



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

August 24, 1998

Mr. Carey J. Whitson
Star Cleaners
595 West Summerlin Street
Bartow, Florida 33830

Re: Facility No.: 0571204

Dear Mr. Whitson:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 28, 1998.

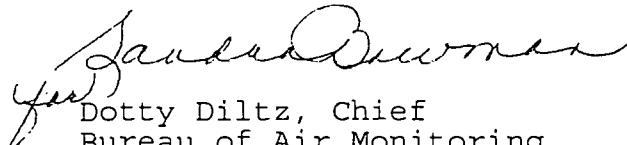
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements 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 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"

Printed on recycled paper.

*0571204

IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT OF
THE STATE OF FLORIDA IN AND FOR HILLSBOROUGH COUNTY

ENVIRONMENTAL PROTECTION COMMISSION
of Hillsborough County,
Plaintiff,

Case No.: 98 01563
Division: **DIVISION G**

vs.

STAR CLEANERS OF BRANDON, INC.,
and
CAREY J. WHITSON,
Defendants.

COMPLAINT

PLAINTIFF, ENVIRONMENTAL PROTECTION COMMISSION of Hillsborough County
(Commission), sues DEFENDANTS, STAR CLEANERS OF BRANDON, INC. and CAREY
J. WHITSON, and alleges:

JURISDICTION

1. This court has jurisdiction over this action seeking injunctive relief; civil penalties in excess of fifteen thousand dollars (\$15,000) exclusive of interest and costs; and the costs associated with investigation and enforcement of violations of environmental regulations in Hillsborough County, Florida.

ALLEGATIONS AS TO ALL COUNTS

2. Commission is a regulatory agency authorized by the State of Florida, to enforce Chapter 403, Florida Statutes and the rules promulgated thereunder, specifically Title 62, Florida Administrative Code, as well as authority pursuant to the Hillsborough County Environmental Protection Act, Chapter 84-446, Laws of Florida (Act) and Chapter 1-3, Rules of the Commission, in Hillsborough County, Florida. Commission has authority over the matters set out herein.

3. Defendant, Star Cleaners of Brandon, Inc., is a Florida corporation doing business in Hillsborough County, specifically at 2020 W. Brandon Blvd., Brandon, Florida, 33830. (S21, T29, R20.)

4. At all times relevant to this action, and since at least September 1, 1996, Defendant, Star Cleaners of Brandon, Inc., has been the owner and responsible for the operation of a dry cleaning facility utilizing perchloroethylene at the address referred to in Paragraph 3, hereinafter, "the facility".

5. The facility is of the type required to be permitted under Title V, of the federal Clean Air Act, 42 U.S.C. 7401 *et seq.*; pursuant to 62-210, F.A.C.; and 1-3.21, Rules of the Commission.

6. The Commission has incurred reasonable costs and expenses in the investigation and enforcement of these matters.

/ **COUNT I**
AGAINST DEFENDANT, WHITSON
FOR FAILURE TO SUBMIT PROPER NOTICE TO
DEPARTMENT OF ENVIRONMENTAL PROTECTION

7. The Plaintiff reaffirms and alleges paragraphs 1 through 6 above.

8. At all times relevant to this action, Defendant, **Carey J. Whitson**, has been the President of Star Cleaners of Brandon, Inc. and a "responsible official", as defined in 62-210.200 (247), F.A.C.

9. Florida Administrative Code §62-213.300 authorizes the operation of facilities such as Defendant's under a Title V Air General Permit and requires the responsible official for the facility submit to the Florida Department of Environmental Protection a notification (utilizing correct form) of the intent to use one of the air general permits listed in the rule at least 30 days prior to beginning operation or by September 1, 1996, whichever is later.

10. Defendant, **Carey J. Whitson** has failed to complete and submit the appropriate Perchloroethylene Dry Cleaner Air General Permit Notification Form to give notice to the Florida Department of Environmental Protection of the intent to use such permit.

11. Defendant, **Carey J. Whitson's** failure to complete and submit the appropriate notification form is a violation of 403.161, Florida Statutes.

COUNT II
AGAINST DEFENDANT, STAR CLEANERS OF BRANDON, INC.,
FOR OPERATING WITHOUT PROPER PERMIT

12. The Plaintiff reaffirms and alleges paragraphs 1 through 6 and paragraph 9 above.

13. The subject facility has operated since at least September, 1996 without the appropriate Title V Air General Permit.

14. F.A.C. 62-210.200 (148) defines perchloroethylene as a hazardous air pollutant.

15. F.A.C. 62-4.030 and 62-210.300 prohibit any operation of any emissions unit which emits or can reasonably be expected to emit any air pollutant in the State of Florida without an appropriate permit. Rules of the Commission §1-3.21 prohibits operation of an air pollution source in Hillsborough County without a permit, when such permit is required by the F.A.C. Defendant, **Star Cleaners of Brandon, Inc.'s** failure to obtain the required permit is a violation of 403.161, Florida Statutes and Section 17, Hillsborough County Environmental Protection Act.

WHEREFORE, PLAINTIFF requests the following relief:

A. Judgment against all defendants for civil penalties pursuant to §403.141, Florida Statutes, in an amount that reflects the spirit of the legislative intent expressed in §403.161, Florida Statutes.

B. Judgment against all defendants for the Commission's investigative and enforcement costs and expenses pertaining to this matter pursuant to §19(1) of the Hillsborough County Environmental Protection Act, and Chapter 1-6, Rules of the Commission.

C. Entry of a mandatory injunction pursuant to 403.131 Florida Statutes and section 18 of the Hillsborough County Environmental Protection Act, requiring the defendant corporation through their responsible official to submit the required notification form and fee to DEP.

D. Entry of a permanent injunction pursuant to 403.131 Florida Statutes, and section 18 of the Hillsborough County Environmental Protection Act prohibiting the operation of the subject facility until defendant submits notification of intent to use the necessary Title V Air General Permit.

E. Any other relief that the court may deem proper.



Vernon R. Wagner, Esquire

Environmental Protection Commission

of Hillsborough County

1900 Ninth Avenue

Tampa, Florida 33605

(813) 272-5960

Florida Bar #0826261

RECEIVED

JUL 28 1998

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
STAR CLEANERS OF BRANDON, IN

2. Site Name (For example, plant name or number):
"60" LOCATION

3. Hazardous Waste Generator Identification Number:

4. Facility Location: 2020 W. BRANDON BLVD
Street Address:
City: BRANDON FL County: Hillsborough Zip Code: 33511

5. Facility Identification Number (DEP Use):
0571204

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JUL 30 1998
Bureau of Air Monitoring & Mobile Sources

Responsible Official

6. Name and Title of Responsible Official:
CAREY J WHITSON OWNER

7. Responsible Official Mailing Address:
Organization/Firm: STAR CLEANERS
Street Address: 595 W SAMMERLIN ST
City: BANTON, FL County: Polk Zip Code: 33830

8. Responsible Official Telephone Number:
Telephone: (941) 533-3908 Fax: (941) 533-5337

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
CAREY J WHITSON OWNER

10. Facility Contact Address: 2020 W. BRANDON BLVD
Street Address:
City: BRANDON, FL County: Hillsborough Zip Code: 33511

11. Facility Contact Telephone Number:
Telephone: (941) 533-3908 Fax: (941) 533-5337

0571204

8/21/98

Spoke to Casey Jr. Whitson and he stated that the dry food unit has a refrigerated condenser and it was installed on the machine when it was purchased.

p 14

1(c) Should not be marked. Mark out and initial

3. Existing small area source should not be marked. Mark out and initial
Existing large area source should be marked.

p 15

4. New small area source R.C. should not be marked. Mark out and initial.
Existing large area source Ref. Con. should be marked

p 16

Responsible official sign and date 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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	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	9/91							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser	#1	9/91							
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser	#1	9/91							
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
 (Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

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

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____.

No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

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

Cary J. Huber

Signature

7/22/98

Date

FAX# 850-922-6979

BEST AVAILABLE COPY



COMMISSION

DOTIE BERGER
JOE CHILLURA
CHRIS HART
JIM NORMAN
JAN PLATT
THOMAS SCOTT
ED TURANCHIK

EXECUTIVE DIRECTOR

ROGER P. STEWART

ADMINISTRATIVE OFFICES, LEGAL &
WATER MANAGEMENT DIVISION
1900 - 9TH AVENUE
TAMPA, FLORIDA 33605
TELEPHONE (813) 272-5980
FAX (813) 272-5157

AIR MANAGEMENT DIVISION
TELEPHONE (813) 272-5530

WASTE MANAGEMENT DIVISION
TELEPHONE (813) 272-5788

WETLANDS MANAGEMENT DIVISION
TELEPHONE (813) 272-7104

ENVIRONMENTAL PROTECTION COMMISSION
OF HILLSBOROUGH COUNTY

FAX TRANSMITTAL SHEET

DATE: 7/28/98

RECEIVED
JUL 28 1998
Bureau of Air-Monitoring
& Mobile Sources

TO: Sandy Bowman

FAX PHONE: 850-922-6979 VOICE PHONE: _____

TOTAL NUMBER OF PAGES INCLUDING THIS COVER PAGE: 5

EPC FAX TRANSMISSION LINE: (813) 272-5605
FOR RETRANSMISSION OR ANY FAX PROBLEMS, CALL: (813) 272-5530

FROM: Bruce M. King
(CIRCLE APPLICABLE SECTION BELOW)

AIR DIVISION

-ENFORCEMENT

-ENGINEERING

-SUPPORT OPERATIONS

SPECIAL INSTRUCTIONS: Sandy - please process ASAP. We are in enforcement with them. Additionally, many items pleasure on the application - We have a court date on this with owner. If you have any questions call me. I've mailed the original to your office 7/20/98
Bruce



BEST AVAILABLE COPY

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
STAR CLEANERS OF BRANDON, INC

2. Site Name (For example, plant name or number):
"EO" LOCATION

3. Hazardous Waste Generator Identification Number:

4. Facility Location: **2020 W. BRANDON BLVD**
 Street Address:
 City: **BRANDON FL** County: **HILLSBOROUGH** Zip Code: **33511**

5. Facility Identification Number (DEP Use):
0571204

Responsible Official

6. Name and Title of Responsible Official:
CANCY J. WHITSON OWNER

7. Responsible Official Mailing Address:
 Organization/Firm: **STAR CLEANERS**
 Street Address: **595 W. SUMMIT ST**
 City: **BRANDON FL** County: **PK** Zip Code: **33508**

8. Responsible Official Telephone Number:
 Telephone: **(941) 533-3908** Fax: **(941) 533-5337**

RECEIVED
JUL 28 1998
 Bureau of Air Monitoring
 & Mobile Sources

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
CANCY J. WHITSON OWNER

10. Facility Contact Address: **2020 W. BRANDON BLVD**
 Street Address:
 City: **BRANDON FL** County: **HILLSBOROUGH** Zip Code: **33511**

11. Facility Contact Telephone Number:
 Telephone: **(941) 533-3908** Fax: **(941) 533-5337**

BEST AVAILABLE COPY

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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	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	9/91							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser	#1	9/91							
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser	#1	9/91							
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/ carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2. (a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
452 gallons

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part 11?
 (Indicate with an "X". Select one classification only.)

Existing small area source New small area source

Existing large area source New large area source

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 JUL 28 1998
 Bureau of Air Monitoring
 & Mobile Sources

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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

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Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form, specifically, permit number(s) _____

No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

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

Cary J. Huber

Signature

7/22/98

Date

COMMISSION

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JAN PLATT
THOMAS SCOTT
RONDA STORMS
BEN WACKSMAN

EXECUTIVE DIRECTOR

ROGER P. STEWART



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TELEPHONE (813) 272-5530

WASTE MANAGEMENT DIVISION
TELEPHONE (813) 272-5788

WETLANDS MANAGEMENT DIVISION
TELEPHONE (813) 272-7104

May 13, 1999

Ms. Dottie Diltz
Chief, Bureau of Air Monitoring and Mobile Sources
Florida Department of Environmental Protection
Twin Towers Building
2600 Blair Stone Road
Tallahassee, FL 32399-2400

RECEIVED

MAY 17 1999

Bureau of Air Monitoring
& Mobile Sources

Re: Inspections conducted April 1999

Dear Ms. Diltz;

Enclosed are the inspection reports for the facilities that the Environmental Protection Commission of Hillsborough County conducted in April, 1999. EPC staff inspected 12 known NESHAP sources and visited 2 permitted facilities in accordance with your request to notify those facilities for the overdue annual operation fees.

Fourteen inspection reports are enclosed for the fourteen permitted dry cleaners. Annual Compliance Certifications are being addressed during our annual inspections and any completed forms are included. All ARMS entries for permitted facilities (fourteen) have been made. Based on our inspections, the following corrections need to be made to your data base:

AIRS ID# 0571139, Eagle Cleaners, at 13809 N. Dale Mabry Hwy, Tampa, is out of business. The property is for sale now.

AIRS ID# 0571204, Star Cleaners, at 2020 W. Brandon Blvd, Brandon, changed ownership and the facility's name to Signature Cleaners. The new owner, Bill Atkins, was instructed to send a notification to Tallahassee for the change.

If you have any questions, please call me at (813)-272-5530.

Sincerely,

Leroy Shelton,
Chief, Air Toxics Section

✓

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 9:40 TIME OUT: 10:50 AIRS ID#: 571204
 TYPE OF FACILITY: Perchloroethylene Dry Cleaner
 FACILITY NAME: Star Cleaners DATE: 9/22/98
 FACILITY LOCATION: 2020 W. Brandon Blvd.
Brandon, FL 33511
 RESPONSIBLE OFFICIAL: Caney Whitton PHONE NUMBER: (941) 533-5337

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
There was no weekly inspection records.	Provided manager with FOEP calendar for his use.
There were no temperature measurement logs.	To document record keeping requirements.
Perc purchase records were not available.	Was instructed to maintain purchase records at facility.

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 OCT 16 1998
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS: Our inspection was conducted with Star Cleaners facility manager.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 11/10/98
 (Approximate)

INSPECTION CONDUCTED BY: Bruce M. King
 (Please Print)

INSPECTOR'S SIGNATURE: Bruce M. King PHONE NUMBER: 813-272-5530

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#:	<u>571204</u>	DATE:	<u>9/22/98</u>	TIME IN:	<u>9:40</u>	TIME OUT:	<u>10:50</u>
FACILITY NAME:	<u>STAR CLEANERS</u>						
FACILITY LOCATION:	<u>2020 W. BRANDON BLVD</u> <u>BRANDON, FL 33511</u>						
RESPONSIBLE OFFICIAL:	<u>CANEY WHITSON</u>	PHONE:	<u>(941) 533-5337</u>				
CONTACT NAME:	<u>John Malen</u> <u>(manager)</u>	PHONE:	<u>(813) 661-1948</u>				

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup
2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:

(check appropriate box)

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

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) <input type="checkbox"/> | 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) <input type="checkbox"/> |
| 3. Existing large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91) <input checked="" type="checkbox"/> | 4. New large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed on or after 12/9/91) <input type="checkbox"/> |
| 5. This is a correct facility classification <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can not determine | |

If no, please check the appropriate classification:

- facility qualified for a general permit as number 3 above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 452 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 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? Y 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 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? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

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? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
- Is the temperature differential equal to or greater than 20° F? Y N 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? Y N N/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, or expansion; and downstream from no other inlet? 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? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
- b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
- Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

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

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Facility recently permit due to enforcement action. Annual inspection revealed that the facility had no record keeping regarding weekly inspections or logging temperature measurements.

We provided the manager with the FOEP calendar in order for him to start recorded keeping. We also informed him that fuel purchase records must be maintain at his facility.

We informed him that we would re-inspect the facility Nov 10, 1998

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 9:30 AM TIME OUT: 10:30 AM AIRS ID#: 571204
 TYPE OF FACILITY: Perc Dry Cleaners
 FACILITY NAME: Star Cleaners DATE: 4-29-99
 FACILITY LOCATION: 2020 W. Brandon Blvd.
 RESPONSIBLE OFFICIAL: Bill Atkins PHONE NUMBER: (813) 661-1948

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	RECEIVED
	MAY 17 1999
	Bureau of Air Monitoring & Mobile Sources

COMMENTS: Unpaid fee \$50.0
Annual

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: NIA
(Approximate)

INSPECTION CONDUCTED BY: Mohammad Nozari
(Please Print)

INSPECTOR'S SIGNATURE: M. Nozari PHONE NUMBER: (813) 272-5530

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION OTHER (FEE)

AIRS ID#:	571204	DATE:	4/29/99	TIME IN:	9:30	TIME OUT:	10:30
FACILITY NAME:	Star Cleaners						
FACILITY LOCATION:	2020 W. Brandon Blvd. Brandon, FL 33511						
RESPONSIBLE OFFICIAL:	Cory Whitson		PHONE:	(941) 533-5337			
CONTACT NAME:				PHONE:			

RECEIVED

PART I: NOTIFICATION	MAY 17 1999
(check appropriate box)	Bureau of Air Monitoring & Mobile Sources
1. New facility notified DARM 30 days prior to startup	<input type="checkbox"/>
2. Facility failed to notify DARM to use general permit	<input type="checkbox"/>

PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	<input type="checkbox"/> No notification form <input type="checkbox"/> Drop store/out of business/petroleum
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)	<input checked="" type="checkbox"/>
2. New small area source dry-to-dry only, $x \leq 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)	<input type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	<input type="checkbox"/>
4. New large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)	<input type="checkbox"/>
5. This is a correct facility classification	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can not determine
If no, please check the appropriate classification:	
<input type="checkbox"/> facility qualified for a general permit as number _____ above	
<input type="checkbox"/> facility exceeds above limits and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was _____ gallons.	

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? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 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? Y 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 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? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

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? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
Is the temperature differential equal to or greater than 20° F? Y N 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? Y N N/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, or expansion; and downstream from no other inlet? 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? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

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

Mohammad NOZARI
Inspector's Name (Please Print)

4/29/99
Date of Inspection

M. NOZARI
Inspector's Signature

Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Star Cleaners PAGE 1 OF

FACILITY ADDRESS: 2020 West Brandon Blvd. CITY: Brandon
PHONE: (813)533-5337

MAILING ADDRESS: Same CITY: FLA ZIP:

INSPECTION DATE: April 29, 1999	TIME IN: 9:30 AM	TIME OUT: 10:30 PM	INSPECTION TYPE: NON-CDS	STATUS:
------------------------------------	---------------------	-----------------------	-----------------------------	---------

NEDS NUMBER: 571204

SOURCE DESCRIPTION: Perc Dry Cleaner

CONTACT(S): Bill Atkins

Today's visit was to inform the R. O. that there is an unpaid \$50 annual fee for the operation in 1998.
Mr. Bill Atkins is the new owner. Also the name has been change from Star to Signature Cleaner.

INSPECTED BY:
Mohammad Nozari.

DATE:
April 29, 1999

April 29, 1999

FROM: Mohammad Nozari

TO: File

**REGARDING: TRANSFER OF OWNERSHIP FROM STAR CLEANERS TO
SIGNATURE CLEANERS**

Mr. Bill Atkins is the new owner, this transfer included one(1) drop store (Laviva) located at 798Lumsden road, Brandon.

The new owner was informed to submit a notification form to the Department of Environmental Protection in Tallahassee and a copy to EPC to the attention of Mr. Shelton or Mohammad Nozari (notification with the proper instructions were delivered to the owner).The reason for this visit was their unpaid \$50 annual fee.

✓

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 9:15 TIME OUT: 10:45 AIRS ID#: 571204
 TYPE OF FACILITY: Dry Cleaner
 FACILITY NAME: Star Cleaners DATE: 11/10/98
 FACILITY LOCATION: 2020 W. Brandon Blvd
Brandon, FL 33511
 RESPONSIBLE OFFICIAL: Cary Whitson PHONE NUMBER: (941) 533-5333

Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

RECEIVED
 DEC 16 1998
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS: Inspection was performed with John Maken, facility manager

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 1 yr. 11/99
 (Approximate)

INSPECTION CONDUCTED BY: Bruce McKing
 (Please Print)

INSPECTOR'S SIGNATURE: Bruce McKing PHONE NUMBER: (813) 272-5530

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: <u>571204</u>	DATE: <u>11/10/98</u>	TIME IN: <u>9:15</u>	TIME OUT: <u>10:45</u>
FACILITY NAME: <u>Star Cleaners</u>			
FACILITY LOCATION: <u>2020 W. Brandon Blvd</u> <u>Brandon, FL 33511</u>			
RESPONSIBLE OFFICIAL: <u>Cary Whiston</u>		PHONE: <u>(941) 533-5352</u>	
CONTACT NAME: <u>Maher John</u>		PHONE: <u>(813) 661-1948</u>	

RECEIVED
 DEC 16 1998
 Bureau of Air Monitoring & Mobile Sources

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup	<input type="checkbox"/>
2. Facility failed to notify DARM to use general permit	<input type="checkbox"/>

PART II: CLASSIFICATION

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

<input type="checkbox"/> No notification form
<input type="checkbox"/> Drop store/out of business/petroleum

A.

1. Existing small area source <input type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	2. New small area source <input type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)
3. Existing large area source <input checked="" type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)

5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:

<input type="checkbox"/>	facility qualified for a general permit as number <u>3</u> above
<input type="checkbox"/>	facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 552 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 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? Y 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 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? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

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? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
 Is the temperature differential equal to or greater than 20° F? Y N 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? Y N N/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, or expansion; and downstream from no other inlet? 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? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
 Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

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

Bruce M King
Inspector's Name (Please Print)

11/10/98
Date of Inspection

Bruce M King
Inspector's Signature

1 yr.
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Records Available for perc purchases
all of 1998.

all inspections and temp measurements
being performed and logged in an
FOEP calendar.

No discrepancies observed.

Annual Compliance Cert. was given
to Mr. Maher and he was enjoined
to submit the completed form to
our office.

8/17/99

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, Fl 32315-3070

Star Cleaners of Brandon
Carey J. Whitson
595 W. Summerlin St.
Brandon, Fl 33830
AIRS ID# 0571204

Under Rule 62-213.300(2)(c) 2, F.A.C., we are required
to notify the Department in writing of any change in
facility status.

Star Cleaners of Brandon is no longer in existence.

Sincerely,

C. J. Whitson



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

3755 386640

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

TOTAL AMOUNT DUE: \$75.00

RECEIVED
MAIL ROOM
AUG 20 99

Do NOT Remove Label

AIRS ID # 0571204
STAR CLEANERS OF BRANDON
CAREY J WHITSON
595 W SUMMERLIN ST
BARTOW FL 33830

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION OTHER (FEE)

AIRS ID#: 571204 DATE: 4/29/99 TIME IN: 9:30 TIME OUT: 10:30
 FACILITY NAME: Star Cleaners
 FACILITY LOCATION: 2020 W. Brandon Blvd
Brandon, FL 33511
 RESPONSIBLE OFFICIAL: Carol Whitson PHONE: (941) 533-3771
 CONTACT NAME: _____ PHONE: _____

Bureau of Air
Mobile Monitoring
DEC - 4203377
RECEIVED

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup
 2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

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

No notification form
 Drop store/out of business/petroleum

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) <input checked="" type="checkbox"/>	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) <input type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	4. New large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91) <input type="checkbox"/>

5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:
 facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

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

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? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 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? Y 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 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? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

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? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
Is the temperature differential equal to or greater than 20° F? Y N 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? Y N N/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, or expansion; and downstream from no other inlet? 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? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

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

Mohammad NOZARI
Inspector's Name (Please Print)

4/29/99
Date of Inspection

M. Nozari
Inspector's Signature

Approximate Date of Next Inspection

**T. LE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 9:30 AM TIME OUT: 10:30 AM AIRS ID#: 571204
 TYPE OF FACILITY: Perce Dry cleaners
 FACILITY NAME: STAR cleaners DATE: 4-29-99
 FACILITY LOCATION: 2020 W. Brandon Blvd.
 RESPONSIBLE OFFICIAL: Bill Atkins PHONE NUMBER: (813) 661-1948

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS: UNPAID fee \$50.0
Annual

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: N/A
(Approximate)

INSPECTION CONDUCTED BY: Mohammad Nozari
(Please Print)

INSPECTOR'S SIGNATURE: M. Nozari PHONE NUMBER: (813) 272-5530

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Star Cleaners PAGE 1 OF

FACILITY ADDRESS: 2020 West Brandon Blvd. CITY: Brandon
PHONE: (813)533-5337

MAILING ADDRESS: Same CITY: FLA ZIP:

INSPECTION DATE: April 29, 1999	TIME IN: 9:30 AM	TIME OUT: 10:30 PM	INSPECTION TYPE: NON-CDS	STATUS:
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NEDS NUMBER: 571204

SOURCE DESCRIPTION: Perc Dry Cleaner

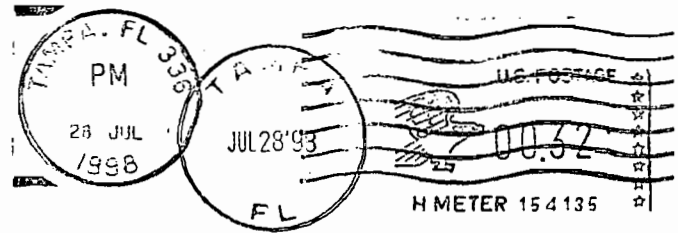
CONTACT(S): Bill Atkins

Today's visit was to inform the R. O. that there is an unpaid \$50 annual fee for the operation in 1998.

Mr. Bill Atkins is the new owner. Also the name has been change from Star to Signature Cleaner.

INSPECTED BY: Mohammad Nozari.	DATE: April 29, 1999
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Environmental Protection Commission
of
Hillsborough County
1900 9th Avenue
Tampa, Florida 33605



General Permits Section
Bureau of Air Monitoring and Mobile Sources
MS-5510
FDEP
2600 Blair Stone Road
Tallahassee, FL 32399-2400

3239926516



Z 333 660 622

US Postal Service
Receipt for Certified Mail

AIRS ID # 0571204

STAR CLEANERS OF BRANDON
CAREY J WHITSON
595 W SUMMERLIN ST
BARTOW FL 33830

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Fold at line over top of envelope to

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0571204
STAR CLEANERS OF BRANDON
CAREY J WHITSON
595 W SUMMERLIN ST
BARTOW FL 33830

4a. Article Number

Z 333 660 622

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

2/16/99

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X. Whitson

Thank you for using Return Receipt Service.

P 174 052 668

1999

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

AIRS ID # 0571204

STAR CLEANERS OF BRANDON
CAREY J WHITSON
595 W SUMMERLIN ST
BARTOW FL 33830

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Fold at line over top of envelope to

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

Who wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0571204

STAR CLEANERS OF BRANDON
CAREY J WHITSON
595 W SUMMERLIN ST
BARTOW FL 33830

4a. Article Number

174052668

4b. Service Type

- Registered
- Certified
- Express Mail
- Insured
- Return Receipt for Merchandise
- COD

7. Date of Delivery

3/1/99

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

Carey J Whitson

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1 Article Addressed to:

10 AIRS ID # 0571204001AG
 CAREY J WHITSON
 STAR CLEANERS OF BRANDON INC
 595 W SUMMERLIN ST
 BARTOW FL 33830

2 Article Number

*(Transfer from service label)***COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Sandra Whitson* Agent Addressee

B. Received by (Printed Name)

Sandra Whitson

C. Date of Delivery

*6-11-03*D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

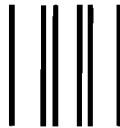
3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes*7000 1640 00133 1088230*

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUREAU OF AIR MONITORING & MOBILE SOURCES
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MAIL STOP 118510
2800 OLIVE STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED

JUN 17 2003

Bureau of Air Monitoring
& Mobile Sources

P 174 052 326

1999

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

AIRS ID # 0571204

STAR CLEANERS OF BRANDON
CAREY J WHITSON
595 W SUMMERLIN ST
BARTOW FL 33830

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0571204
STAR CLEANERS OF BRANDON
CAREY J WHITSON
595 W SUMMERLIN ST
BARTOW FL 33830

4a. Article Number

0174 052 326

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

4/15/95 Ulf

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X. J. Whitson

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.