with DEP Rule 62-213.300, Florida Administr	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	P
	E C E
	1 5 2000 Air Monitoring obile Sources
	oring .
COMMENTS:	
	•
The Annual Compliance Certification form has been properly certification form has been properly certification.	ified and submitted to the inspector. YES NO.
(A)	pproximate)
EISTECTION CONDUCTED BI.	TER ZHU
INSPECTOR'S SIGNATURE: Roger Bhu	lease Print) PHONE NUMBER: (813)272-5530
Page_/	_af Revised 10/96

# PERCHLOROETHYLENE DRY CLEANERS of Title v General Permit

		SPECTION C	TECKTIO I	30	4
TYPE OF INSPECTION:	ANNUAL		ECKLIST COMPLAINT/DIS	COVERY	
TITE OF ENDINGERION.	RE-INSPECTION		COM LIGITATION	Sol Mos	
	AE-INSFECTION			rces (itorit	
AIRS ID#: 571199	DATE: 5/19/6	O TIME I	N: 13:00 TI	ME OUT: 13.5	טק
FACILITY NAME:	BAYSIDE C	1. FANG	RS		
EACH FEVI OCATION	1007 / 1111	· Hwy	5TE, 13	38	
FACILITY LOCATION: _	TAM DA.	FL 33	3644		
_	7777	1	(017	1261 51	2 2
RESPONSIBLE OFFICIAL	L: SHAFFAT	AL1	PHONE: (8/5	) 204 - 3/ 2	-5
CONTACT NAME:	SAME	-	PHONE:	S&W E 	
	·				
PART I: NOTIFICATION	·				
(check appropriate box)			····		
1. New facility notified DAI	RM 30 days prior to start	пр		<b>×</b>	
2. Facility failed to notify D	ARM to use general perm	nit	•	6	
<u></u>	·	<del></del> -			
PART II: CLASSIFICATI	ION				
Facility indicated on notific			☐ No notification		m
1				form of business/petroleu	um
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s	cation form that it is:	2. New small:	☐ Drop store/out		ım.
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140	cation form that it is: source	dry-to-dry only	☐ Drop store/out  area source , x < 140 gal/yr		um.
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140 transfer only, x < 200 ga	cation form that it is:  source   gal/yr l/yr	dry-to-dry only transfer only, x	☐ Drop store/out  area source  x < 140 gal/yr < 200 gal/yr		um
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140	cation form that it is:  source  gal/yr l/yr	dry-to-dry only transfer only, x both types, x <	☐ Drop store/out  area source  x < 140 gal/yr < 200 gal/yr		um
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140 transfer only, x < 200 ga both types, x < 140 gal/y (constructed before 12/9/	cation form that it is:  source  gal/yr l/yr r (91)	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large:	Drop store/out  area source  x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)  area source	of business/petroleu	um
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140 transfer only, x < 200 ga both types, x < 140 gal/y (constructed before 12/9/  3. Existing large area s dry-to-dry only, 140 < x	cation form that it is:  source  gal/yr l/yr r (91)  source  \( \leq 2,100 \) gal/yr	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only	☐ Drop store/out  Area source  x < 140 gal/yr  < 200 gal/yr  140 gal/yr  or after 12/9/91)  Area source  140 ≤ x ≤ 2,100 ga	of business/petroleu	um
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140 transfer only, x < 200 gas both types, x < 140 gal/y (constructed before 12/9/  3. Existing large area s dry-to-dry only, 140 ≤ x transfer only, 200 ≤ x ≤	cation form that it is:  source  gal/yr l/yr r (91)  source  \( \leq 2,100 \) gal/yr 1,800 gal/yr	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2	Drop store/out  area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  area source $140 \le x \le 2,100 \text{ gal}$ $00 \le x \le 1,800 \text{ gal/y}$	of business/petroleu	um.
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140 transfer only, x < 200 ga both types, x < 140 gal/y (constructed before 12/9/  3. Existing large area s dry-to-dry only, 140 < x	cation form that it is:  source  gal/yr 1/yr r (91)  source  <= 2,100 gal/yr 1,800 gal/yr 300 gal/yr	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140	☐ Drop store/out  Area source  x < 140 gal/yr  < 200 gal/yr  140 gal/yr  or after 12/9/91)  Area source  140 ≤ x ≤ 2,100 ga	of business/petroleu	um.
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140 transfer only, x < 200 ga both types, x < 140 gal/y (constructed before 12/9/  3. Existing large area s dry-to-dry only, 140 < x transfer only, 200 < x < both types, 140 < x < 1,8	cation form that it is:  source  gal/yr l/yr r (91)  source  ≤ 2,100 gal/yr 1,800 gal/yr 300 gal/yr	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140	Drop store/out  area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  area source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	of business/petroleu	um
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140 transfer only, x < 200 ga both types, x < 140 gal/y (constructed before 12/9/  3. Existing large area s dry-to-dry only, 140 \le x transfer only, 200 \le x \le both types, 140 \le x \le 1,8 (constructed before 12/9/2)  5. This is a correct facility of the constructed before 12/9/2)	cation form that it is:  source  gal/yr l/yr r (91)  source  ≤ 2,100 gal/yr 1,800 gal/yr 300 gal/yr	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140 (constructed or TYY  \text{N} \text{N}	Drop store/out  area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  area source $140 \le x \le 2,100 \text{ gal}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )	of business/petroleu	um
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140 transfer only, x < 200 ga both types, x < 140 gal/y (constructed before 12/9/  3. Existing large area s dry-to-dry only, 140 \le x transfer only, 200 \le x \le both types, 140 \le x \le 1,8 (constructed before 12/9/  5. This is a correct facilial of the please check for the same and the same area of the	cation form that it is:  source  gal/yr 1/yr r (91)  source  ≤ 2,100 gal/yr 1,800 gal/yr 300 gal/yr /91)  ty classification	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140 (constructed or TY	Drop store/out  area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  area source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ ) $\Box$ Can not determinated at the contraction of t	of business/petroleu	um

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

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B. Has the responsible official of an existing large or new large area source also:	
1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY DW
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port on the earbon 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?	OY ON ON/A
6. Pouted 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?	DAY ON			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN MANA			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ava <b>ž</b> iva			
4. Maintained calibration data? for applicable direct reading instruments)	AVA <b>É</b> NO YO			
5. Maintained exhaust duct monitoring data on perc concentrations?				
6. Maintained startup/shutdown/malfunction plan?				
7. Maintained deviation reports?				
Problem corrected?				
8. Maintained compliance plan, if applicable?				

### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair ПN inspection? **X**Y 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, MY ON ON/A A'NO NO YE Muck cookers couplings, and valves MY ON ON/A Stills DIY ON ON/A Door gaskets and seating MY ON ON/A MY ON ON/A Exhaust dampers Filter gaskets and seating MY ON ON/A MY ON ON/A Diverter valves Pumps MY ON ON/A Cartridge filter housings ✓Y □N □N/A Solvent tanks and containers MY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector MN/A If using direct-reading instrumentation, is the equipment: DY DN a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN 5/19/00 ROBER ZHU Inspector's Name (Please Print) Date of Inspection Logu Bhi 1 YEAR

Inspector's Signature

Approximate Date of Next Inspection

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY						
FACILITY: Bayside Dry Cleaners				PAGE	1 OF	1
FACILITY ADDRESS: 4807 Gunn Hwy, Suite 138			CITY: Tampa PHONE: (813) 264-5123			
MAILING ADDRESS: Same			CITY: Tampa	FLA	ZIP: 33644	
INSPECTION DATE: TIME	ME IN:	TIME OUT:	INSPECTION	N TYPE:	STAT	US:
, ,	3:00	13:50	non-CI	OS	In Comp	oliance
NEDS NUMBER: 571199						
SOURCE DESCRIPTION: Perc Dry Cleaner						
CONTACT(S): Shafkat A	Ali					
Today's visit was to condu The machine was operating The facility is very clean. for the past 12 months.	g during n	ny visit, no od	ors or leaks we			15 gallons
•						
					•	
			•			
		. •				•
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			,			
DICDECTED DV.	000 7h			T) 4 C	TT: Mar. 1	0. 2000
INSPECTED BY: R	oger Zhu			DA	ie: May I	9, 2000

### THIS PORTION MUST BE ATTACHED TO REMITTAN JE FOR PROPER HANDLING :

0390999

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

**TOTAL AMOUNT DUE: \$50.00** 

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AIRS ID # 0571199

BAYSIDE CLEANERS SHAFKAT ALI 3032 JODI LANE PALM HARBOR FL 34684

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

GUNN INC

TITLE

Invoice: 123199 TITLE 12/31/99

50.00

213200

1/10/00

2132

TITLE V GENERAL PERMITS

\$50.00



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Bureau of Air Monitoring & Mobile Sources

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BAYSIDE CLEANERS SHAFKAT A LI 3032 JODI LANE PALM HARBOR FL 34684

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

GUNN INC.

1026

.0.00

13/27/96

1926

THE OW EXPLINATION FROM COLORS

\$50.0



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423476 FEB24 2003

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BAYSIDE CLEANERS SHAFKAT ALI 3032 JODI LANE PALM HARBOR FL 34684

AIRS ID#0571199

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

Obj.: 002273

### **CERTIFIED MAIL RECEIPT** (Domestic Mail Only; No Insurance Coverage Provided) 586 7027 Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) 0000 Restricted Delivery Fee (Endorseme AIRS ID#0571199 Total Post BAYSIDE CLEANERS 2870 SHAFKAT ,ALI Sent To 3032 JODI LANE Street, Apt. 34684 2000 City, State, 2:r++ PS Form 3800, May 2000 See Reverse for Instructions

**U.S. Postal Service** 

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:         <ul> <li>AIRS ID#0571199</li> </ul> </li> <li>BAYSIDE CLEANERS         <ul> <li>SHAFKAT ALI</li> <li>3032 JODI LANE</li> <li>PALM MARBOR FL</li> </ul> </li> </ul>	A. Received by (Please Print Clearly)  C. Signature  Agent  Addressee  D. le delivery address different from item 1? Yes  If YES, enter delivery address below:
34684	3. Service Type  Certified Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.
<u> 70,00287000007027586</u>	4. Restricted Delivery? (Extra Fee)
Article Number (Copy from service label)	

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FUR. OF AIR MOINTORING & MOBILE SOURCE.
DIFF. OF FRANCISCO PROPERTY STATION 6510
TO AIR STONE ROAD

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BAYSIDE CLEANERS SHAFKAT ALI 3032 JODI LANE PALM HARBOR FL 34684 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

GUNN INC.

Item to be Paid - Description

DPT OF ENVIRONMTAL PROCTECTION

1516

Check Number: 1516 Check Date: Jan 3, 2001

Check Amount: \$50.00

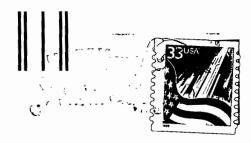
Discount Taken **Amount Paid** 

50.00

0571199

BAYSIDE CLEANERS 4807 GUNN HWY TAMPA, FL 33624





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



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413725 FEB 12002

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AIRS ID # 0571199

BAYSIDE CLEANERS SHAFKAT ALI 3032 JODI LANE PALM HARBOR FL 34684

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

GUNN, INC. Environmental Protection Agency

002119

Check Number:

002119

Check Date: Jan 29, 2002

Check Amount: \$50.00

Discount Taken

**Amount Paid** 

50.00

Item to be Paid - Description

0571199/2001

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