

1030305



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

September 23, 1996

Ms. Maria Bednarz
Coin-O-Magic
7825 38th Avenue
St. Petersburg, Florida 33710

Dear Ms. Bednarz:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 21, 1996.

Please note that in November 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

cc: Mr. Gary Robbins, Pinellas County

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): JOZEF & MARIA BEDNARZ
2. Site Name (For example, plant name or number): COIN-O-MAGIC
3. Hazardous Waste Generator Identification Number:
④ Facility Location: <u>Street Address:</u> City: ST. PETERSBURG County: PINELLAS Zip Code: 33710
5. Facility Identification Number (DEP Use): 529500690 1030305

Responsible Official

6. Name and Title of Responsible Official: MARIA BEDNARZ (CO-OWNER)
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: (813) 347-3315 Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address: Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - Fax: () -

RECEIVED

AUG 21 1996

Bureau of Air Monitoring
& Mobile Sources

#1030305

Coin-O-Magic

- spoke with Maria Bednarz - 9/10/96

p.13 4. add Street Address -
7825 38th Ave.

p.15 4. should be existing large area
Source w/ car. ad.

5.(b) required

5.(d) required

5.(f) required

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>		<i>#1 03-OCT-93</i>	<i>12-NOV-93</i>		<i>#2 08-DEC-91</i>			<i>#3 02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit									
(1) w/ ref. condenser									
(2) w/ carbon adsorber	<i>#1</i>	<i>22-OCT-85</i>	<i>22-OCT-85</i>						
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(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?
170-200 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
large
C.A.S.*

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.

Mania Bednarz

Signature

8-19-96.

Date

RECEIVED

APR 16 1997

Perchloroethylene Dry Cleaning Facility Notification

Bureau of Air Monitoring
& Mobile Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): JOZEF & MARIA BEDNARZ
2. Site Name (For example, plant name or number): COIN-O-MAGIC
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 7825 38TH AVE. N. City: ST. PETERSBURG County: PINELLAS Zip Code: 33710
5. Facility Identification Number (DEP Use):

Responsible Official

6. Name and Title of Responsible Official: MARIA BEDNARZ [CO-OWNER]
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: (813) 347-3315 Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address: Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - Fax: () -

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>	<i>#1</i>	<i>03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit									
(1) w/ ref. condenser	<i>#1</i>	<i>15-FEB-97</i>	<i>16-MAR-97</i>						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(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? 2 months

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

(PURCHASED A BRAND NEW DRY-CLEANING MACHINE ON FEBRUARY 15TH, 1997.
30 GALLONS OF PERCHLOROETHYLENE HAS BEEN TRANSFERRED FROM THE OLD MACHINE INTO A NEW MACHINE.

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)

1030305



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.

Maria Bedwan
Signature

4-7-97
Date

AIRS ID#: 1030305 ✓

Revised 10/10/9

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

FACILITY NAME: Coin-O-Magic DATE: 3/20/97
FACILITY LOCATION: 7825 38th Ave N
St Petersburg, FL 33710

Annual Reporting Period: March 20, 1996 TO March 20, 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Did not maintain a leak detection inspection and repair records
Exact period of non-compliance: from March 20, 1996 to March 20, 1997
Action(s) taken to achieve compliance: official will maintain leak log.
Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Did not measure and record outlet temperature of the dry-dry machine
Exact period of non-compliance: from March 20, 1996 to March 20, 1997
Action(s) taken to achieve compliance: official will record temperature sensor (temperature) on a weekly basis
Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: JACK BEDMARZ Jack Bedmarz 03/20/97
Name (Please Print) Signature Date

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

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

FACILITY NAME: Coin-O-Magic DATE: 3/20/97
 FACILITY LOCATION: 7825 38th Ave N
St Petersburg, FL 33710

Annual Reporting Period: March 20, 1996 TO March 20, 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Did not measure and record the perchloroethylene concentration in the exhaust stream of the carbon adsorber
 Exact period of non-compliance: from January 15, 1993 to February 13, 1997
 Action(s) taken to achieve compliance: old machine with carbon adsorber was retired on 2/13/97. Realstar machine installed 2/15/97
 Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Monthly purchase records were not maintained as a twelve month rolling average.
 Exact period of non-compliance: from March 20, 1996 to March 20, 1997
 Action(s) taken to achieve compliance: responsible official will maintain purchase records as a rolling average
 Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: JACEK BEDNARZ Jacek Bednarz 03/20/97
 Name (Please Print) Signature Date

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

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Coin-O-Magic DATE: 3/20/97
 FACILITY LOCATION: 7825 38th Ave N
St Petersburg, FL

Annual Reporting Period: March 20, 1996 TO March 20, 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Did not develop or maintain a startup, shutdown, malfunction (SSM) plan along with associated record keeping & deviation report
 Exact period of non-compliance: from March 20, 1996 to March 20, 1997

Action(s) taken to achieve compliance: responsible official will develop & maintain SSM plan.

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Could not confirm that the temperature sensor was designed to measure 45°F with an accuracy of ±2°F
 Exact period of non-compliance: from March 20, 1996 to March 20, 1997

Action(s) taken to achieve compliance: responsible official will receive letter from manufacturer confirming accuracy

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: JACER BEDNARZ [Signature] 03/20/97
 Name (Please Print) Signature Date

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

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Coin-O-Magic DATE: 3/20/97
 FACILITY LOCATION: 7825 38th Ave N
St Petersburg, FL 33710

Annual Reporting Period: March 20, 1996 TO March 20, 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

The facility applied for permit as an existing large area source with carbon adsorber. Realstar dry-dry machine has been installed.
 Exact period of non-compliance: from Feb February 15, 1996 to March 20, 1997

Action(s) taken to achieve compliance: Facility will reapply as a new small area source.

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: JACEK BEDWARZ *Jacek Bedwarz* 03/20/97
 Name (Please Print) Signature Date

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



Coin-O-Magic

RECEIVED

SEP 25 1996

AIR QUALITY

-spoke with Maria Bednarz - 9/10/96

1.		
2.	p.13 4. add Street Address - 7825 38th Ave.	
3.	p.15 4. should be existing large area source w/ car. ad.	
4.	5. (b) required 5. (d) required	33710
5.	5. (f) required	
6.	<p>Call 1st d get Maria to be there - during insp</p> <p><i>[Signature]</i></p>	UNER)
7.		Code:
8.		

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

10. Facility Contact Address:

Street Address:
City: County: Zip Code:

11. Facility Contact Telephone Number:
Telephone: () - Fax: () -

RECEIVED

AUG 21 1996

Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): JOZEF & MARIA BEDNARZ
2. Site Name (For example, plant name or number): COIN-O-MAGIC
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 7825 38 TH AVE. N. J City: ST. PETERSBURG County: PINELLAS Zip Code: 33710
5. Facility Identification Number (DEP Use): 529500690 1030305

Responsible Official

6. Name and Title of Responsible Official: MARIA BEDNARZ (CO-OWNER)
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: 527-2184 Jel Zip Code:
8. Responsible Official Telephone Number: Telephone: (813) 347-3315 Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address: Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - Fax: () -

RECEIVED

AUG 21 1996

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									
(2) w/ carbon adsorber	#1	22-OCT-85	22-OCT-85						
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(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?
170-200 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.

Corrections made by: Jean Escobar Date: 02/07/97

Manix Bednarz 8-19-96.

Signature Date

Facility will be redesignated as a New Small Area Source.

acc

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

FEB 3 1998

RECEIVED

AIRS ID#1030305
JOZEF & MARIA BEDNARZ MARIA BEDNARZ 7825 38TH AVE ST PETERSBURG FL

Do NOT Remove Label

Annual Reporting Period: JANUARY 15TH 1998 TO JANUARY 15TH 1999

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: MARIA BEDNARZ Maria Bednarz 1-27-98
 Name (Please Print) Signature Date

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

acc

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

FEB 3 1998

RECEIVED

AIRS ID#1030305

JOZEF & MARIA BEDNARZ
MARIA BEDNARZ
7825 38TH AVE
ST PETERSBURG FL

RECEIVED
AUG 12 1998
Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

Annual Reporting Period: JANUARY 15TH 1997 TO JANUARY 15TH 1998

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

No 12 month consecutive total for perc

Exact period of non-compliance: from February, 1997 to April 16, 1998

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

No temperature sensor log

Exact period of non-compliance: from March 21, 1998 to April 16, 1998

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: MARIA BEDNARZ Renata Sholes 6/12/98 1-27-98
Name (Please Print) Signature Date

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

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Coin-O-Magic Laundry DATE: 10/19/98
 FACILITY LOCATION: 7825 38th Ave. N.
St. Petersburg, FL 33710

Annual Reporting Period: April 16, 1998 TO October 19, 1998

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: MARIA BEDNARZ Maria Bednarz 10-19-98
 Name (Please Print) Signature Date

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

✓

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 11:30 am	TIME OUT: 12:15 pm	AIRS ID# 1030305 001
TYPE OF FACILITY: Perchloroethylene Dry Cleaner		
FACILITY NAME: Coin-O-Magic Laundry	DATE: February 27, 1997	
FACILITY LOCATION: 7825 38th Ave. N, St. Petersburg, FL 33710		
RESPONSIBLE OFFICIAL: MARIA BEDNARZ		PHONE NUMBER:

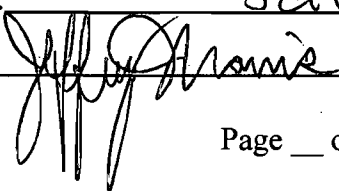
- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
1.) Monthly purchase records were not maintained as a twelve month rolling average.	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a twelve month rolling average.
2.) Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site.	If no specific procedures are available from the manufacturer, develop a SSM plan that describes procedures for maintaining and operating equipment during periods of start-up and shutdown associated with a malfunction. EPA's O&M manual may be used if no manufacturers information is available. Keep log of maintenance actions
3.) Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F.	Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2°F, or determine this by another method that the Department would consider appropriate.
4.) Did not maintain a log of leak detection inspection and repair records.	Develop and implement a leak detection inspection and repair program. Maintain a log of leak detection inspection and repair records.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. Yes No

DATE OF NEXT INSPECTION: March 14, 1997
(Approximate)

INSPECTION CONDUCTED BY: Jeffrey Morris
(Please Print)

INSPECTOR'S SIGNATURE:  PHONE NUMBER: 464-4422

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 11:30 am	TIME OUT: 12:15 pm	AIRS ID# 1030305 001
TYPE OF FACILITY: Perchloroethylene Dry Cleaner		
FACILITY NAME: Coin-O-Magic Laundry	DATE: February 27, 1997	
FACILITY LOCATION: 7825 38th Ave. N, St. Petersburg, FL 33710		
RESPONSIBLE OFFICIAL: MARIA BEDNARZ		PHONE NUMBER:

- 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:

5.) Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.
6.) Did not measure and record the the perc concentration in the exhaust stream of the carbon adsorber, weekly, while control device was in place.	(Transfer machine with carbon adsorber is no longer in operation.)

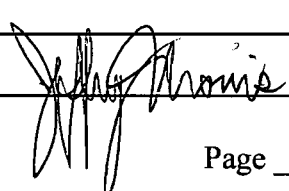
COMMENTS:

Since the general permit does not reflect equipment that is currently in place, please update the general permit notification form.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. Yes No

DATE OF NEXT INSPECTION: March 14, 1997
(Approximate)

INSPECTION CONDUCTED BY: Jeffrey Morris
(Please Print)

INSPECTOR'S SIGNATURE:  PHONE NUMBER: 464-4422

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 1030305 TIME IN: 11:30am TIME OUT: 12:15p.m.
FACILITY NAME: Coin-O-Magic
FACILITY LOCATION: 7825 38th Ave W
St Petersburg, FL 33710

PART I: NOTIFICATION

(check appropriate box)

1. Existing facility notified DARM by 9/1/96
2. New facility notified DARM 30 days prior to startup
3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

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

A.

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

This is a correct facility classification Y N
(facility purchased a Realstar 14 lb machine, will apply
If no, please check the appropriate classification: under a new GP/classification

facility qualified for a general permit as number 42 above
 facility exceeds above limits and is not eligible for a general permit
(facility estimates that new machine (Realstar) will use 5 gal/month of perc)

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 190 gallons. (perc consumption from old transfer machine)

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
- 2. Examining the containers for leakage? Y N
- 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
- 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)

(Reistar 1416 machine)

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

Did not inspect
at this time

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20° F?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm? (cannot be determined)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? (cannot be determined, machine no longer on site)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
6. Routed airflow to the carbon adsorber (if used) at all times? (cannot be determined, machine no longer on site)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
2. Maintained rolling monthly averages of perc consumption?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
4. Maintained calibration data? (for direct reading instruments only)	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
6. Maintained startup/shutdown/malfunction plan?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
7. Maintained deviation reports? Problem corrected? (No deviation report)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
8. Maintained compliance plan, if applicable?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly leak detection and repair inspection?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
2. 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)	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Non applicable

If using direct-reading instrumentation, is the equipment:

- 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

3. Has the facility maintained a leak log? Y N

4. The following areas should be checked for leaks by the inspector: (not operating at present time)

	Leak Detected?		Leak Detected?
Hose connections, fittings, couplings, and valves	<input type="checkbox"/> Y <input type="checkbox"/> N	Muck cookers	<input type="checkbox"/> Y <input type="checkbox"/> N
Door gaskets and seating	<input type="checkbox"/> Y <input type="checkbox"/> N	Stills	<input type="checkbox"/> Y <input type="checkbox"/> N
Filter gaskets and seating	<input type="checkbox"/> Y <input type="checkbox"/> N	Exhaust dampers	<input type="checkbox"/> Y <input type="checkbox"/> N
Pumps	<input type="checkbox"/> Y <input type="checkbox"/> N	Diverter valves	<input type="checkbox"/> Y <input type="checkbox"/> N
Solvent tanks and containers	<input type="checkbox"/> Y <input type="checkbox"/> N	Cartridge filter housings	<input type="checkbox"/> Y <input type="checkbox"/> N
Water separators	<input type="checkbox"/> Y <input type="checkbox"/> N		

Maria Bednarz

Jeffrey M Morris

Name of Responsible Official

Jeffrey Morris

Inspector's Name (Please Print)

Inspector's Signature

2/27/97

Date of Inspection

3/14/97

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Facility no longer operates a transfer machine with carbon absorber.

Facility received the following machine in the last 2 weeks:

Realstar T14
53-N3-136
14 lb capacity

- Secondary containment to be installed between 3/14 - 3/17/97.
- 55 gallons of perchloroethylene was put into machine initially upon arrival. Owners estimate perc use @ 55 gallons/yr. with new machine.
- Did not maintain weekly temperature logs on ~~previous~~ current machine.
- Did not maintain weekly leak logs on previous machine and current machine.
- No startup/shutdown malfunction plan.
- No rolling average on previous machine.
- Did not measure and record the perchloroethylene in the exhaust from the carbon adsorber. at a sampling port on a weekly basis.
- ~~Did not retain perc purchase receipts~~
- ~~Did not maintain rolling average.~~

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

RECEIVED
MAY 21 1998
Bureau of Air Monitoring
& Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

AIRS ID#: <u>1030305 001</u>	DATE: <u>4/16/98</u>	TIME IN: <u>10:50 a.m.</u>	TIME OUT: <u>11:15 a.m.</u>
FACILITY NAME: <u>Coin-O-Magic Laundry</u>			
FACILITY LOCATION: <u>7825 38th Ave. N</u> <u>St. Petersburg, FL, 33710</u>			
RESPONSIBLE OFFICIAL: <u>Ms. Maria Bednarz</u>		Phone No.: <u>347-3315</u>	
Permit No. <u>1030305-001-AG</u>	Exp. Date: <u>09/10/2001</u>		

- 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 (only items which are checked):

Inspection Summary Report Guidance

Compliance Requirement/Problem	Follow-up Action Required
<input type="checkbox"/> Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site.	If no specific procedures are available from the manufacturer, develop a SSM plan that describes procedures for maintaining and operating equipment during periods of start-up and shutdown associated with a malfunction. EPA's O&M manual may be used if no manufacturers information is available. Keep log of maintenance actions
<input type="checkbox"/> Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
<input checked="" type="checkbox"/> Monthly purchase records were not maintained as a consecutive twelve month total.	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a consecutive twelve month total.
<input type="checkbox"/> Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F.	Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2°F, or determine this by another method that the Department would consider appropriate.
<input checked="" type="checkbox"/> Evaporator for separator wastewater does not incorporate a pre-filtration system.	Facility may choose to either dispose of perc-containing separator water as hazardous waste, or incorporate a carbon filtration system with the evaporator (as per the State's guidelines).
<input type="checkbox"/> Did not store all perc, and perc-containing waste in tightly sealed containers.	Store all perc and perc-containing waste in tightly sealed containers which are impervious and chemically unreactive to the solvent.
<input type="checkbox"/> Did not maintain a log of leak detection inspection and repair records.	Develop and implement a leak detection inspection and repair program. Maintain a log of leak detection inspection and repair records.
<input type="checkbox"/> Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.

<input type="checkbox"/>	No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions..
<input checked="" type="checkbox"/>	Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.
<input type="checkbox"/>	Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.
<input type="checkbox"/>	The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.
<input type="checkbox"/>	Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.
<input type="checkbox"/>	Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.
<input type="checkbox"/>	Containers for perchloroethylene and/or perchloroethylen-containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.
<input type="checkbox"/>		
<input type="checkbox"/>		

Comments: 12 month consecutive total not maintained since February, 1997. when machine was purchased + installed. Temp sensor log not ^{maintained} since 3/21/98. Verbal warning about wastewater. Facility will remove as hazardous waste. If the Inspection Summary Report indicates follow-up actions are required, you must take immediate corrective measures to achieve compliance. Pinellas County will perform a follow-up inspection to determine that proper corrective actions have been taken.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. Yes No

Inspection Conducted by: Jeff Morris
(Please Print)

Inspector's Signature: Jeff Morris

Phone Number: 464-4422 Date of next Inspection: 4/30/98
(Approximate)

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RECEIVED
MAY 21 1998
Bureau of Air Monitoring
& Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

AIRS ID#: 0305 001 DATE: 4/16/98 TIME IN: 10:50am TIME OUT: 11:15am

FACILITY NAME: Coin-O-Magic Laundry

FACILITY LOCATION: 7825 38th Ave. N
St. Petersburg, FL, 33710

RESPONSIBLE OFFICIAL: Ms. Maria Bednarz Phone No.: 347-3315

Permit No. 1030305-001-AG Exp. Date: 09/10/2001

PART I: NOTIFICATION

(Check appropriate box)

1. Existing facility notified DARM by 9/1/96

2. New facility notified DARM 30 days prior to startup

3. Facility failed to notify DARM to use general permit

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.

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

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 20 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
- 2. Examining the containers for leakage? Y N
- 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
- 5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N NA

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)

- | | Mach ___ | Mach ___ |
|---|--|---|
| 1. Equipped all machines with the appropriate vent controls? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying the coolant had been completely charged? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> 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?
Is the temperature differential equal to or greater than 20° F? Y N
 Y N
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?
Is the perc concentration equal to or less than 100 ppm? Y N NA
 Y N
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend contraction, or expansion; and downstream from no other inlet? Y N NA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N NA
6. Routed airflow to the carbon adsorber (if used) at all times? Y N NA

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
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
4. Maintained calibration data? (for direct reading instrument only) Y N NA
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? (no deviation) Y N
Problem corrected? Y N
8. Maintained compliance plan, if applicable? Y N NA

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a ^{bi-weekly} weekly leak detection and repair inspection? Y N

2. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent of exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

If using direct-reading instrumentation, is the equipment:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm. 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

3. Has the facility maintained a leak log? Y N

4. The following area should be checked for leaks by the inspector:

- | | | | |
|---|--|--------------------------|--|
| Hose connections, fitting couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Cartridge Filter housing | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | | |

Maria Bednarz
Name of Responsible Official

Jeff Morris
Inspector's Name (Please Print)

[Signature]
Inspector's Signature

4/16/98
Date of Inspection

4/30/98
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Machine #1:

Manufacturer Realstar Capacity 14 lbs
Model# 7-14 Serial# 35-02-136 Mfg yr 1983

Machine #2:

Manufacturer _____ Capacity _____ lbs
Model# _____ Serial# _____ Mfg yr _____

RECEIVED
MAY 21 1998
Bureau of Air Monitoring
& Mobile Sources

Notification (unpermitted sources only):

- 1. Was the facility assisted in filling out the notification by the inspector? Y N *N/A*
- 2. Did the facility insist on filling out its own notification, and will send it to FDEP? Y N *N/A*

Record keeping :

- 1. Does facility have statement/specs as to the design accuracy of the temperature sensor? Y N
(temperature of 45°F w/accuracy ±2°F, or 7.2°C w/accuracy of ±1.1°C)

Hazardous Waste:

- 1. Is all perc. contaminated wastewater either treated or disposed of properly? Y N *(see below)*
- 2. If wastewater is evaporated, is it an approved system, and using carbon filtration? Y N
- 3. Does the facility have secondary containment for the dry-dry machine? Y N
- 4. Does the facility have secondary containment for any perc. waste containers? Y N

Boiler:

Manufacturer A.O. Smith Hp 15
Model # 270 840 Serial # MC91-1192488-88 Mfg yr 1993
Fuel Type: Natural gas? propane? fuel oil?

Comments: 12 month consecutive total not maintained. (no record)
Temperature sensor log not maintained (last
rotation 3/21/98). Facility verbally warned that
waste water cannot be evaporated. No evidence that
waste water was being boiled off. Facility will
remove waste water as hazardous waste.

ADDITIONAL SITE INFORMATION:

✓

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

AIRS ID#: <u>1030305 001</u>	DATE: <u>10/19/98</u>	TIME IN: <u>10:30 a.m.</u>	TIME OUT: <u>10:50 a.m.</u>
FACILITY NAME: <u>Coin-O-Magic Laundry</u>			
FACILITY LOCATION: <u>7825 38th Ave. N</u> <u>St. Petersburg, FL, 33710</u>			
RESPONSIBLE OFFICIAL: <u>Maria Bednarz</u>		Phone No.: <u>347-3315</u>	
Permit No. <u>1030305-001-AG</u>		Exp. Date: <u>09/10/2001</u>	

RECEIVED
 NOV 20 1998
 Bureau of Air Monitoring
& Mobile Sources

- 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 (only items which are checked):

Inspection Summary Report Guidance

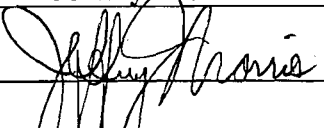
	Compliance Requirement/Problem	Follow-up Action Required
<input type="checkbox"/>	Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site.	If no specific procedures are available from the manufacturer, develop a SSM plan that describes procedures for maintaining and operating equipment during periods of start-up and shutdown associated with a malfunction. EPA's O&M manual may be used if no manufacturers information is available. Keep log of maintenance actions
<input type="checkbox"/>	Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
<input type="checkbox"/>	Monthly purchase records were not maintained as a consecutive twelve month total.	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a consecutive twelve month total.
<input type="checkbox"/>	Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F.	Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2°F, or determine this by another method that the Department would consider appropriate.
<input type="checkbox"/>	Evaporator for separator wastewater does not incorporate a pre-filtration system.	Facility may choose to either dispose of perc-containing separator water as hazardous waste, or incorporate a carbon filtration system with the evaporator (as per the State's guidelines).
<input type="checkbox"/>	Did not store all perc, and perc-containing waste in tightly sealed containers.	Store all perc and perc-containing waste in tightly sealed containers which are impervious and chemically unreactive to the solvent.
<input type="checkbox"/>	Did not maintain a log of leak detection inspection and repair records.	Develop and implement a leak detection inspection and repair program. Maintain a log of leak detection inspection and repair records.

	Compliance Requirement/Problem	Follow-up Action Required
<input type="checkbox"/>	Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.
<input type="checkbox"/>	No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions..
<input type="checkbox"/>	Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.
<input type="checkbox"/>	Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.
<input type="checkbox"/>	The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.
<input type="checkbox"/>	Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.
<input type="checkbox"/>	Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.
<input type="checkbox"/>	Containers for perchloroethylene and/or perchloroethylen-containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.
<input type="checkbox"/>		
<input type="checkbox"/>		

Comments: _____

If the Inspection Summary Report indicates follow-up actions are required, you must take immediate corrective measures to achieve compliance. Pinellas County will perform a follow-up inspection to determine that proper corrective actions have been taken.

Inspection Conducted by: Jeffrey Morris

Inspector's Signature: 

Phone Number: 464-4422

**PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION: ANNUAL RE-INSPECTION COMPLAINT/DISCOVERY

AIRS ID#: <u>1030305 001</u>	DATE: <u>10/19/98</u>	TIME IN: <u>10:30 a.m.</u>	TIME OUT: <u>10:50 a.m.</u>
FACILITY NAME: <u>Coin-O-Magic Laundry</u>			
FACILITY LOCATION: <u>7825 38th Ave. N</u>			
	<u>St. Petersburg, FL, 33710</u>		
RESPONSIBLE OFFICIAL: <u>Maria Bednarz</u>	PHONE: <u>347-3315</u>		
CONTACT: <u>Maria Bednarz</u>	PHONE: <u>347-3315</u>		

PART I: NOTIFICATION

(Check appropriate box)

1. Existing facility notified DARM By 9/1/96	<input checked="" type="checkbox"/>
2. New facility notified DARM 30 days prior to startup	<input type="checkbox"/>
3. 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 checked="" 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 type="checkbox"/> dry-to-dry only, 140 < x < 2,100 gal/yr transfer only, 200 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr (Constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, 140 < x < 2,100 gal/yr transfer only, 200 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr (Constructed on or after 12/9/91)

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 _____ 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 45 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 NA
2. Examining the containers for leakage? Y N NA
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 NA
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N NA

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 NA
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N NA
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 NA
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying 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 NA
Is the temperature differential equal to or greater than 20° F? Y N NA
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 NA
Is the perc concentration equal to or less than 100 ppm? Y N NA
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 dust diameters upstream from any bend contraction, or expansion; and downstream from no other inlet? Y N NA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N NA
6. Routed airflow to the carbon adsorber (if used) at all times? Y N NA

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 NA
 - 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 NA
4. Maintained calibration data? (for direct reading instrument only) Y N NA
5. Maintained exhaust duct monitoring data on perc concentrations? Y N NA
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports?
Problem corrected? Y N NA
8. Maintained compliance plan, if applicable? Y N NA

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? *Facility prefers to perform weekly leak detection* 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, fitting couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Cartridge Filter housing | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | |

4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent of 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:

- 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

Jeff Morris
Inspector's Name (Please Print)

10/19/98
Date of Inspection

Jeff Morris
Inspector's Signature

4/19/99
Approximate Date of Next Inspection

FACILITY DETAILS:

FACILITY NAME: Coin-O-Magic Laundry

Dry Cleaning Machine #1:

Manufacturer Realstar Capacity 14 lbs

Model# 7-14 Serial# 35-02-136 Mfg yr 1983

Dry Cleaning Machine #2:

Manufacturer _____ Capacity _____ lbs

Model# _____ Serial# _____ Mfg yr _____

Boiler:

Manufacturer A.O. Smith Hp 15

Model # 270880 Serial # MC91-0192488-880 Mfg yr 1993

Fuel Type: Natural gas? propane? fuel oil?

Notification (unpermitted sources only):

- 1. Was the facility assisted in filling out the notification by the inspector? Y N N/A
- 2. Did the facility insist on filling out its own notification, and will send it to FDEP? Y N N/A

Record keeping :

- 1. Does facility have statement/specs as to the design accuracy of the temperature sensor? Y N
(temperature of 45°F w/accuracy ±2°F, or 7.2°C w/accuracy of ±1.1°C)

Hazardous Waste:

- 1. Is all perc. contaminated wastewater either treated or disposed of properly? Y N
- 2. If wastewater is evaporated, is it an approved system, and using carbon filtration? Y N N/A
- 3. Does the facility have secondary containment for the dry-dry machine? Y N
- 4. Does the facility have secondary containment for any perc. waste containers? Y N

Comments:

ADDITIONAL SITE INFORMATION:

Facility owner identified all points of the machine in order to perform a leak check.

* Replacement of pump regulator. Part ordered and installed on 10/9/98. No leak with pump only pump regulator replaced.

ACE

RECEIVED

AIRS ID#: 1030305

MAY 19 1999 Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM Bureau of Air Monitoring & Mobile Sources

FACILITY NAME: Coin-O-Magic DATE: 4/5/99
FACILITY LOCATION: 7825 38th Ave N. St. Petersburg, FL 33710

Annual Reporting Period: October 19, 1998 TO April 5, 1999

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. [X] YES [] NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from to
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from to
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.
RESPONSIBLE OFFICIAL: MARIA BEDNARZ Name (Please Print)
Mania Bednarz Signature
4-13-99 Date

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

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

AIRS ID#: <u>1030305 001</u>	DATE: <u>4/5/99</u>	TIME IN: <u>10:23a.m.</u>	TIME OUT: <u>11:47a.m.</u>
FACILITY NAME: <u>Coin-O-Magic Laundry</u>			
FACILITY LOCATION: <u>7825 38th Ave. N</u> <u>St. Petersburg, FL, 33710</u>			
RESPONSIBLE OFFICIAL: <u>Maria Bednarz</u>		Phone No.: _____	
Permit No. <u>1030305-001-AG</u>	Exp. Date: <u>09/10/2001</u>		

- 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 (only items which are checked):

Inspection Summary Report Guidance

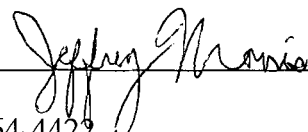
	Compliance Requirement/Problem	Follow-up Action Required
<input type="checkbox"/>	Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site.	If no specific procedures are available from the manufacturer, develop a SSM plan that describes procedures for maintaining and operating equipment during periods of start-up and shutdown associated with a malfunction. EPA's O&M manual may be used if no manufacturers information is available. Keep log of maintenance actions
<input type="checkbox"/>	Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
<input type="checkbox"/>	Monthly purchase records were not maintained as a consecutive twelve month total.	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a consecutive twelve month total.
<input type="checkbox"/>	Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F.	Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2°F, or determine this by another method that the Department would consider appropriate.
<input type="checkbox"/>	Evaporator for separator wastewater does not incorporate a pre-filtration system.	Facility may choose to either dispose of perc-containing separator water as hazardous waste, or incorporate a carbon filtration system with the evaporator (as per the State's guidelines).
<input type="checkbox"/>	Did not store all perc, and perc-containing waste in tightly sealed containers.	Store all perc and perc-containing waste in tightly sealed containers which are impervious and chemically unreactive to the solvent.
<input type="checkbox"/>	Did not maintain a log of leak detection inspection and repair records.	Develop and implement a leak detection inspection and repair program. Maintain a log of leak detection inspection and repair records.

	Compliance Requirement/Problem	Follow-up Action Required
<input type="checkbox"/>	Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.
<input type="checkbox"/>	No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions..
<input type="checkbox"/>	Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.
<input type="checkbox"/>	Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.
<input type="checkbox"/>	The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.
<input type="checkbox"/>	Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.
<input type="checkbox"/>	Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.
<input type="checkbox"/>	Containers for perchloroethylene and/or perchloroethylen-containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.
<input type="checkbox"/>		
<input type="checkbox"/>		

Comments: _____

If the Inspection Summary Report indicates follow-up actions are required, you must take immediate corrective measures to achieve compliance. Pinellas County will perform a follow-up inspection to determine that proper corrective actions have been taken.

Inspection Conducted by: Jeffrey Morris

Inspector's Signature: 

Phone Number: 464-4422

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 1030305 001 DATE: 4/5/99 TIME IN: 10:23 a.m. TIME OUT: 11:47 a.m.

FACILITY NAME: Coin-O-Magic Laundry

FACILITY LOCATION: 7825 38th Ave. N
St. Petersburg, FL, 33710

RESPONSIBLE OFFICIAL: Maria Bednarz PHONE: _____

CONTACT: _____ PHONE: _____

PART I: NOTIFICATION

(Check appropriate box)

1. Existing facility notified DARM By 9/1/96

2. New facility notified DARM 30 days prior to startup

3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

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

<p>A.</p> <p>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)</p> <p>3. Existing large area source <input type="checkbox"/> dry-to-dry only, 140 < x < 2,100 gal/yr transfer only, 200 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr (Constructed before 12/9/91)</p>	<p><input type="checkbox"/> No notification form</p> <p><input type="checkbox"/> Drop store / out of business / petroleum</p> <p>2. New small area source <input checked="" 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)</p> <p>4. New large area source <input type="checkbox"/> dry-to-dry only, 140 < x < 2,100 gal/yr transfer only, 200 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr (Constructed on or after 12/9/91)</p>
--	---

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 35 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 NA
2. Examining the containers for leakage? Y N NA
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 NA
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N NA

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 NA
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N NA
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 NA
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying 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 NA
Is the temperature differential equal to or greater than 20° F? Y N NA
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 NA
Is the perc concentration equal to or less than 100 ppm? Y N NA
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 NA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N NA
6. Routed airflow to the carbon adsorber (if used) at all times? Y N NA

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 NA
 - 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 NA
4. Maintained calibration data? (for direct reading instrument only) Y N NA
5. Maintained exhaust duct monitoring data on perc concentrations? Y N NA
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N NA
Problem corrected? Y N NA
8. Maintained compliance plan, if applicable? Y N NA

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? *(Facility leak checks weekly - gm)* 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, fitting couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Cartridge Filter housing | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | |

4. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent of 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:

- 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

Jeff Morris
Inspector's Name (Please Print)

4/5/99
Date of Inspection

Jeff Morris
Inspector's Signature

10/5/99
Approximate Date of Next Inspection

✓

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

AIRS ID#: <u>1030305 001</u>	DATE: <u>6/10/98</u>	TIME IN: <u>12:00pm</u>	TIME OUT: <u>12:15 p.m</u>
FACILITY NAME: <u>Coin-O-Magic Laundry</u>			
FACILITY LOCATION: <u>7825 38th Ave. N</u>			
<u>St. Petersburg, FL, 33710</u>			
RESPONSIBLE OFFICIAL: <u>Maria Bednarz</u>		Phone No.: _____	
Permit No. <u>1030305-001-AG</u>	Exp. Date: <u>09/10/2001</u>		

RECEIVED
 AUG 12 1998
 Bureau of Air Monitoring
 & Mobile Sources

- 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 (only items which are checked):

Inspection Summary Report Guidance

	Compliance Requirement/Problem	Follow-up Action Required
<input type="checkbox"/>	Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site.	If no specific procedures are available from the manufacturer, develop a SSM plan that describes procedures for maintaining and operating equipment during periods of start-up and shutdown associated with a malfunction. EPA's O&M manual may be used if no manufacturers information is available. Keep log of maintenance actions
<input type="checkbox"/>	Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
<input type="checkbox"/>	Monthly purchase records were not maintained as a consecutive twelve month total.	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a consecutive twelve month total.
<input type="checkbox"/>	Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F.	Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2°F, or determine this by another method that the Department would consider appropriate.
<input type="checkbox"/>	Evaporator for separator wastewater does not incorporate a pre-filtration system.	Facility may choose to either dispose of perc-containing separator water as hazardous waste, or incorporate a carbon filtration system with the evaporator (as per the State's guidelines).
<input type="checkbox"/>	Did not store all perc, and perc-containing waste in tightly sealed containers.	Store all perc and perc-containing waste in tightly sealed containers which are impervious and chemically unreactive to the solvent.
<input type="checkbox"/>	Did not maintain a log of leak detection inspection and repair records.	Develop and implement a leak detection inspection and repair program. Maintain a log of leak detection inspection and repair records.

	Compliance Requirement/Problem	Follow-up Action Required
<input type="checkbox"/>	Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.
<input type="checkbox"/>	No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions..
<input type="checkbox"/>	Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.
<input type="checkbox"/>	Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.
<input type="checkbox"/>	The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.
<input type="checkbox"/>	Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.
<input type="checkbox"/>	Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.
<input type="checkbox"/>	Containers for perchloroethylene and/or perchloroethylen-containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.
<input type="checkbox"/>		
<input type="checkbox"/>		

Comments: _____

If the Inspection Summary Report indicates follow-up actions are required, you must take immediate corrective measures to achieve compliance. Pinellas County will perform a follow-up inspection to determine that proper corrective actions have been taken.

Inspection Conducted by: Jeffrey Morris

Inspector's Signature: 

Phone Number: 464-4422

**PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION: ANNUAL RE-INSPECTION COMPLAINT/DISCOVERY

AIRS ID#: <u>1030305 001</u>	DATE: <u>6/10/98</u>	TIME IN: <u>2:00 p.m.</u>	TIME OUT: <u>12:15 p.m.</u>
FACILITY NAME: <u>Coin-O-Magic Laundry</u>			
FACILITY LOCATION: <u>7825 38th Ave. N</u> <u>St. Petersburg, FL, 33710</u>			
RESPONSIBLE OFFICIAL: <u>Maria Bednarz</u>		PHONE: <u>347-3315</u>	
CONTACT: <u>Maria Bednarz</u>		PHONE: <u>347-3315</u>	

RECEIVED
AUG 12 1998
Bureau of Air Monitoring
& Mobile Sources

PART I: NOTIFICATION

(Check appropriate box)

1. Existing facility notified DARM By 9/1/96	<input checked="" type="checkbox"/>
2. New facility notified DARM 30 days prior to startup	<input type="checkbox"/>
3. 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 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 checked="" type="checkbox"/>
3. Existing large area source dry-to-dry only, 140 < x < 2,100 gal/yr transfer only, 200 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr (Constructed before 12/9/91)	<input type="checkbox"/>	4. New large area source dry-to-dry only, 140 < x < 2,100 gal/yr transfer only, 200 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr (Constructed on or after 12/9/91)	<input type="checkbox"/>

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 20 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 NA
2. Examining the containers for leakage? Y N NA
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 NA
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N NA

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 NA
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N NA
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 NA
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying 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?
Is the temperature differential equal to or greater than 20° F? Y N NA
 Y N NA
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?
Is the perc concentration equal to or less than 100 ppm? Y N NA
 Y N NA
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 NA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N NA
6. Routed airflow to the carbon adsorber (if used) at all times? Y N NA

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 NA
 - 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 NA
4. Maintained calibration data? (for direct reading instrument only) Y N NA
5. Maintained exhaust duct monitoring data on perc concentrations? Y N NA
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? (No problems with machine) Y N NA
Problem corrected? Y N NA
8. Maintained compliance plan, if applicable? Y N NA

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 NA
2. Examining the containers for leakage? Y N NA
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 NA
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N NA

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 NA
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N NA
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 NA
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged? Y N

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, fitting couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Cartridge Filter housing | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | |

4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent of 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:

- 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

Jeff Morris
Inspector's Name (Please Print)

Jeff Morris
Inspector's Signature

6/10/98
Date of Inspection

12/15/98
Approximate Date of Next Inspection

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 NA
Is the temperature differential equal to or greater than 20° F? Y N NA
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 NA
Is the perc concentration equal to or less than 100 ppm? Y N NA
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 NA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N NA
6. Routed airflow to the carbon adsorber (if used) at all times? Y N NA

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 NA
 - 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 NA
4. Maintained calibration data? (for direct reading instrument only) Y N NA
5. Maintained exhaust duct monitoring data on perc concentrations? Y N NA
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? (No problems with machine) Y N NA
Problem corrected? Y N NA
8. Maintained compliance plan, if applicable? Y N NA

FACILITY DETAILS:

FACILITY NAME: Coin-O-Magic Laundry

Dry Cleaning Machine #1:

Manufacturer Realstar Capacity 14 lbs
Model# 7-14 Serial# 35-02-136 Mfg yr 1983

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
AUG 12 1998

Dry Cleaning Machine #2:

Manufacturer _____ Capacity _____ lbs
Model# _____ Serial# _____ Mfg yr _____

Boiler:

Manufacturer A.O. Smith Hp 15
Model # 270880 Serial # MC91-0192488-880 Mfg yr 1993
Fuel Type: Natural gas? propane? fuel oil?

Notification (unpermitted sources only):

- 1. Was the facility assisted in filling out the notification by the inspector? Y N N/A
- 2. Did the facility insist on filling out its own notification, and will send it to FDEP? Y N N/A

Record keeping :

- 1. Does facility have statement/specs as to the design accuracy of the temperature sensor? Y N
(temperature of 45°F w/accuracy ±2°F, or 7.2°C w/accuracy of ±1.1°C)

Hazardous Waste:

- 1. Is all perc. contaminated wastewater either treated or disposed of properly? Y N
- 2. If wastewater is evaporated, is it an approved system, and using carbon filtration? Y N N/A
- 3. Does the facility have secondary containment for the dry-dry machine? Y N
- 4. Does the facility have secondary containment for any perc. waste containers? Y N

Comments:

1030305

PI = 11723

✓ A

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

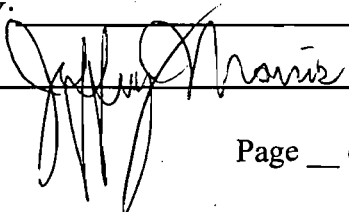
TIME IN: 9:30 a.m.	TIME OUT: 10:45 a.m.	AIRS ID# 10311723
TYPE OF FACILITY: Perchloroethylene Dry Cleaner		
FACILITY NAME: Coin-O-Magic Laundry	DATE: 06/19/1997	
FACILITY LOCATION: 7825 38th Ave. N, St. Petersburg, FL 33710		
RESPONSIBLE OFFICIAL: MARIA BEDNARZ	PHONE NUMBER:	

- 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:

Comments:

I:\USERS\AIRQUAL\WPDOCS\AQTOX\CAA\DRYCLN\COINOMAG.DOC

The Annual Compliance Certification form has been properly certified and submitted to the inspector. Yes No
DATE OF NEXT INSPECTION: October 1, 1997

INSPECTION CONDUCTED BY: Jeffrey Morris
(Approximate)
(Please Print)
INSPECTOR'S SIGNATURE:  PHONE NUMBER: 464-4422

✓ RECEIVED

JUL 29 1997

Bureau of Air Monitoring & Mobile Sources

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 1030305 TIME IN: 9:30 a.m. TIME OUT: 10:45 a.m.
FACILITY NAME: Coin-O-Magic
FACILITY LOCATION: 7825 - 38th Ave N
St Petersburg, FL 33716

PART I: NOTIFICATION

(check appropriate box)

1. Existing facility notified DARM by 9/1/96	<input checked="" type="checkbox"/>
2. New facility notified DARM 30 days prior to startup	<input type="checkbox"/>
3. 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)

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

This is a correct facility classification Y N

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 30 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? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |
| 2. Examining the containers for leakage? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |
| 3. Closing and securing machine doors except during loading/unloading? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y | <input type="checkbox"/> N <input checked="" type="checkbox"/> 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? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> 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? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |
|--|---------------------------------------|----------------------------|

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N
 Is the temperature differential equal to or greater than 20° F? Y N

3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
 Is the perc concentration equal to or less than 100 ppm? Y N

4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 6 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N

5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? 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

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

4. Maintained calibration data? (for direct reading instruments only) 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

Problem corrected? Y N

8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly leak detection and repair inspection? Y N

2. 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)

BEST AVAILABLE COPY

If using direct-reading instrumentation, is the equipment:

- Non Applicable*
- 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

3. Has the facility maintained a leak log? Y N

4. The following areas should be checked for leaks by the inspector:

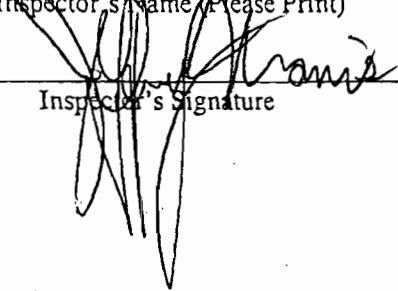
	Leak Detected?			Leak Detected?	
Hose connections, fittings, couplings, and valves	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Muck cookers	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Door gaskets and seating	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Stills	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Filter gaskets and seating	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Exhaust dampers	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Pumps	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Diverter valves	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Solvent tanks and containers	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Cartridge filter housings	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Water separators	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N			

Jack Bednarz

Name of Responsible Official

Jeffrey Morris

Inspector's Name (Please Print)



Inspector's Signature

6/19/97

Date of Inspection

10/1/97

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Realstar Mfg. 1993
#35-02-136
Model 7-14

SmithWater products Model 270
#MCA1-0192488-880

Acc

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Coin-O-Magic DATE: 10/6/99
FACILITY LOCATION: 7825 38th Ave. N.
St. Petersburg, FL 33710

Annual Reporting Period: April 5, 1999 TO October 6, 1999

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____
Action(s) taken to achieve compliance: _____
Method used to demonstrate compliance: _____

RECEIVED
NOV 12 1999
Bureau of Air Monitoring
& Mobile Sources

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____
Action(s) taken to achieve compliance: _____
Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: MARIA BEDNARZ Maria Bednarz 10-6-99
Name (Please Print) Signature Date

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

✓

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

AIRS ID#: 1030305 001 **DATE:** 10/6/99 **TIME IN:** 10:30am **TIME OUT:** 11:14am

FACILITY NAME: Coin-O-Magic Laundry

FACILITY LOCATION: 7825 38th Ave. N
St. Petersburg, FL, 33710

RESPONSIBLE OFFICIAL: Maria Bednarz Phone No.: 347-3315

Permit No. 1030305-001-AG Exp. Date: 09/10/2001

- 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 (only items which are checked):

Inspection Summary Report Guidance

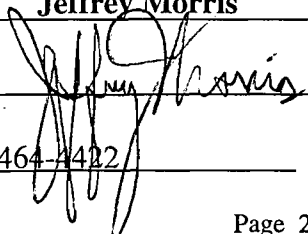
	Compliance Requirement/Problem	Follow-up Action Required
<input type="checkbox"/>	Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site.	If no specific procedures are available from the manufacturer, develop a SSM plan that describes procedures for maintaining and operating equipment during periods of start-up and shutdown associated with a malfunction. EPA's O&M manual may be used if no manufacturers information is available. Keep log of maintenance actions
<input type="checkbox"/>	Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
<input type="checkbox"/>	Monthly purchase records were not maintained as a consecutive twelve month total.	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a consecutive twelve month total.
<input type="checkbox"/>	Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F.	Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2°F, or determine this by another method that the Department would consider appropriate.
<input type="checkbox"/>	Evaporator for separator wastewater does not incorporate a pre-filtration system.	Facility may choose to either dispose of perc-containing separator water as hazardous waste, or incorporate a carbon filtration system with the evaporator (as per the State's guidelines).
<input type="checkbox"/>	Did not store all perc, and perc-containing waste in tightly sealed containers.	Store all perc and perc-containing waste in tightly sealed containers which are impervious and chemically unreactive to the solvent.
<input type="checkbox"/>	Did not maintain a log of leak detection inspection and repair records.	Develop and implement a leak detection inspection and repair program. Maintain a log of leak detection inspection and repair records.

	Compliance Requirement/Problem	Follow-up Action Required
<input type="checkbox"/>	Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.
<input type="checkbox"/>	No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions..
<input type="checkbox"/>	Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.
<input type="checkbox"/>	Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.
<input type="checkbox"/>	The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.
<input type="checkbox"/>	Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.
<input type="checkbox"/>	Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.
<input type="checkbox"/>	Containers for perchloroethylene and/or perchloroethylen-containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.
<input type="checkbox"/>		
<input type="checkbox"/>		

Comments: _____

If the Inspection Summary Report indicates follow-up actions are required, you must take immediate corrective measures to achieve compliance. Pinellas County will perform a follow-up inspection to determine that proper corrective actions have been taken.

Inspection Conducted by: Jeffrey Morris

Inspector's Signature: 

Phone Number: 464-4422

**PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 1030305 001 DATE: 10/6/99 TIME IN: 10:30a TIME OUT: 11:14a

FACILITY NAME: Coin-O-Magic Laundry

FACILITY LOCATION: 7825 38th Ave. N
St. Petersburg, FL, 33710

RESPONSIBLE OFFICIAL: Maria Bednarz PHONE: 347-3315

CONTACT: Maria Bednarz PHONE: 347-3315

PART I: NOTIFICATION

(Check appropriate box)

1. Existing facility notified DARM By 9/1/96

2. New facility notified DARM 30 days prior to startup

3. Facility failed to notify DARM to use general permit

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

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 25 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 NA
2. Examining the containers for leakage? Y N NA
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 NA
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N NA

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 NA
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N NA
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 NA
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying 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 NA
Is the temperature differential equal to or greater than 20° F? Y N NA
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 NA
Is the perc concentration equal to or less than 100 ppm? Y N NA
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 NA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N NA
6. Routed airflow to the carbon adsorber (if used) at all times? Y N NA

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 NA
 - 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 NA
4. Maintained calibration data? (for direct reading instrument only) Y N NA
5. Maintained exhaust duct monitoring data on perc concentrations? Y N NA
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N NA
Problem corrected? Y N NA
8. Maintained compliance plan, if applicable? Y N NA

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? *Facility elects to check for leaks weekly.* 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, fitting couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Cartridge Filter housing | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | |

4. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent of 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:

- 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

Jeff Morris
Inspector's Name (Please Print)

10/6/99
Date of Inspection

Jeff Morris
Inspector's Signature

4/6/2000
Approximate Date of Next Inspection

AIRS ID#: 1030305

Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

REC
*
DATE: 4/10/00
DEPT. OF AIR MONITORING
ST. PETERSBURG, FL

FACILITY NAME: Coin-O-Magic Laundry
FACILITY LOCATION: 7825 38th Avenue North
St. Petersburg, FL 33710

Annual Reporting Period: October 6, 1999 TO April 10, 2000

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____
Action(s) taken to achieve compliance: _____
Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____
Action(s) taken to achieve compliance: _____
Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: MARIA BEDNARZ Maria Bednarz 4-10-00
Name (Please Print) Signature Date

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

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

AIRS ID#: <u>1030305</u>	DATE: <u>4/10/00</u>	TIME IN: <u>12:45 p.m.</u>	TIME OUT: <u>4:13 p.m.</u>
FACILITY NAME: <u>Coin-O-Magic Laundry</u>			
FACILITY LOCATION: <u>7825 38th Avenue North</u> <u>St. Petersburg, FL, 33710</u>			
RESPONSIBLE OFFICIAL: <u>Maria Bednarz</u>		Phone No.: <u>348-3315</u>	
Permit No. <u>1030305-001-AG</u>		Exp. Date: <u>09/10/2001</u>	

- 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 (only items which are checked):

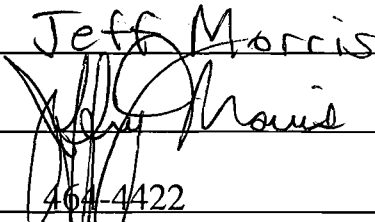
Inspection Summary Report Guidance

	Compliance Requirement/Problem	Follow-up Action Required
<input type="checkbox"/>	Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site.	If no specific procedures are available from the manufacturer, develop a SSM plan that describes procedures for maintaining and operating equipment during periods of start-up and shutdown associated with a malfunction. EPA's O&M manual may be used if no manufacturers information is available. Keep log of maintenance actions
<input type="checkbox"/>	Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
<input type="checkbox"/>	Monthly purchase records were not maintained as a consecutive twelve month total.	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a consecutive twelve month total.
<input type="checkbox"/>	Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F.	Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2°F, or determine this by another method that the Department would consider appropriate.
<input type="checkbox"/>	Evaporator for separator wastewater does not incorporate a pre-filtration system.	Facility may choose to either dispose of perc-containing separator water as hazardous waste, or incorporate a carbon filtration system with the evaporator (as per the State's guidelines).
<input type="checkbox"/>	Did not store all perc, and perc-containing waste in tightly sealed containers.	Store all perc and perc-containing waste in tightly sealed containers which are impervious and chemically unreactive to the solvent.
<input type="checkbox"/>	Did not maintain a log of leak detection inspection and repair records.	Develop and implement a leak detection inspection and repair program. Maintain a log of leak detection inspection and repair records.

	Compliance Requirement/Problem	Follow-up Action Required
<input type="checkbox"/>	Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.
<input type="checkbox"/>	No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions..
<input type="checkbox"/>	Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.
<input type="checkbox"/>	Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.
<input type="checkbox"/>	The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.
<input type="checkbox"/>	Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.
<input type="checkbox"/>	Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.
<input type="checkbox"/>	Containers for perchloroethylene and/or perchloroethylen-containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.
<input type="checkbox"/>		
<input type="checkbox"/>		

Comments: _____

If the Inspection Summary Report indicates follow-up actions are required, you must take immediate corrective measures to achieve compliance. Pinellas County will perform a follow-up inspection to determine that proper corrective actions have been taken.

Inspection Conducted by: Jeff Morris
 Inspector's Signature: 
 Phone Number: 464-4422

✓

**PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 1030305 **Date:** 4/10/00 **TIME IN:** 12:45 p.m. **TIME OUT:** 1:13 p.m.

FACILITY NAME: Coin-O-Magic Laundry

FACILITY LOCATION: 7825 38th Avenue North
St. Petersburg, FL, 33710

RESPONSIBLE OFFICIAL: Maria Bednarz **PHONE:** 347-3315

CONTACT: Maria Bednarz **PHONE:** 347-3315

PART I: NOTIFICATION

(Check appropriate box)

1. Existing facility notified DARM By 9/1/96	RECEIVED	<input checked="" type="checkbox"/>
2. New facility notified DARM 30 days prior to startup	MAY 18 2000	<input type="checkbox"/>
3. Facility failed to notify DARM to use general permit	Bureau of Air Monitoring & Mobile Sources	<input type="checkbox"/>

PART II: CLASSIFICATION

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

<p>A.</p> <p>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)</p> <p>3. Existing large area source <input type="checkbox"/> dry-to-dry only, 140 < x < 2,100 gal/yr transfer only, 200 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr (Constructed before 12/9/91)</p>	<p><input type="checkbox"/> No notification form</p> <p><input type="checkbox"/> Drop store / out of business / petroleum</p> <p>2. New small area source <input checked="" 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)</p> <p>4. New large area source <input type="checkbox"/> dry-to-dry only, 140 < x < 2,100 gal/yr transfer only, 200 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr (Constructed on or after 12/9/91)</p>
--	---

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 35 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? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA |
| 2. Examining the containers for leakage? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA |
| 3. Closing and securing machine doors except during loading/unloading? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA |
| 5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" type="checkbox"/> NA |

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? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a <u>weekly</u> /bi-weekly basis? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA |
| 6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> 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 NA
Is the temperature differential equal to or greater than 20° F? Y N NA
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 NA
Is the perc concentration equal to or less than 100 ppm? Y N NA
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 NA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N NA
6. Routed airflow to the carbon adsorber (if used) at all times? Y N NA

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 NA
 - 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 NA
4. Maintained calibration data? (*for direct reading instrument only*) Y N NA
5. Maintained exhaust duct monitoring data on perc concentrations? Y N NA
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N NA
Problem corrected? Y N NA
8. Maintained compliance plan, if applicable? Y N NA

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, fitting couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Cartridge Filter housing | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | |

4. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent of 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:

- 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

 Jeff Morris
 Inspector's Name (Please Print)

 4/10/2000
 Date of Inspection

 Inspector's Signature

 10/10/2000
 Approximate Date of Next Inspection

Acc

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

FACILITY NAME: Coin-0-Magic Laundry **Date:** 10/5/00

FACILITY LOCATION: 7825 38th Avenue North

St. Petersburg, FL, 33710

RECEIVED
 NOV - 9 2000
 Bureau of Air Monitoring
 & Mobile Sources

Annual Reporting Period: April 10, 2000 To October 5, 2000

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. **YES** **NO**

IF NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: **from** _____ **to** _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: **from** _____ **to** _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Maria Bednarz Maria Bednarz 10-5-2000
 (Name, Please Print) Signature Date

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

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

AIRS ID#: <u>1030305</u>	DATE: <u>10/5/00</u>	TIME IN: <u>10:02a</u>	TIME OUT: <u>10:17a</u>
FACILITY NAME: <u>Coin-0-Magic Laundry</u>			
FACILITY LOCATION: <u>7825 38th Avenue North</u> <u>St. Petersburg, FL, 33710</u>			
RESPONSIBLE OFFICIAL: <u>Maria Bednarz</u>		Phone No.: <u>(727) 347-3315</u>	
Permit No. <u>1030305-001-AG</u>		Exp. Date: <u>9/10/2001</u>	

- 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 (only items which are checked):

Inspection Summary Report Guidance

	Compliance Requirement/Problem	Follow-up Action Required
<input type="checkbox"/>	Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site.	If no specific procedures are available from the manufacturer, develop a SSM plan that describes procedures for maintaining and operating equipment during periods of start-up and shutdown associated with a malfunction. EPA's O&M manual may be used if no manufacturers information is available. Keep log of maintenance actions
<input type="checkbox"/>	Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
<input type="checkbox"/>	Monthly purchase records were not maintained as a consecutive twelve month total.	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a consecutive twelve month total.
<input type="checkbox"/>	Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F.	Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2°F, or determine this by another method that the Department would consider appropriate.
<input type="checkbox"/>	Evaporator for separator wastewater does not incorporate a pre-filtration system.	Facility may choose to either dispose of perc-containing separator water as hazardous waste, or incorporate a carbon filtration system with the evaporator (as per the State's guidelines).
<input type="checkbox"/>	Did not store all perc, and perc-containing waste in tightly sealed containers.	Store all perc and perc-containing waste in tightly sealed containers which are impervious and chemically unreactive to the solvent.
<input type="checkbox"/>	Did not maintain a log of leak detection inspection and repair records.	Develop and implement a leak detection inspection and repair program. Maintain a log of leak detection inspection and repair records.

	Compliance Requirement/Problem	Follow-up Action Required
<input type="checkbox"/>	Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.
<input type="checkbox"/>	No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions..
<input type="checkbox"/>	Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.
<input type="checkbox"/>	Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.
<input type="checkbox"/>	The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.
<input type="checkbox"/>	Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.
<input type="checkbox"/>	Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.
<input type="checkbox"/>	Containers for perchloroethylene and/or perchloroethylen-containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.
<input type="checkbox"/>		
<input type="checkbox"/>		

Comments: _____

If the Inspection Summary Report indicates follow-up actions are required, you must take immediate corrective measures to achieve compliance. Pinellas County will perform a follow-up inspection to determine that proper corrective actions have been taken.

Inspection Conducted by: Jeff Morris

Inspector's Signature: 

Phone Number: 464-4422

**PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION: ANNUAL RE-INSPECTION COMPLAINT/DISCOVERY

AIRS ID#: 1030305 **Date:** 10/5/00 **TIME IN:** 10:02am **TIME OUT:** 10:17am
FACILITY NAME: Coin-O-Magic Laundry
FACILITY LOCATION: 7825 38th Avenue North
St. Petersburg, FL, 33710
RESPONSIBLE OFFICIAL: Maria Bednarz **PHONE:** (727) 347-3315
CONTACT: Maria Bednarz **PHONE:** (727) 347-3315

PART I: NOTIFICATION

(Check appropriate box)

- 1. Existing facility notified DARM By 9/1/96
- 2. New facility notified DARM 30 days prior to startup
- 3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

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

A.

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

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

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 25 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 NA
2. Examining the containers for leakage? Y N NA
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 NA
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N NA

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 NA
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N NA
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 NA
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying 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 NA
Is the temperature differential equal to or greater than 20° F? Y N NA
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 NA
Is the perc concentration equal to or less than 100 ppm? Y N NA
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 NA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N NA
6. Routed airflow to the carbon adsorber (if used) at all times? Y N NA

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 NA
 - 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 NA
4. Maintained calibration data? (for direct reading instrument only) Y N NA
5. Maintained exhaust duct monitoring data on perc concentrations? Y N NA
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N NA
Problem corrected? Y N NA
8. Maintained compliance plan, if applicable? Y N NA

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, fitting couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Cartridge Filter housing | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | |

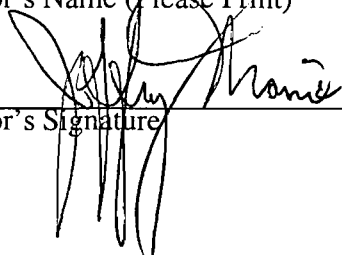
4. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent of 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:

- 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

Jeff Morris
Inspector's Name (Please Print)


Inspector's Signature

10/5/00
Date of Inspection

4/5/01
Approximate Date of Next Inspection

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0360150

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 1030305

COIN-O-MAGIC
MARIA BEDNARZ
7825 38TH AVE
ST PETERSBURG FL

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

RECEIVED
MAIL ROOM
MAR 10 2009

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0391519

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 1030305

COIN-O-MAGIC
MARIA BEDNARZ
7825 38TH AVE
ST PETERSBURG FL 33710

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

RECEIVED
MAIL ROOM
JAN 26 2009



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

403799

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 1030305	
COIN-O-MAGIC	
MARIA BEDNARZ	
7825 38TH AVE	
ST PETERSBURG FL 33710	

1-24-01 pd
 Bureau of Int. Monitoring
 & Mobile Sources
 RECEIVED
 JAN 24 0 10
 MAIL ROOM
 RECEIVED
 FOR GOVERNMENT USE ONLY
 Org.: 37550101000 EO: A1
 Fund: 20-2-035001
 Obj: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258708

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

RECEIVED
MAIL ROOM

JAN 22 97

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 1030305	
COIN-O-MATIC	
MARIA BEDNARZ	
7825 38TH AVE	
ST PETERSBURG FL	

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

Best Available Copy

P 174 052 069

US Postal Service
Receipt for Certified Mail

1999
AIRS ID # 1030305

COIN-O-MAGIC
MARIA BEDNARZ
7825 38TH AVE
ST PETERSBURG FL

PS Form 3800, April 1995

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	

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 # 1030305001AG
MARIA BEDNARZ
COIN-O-MAGIC
7825 38TH AVE
ST PETERSBURG FL 33710

2210 662 972

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

JUN 08 2001

C. Signature
x Maria Bednarz Agent
 Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below No

RECEIVED
JUN 11 2001

3. Service Type Mobile Monitoring
 Certified Mail Special Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Z 210 662 972

US Postal Service

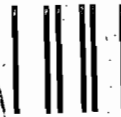
Receipt for Certified Mail

10 AIRS ID # 1030305001AG
MARIA BEDNARZ
COIN-O-MAGIC
7825 38TH AVE
ST PETERSBURG FL 33710

PS Form 3800, April 1995

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	

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. •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

32399-2400



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

301303

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

RECEIVED
MAIL ROOM

TOTAL AMOUNT DUE: \$50.00 JAN 29 98

Do NOT Remove Label

AIRS ID#1030305
JOZEF & MARIA BEDNARZ
MARIA BEDNARZ
7825 38TH AVE
ST PETERSBURG FL

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