



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

January 27, 1997

Mr. Billy E. Patton
Highland Cleaners
97 Highland Avenue
Largo, Florida 33770

Re: Facility I.D. No. 1030339

Dear Mr. Patton:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 1996.

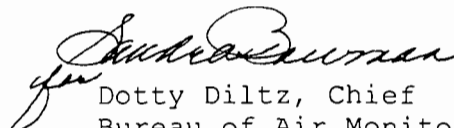
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

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

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Louis Fernandez, Southwest District

AERS-ID#: 1030399

See RECEIVED

Revised 10/10/9

SEP 9 1997
DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FOR Air Monitoring & Mobile Sources

FACILITY NAME: Highland Cleaners DATE: 8/19/97
FACILITY LOCATION: 97 Highland Ave
Largo, FL 33770

Annual Reporting Period: August 19, 1996 TO August 19, 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:

Monthly purchase records were not maintained as a 12 month rolling average.
Exact period of non-compliance: from August 19, 1996 to August 19, 1997

Action(s) taken to achieve compliance: Develop and implement a record keeping procedure that maintains monthly purchases as a 12 month rolling avg.
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:

Evaporator for separator wastewater does not incorporate a prefiltration system
Exact period of non-compliance: from August 19, 1996 to August 19, 1997

Action(s) taken to achieve compliance: Facility may choose to either dispose of pete-containing separator water as a hazardous waste or incorporate a carbon filtration system.
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: Billy E. Patton Billy E. Patton 8/19/97
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.

NOV 10 1996

#1030339

Highland Cleaners

~~spoke with Billy Patton - 9/30/96~~
faxed and mailed last page

p. 14 1. (a) add date control device
installed

1. (c) mark out "X" and initial

3. should be new large area
source

p. 15 4. should be new large area
source w/ refrig. con.

AIRS ID#: 1030399

SEP 9 1997

Revised 10/10/9

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

FACILITY NAME: Highland Cleaners DATE: 8/19/97
FACILITY LOCATION: 97 Highland Ave. Largo, FL 33770

Annual Reporting Period: August 19, 1996 TO August 19, 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:

Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F
Exact period of non-compliance: from August 19, 1996 to August 19, 1997
Action(s) taken to achieve compliance: Obtain verification from manufacturer that the temperature sensor is designed to measure 45°F w/ accuracy of ±2°F
Method used to demonstrate compliance: to measure 45°F w/ accuracy of ±2°F

#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 refrigerated condenser on a weekly basis
Exact period of non-compliance: from August 19, 1996 to August 19, 1997
Action(s) taken to achieve compliance: Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis
Method used to demonstrate compliance: outlet temperature on a weekly basis

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: Billy E. Patton Signature: [Signature] Date: 8/19/97

*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: 11:45 a.m. | TIME OUT: 1:00 p.m. | AIRS ID# 1030339 001 |
| TYPE OF FACILITY: Perchloroethylene Dry Cleaner | | |
| FACILITY NAME: Highland Cleaners | DATE: August 19, 1997 | |
| FACILITY LOCATION : 97 Highland Ave., Largo, FL 34640 | | |
| RESPONSIBLE OFFICIAL: Billy Patton | PHONE NUMBER: (813) 581-0613 | |

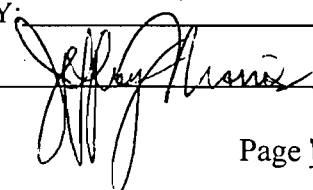
- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance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

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|---|---|
| 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. |
| 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. |
| 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). |
| 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. |

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

DATE OF NEXT INSPECTION: September 2, 1997
(Approximate)

INSPECTION CONDUCTED BY: Jeff Morris
(Please Print)

INSPECTOR'S SIGNATURE:  PHONE NUMBER: 464-4422

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| | | | |
|--|----------------------------------|-------------|----------------------------------|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): | BILLY E. & EARLENE PATTON | | |
| 2. Site Name (For example, plant name or number): | Highland Cleaners | | |
| 3. Hazardous Waste Generator Identification Number: | FLD 989174971 | | |
| 4. Facility Location: | Street Address: 97 Highland Ave. | City: Largo | County: Pinellas Zip Code: 33770 |
| 5. Facility Identification Number (DEP Use): | 1030339 | | |

Responsible Official

| | | | |
|--|--------------------------------------|---------------------------------|--|
| 6. Name and Title of Responsible Official: | BILLY E. PATTON, OWNER | | |
| 7. Responsible Official Mailing Address: | Organization/Firm: Highland Cleaners | Street Address: 97 Highland Ave | City: Largo County: Pinellas Zip Code: 33770 |
| 8. Responsible Official Telephone Number: | Telephone: (813) 581-0013 | 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

SEP 3 1996

Highland Cleaners
97 Highland Ave.
Largo, Florida
33770

The Perchloroethylene usage over the past 12 months is
based on our Old Dry Cleaning machine.

We installed a brand new refrigerated machine on Aug. 19, 1996
so our usage will be a LOT less during the next 12 months.

Bill Patton, Owner
Highland Cleaners

Facility Information

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

| Type of Machine | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed |
|------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|
| <i>Example</i> | | | | | | | | | |
| | #1 | 03-OCT-93 | 12-NOV-93 | #2 | 08-DEC-91 | | #3 | 02-MAR-92 | 02-MAR-92 |
| Dry-to-Dry Unit | | | | | | | | | |
| (1) w/ ref. condenser | #1 | 19 AUG 96 | | | | | | | |
| (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? 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.)

NEW
large
area
source

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

Revised copy
9/30/96

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.

Signature

Bill Eatten
Bill Eatten

Date

8/29/96
8/29/96

RECEIVED
RECEIVED
OCT 7 1996
101
Bureau of Air Monitoring
& Mobile Sources
Bureau of Air Monitoring
& Mobile Sources

BEST AVAILABLE COPY

Revised copy 9/30/96

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.

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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 pollution 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.

Signature *Bill Patton*
Bill Patton

Date *8/29/96*
8/29/96

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

| | | |
|--|-----------------------------|-----------------------------|
| TIME IN: 9:55 a.m. | TIME OUT: 10:15 a.m | AIRS ID# 1030339 001 |
| TYPE OF FACILITY: Perchloroethylene Dry Cleaner | | |
| FACILITY NAME: Highland Cleaners | DATE: October 30, 1997 | |
| FACILITY LOCATION : 97 Highland Ave., Largo, FL 34640 | | |
| RESPONSIBLE OFFICIAL: Billy Patton | PHONE NUMBER:(813) 581-0613 | |

- Based of 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 |
|---|---|
| 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. |
| 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. |
| 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. |
| 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. |

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

DATE OF NEXT INSPECTION: November 7, 1997
(Approximate)

INSPECTION CONDUCTED BY: Jeff 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#: 1030339 DATE: 10/30/97 TIME IN: 9:55 a.m. TIME OUT: 10:15 a.m.
 FACILITY NAME: Highland Cleaners
 FACILITY LOCATION: 97 Highland Ave.
 Largo, FL 34640
 RESPONSIBLE OFFICIAL: Billy Patton PHONE: 581-0613
 CONTACT NAME: Billy Patton PHONE: 581-0613

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

Facility indicated on notification form that it is: No notification form
 (check appropriate box) 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, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91) | 4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91) |

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

If no, please check the appropriate classification:
 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 100 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"/> N/A |
| 2. Examining the containers for leakage? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 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"/> N/A |
| 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 <u>weekly</u> bi-weekly basis? | <input type="checkbox"/> Y | <input checked="" 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"/> N/A |
| 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? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
Is the temperature differential equal to or greater than 20° F? Y N N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
Is the perc concentration equal to or less than 100 ppm? Y N N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:
- 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

10/30/97

Date of Inspection

11/7/97

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- Facility did not maintain a 12 mo. rolling average
- Temp sensor information not provided at time of inspection.
(Operator followed up with Equipment Sales. Facility still hasn't received documentation)
- Temperature sensor data was not recorded
- Leak logs not maintained
- Reinspect in 2 weeks
- Send Advisory Letter

acc

RECEIVED
FEB 25 1998
Bureau of Air Monitoring
& Mobile Sources

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

| |
|---|
| AIRS ID#1030339 |
| BILLY E & EARLENE PATTON BILLY E PATTON 97 HIGHLAND AVE LARGO FL 33770 |

Do NOT Remove Label

Annual Reporting Period: Calendar year 19 97 TO _____ 19 _____

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: _____

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: BILLY E. PATTON *Billy Patton* 2/19/98
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.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 303379

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

RECEIVED
MAIL ROOM
FEB 23 98

Do NOT Remove Label

AIRS ID#1030339
BILLY E & EARLENE PATTON
BILLY E PATTON
97 HIGHLAND AVE
LARGO FL 33770

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

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

acc

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 1010339 DATE: 2/5/98 TIME IN: 10:15 TIME OUT: 10:35
 FACILITY NAME: Plaza Dry Cleaners
 FACILITY LOCATION: 8800 SR 52
Hudson, FL
 RESPONSIBLE OFFICIAL: August Nielsen PHONE: 813-862-2811
 CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

Facility indicated on notification form that it is: No notification form
 (check appropriate box) 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, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91) | 4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91) |

5. This is a correct facility classification 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 60 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

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

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

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

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

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
Is the temperature differential equal to or greater than 20° F? Y N N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
Is the perc concentration equal to or less than 100 ppm? Y N N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

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

3. Does the responsible official check the following areas for leaks?

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

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

- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:** N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Margaret Canzaro
 Inspector's Name (Please Print)

2/5/98
 Date of Inspection

Margaret Canzaro
 Inspector's Signature

Feb '99
 Approximate Date of Next Inspection

#1030339

BEST AVAILABLE COPY

Highland Cleaners

- spoke with Billy Patton - 9/30/96
faxed and mailed last page

| | | |
|------|---|-------------|
| 1. F | | |
| 2. S | <u>p. 14</u> 1. (a) add date control device installed | |
| 3. F | 1. (c) mark out "X" and initial | |
| 4. F | <u>3. should be new large area source</u> | 3770 |
| 5. F | <u>p. 15</u> 4. should be new large area source w/ refrig. con. | |
| 6. F | | |
| 7. F | | code: 33770 |
| 8. F | | |

D.E.P.

JAN 07 1997

SOUTH
TAMPA

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

SEP 5 1996

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| | | | |
|--|---------------------------|------------------|-----------|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): | BILLY E. & Earlene PATTON | | |
| 2. Site Name (For example, plant name or number): | Highland Cleaners | | |
| 3. Hazardous Waste Generator Identification Number: | FLD 982174971 | | |
| 4. Facility Location: | Street Address: | City: | Zip Code: |
| | 97 Highland Ave. | Largo | 33770 |
| | | County: Pinellas | |
| 5. Facility Identification Number (DEP Use): | 1030339 | | |

Responsible Official

| | | | |
|--|---------------------------------|------------------|-----------|
| 6. Name and Title of Responsible Official: | BILLY E. PATTON, OWNER | | |
| 7. Responsible Official Mailing Address: | Organization/Firm: | City: | Zip Code: |
| | Highland Cleaners | Largo | 33770 |
| | Street Address: 97 Highland Ave | County: Pinellas | |
| 8. Responsible Official Telephone Number: | Telephone: | Fax: | |
| | (813) 581-0613 | () - | |

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: | Zip Code: |
| | | | |
| | | County: | |
| 11. Facility Contact Telephone Number: | Telephone: | Fax: | |
| | () - | () - | |

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SEP 5 1990

Highland Cleaners
97 Highland Ave.
Largo, Florida
33770

The Perchloroethylene usage over the past 12 months is based on our Old Dry Cleaning machine.

We installed a brand new refrigerated machine on Aug. 19, 1996 so our usage will be a LOT less during the next 12 months.

Bill Patton, Owner
Highland Cleaners

Facility Information

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

| Type of Machine | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed |
|------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|
| <i>Example</i> | #1 | 03-OCT-93 | 12-NOV-93 | #2 | 08-DEC-91 | | #3 | 02-MAR-92 | 02-MAR-92 |
| Dry-to-Dry Unit | | | | | | | | | |
| (1) w/ ref. condenser | #1 | 19 AUG 96 | 19 Aug 96 | | | | | | |
| (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 *BCP*

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

(b) If less than 12 months, how many? months
 Check why it is less than 12 months: New owner: New store: Did not keep records:

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

Existing small area source New small area source

Existing large area source  New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

~~X~~ Best

New small area source

Refrigerated condenser

Best



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

Revised copy 9/30/96

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.

Signature Billy E. Patton
Billy E. Patton

Date 8/29/96
8/29/96

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OCT 7 1996
01
Bureau of Air Monitoring
& Mobile Sources
& Management

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Revised copy 9/30/96

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.

Signature Bill Eatten
Bill Eatten

Date 8/29/96
8/29/96

corrections by: Bill Eatten Date: 8/19/97

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

| | | | |
|---|----------------------|------------------------------|-------------------------|
| AIRS ID#: <u>1030339 001</u> | DATE: <u>8/18/98</u> | TIME IN: <u>8:00am</u> | TIME OUT: <u>9:00am</u> |
| FACILITY NAME: <u>Highland Cleaners</u> | | | |
| FACILITY LOCATION: <u>97 Highland Ave.</u> <u>Largo, FL, 34640</u> | | | |
| RESPONSIBLE OFFICIAL: <u>Billy E. Patton</u> | | | |
| Permit No. <u>1030339-001-AG</u> | | Exp. Date: <u>09/30/2001</u> | |

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SEP 25 1998
Bureau of Air Monitoring
& Mobile Sources
Phone No.: 589-0613

- 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

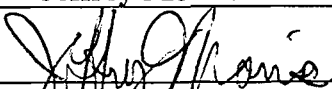
| Compliance Requirement/Problem | Follow-up Action Required |
|--|---|
| <input type="checkbox"/> Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site. | If no specific procedures are available from the manufacturer, develop a SSM plan that 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 perchloroethylene-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>1030339 001</u> | DATE: <u>8/18/98</u> | TIME IN: <u>8:40 a.m.</u> | TIME OUT: <u>9:06 a.m.</u> |
| FACILITY NAME: <u>Highland Cleaners</u> | | | |
| FACILITY LOCATION: <u>97 Highland Ave.</u> <u>Largo, FL, 34640</u> | | | |
| RESPONSIBLE OFFICIAL: <u>Billy E. Patton</u> | | PHONE: <u>581-0613</u> | |
| CONTACT: <u>Dave Wolf</u> | | PHONE: <u>581-0613</u> | |

RECEIVED
SEP 23 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 60 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; (No leaks reported) 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 since previous inspection 10/30/97) 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? *elects weekly inspections* 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

Jeffrey Morris
Inspector's Name (Please Print)

Jeffrey Morris
Inspector's Signature

8/18/98
Date of Inspection

2/18/99
Approximate Date of Next Inspection

FACILITY DETAILS:

FACILITY NAME: Highland Cleaners

Dry Cleaning Machine #1:

Manufacturer Renzacci Capacity 48 lbs
Model# Patriot System Serial# 480 Mfg yr 8/96

Dry Cleaning Machine #2:

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

Boiler:

Manufacturer Hurst Hp 150
Model # 2184 Serial # V 55-150-122 Mfg yr 1994
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
- 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:

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Highland Cleaners DATE: 8/18/98
 FACILITY LOCATION: 97 Highland Ave.
Largo, FL 34640

Annual Reporting Period: October 30, 1997 TO August 18, 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: _____

RECEIVED
SEP 25 1998
Bureau of Air Monitoring
& Mobile Sources

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: Billy E. Patton Billy E. Patton 8/18/98
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

AIRS ID#: 1030339

Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Highland Cleaners DATE: 2/4/99
 FACILITY LOCATION: 97 Highland Ave.
Largo, FL 33770

Annual Reporting Period: August 18, 1998 TO February 4, 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 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: Billy C. Larson Billy Larson 2/4/99
Name (Please Print) Signature Date

RECEIVED
MAR 15 1999
Bureau of Air Monitoring
& Mobile Sources

*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.

V

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

| | | | |
|--|------------------------------|---------------------------------------|----------------------------|
| AIRS ID#: <u>1030339 001</u> | DATE: <u>2/4/99</u> | TIME IN: <u>1:05 p.m.</u> | TIME OUT: <u>2:07 p.m.</u> |
| FACILITY NAME: <u>Highland Cleaners</u> | | | |
| FACILITY LOCATION: <u>97 Highland Ave.</u> | | | |
| <u>Largo, FL, 33770</u> | | | |
| RESPONSIBLE OFFICIAL: <u>Billy E. Patton</u> | | Phone No. <u> </u> | |
| Permit No. <u>1030339-001-AG</u> | Exp. Date: <u>09/30/2001</u> | | |

RECEIVED
 MAR 15 1999
 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):

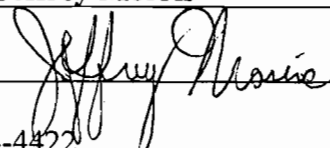
Inspection Summary Report Guidance

| | 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#: 1030339 001 DATE: 2/4/99 TIME IN: 1:05 p.m. TIME OUT: 2:07 p.m.

FACILITY NAME: Highland Cleaners

FACILITY LOCATION: 97 Highland Ave.
Largo, FL, 33770

RESPONSIBLE OFFICIAL: Billy E. Patton PHONE: 581-0613

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)

| |
|---|
| <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 on or after 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 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 120 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? 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?
Responsible official has elected to leak check on weekly basis. 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)

2/4/99
 Date of Inspection

Jeff Morris
 Inspector's Signature

8/4/99
 Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Responsible Official Billy Patton demonstrated leak check and identified each leak check point.

- During cold run -35°F.

FACILITY DETAILS:

FACILITY NAME: Highland Cleaners

Dry Cleaning Machine #1:

Manufacturer Renzacci Capacity 48 lbs
Model# Patriot System Serial# _____ Mfg yr 8/96

Dry Cleaning Machine #2: 480

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

Boiler:

Manufacturer Hurst Hp 150
Model # 2184 Serial # V55-150-122 Mfg yr 1994
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
- 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:

AIRS ID#: 1030339

Revised 10/10/99

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Highland Cleaners DATE: 8/5/99
FACILITY LOCATION: 97 Highland Ave.
Largo, FL 33770

RECEIVED
SEP 15 1999
Bureau of Air & Mobile Sources
Monitoring

Annual Reporting Period: February 4, 1999 TO August 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. 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: Billy E. Patton Billy E. Patton 8/5/99
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#: <u>1030339 001</u> | DATE: <u>8/5/99</u> | TIME IN: <u>10:30 a.m.</u> | TIME OUT: <u>11:37 a.m.</u> |
| FACILITY NAME: <u>Highland Cleaners</u> | | | |
| FACILITY LOCATION: <u>97 Highland Ave.</u> | | | |
| <u>Largo, FL, 33770</u> | | | |
| RESPONSIBLE OFFICIAL: <u>Billy E. Patton</u> | | Phone No.: _____ | |
| Permit No. <u>1030339-001-AG</u> | | Exp. Date: <u>09/30/2001</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

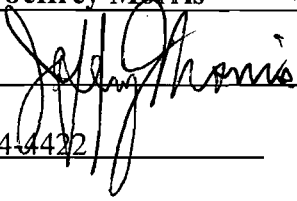
| | Compliance Requirement/Problem | Follow-up Action Required |
|--------------------------|---|---|
| <input type="checkbox"/> | Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site. | If no specific procedures are available from the manufacturer, 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 RE-INSPECTION COMPLAINT/DISCOVERY

AIRS ID#: 1030339 001 **DATE:** 8/5/99 **TIME IN:** 10:30 a.m. **TIME OUT:** 11:37 a.m.

FACILITY NAME: Highland Cleaners

FACILITY LOCATION: 97 Highland Ave.
Largo, FL, 33770

RESPONSIBLE OFFICIAL: Billy E. Patton **PHONE:** 581-0613

CONTACT: Billy Patton **PHONE:** 581-0613

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 102 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?
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 elected to check 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)

8/5/99
Date of Inspection

Jeff Morris
Inspector's Signature

2/5/2000
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#: 1030339 001 DATE: 8/5/99 TIME IN: 10:30 a.m. TIME OUT: 11:37 a.m.

FACILITY NAME: Highland Cleaners

FACILITY LOCATION: 97 Highland Ave.

Largo, FL, 33770

RESPONSIBLE OFFICIAL: Billy E. Patton

Permit No. 1030339-001-AG

Exp. Date: 09/30/2001

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& 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):

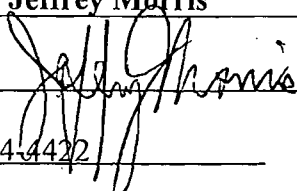
Inspection Summary Report Guidance

| | 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 perchloroethylene-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#: 1030339 001 DATE: 8/5/99 TIME IN: 10:30a TIME OUT: 11:37a.m.
 FACILITY NAME: Highland Cleaners
 FACILITY LOCATION: 97 Highland Ave.
Largo, FL, 33770
 RESPONSIBLE OFFICIAL: Billy E. Patton PHONE: 581-0613
 CONTACT: Billy Patton PHONE: 581-0613

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)

No notification form
 Drop store / out of business / petroleum

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> |

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 102 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 elected to check 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)

8/5/99
 Date of Inspection

Jeff Morris
 Inspector's Signature

2/5/2000
 Approximate Date of Next Inspection

ACC

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Highland Cleaners DATE: 2/11/00
 FACILITY LOCATION: 97 Highland Ave.
Largo, FL 33770

Annual Reporting Period: August 5, 1999 TO February 11, 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: Billy E. Patton Billy E. Patton 3/6/00
Name (Please Print) Signature Date

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*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.

MAR 13 2000

Bureau of Air Monitoring
& Mobile Sources

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

| | | | |
|---|---|----------------------------|--------------------------|
| AIRS ID#: <u>1030339</u> | DATE: <u>2/11/06</u> 2/2/00 | TIME IN: <u>9:07am</u> | TIME OUT: <u>10:21am</u> |
| FACILITY NAME: <u>Highland Cleaners</u> | | | |
| FACILITY LOCATION: <u>97 Highland Ave.</u> <u>Largo, FL, 33770</u> | | | |
| RESPONSIBLE OFFICIAL: <u>Billy E. Patton</u> | | Phone No.: <u>581-0613</u> | |
| Permit No. <u>1030339</u> | Exp. Date: <u>8/29/01</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: [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#: <u>103 0339</u> | Date: <u>2/11/00</u> 2/2/00 | TIME IN: <u>9:07 a.m.</u> | TIME OUT: <u>10:21 a.m.</u> |
| FACILITY NAME: <u>Highland Cleaners</u> | | | |
| FACILITY LOCATION: <u>97 Highland Ave.</u> <u>Largo, FL, 33770</u> | | | |
| RESPONSIBLE OFFICIAL: <u>Billy E. Patton</u> | | PHONE: <u>581-0613</u> | |
| CONTACT: <u>Billy E. Patton</u> | | PHONE: <u>581-0613</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)

| | |
|--|---|
| <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 132 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 elected 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)

2/10/00
Date of Inspection

Jeff Morris
Inspector's Signature

8/11/00
Approximate Date of Next Inspection

[Handwritten Signature]

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

| | | | |
|---|----------------------|----------------------------------|-----------------------------|
| AIRS ID#: <u>1030339</u> | DATE: <u>8/11/00</u> | TIME IN: <u>10:03 a.m.</u> | TIME OUT: <u>10:47 a.m.</u> |
| FACILITY NAME: <u>Highland Cleaners</u> | | | |
| FACILITY LOCATION: <u>97 Highland Avenue</u> <u>Largo, FL, 33770</u> | | | |
| RESPONSIBLE OFFICIAL: <u>Billy E. Patton</u> | | Phone No.: <u>(727) 581-0613</u> | |
| Permit No. <u>1030339-001-AG</u> | | Exp. Date: <u>8/29/2001</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

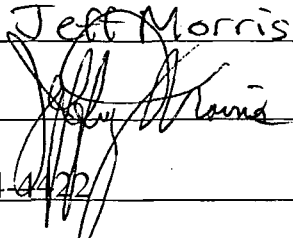
| | Compliance Requirement/Problem | Follow-up Action Required |
|--------------------------|---|---|
| <input type="checkbox"/> | Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site. | If no specific procedures are available from the manufacturer, 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#: <u>1030339</u> | Date: <u>8/11/00</u> | TIME IN: <u>10:03 a.m.</u> | TIME OUT: <u>10:47 a.m.</u> |
| FACILITY NAME: <u>Highland Cleaners</u> | | | |
| FACILITY LOCATION: <u>97 Highland Avenue</u> <u>Largo, FL, 33770</u> | | | |
| RESPONSIBLE OFFICIAL: <u>Billy E. Patton</u> | | PHONE: <u>(727) 581-0631</u> | |
| CONTACT: <u>Billy E. Patton</u> | | PHONE: <u>(727) 581-0631</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: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can not determine | |
| If no, please check the appropriate classification: | |
| <input type="checkbox"/> facility qualified for a general permit as number _____ above | |
| <input type="checkbox"/> facility exceeds above limits and is not eligible for a general permit | |
| B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was <u>130</u> 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
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
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?
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

Inspector's Name (Please Print)

8/11/00

Date of Inspection

Inspector's Signature

2/11/2001

Approximate Date of Next Inspection

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Highland Cleaners Date: 8/11/00
FACILITY LOCATION: 97 Highland Avenue
Largo, FL, 33770

Annual Reporting Period: February 11, 2000 To August 11, 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:

RECEIVED
SEP 14 2000
Bureau of Air Monitoring
2,100th Sources

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: Billy E. Patton (Name, Please Print) Carlene Patton - 8-11-00 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.

Z 333 613 235

US Postal Service
Receipt for Certified Mail

AIRS ID 1030339

BILLY E & EARLENE PATTON
BILLY E PATTON
97 HIGHLAND AVE
LARGO FL 33770

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 | |

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 1030339
BILLY E & EARLENE PATTON
BILLY E PATTON
97 HIGHLAND AVE
LARGO FL 33770

4a. Article Number

Z 333 613 235

4b. Service Type

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

7. Date of Delivery

2/17/8

5. Received By: (Print Name)

Rutherford

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

6. Signature (Addressee or Agent)

X [Signature]

Thank you for using Return Receipt Service.

Z 210 662 417

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

10 AIRS ID # 1030339001AG
BILLY E PATTON
HIGHLAND CLEANERS
97 HIGHLAND AVE
LARGO FL 33770

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

PS Form 3800, April 1995

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:
Z210 662 417 (C.D.)

7000 0600 0021 6527 0079

| | | |
|--|-----------|---------------|
| Postage | \$ | Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage & Fees | \$ | |

Name (Please Print Clearly) (to be completed by mailer)
Billy Patton
Street, Apt. No. or PO Box No.
#1030339001AG
City, State, ZIP+4

PS Form 3800, July 1999 See Reverse for Instructions

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 # 1030339001AG
BILLY E PATTON
HIGHLAND CLEANERS
97 HIGHLAND AVE
LARGO FL 33770

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **ALAINE GIRON** B. Date of Delivery **6/13/18**

C. Signature **Alaine Giron** Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
Z210 662 417 7000 0600 0021 6527 0079
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Duplexed Sheets
Total Pages:

[Empty box for Duplexed Sheets/Total Pages]

Number of Sheets:

| | | | |
|--------|-------|-----------|-------|
| Letter | Legal | 11" X 17" | Other |
|--------|-------|-----------|-------|

ADDRESS: 2082 S WASHINGTON TERR
 UNIQUE WELL ID: AAE-7407
 SAMPLE DATE: 6-2-2008

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

Bureau of Air Monitoring
& Mobile Sources

JUN 18 2008

RECEIVED

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0353857

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 # 1030339 |
| HIGHLAND CLEANERS BILLY E PATTON 97 HIGHLAND AVE LARGO FL 33770 |

| |
|--------------------|
| FOR GOVERNMENT USE |
| Org.: 3755010100 |
| Fund: 20-2-035001 |
| Obj.: 002273 |

RECEIVED
 MAIL ROOM
 DEC 14 1998
 Bureau of Air Monitoring
 & Mobile Sources

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258927

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 24 97

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

HIGHLAND CLEANERS
BILLY E PATTON
97 HIGHLAND AVE
LARGO FL 33770

AIRS ID# 1030339

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

✓ 389435

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 # 1030339 |
| HIGHLAND CLEANERS BILLY E PATTON 97 HIGHLAND AVE LARGO FL 33770 |

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

RECEIVED
MAIL ROOM
DEC 13 99



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400010

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 # 1030339 |
| HIGHLAND CLEANERS BILLY E PATTON 97 HIGHLAND AVE LARGO FL 33770 |

| |
|--|
| FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273 |
|--|

12-15-00
RECEIVED
MAIL ROOM
DEC 15 00