

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 4, 1996

Mr. James R. Scott, Jr. Scott's Custom Cleaners 755 North Indian Rocks Road Belleair Bluffs, Florida 33770

Re: Facility I.D. No. 1030340

Dear Mr. Scott:

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Louis Fernandez, Southwest District

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



PINELLAS COUNTY DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

AIR QUALITY DIVISION

300 SOUTH GARDEN AVENUE CLEARWATER, FLORIDA 33756

RECEIVED
MARISON, ED



COMMISSIONERS

Calvin D. Harris, Chairman Barbara Sheen Todd, Vice-Chairman Susan Latvala, Commissioner John Morroni, Commissioner Karen Williams Seel, Commissioner Robert B. Stewart, Commissioner Kenneth T. Welch, Commissioner

March 12, 2001

Mr. James R. Scott Scott's Custom Cleaners 755 N. Indian Rocks Road Belleair Bluffs, FL 33770 PHONE: FAX: SUNCOM: SUNCOM FAX: (727) 464-4422 (727) 464-4420 570-4422 570-4420

Re: Scott's Custom Cleaners, 2454 McMullen Booth Rd., Clearwater, FL

Permit No. 1030340-001-AG

Expiration Date: September 26, 2001

Mr. Scott:

The Perchloroethylene Dry Cleaner Air General Permit Notification Form establishes the terms and conditions of this Title V air general permit. Throughout the term of this air general permit, the responsible official shall ensure that the facility maintains its eligibility to use the general permit and complies with all general conditions of Rule 62-213.300(3), F.A.C.

An inspection on January 12, 2001 determined that Ms. Sandy Defosses is currently acting in the capacity of a responsible official. The responsible official of record is James R. Scott. Inspection results indicate that this change occurred on, or about **January 31, 2000.**

To maintain the facilities eligibility to use the air general permit, any changes requiring corrections to information contained in the notification form, the responsible official shall notify the Department in writing within 30 days of the changes. Such changes include:

- (a) Any change in name of the responsible official or facility address or phone number;
- (b) A change in facility status requiring more frequent monitoring or reporting by the responsible official from that noted on the most recent notification form; and
- (c) Any other similar minor administrative change at the facility.

The responsible official must complete, detach, and mail Part III of the appropriate form to the address listed below, within 30 days of receipt of this letter. A complete copy of the notification form, including the completed Part III, must be kept on-site for inspection purposes. A Title V Air General Permit Notification Form is enclosed.

YOUR CALMED TO ARTHUR THE C

The Title V Air General Permit Notification Form should be submitted to:

Bureau of Ambient Monitoring and Mobile Sources
Division of Air Resources Management
MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400
(904) 488-6140

Please send a copy of the Title V Air General Permit Notification Form to this office. There is no fee for administrative corrections. If you have any questions, please contact Matt McCann or Pwu-Sheng Liu at 464-4422.

Sincerely,

Matthew McCann, Senior Environmental Specialist

Air Quality Division

cc: PF(1030340-001-AG), RF

Rick Butler, BAMMS Tallahassee. DEP

Attachments: Title V Air General Permit Notification Form

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

APR 1 2 2001

Part III. Notification of Intent to Use General Permit

Rui au of Air Monitoring

Prior to filling out this form, please read the instructions provided at the end of the form. Sendurces completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
James R. Scott Scotts Custome Cleaners
2. Site Name (For example, plant name or number):
Sentle Quetom CleanErs # 3
Scotts Custom CleanERS # 3 3. Hazardous Waste Generator Identification Number:
model 37 SPRAY mist-er
Street Address: 21/5/1 MC MULLEN GOOTH-RO.
City: Clearwater County: Pinellas Zip Code: 33759
5. Facility Identification Number (DEP Use ONLY - do not fill in):
Responsible Official
6. Name and Title of Responsible Official:
Name: Title:
Sandra Defosses manager
7. Responsible Official Maining Address.
Organization/Firm: Street Address: 2454 McMullen Booth Rd
City: Clearwater County: Pinellas Zip Code: 33759
8. Responsible Official Telephone Number:
Telephone: (727) 726-1677 Fax: ()
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
SANDRA DEFOSSES - manager
10. Facility Contact Address.
Street Address: 2454 McMullen Booth Rd
City: Clearwater County: PiNellas Zip Code: 33759
11. Facility Contact Telephone Number:
Telephone: (227) 726-1617 Fax: () -

DEP Form No. 62-213.900(2) Effective: 2/24/99 13

Facility Information			
1.(a) DRY-TO-DRY MAC	HINES ONLY		•
How many dry-to-dry machin	nes do you have or	n-site?	
For each dry-to-dry machine	on-site, please pro	ovide the following information:	
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
08-Dec-91	Existing New	RC (A) None required	_ Same
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	·
*CONTROL DEVICE KEY:	RC = refrig	gerated condenser $CA = c$	arbon adsorber
1.(b) TRANSFER MACHIN	NES ONLY		
How many washers do you ha	ave on-site?	<u>_</u> <u>_</u> 1	
How many dryers/reclaimers	do you have on-si	te? [_]	
unit. If the transfer machine v 1993, it is a NEW unit (no ur	vas purchased from hits purchased afte		
1		ontrol Device Required* ircle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
08-Dec-91 (Ex	kisting/New (R	A None required	Same
Ex	cisting/New R	C/CA/None required	
Ех	kisting/New R	C/CA/None required	
*CONTROL DEVICE KEY:	RC = refrig	gerated condenser $CA = c$	arbon adsorber
2.(a) How much perchloroeth [292.5] gallons (hylene (perc) have You must fill this	you used within the last 12 mon in) FROM March	ths? to March.
(b) If less than 12 months,	how many? [_] months	
Check why it is less that	an 12 months: N	ew owner: [] Did not keep	records: []
	N	ew store: [] New machine []

DEP Form No. 62-213.900(2) Effective: 2/24/99 Unopened store [____] (date of expected opening _

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.)
Small Area Source []
Dry-to-dry machines only on-site (used less than 140 gallons of perc per year) Transfer only on-site (used less than 200 gallons of perc per year) Both machine types on-site (used less than 140 gallons of perc per year)
Large Area Source [X]
Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year) Transfer only on-site (used 200 - 1,800 gallons of perc per year) Both machine types on-site (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing machines at small area source (NONE REQUIRED) [] New machines at small area source Refrigerated condenser []
Existing machines at large area source Carbon adsorber [
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 (see attached memo for the criteria).
All steam and hot water generating units exempt No such units on-site OR
How many boilers do you have on-site? []
For each boiler, indicate its horsepower (HP) rating: [] []
What type of fuel do you use? [] propane [] No. 2 fuel oil [] No. 4 fuel oil [] Other (please list)
6. 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/solvent addition log
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring []
(e) Startup, shutdown, malfunction plan

DEP Form No. 62-213.900(2)

Effective: 2/24/99

7. Surrender o	of Existing DEP Air Permit(s)
Please indicat	te with an "X" the appropriate selection:
[]	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are
[]	No DEP air permits currently exist for the operation of the facility indicated in this notification form
Responsible	Official Certification
this notif statemen maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in facility. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
SAND Print nan	DEFOSSES ne of responsible official
Signature	Arg-01 Date

DEP Form No. 62-213.900(2) Effective: 2/24/99

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

COMPLIANCE	INSPECTION CHECKLIST	
TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISC	OVERY
	stom Cleaners	·
PART I: NOTIFICATION	·	
(check appropriate box) 1. Existing facility notified DARM by 9/1/96. 2. New facility notified DARM 30 days prior to sta 3. Facility failed to notify DARM to use general pe	•	
	A STATE OF THE STA	
PART II: CLASSIFICATION		
Facility indicated on notification form that it is: (check appropriate box)		
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	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)	0
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td>0</td></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td>0</td></x<2,>	0
This is a correct facility classification	ØY □N	
If no, please check the appropriate classification:		
facility qualified for a general per facility exceeds above limits and i	s not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) per	urchased within the preceding 12 months	c by this dry cleaning

facility was

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

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Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
Is the temperature differential equal to or greater than 20° F?	DY DN
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?	OY ON ON/A OY ON
4. Assured that the sampling post on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct dialneters 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?	,
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coits?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	A/ND ND YD
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
	OY ON
Maintained receipts for perc purchased? Additional realization and the second se	OY GN
2. Maintained rolling monthly averages of perc consumption?	CI GIN .
3. Maintained leak detection inspection and repair reports for the following:	DY MY
a. documentation of leaks repaired w/in 24 hrs? or,	LI MIN
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ON AN
4. Maintained calibration data? (for direct reading instruments only)	OY ON MINA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY NO Y
6. Maintained startup/shutdown/malfunction plan?	ax axon
7. Maintained deviation reports?	OY MN
Problem corrected?	OY ON
8. Maintained compliance plan, if applicable?	OY ON WON/A
PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	ØY ON
2. Which method of detection is used by the responsible official?	(
Visual examination (condensed solvent on exterior surfaces)	œ
Physical detection (airflow felt through gaskets)	\(\delta'\)
Odor (noticeable perc odor)	Ø

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

	If using direct-reading instrume	ntation	, is the equ	ipment:		
	a. Capable of detecting p	erc vap	or concenti	rations in a range of 0-300 com?	UÝ	ПИ
	b. Calibrated against a s	tandard	gas interv	and after each use		
	(PID/FID only)?	50		R H	ΠY	
	c. Inspected for leaks and	dobviou	is signs of	wear on a weekly basis?	ΠY	
	d. Kept in a clean and se	cure are	a when no	t in use?	ΠY	ПИ
	e. Verified for accuracy	by use o	f duplicate	samples (calorimetric only)?	ΠY	ПИ
3.	Has the facility maintained a leak log?				ΠY	ON
4.	The following areas should be checked	for leaks	s by the ins	pector;		
	·	Leak I	Detected?		Leak	Detected?
	Hose connections, fittings, couplings, and valves	ΠY	D N	Muck cookers	ΩY	MEN
	Door gaskets and seating	ΩY	CB/N	Stills	ΩY	G N
	Filter gaskets and scating	ΩY	UN	Exhaust dampers	ΠY	<u>av</u>
	Pumps	ДY	D N	Diverter valves	ΠY	QŽ,
,	Solvent tanks and containers	ΩY	ŒΝ	Cartridge filter housings	ΠY	M M
	Water separators	ΩY	ØИ			
	Harold Davis	<u> </u>			^	

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- Facility did not install temperature sensor
- Facility evaporates wastewater
- Records riot available to inspector of time of inspection.

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:35a.m. TIME OU	JT: 11:05a.m. AIRS ID# 1030340 001
TYPE OF FACILITY: Perchloroethyle	ne Dry Cleaner
FACILITY NAME: Scott's Custor	n Cleaners DATE: May 30, 1997
FACILITY LOCATION: 2454 McMuller	Booth Rd., Clearwater, FL 34619
RESPONSIBLE OFFICIAL: James Scott	PHONE NUMBER: 726-1677
to be in compliance with DEP Rule 62-213	direments evaluated during this inspection, the facility is found 3.300, Florida Administrative Code (F.A.C.). Universely uirements evaluated during this inspection, the following FOLLOW-UP ACTION REQUIRED
Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
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 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.
The Annual Compliance Certification form has been proper DATE OF NEXT INSPECTION: INSPECTION CONDUCTED BY:	ly certified and submitted to the inspector. Yes No D Tune 15, 1997 (Approximate) Teffrey Orris
INSPECTOR'S SIGNATURE:	100 PHONE NUMBER: 464-4422

Page 1 of 2

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL [COMPLAINT/DISCO	VERY D R	E-INSPECTION D
TIME IN: 10:35a.m.	TIME	OUT: 11:05a.m.	AIRS ID#	1030340 001
TYPE OF FACILITY:	Perchloroeth	ylene Dry Cleaner		
FACILITY NAME:	Scott's Cust	tom Cleaners	DATE	: May 30, 1997
FACILITY LOCATION	N: 2454 McMul	en Booth Rd., Clear	water, FL 34619	
RESPONSIBLE OFFI	CIAL: James Scot	t	PHONE NUMI	BER: 726-1677
to be in compliar Based on the rest	nce with DEP Rule 62-2	equirements evaluated d 213.300, Florida Admini requirements evaluated d	istrative Code (F.A.C	C.).
Did not maintain a log inspection and repair re			nent a leak detection intain a log of leak d	•
Facility did not have rec	ords available at time c	i inspection.		
The Annual Compliance Cer DATE OF NEXT INSPECTION CONDUCT	CTION:	June 15.	_ •	es ☑ No □
INSPECTOR'S SIGNATI	111	MONÃO DUONIE	NIMBER: 11/24	-4427

P.265.302 309

US Postal Service Receipt for Certified Mail No Insurance Coverage Provided

AIRS ID#: 1030340 JAMES R SCOTT JR JAMES R SCOTT JR 755 NORTH INDIAN ROCKS ROAD BELLEAIR BLUFFS FL 33770

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
10	Restricted Delivery Fee	
199	Return Receipt Showing to Whom & Date Delivered	
, Apri	Return Receipt Showing to Whorn, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form 3800, April 1995	Postmark or Date 2/17/	97
8	7 - 71	' /

card to you. Attach this form to the front of the mailpiece, or on the back if spermit. Write 'Return Receipt Requested' on the mailpiece below the ar The Return Receipt will show to whom the article was delivered delivered. 3. Article Addressed to: AIRS ID# 1030330 JAMES R SCOTT JR JAMES R S	4a. Article N P265 4b. Service Register Express	30230 Type ed Mail accipt for Merchandise	d Delivery ster for fee. Certified Insured
5. Received By: (Print Name)	8. Addresse and fee is	e's Address (Only	if requested

PERCHLOROETHYLENE DRY CLEANERS

COMPLIANCE	INSPECTION CHECKLIST	
TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY	0
RE-INSPECT	ION .	
AIRS ID#: 1030340 TIMI	EIN: 9:30a.M-TIMEOUT: 11:0 Custom Cleaners)0 am.
FACILITY NAME: Scott's	Custom Cleaners	<u>.</u>
FACILITY LOCATION: 2454	McMullen Booth Re	\
	water, FL 34619	
	Wase, 12 3 7611	
PART I: NOTIFICATION		
(check appropriate box)		
1. Existing facility notified DARM by 9/1/96		\forall
New facility notified DARM 30 days prior to st	artun	, a
3. Facility failed to notify DARM to use general p		_
2000		
PART II: CLASSIFICATION		
Facility indicated on notification form that it is:		
(check appropriate box)		
A. 1. Existing small area source	2. New small area source	
dry-to-dry only, x<140 gal/yr	dry-to-dry only, x<140 gal/yr	
transfer only, x<200 gal/yr both types, x<140 gal/yr	transfer only, x<200 gal/yr both types, x<140 gal/yr	
(constructed before 12/9/91)	(constructed on or after 12/9/91)	
3. Existing large area source	4. New large area source	
dry-to-dry only, 140 <x<2, 100="" gal="" td="" yr<=""><td>dry-to-dry only, 140<x<2, 100="" gal="" td="" yr<=""><td></td></x<2,></td></x<2,>	dry-to-dry only, 140 <x<2, 100="" gal="" td="" yr<=""><td></td></x<2,>	
transfer only, 200 <x<1,800 gal="" yr<br="">both types, 140<x<1,800 gal="" td="" yr<=""><td>transfer only, 200<x<1,800 gal="" yr<br="">both types, 140<x<1,800 gal="" td="" yr<=""><td>1</td></x<1,800></x<1,800></td></x<1,800></x<1,800>	transfer only, 200 <x<1,800 gal="" yr<br="">both types, 140<x<1,800 gal="" td="" yr<=""><td>1</td></x<1,800></x<1,800>	1
(constructed before 12/9/91)	(constructed on or after 12/9/91)	
This is a correct facility classification	MY ON .	
If no, please check the appropriate classification:		
facility qualified for a general pe	rmit as number above	
	is not eligible for a general permit	l.
B. The total quantity of perchloroethylene (perc) percility was 185 gallons.	ourchased within the preceding 12 months by this d	ry cleaning

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

BEST AVAILABLE COPY

Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	אם עם
Is the temperature differential equal to or greater than 20° F?	מם עם
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	מס אם
4. Assured that the sampling port of the carbon adsorber exhaust for measuring perc concentrations is at least 8 dictidiameters 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?	אם צם
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	מאַמם מם אַם
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	/
Maintained receipts for perc purchased?	MY DN
Maintained rolling monthly averages of perc consumption?	MY ON
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or;	MY DN
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	MY ON
4. Maintained calibration data? (for direct reading instruments only)	DY DN MN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON N/A
6. Maintained startup/shutdown/malfunction plan?	⊡λ ⊠ μ
7. Maintained deviation reports?	DA QN
Problem corrected? (No deviation report)	אם אם /
8. Maintained compliance plan, if applicable?	DY DN DN/A
PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	GY ON
2. Which method of detection is used by the responsible official?	/
Visual examination (condensed solvent on exterior surfaces)	a /
Physical detection (airflow felt through gaskets)	a /
Odor (noticeable perc odor)	ದ⁄

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

	If using direct-reading instrumen	ntation,	is the equipment:			
	a. Capable of detecting p				OY C	אנ
	b. Calibrated against a st (PID/FID only)?	andard g	as throok to and all	er each use		מכ
	c. Inspected for leaks and	abrious	signs of wear on	a weekly basis?		JN .
	d. Kept in a clean and se	cure area	when not in use?			מנ
	e. Verified for accuracy b	y use of	duplicate samples	(calorimetric only)?	מאָ נ	אכ
3. Has	the facility maintained a leak log?				MY C	מב
4. The	following areas should be checked f	or leaks	by the inspector:			
		Leak D	etected?	,	Leak I	Detected?
	Hose connections, fittings, couplings, and valves	ΩY	ØΝ	Muck cookers	ΩY	DVI.
	Door gaskets and seating	ΩY	ØΝ	Stills	ΠY	⊠N
	Filter gaskets and scating	ΩY	אופ	Exhaust dampers	ΠY	DAN
	Pumps	П,Y	MN.	Diverter valves	ΠY	CND
	Solvent tanks and containers	ΩY	M	Cartridge filter housings	ΠY	ØИ
	Water separators	ΩY	ON .			
			THE PARTY OF THE PARTY OF THE PARTY.			
	Don Limno	رم				
	Name of Responsible Official					

Morris Inspector

Inspecto

Date of Inspection

5/12/97

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Economatic Maj: 1988 50 16 Dry-Dry Machine Serial # 3-226

- Perchloroethylene and waste not in secondary containment
- Air out lets temperature exists on machine. It is not demonstrated that the Air outlet temperature, Mr. Scott stated that he believes there is not a temperature sensor on the outlet exhaust. He will have it installed.
- Perc receipts and rolling average Kept at Scott's on Indian Rocks Ru. (main office)
- extensive leak 109.
 - Facility evaporates waste water without carbon filtration.
 - American Boiler Inc. 30 HP Natural Gas

ARS 10#: 1030340

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Scott's Custom Cleaners DATE: 4/17/97
FACILITY LOCATION: 2454 Mc Mullen Booth Rd.
Clearwater, FL 34619
Annual Reporting Period: April 17, 1996 TO April 17, 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.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Did not have a start-up, shutdown, malfunction (GSM) plan in place, with associated recordiceping + deviation re Exact period of non-compliance: from April 17, 1996 to April 17, 1997
Action(s) taken to achieve compliance: Responsible official will develope Maintain an SSM Plan Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Evaporator for separator waste water does not incorporate a pre-filtration system Exact period of non-compliance: from April 17, 1996 to April 17, 1997
Action(s) taken to achieve compliance: Facility May choose to either dispose of Perciontaining separator water as Method used to demonstrate compliance: hazardous waste or incorporate a carbon filtration system with the evaporator (as per Statis quidelines)
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: Name (Please Print) Signature Date

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

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Scott's Custom Cleaners DATE: 4/17/97
FACILITY LOCATION: 2454 Mc Muller Booth Rd.
Clearwater, FL 34619
Annual Reporting Period: April 17; 1996 TO April 17, 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:
Facility does not have temperature sensor on outlet exhaust of refrigerated condenser Dioinot maintain weekly temperature log. Exact period of non-compliance: from April 17, 1996 to April 17, 1997
Action(s) taken to achieve compliance: install temperature sensor designed in range of 32°F-125°F with an accuracy of 0+2°F, In Method used to demonstrate compliance: addition, maintain a weekly temperature ing.
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Could not confirm that temperature sensor was designed to measure 45°F; with an accuracy of ±2°F(±1.1°C)
Exact period of non-compliance: from 7°C) April 17, 1996 to April 17, 1997
Action(s) taken to achieve compliance: Drovide literature demonstating that temperature sensor is designed to Method used to demonstrate compliance: be accurate of ±2°F
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: Dow / 1400 A Signature Date 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/DISCOVE	ERY 🗆	RE-INSPE	CTION 🗹
TIME IN: 10:07 a.m.	TIME O	UT: 11:40 a.m.	AIRS ID#	1030340	0.001
TYPE OF FACILITY:	Perchloroethyle	ne Dry Cleaner			
FACILITY NAME:	Scott's Custon	n Cleaners	DATE: A	ugust 12, 1	997
FACILITY LOCATION :	2454 McMullen	Booth Rd., Clearwa	ter, FL 34619	9	
RESPONSIBLE OFFICIA	L: Don Limone		PHONE NUI	MBER:	726-1677
to be in compliance of Based on the results compliance discrepations COMPLIANCE REQUIPMENT Could not confirm that tendesigned to measure 45°F	with DEP Rule 62-213 of the compliance required incies were noted: IREMENT/PROBLEM Superature sensor was	Obtain verification fro temperature sensor is o	rative Code (F.A ing this inspection was a contract of the manufact designed to meanufact the contract of the manufact designed to meanufact the contract of t	A.C.). On, the following the sure that the sure 45°F	lowing ED ne with an
±2°F.		accuracy of ±2°F, or of the Department would		-	nethod that
·					
		•		· .	
				··	
·			·		
	·				
The Annual Compliance Certifica DATE OF NEXT INSPECTIO	ition form has been proper	ly certified and submitted to August 26 (Approximately 1997)	, 1997	Yes 🗹	No □
INSPECTION CONDUCTED	BY:	Jeff (Please Pri	(O (L12	•	
INSPECTOR'S SIGNATURE	: Yellway In	PHONE N	UMBER: 46	,4-44	122

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:

COMPLAINT/DISCOVERY FI

DE INCRECTION D

THE OF INSPECTION. ANNUAL W	COMPLAINI/DISCOVERT L. RE-INSPECTION L.
TIME IN: 9:30a.m. TIME	OUT: 11:00a.m. AIRS ID# 1030340 001
TYPE OF FACILITY: Perchloroethyle	ne Dry Cleaner
FACILITY NAME: Scott's Custon	m Cleaners DATE: April 17, 1997
FACILITY LOCATION: 2454 McMullen	Booth Rd., Clearwater, FL 34619
RESPONSIBLE OFFICIAL: DON LIMONE	PHONE NUMBER: 813-726-1677
to be in compliance with DEP Rule 62-213	irements evaluated during this inspection, the facility is found .300, Florida Administrative Code (F.A.C.). airements evaluated during this inspection, the following FOLLOW-UP ACTION REQUIRED
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
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 proper DATE OF NEXT INSPECTION:	y certified and submitted to the inspector. Yes \(\bar{Ves} \) \(\bar{Ves} \
DISPECTION CONTRACTOR DA	Toffice

Page \perp of 2

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL D	COMPLAINT/DISCOV	/ERY 🗆	RE-INSPECTION [
TIME IN: 9:30a.m.	TIME	OUT: 11:00a.m.	AIRS ID#	1030340 001
TYPE OF FACILITY:	Perchloroethyle	ne Dry Cleaner		
FACILITY NAME:	Scott's Custo	m Cleaners	DATE: Apri	l 17, 1997
FACILITY LOCATION:	2454 McMullen	Booth Rd., Cleary	vater, FL 346	19
RESPONSIBLE OFFICIA	AL: DON LIMONE	РНО	NE NUMBER: 8	13- 726-1677
to be in compliance	of the compliance requivith DEP Rule 62-213 of the compliance requires were noted:	.300, Florida Adminis	trative Code (F.A	.C.).
COMMENTS:				
Facility needs to install a to	emperature sensor on t	he outlet exhaust of the	e refrigerated con	denser.
	• .			
The Annual Compliance Certifica DATE OF NEXT INSPECTIO		y certified and submitted to	o the inspector.	Yes ☑ No □
INSPECTION CONDUCTED		Jeffrey Ma	imate)	
INSPECTOR'S SIGNATURE	. Wood At age	(Please F	TIMBER. 4/24	L-4421

Page <u>2</u> of <u>2</u>

TITLE V AIR QUALITY GENERAL PERMIT

INSPECTION SUM	IMARY REPORT V
TYPE OF INSPECTION: ANNUAL 🔀 COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:45 a.m. TIME OUT: 2:30 TYPE OF FACILITY: Dry Cleaner (Exist FACILITY NAME: Scott's Custom C FACILITY LOCATION: 755 N. Indian R Belleair Bluffs, RESPONSIBLE OFFICIAL: James Scot	leaners, Inc. DATE: 1/27/97 ocks Rd. Fl 33770
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evalua discrepancies were noted:	
Did not repair or adjust equipment within 24 hours when exhaust temperature exceeded 45°F	Repair or adjust equipment within 24 hours if exhaust temperature exceeds 45°F. Repair will need to be documented
Did not maintain record of exhaust temperature, monitoring weekly record.	Develop and implement exhaust temperate of refrigerator condensor on weekly basis.
Did not maintain a start-up, Shutdown, malfunction plan and deviation report.	Develop a plan that describes procedures for maintaining and operating equipment during periods of start-up and shutdown associated with malfuction or use EPAR O+M Manual
Did not conduct a weekly leak detection and repair inspection	Develop and implement a weekly leak oletection and repair inspection log. Keep log of maintenance oxtions.
water separator evaporator does not incorporation a carbon adsorption system.	Facility may either dispose of separator water as hazardous waste, or incorporate a carbon filtration system (as per state's guidance) prior to evaporation.
Did not maintain rolling Perchloroethylene averages.	Develop and implement a record keeping procedure that maintains monthly purchase a amount (Perc) as a 12 month rolling average.
COMMENTS:	
The Annual Compliance Certification form has been properly certification	ed and submitted to the inspector.
DATE OF NEXT INSPECTION: January (App	727, 1998 m February 27, 1997
INSPECTION CONDUCTED BY:	rey Morris ase Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 464-4427
/// Page 1	of 2 . Revised 10/96

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COM	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 10:45 a.m.	TIME OUT: 2.8	AIRS ID#:	1030340
TYPE OF FACILITY: DA	, Cleaner (Existin	g Large-a-Solym Are	a Source)
FACILITY NAME: Sc	ott's Custom ?	Tleavers	DATE:
FACILITY LOCATION: 7	55 N. Indian	Rocks Rd.	
	Belleair Bluff	s, FL 33770	
RESPONSIBLE OFFICIAL:	JamesScott	PHONE NUMBER:	585-4515
	ne compliance requirements evalua ale 62-213.300, Florida Administr	ated during this inspection, the facilitative Code (F.A.C.).	ty is found to be in
Based on the results of the discrepancies were noted		ated during this inspection, the follow	wing compliance
	IREMENT/PROBLEM	FOLLOW-UP ACTIO	_
Could not determ temperature sens refrigerator conder to measure 45°F	nine if the sor at outlet of the isor was designed with an accuracy ofter	Determine from the me if sensor was design 45°F to winthin IZ° that the detartment w	nanufacturer sed to measure fror some othermeons build consider appropriate,
	. <i>,</i> ,		
·			
		·	
·			
\ .			
COMMENTS:			
The Annual Compliance Certificat	tion form has been properly certif	ied and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION	l: J o	muary 27, 1998	March 4, 1997
INSPECTION CONDUCTED B	Y: Je	proximatey Frey Morris ease Print)	, , ,
INSPECTOR'S SIGNATURE:_	Ally Hami	PHONE NUMBER:_	464-4422

airs id#: 1030340

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Scott's Custom Cleaners, Inc. DATE: 1/27/97 FACILITY LOCATION: 755 N. Indian Rocks Rd. Belleair Bluffs, FL 33770
Annual Reporting Period: January 27, 1996 19 on To January 27, 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:
(2)(k) 1. Responsible official shall maintain monitoring information
Exact period of non-compliance: from January 27, 1996 to January 27, 1997
Action(s) taken to achieve compliance: Will log data
Method used to demonstrate compliance: using provided forms.
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
(5)(b) 3-am Comply with requirements listed for newsmall area Sources. Measure and record refrigerator condensor tempor Exact period of non-compliance: from January 30,1996 to January 30, 1997
Action(s) taken to achieve compliance: Will record temperature date on a weekly
Method used to demonstrate compliance: will calibrate and record temperature sensor data.
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: James R Soft Sr. James Signature Date

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

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

·
FACILITY NAME: Scott's Custom Cleaners, Inc. DATE: 1/27/97 FACILITY LOCATION: 755 N. Indian Rocks Rd. Belleair Bluffs, FL 33770
Annual Reporting Period: January 27, 1996 TO January 27, 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
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:
(2)(1) 2. Responsible official shall submit a start-up, shutdown and malfunction report. Exact period of non-compliance: from January 38, 27, 1996 to January 27, 1997
Action(s) taken to achieve compliance: Develop start-up, shutdown plan and olevelop a malfunction report. Develop plan + report.
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: (1) (a.) 1. (2-625.400 (2) (9) Prohibit the discharge of pollutant which results in the presence of toxic gases. (Specifically, water separator) Exact period of non-compliance: from January 27, 1996 to January 27, 1997
Action(s) taken to achieve compliance: will add absorbtion system to both dry-dry machines and log carbon filter changes. Method used to demonstrate compliance: Responsible official will seek direction from consultant or small business assistance program to develop filtration system.
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: Jans RS (off Jr., 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.

-Revised	10/10/96

AIRS ID#: _____

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:		p.	ATE:
FACILITY LOCATION:	· .	·	<u> </u>
·			,
<u></u>			
Annual Reporting Period:	19	_ то	19
Based on each term or condition of the Title V general 62-213.300, Florida Administrative Code (F.A.C.), dur		· —	th DEP Rule
	ang alo ponoa covor	or of this smeanch. — 1155	_110
If NO, complete the following:			
#1. Term or condition of the general permit that has no	ot been in continuou	s compliance during the reporting	period stated above:
<u> </u>	•		
Exact period of non-compliance: from	5	to <u>'</u>	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
#2. Term or condition of the general permit that has no	ot been in continuous	s compliance during the reporting	period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
1			
Method used to demonstrate compliance:			
As the responsible official, I hereby certify, based on in made in this notification are true, accurate and comple upon rolling averages of purchase receipts, does not ex year for transfer or combination facilities.	ete. Further, my ann	ual consumption of perchloroethy	vlene solvent, based
RESPONSIBLE OFFICIAL:			0
Name (Please I	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.

Page _____ of ____.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

•
FACILITY NAME: Scott's Custom Cleaners, Inc. DATE: 1/27/97
FACILITY LOCATION: 755 N. Indian Rocks Rd.
Belleair Bluffs, FL 33770
Annual Reporting Period: January 27, 1996 TO January 27, 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
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:
(7)(a) The responsible official must conduct a weekly leak detection and repair inspection of the facility. Exact period of non-compliance: from January 27, 1996 to January 27, 1997
Action(s) taken to achieve compliance: Weekly leak detection & repair inspection logs will be maintained. Method used to demonstrate compliance: Responsible official was given direction (Sample forms) by the inspect or.
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
(6)(b) The responsible official shall record total amount of perchioroethylene purchased to maintain a rolling average Exact period of non-compliance: from January 30,41992 to January 30,41997
Action(s) taken to achieve compliance: Rolling averages will be maintained.
Method used to demonstrate compliance: Responsible
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.

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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#:

<u> </u>
FACILITY NAME: Scott's Custom Cleaners DATE: 1/27/97 FACILITY LOCATION: 755 N. Indian Rocks Rd. Belleai-Bluffs, FL 33770
Annual Reporting Period: January 27, 1996 TO January 27, 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.
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:
(1)(a)2. The emissions unit or activity vould be subject no-un specific applicable requirement to any 27, 1997 Exact period of non-compliance: From Tanuary 27, 1996 to January 27, 1997 Action(s) taken to achieve compliance: Determine from the manufacturer if sensor was designed to measure 45°F to within 12°F With a operator will obtain letter from manufacturer. #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
Action(s) taken to achieve compliance: Method used to demonstrate compliance:
j i ·
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: RESPONSIBLE OFFICIAL: RESPONSIBLE OFFICIAL: RESPONSIBLE OFFICIAL:
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.

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	ON COMPLAINT/DISCOVERY
FACILITY NAME: Scott's FACILITY LOCATION: 2454	IN: 10:07a.m. TIME OUT: 11:40 a.m. Custom Cleaners Mc Mullen Booth Rd. voter, FL 34619
PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	a/
2. New facility notified DARM 30 days prior to sta	artup a
3. Facility failed to notify DARM to use general pe	ermit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,></td></x<2,>	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,>
This is a correct facility classification If no, please check the appropriate classification:	MY ON
facility qualified for a general per facility exceeds above limits and i	rmit as number above is not eligible for a general permit ourchased within the preceding 12 months by this dry cleaning

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

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Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ОУ ОИ
Is the temperature differential equal to or greater than 20° F?	OY ON
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?	DY DN DN/A
Is the perc concentration equal to or less than 100 ppm?	ОУ ОИ
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 ductivilian turns 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?	ОУ ОИ
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	at on
2. Maintained rolling monthly averages of perc consumption?	CY ON
3. Maintained leak detection inspection and repair reports for the following:	/
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	DY ON
4. Maintained calibration data? (for direct reading instruments only)	ANNO NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON N/A
6. Maintained startup/shutdown/malfunction plan?	ray on
7. Maintained deviation reports?	DY ON
Problem corrected?	מם עם
Problem corrected? 8. Maintained compliance plan, if applicable?	OY ON MIN/A
8. Maintained compliance plan, if applicable?	/
8. Maintained compliance plan, if applicable? PART VI: LEAK DETECTION AND REPAIRS	/
8. Maintained compliance plan, if applicable? PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly leak detection and repair inspection?	/
8. Maintained compliance plan, if applicable? PART VI: LEAK DETECTION AND REPAIRS	OY ON MIN/A
8. Maintained compliance plan, if applicable? PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly leak detection and repair inspection? 2. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces)	OY ON MIN/A
8. Maintained compliance plan, if applicable? PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly leak detection and repair inspection? 2. Which method of detection is used by the responsible official?	OY ON MIN/A

If using direct-reading instructions a. Capable of detecting b. Calibrated against a	g perc vap			ΟV	
a. Capable of detecting b. Calibrated against a	g perc vap	or concentrat	ions in a range of 0-500 nam?	$\Box v$	
b. Calibrated against a			ions in a range of 0 500 ppint	UY	ΠИ
(PID/FID only)?	standard	gas prior to a	nd after each us to (e''	ΟY	□и
c. Inspected for leaks a				ŪΥ	□и
d. Kept in a clean and	secure are	a when not i	n use?	ΟY	□и
e. Verified for accurac	y by use o	f duplicate sa	mples (calorimetric only)?		ПN
3. Has the facility maintained a leak log				MY I	ΠN
4. The following areas should be checke	d for leaks	s by the inspe	ctor:		
T.	Leak I	Detected?		Leak l	Detected?
Hose connections, fittings, couplings, and valves	ΩY	W N	Muck cookers	ΩY	CHY
Door gaskets and seating	ΩY	DN	Stills	ΩY	ØΝ
Filter gaskets and scating	ΩY	ωN	Exhaust dampers	ΩY	MN
Pumps	Ο̈́Υ	ØΝ	Diverter valves	ΩY	ΘN
Solvent tanks and containers	ΩY	ME	Cartridge filter housings	ΩY	OX
Water separators	ΩY	DN.			

Inspector's Name (Pleasa Print)

Inspe

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

-According to facility records 8/9/97 the refrigerated condenser read 52°F during coot down period operatina machine (8/12/97) corrective action need to be installed Condenser. No date written . When installed. Facility operating non compliance. Facility operator not at facility at time of inspection compliance appears to existed 8/1/97 Temp 42°F. 8/9/97 = Temp 52°F as to when action No date written will be corrected.

- No material/specs that temperature sensor is designed for accuracy of t2°F. (F.G. Manufacturing 6605 Lunn Ro. -FAX Lakeland, FL 3381 WFrank Gossy 646-6719)
- Temp sensor probe reads temp on outlet exhaust. Probe needs to be adjusted to read temp in outlet Istream.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISC	COVERY
RE-INSPECT		
For Lindus 551h Dry-	Dry	
AIRS 10#: 1030340 TIM	EIN: 10:45 a.m. TIME OUT:	2:30 p.m.
FACILITY NAME: Scott's C	ustom Cleaners	
FACILITY LOCATION: 7.55 N.	Indian Rocks Ro	<u>.</u>
Bellenie	- Bluffs, FL 34619	
PART I: NOTIFICATION		
(check appropriate box)		
Existing facility notified DARM by 9/1/96*		S
2. New facility notified DARM 30 days prior to s	tartup	
3. Facility failed to notify DARM to use general p	permit	
PART II: CLASSIFICATION		
Facility indicated on notification form that it is (check appropriate box)	:	
Α.		
1. Existing small area source	2. New small area source	
dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr	dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr	
both types, x<140 gal/yr	both types, x<140 gal/yr	
(constructed before 12/9/91)	(constructed on or after 12/9/91)	
3. Existing large area source	4. New large area source	
dry-to-dry only, 140 <x<2, 100="" gal="" td="" yr<=""><td>dry-to-dry only, 140<x<2, 100="" gal="" td="" yr<=""><td></td></x<2,></td></x<2,>	dry-to-dry only, 140 <x<2, 100="" gal="" td="" yr<=""><td></td></x<2,>	
dry-to-dry only, 140 <x<2, 100="" 200<x<1,800="" gal="" only,="" td="" transfer="" yr="" yr<=""><td>dry-to-dry only, 140<x<2, 100="" 200<x<1,800="" gal="" only,="" td="" transfer="" yr="" yr<=""><td></td></x<2,></td></x<2,>	dry-to-dry only, 140 <x<2, 100="" 200<x<1,800="" gal="" only,="" td="" transfer="" yr="" yr<=""><td></td></x<2,>	
dry-to-dry only, 140 <x<2, 100="" gal="" td="" yr<=""><td>dry-to-dry only, 140<x<2, 100="" gal="" td="" yr<=""><td></td></x<2,></td></x<2,>	dry-to-dry only, 140 <x<2, 100="" gal="" td="" yr<=""><td></td></x<2,>	
dry-to-dry only, 140 <x<2, 100="" gal="" yr<br="">transfer only, 200<x<1,800 gal="" yr<br="">both types, 140<x<1,800 gal="" td="" yr<=""><td>dry-to-dry only, 140<x<2, 100="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""><td></td></x<2,></td></x<1,800></x<1,800></x<2,>	dry-to-dry only, 140 <x<2, 100="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""><td></td></x<2,>	
dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2,>	dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>	
dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" a="" before="" both="" classification<="" correct="" facility="" gal="" is="" only,="" td="" this="" transfer="" types,="" yr=""><td>dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2,>	dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>	
dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" a="" appropriate="" before="" both="" check="" classification="" classification:<="" correct="" facility="" gal="" if="" is="" no,="" only,="" please="" td="" the="" this="" transfer="" types,="" yr=""><td>dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2,>	dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>	

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

NOT INSPECTED Non-Applicable 2. Measured and recorded the washer exhaust temperature at the condenser DY DNE inlet and outlet weekly? Is the temperature differential equal to or greater than 20° F? DY ON 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, DY DN MYA if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm? DY DN 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, DY DN DNA or expansion; and downstream from no other inlet? 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coits? 6. Routed airflow to the carbon adsorber (if used) at all times? DY DN WN/A PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) MY DN 1. Maintained receipts for perc purchased? DY MN 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) DY DN N/A 5. Maintained exhaust duct monitoring data on perc concentrations? DY WN 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? · Problem corrected? (no deviation report) DY DN WNA 8. Maintained compliance plan, if applicable? PART VI: LEAK DETECTION AND REPAIRS MY MYSM 1. Does the responsible official conduct a weekly leak detection and repair inspection? 2. Which method of detection is used by the responsible official? (official verbally stated that leaks are checked, noting or record Visual examination (condensed solvent on exterior surfaces) Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

Odor (noticeable perc odor)

Non	- Ap	olicabl	e			
If using direct-reading instrum						
 Capable of detecting 	ΩY	ΠN				
b. Calibrated against a (PID/FID only)?	ΟY	ΠN				
c. Inspected for leaks an	c. Inspected for leaks and obvious signs of wear on a weekly basis?					
d. Kept in a clean and s	secure are	ea when not	in use?	\Box Y	□N ·	
e. Verified for accuracy	by use o	f duplicate s	amples (calorimetric only)?	ПY	ПN	
3. Has the facility maintained a leak log?				ΠY	MM	
4. The following areas should be checked	for leak	s by the insp	ector:			
	Leak l	Detected?		Leak	Detected?	
Hose connections, fittings, couplings, and valves	ПY	ØИ	Muck cookers	ПY	M	
Door gaskets and seating	ΩY	M	Stills	ΩY	ME	
Filter gaskets and seating	_ OY	ΣΝ	Exhaust dampers	ΠY	ØN	
Pumps	Ω̈́,Y	DAN	Diverter valves	ΠŸ	GN	
Solvent tanks and containers	ΩY	M	Cartridge filter housings	ωY	© N	
Water separators	ΠY	ŒŃ	• .			
Jim Scott	<u> </u>		·			

ADDITIONAL SITE INFORMATION:

- Dry-Dry Machine 1516. machine
- still heater is leaking
- no containment leakage
- at cool down refrigerator condensor at 500F
- no refrigerator condensor temperature sensor calibration
- A/c repair personnel to perform repairs on the condensor, afternoon of 1/27/97.
- no carbon filter associated with water separator

Miraclean 551b. Model 165-5 Ser. # 6066

- refrigerator temperature condensor 40° Fend of drying
- no carbon filter associated with water separator.
- log water separator carbon changes for both machines.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
JAMES R SCOTT JR
2. Site Name (For example, plant name or number):
Scott's Custom Cleaners
3. Hazardous Waste Generator Identification Number:
FLD 982172892
4. Facility Location: 2454 McMullen Booth Road Street Address: 2454 McMullen Booth Road
Street Address: 270 7 County: Pinn Zip Code: 34619
City. Clear Large County. 11/11 Zip code. 3-1611
5. Facility Identification Number (DEP Use):
529501988 1030340
Describle Official
Responsible Official
6. Name and Title of Responsible Official:
James K Scott Tr. Durin
3000 3.7
7. Responsible Official Mailing Address:
James K Scott Str. Owner 7. Responsible Official Mailing Address: Organization/Firm: Scott's Custom Cleaners
7. Responsible Official Mailing Address: Organization/Firm: Scoff's Custom Cleaners Street Address: 755 North Indian Raks Road City: Bellegic Ridds County: 0 Zip Code: 33770
Street Address: 755 North Indian Raks Road City: Belleain Blotds County: Pinn. Zip Code: 33770
Street Address: 755 North Indian Raks Road Zip Code: 33770 8. Responsible Official Telephone Number:
Street Address: 755 North Indian Raks Road City: Belleain Blotds County: Pinn. Zip Code: 33770
Street Address: 755 North Indian Raks Road Zip Code: 33770 8. Responsible Official Telephone Number:
Street Address: 755 North Indian Raks Road City: Belleain Bloth County: Pinn. Zip Code: 33770 8. Responsible Official Telephone Number: Telephone: (\$13) 585 - 4515 Fax: (\$55) 585 - 4801
Street Address: 755 North Indian Raks Road City: Belleain Bloth County: Pinn Zip Code: 33770 8. Responsible Official Telephone Number: Telephone: (813) 585 - 4515 Fax: (885) 585 - 4801 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): Donal Donal Donal Manager
Street Address: 755 North Indian Raks Road City: Belleain Bloth County: Pinn. 8. Responsible Official Telephone Number: Telephone: (\$13) 585 - 4515 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 1. Manager Plant Manager
Street Address: 755 North Indian Rates Road City: Belleain Bloth County: Pinn Zip Code: 33770 8. Responsible Official Telephone Number: Telephone: (\$13) 585 - 4515 Fax: (\$45) 585 - 4801 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager):

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

11. Facility Contact Telephone Number:

Telephone: (43)726 -1677

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Fax: (813) 585 - 4801

Bureau of Air Monitoring & Mobile Sources

1030340

P.14
1. (a) add date control
device installed 1. (c) should not be marked

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
1		Initially	Device	l	Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit									
(1) w/ ref. condenser	41	01-14-88							
(2) w/ carbon adsorber									
(3) w/ no controls	1							,	
Washer Unit		•	•	•					
(4) w/ ref. condenser									
(5) w/ carbon adsorber					• .				
(6) w/ no controls			11						
Dryer Unit		'	•						_
(7) w/ ref. condenser		T			<u> </u>				
(8) w/ carbon adsorber				1					
(9) w/ no controls	 	1			1				<u> </u>
Reclaimer Unit			•						
(10) w/ ref. condenser									
(11) w/carbon adsorber		1				1			
(12) w/ no controls	T	<u> </u>		†		1 .		†	
(b) Control devices are (c) No control devices 2.(a) What was the total (270) (b) If less than 12 mon Check why it is les	are r quant galle	equired to be tity of perchloons ow many? [installed [_oroethylene] month	(perc)) purchased i	n the latest 12			·
3. What is the facility's so (Indicate with an "X". Existing small a Existing large as	Selec	ct one classif	ication only.) lew sı	initions foun mall area sou arge area sou	urce [נ	Part II?	·
	Ju		•		-0		_		

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 What control technology is required on machines p (Indicate with an "X".) 	sursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser [X]
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser	•
to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site: All steam and hot water generating units on-site (1)	nits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring a	nd Recordkeeping Information
Check all logs which are required to be kept on-site i	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	ι χ ί
(b) Leak detection inspection and repair	r X
(c) Refrigerated condenser temperature monitoring	ι % ί ι χ ί ι χ ί
(d) Carbon adsorber exhaust perc concentration mon	
(e) Instrument calibration	<u>∟</u> . ⊯
(f) Start-up, shutdown, malfunction plan	₩

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Surrender of Existing Air Permit(s)

Please indicate	with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ц	No air permits currently exist for the operation of the facility indicated in this notification form.
w e	Responsible Official Certification
this notific statements maintain i	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.
I will proi	nptly notify the Department of any changes to the information contained in this notification.
Signature	en A Scott Q 8-20-96 Date

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

1030340

1		•
Facility Owner/C JAMES 2. Site Name (For e	P.14 1. (a) add date const device inst 1. (c) should not marked	alled by - Allex
ScoH's Hazardous Waste		
FLD 983 Facility Location Street Address: City: Clearu Facility Identific 52950	RECEIVE NOV 1, 2, 199 AIR QUALI	96
Name and Title (Tomes Responsible Offi Organization/Firm Street Address: 7 City: Bellegic	Scoff's Custom Cleaners To North Indian Ra Blots County: Pinn.	ales Road Zip Code: 33770
. Responsible Offici	al Telephone Number:	845) 882 - 4801

9. Name and Title of Facility Contact (For example, plant	manager):
Donald J Limone	Plant Monager
10. Facility Contact Address: Scott's Luston Clewers Front Address:	
Succes Address: 242 4 Momoller 1000	the Road
City: Clearmoston County: P.	2ip Code: 34619
11. Facility Contact Telephone Number:	
Telephone: (43)726 -1677	Fax: (813) 585 - 4801

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Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
JAMES R SCOTT JR
2. Site Name (For example, plant name or number):
Scott's Custom Cleaners
3. Hazardous Waste Generator Identification Number:
FLD 982172892
4. Facility Location: 2454 McMullen Booth Road Street Address:
Street Address: 70 / County: Pinn Zip Code: 34619
Chy. Clear Later County. 17/17
5. Facility Identification Number (DEP Use):
529501988 1030340
Responsible Official
6. Name and Title of Responsible Official:
James X Coott Tr. During
7. Responsible Official Mailing Address:
Organization/Firm: Scoff's Custom Cleaners
Street Address: 755 North Indian Rocks Road City: Belleain Bloth County: Pinn. Zip Code: 33770
· · · · · · · · · · · · · · · · · · ·
8. Responsible Official Telephone Number: Telephone: (\$13) 585 - 4515 Fax: (\$45) 585 - 4801
100phone. (\$13) 363 - 43)2 12x. (363) 863 - 460/
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
9. Name and Title of Facility Contact (For example, plant manager):
9. Name and Title of Facility Contact (For example, plant manager):
9. Name and Title of Facility Contact (For example, plant manager): Donal & J Limone Plant Manager 10. Facility Contact Address: Scott's Custon Clemers Street Address: 2454 manufer Booth Road
9. Name and Title of Facility Contact (For example, plant manager): Donal J Limone Plant Manager 10. Facility Contact Address: Scott's Custon Clemers Street Address: 2454 memoller Booth Road City: Clearunfor County: Pinn. Zip Code: 34619
9. Name and Title of Facility Contact (For example, plant manager): Donal & J Limone Plant Manager 10. Facility Contact Address: Scott's Custon Clemers Street Address: 2454 manufer Booth Road

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Bureau of Air Monitoring & Mobile Seurces

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control	1	Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	'ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93 01 – I.An	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
			01-1AR	·- 55	45.				
Dry-to-Dry Unit	<u> </u>				31.4	4.3			
(1) w/ ref. condenser	#1	01-341-88	5-6-89	#2	18-Au 86	1			
(2) w/ carbon adsorber								1	
(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	· · · · ·					1		<u> </u>	
Reclaimer Unit		<u> </u>	- 			- • • • • • • • • • • • • • • • • • • •	•		
(10) w/ ref. condenser									
(11) w/carbon adsorber				-	<u> </u>	· · · · · · · · · · · · · · · · · · ·		†	<u> </u>
(12) w/ no controls	 	 						 	
(b) Control devices are	are r	equired to be	installed [*	JAS		-		
2.(a) What was the total of 270	quant gallo	ity of perchl	oroethylene	(perc)	purchased i	n the latest 12	2 mo	nths?	
(b) If less than 12 mon Check why it is less					_] New store	:: [] Did	not l	ceep records:	
3. What is the facility's so (Indicate with an "X".					initions foun	d in section (3) of	Part II?	
Existing small a	rea so	ource []	N	ew si	nall area sou	rce []		
Existing large ar	ea so	urce X	N	lew la	irge area sou	rce [J	•	

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

 What control technology is required on machines pure (Indicate with an "X".) 	suant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber [] Re	efrigerated condenser [X]
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
	ts shall not be eligible to use the general permit pursuant
to Rule 62-213.300, F.A.C. Verify that all steam and he exemption criteria or that no such units exist on-site:	ot water generating units on-site meet the following
All steam and hot water generating units on-site (1) have boiler HP or less), and (2) are fired exclusively by natural during which propane or fuel oil containing no more the	ral gas except for periods of natural gas curtailment
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 a	accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	ιXυ
(b) Leak detection inspection and repair	LXX · · · ·
(c) Refrigerated condenser temperature monitoring	序() (文)
(d) Carbon adsorber exhaust perc concentration monito	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	ι χ ί

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

Surrender of Existing Air Permit(s)

Please indicate	e 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)
ιX	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
	mptly notify the Department of any changes to the information contained in this notification. Changes Affective 1-27-57 8-20-96 Date

NORTHWOOD DRY CLEANER AIR QUALITY GENERAL PERMIN ANNUAL COMPLIANCE CERTIFICATION FORM © AMohila Gruneus AIRS ID#1030340 JAMES R SCOTT JR JAMES R SCOTT JR 755 NORTH INDIAN ROCKS ROAD **BELLEAIR BLUFFS FL 33770** Do NOT Remove Label Annual Reporting Period: 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 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 Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

^{*}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#: /0303 <u>%</u>

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Scott's Custom Cleanors DATE 1/2	7/98
FACILITY LOCATION: 2K54 Me Mullen Booth Rd. Smile 205 C Clearwater FL 3	· ·
Clearwater FL3	
We of	
Annual Reporting Period: 8/12/97 19 TO 9/27/98 Nor 19	-19 C
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DER Role 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	o
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	i above:
Did not second linking gasket on Still door, in leak log. Par	to are orde
Did not seecond linking quited on Still door, in leak log. Par Exact period of non-compliance: from 10-16-98 to 1-27-98	
Action(s) taken to achieve compliance: On dered Pont	
Action(s) taken to achieve compliance: On dered Part Method used to demonstrate compliance: Part replaced	
#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	-
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 statemade in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallowyear for transfer or combination facilities.	based
RESPONSIBLE OFFICIAL: James & Scott Jr. James & Scott Jr. James & Scott Jr.	5-98 ate

^{*}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#: 1030340 001	DATE: 7/27/98 TIME IN: 1:15 TIME OFT: 2:15					
FACILITY NAME:	Scott's Custom Cleaners					
FACILITY LOCATION:	2454 McMullen Booth Rd.					
·	Clearwater, FL, 34619					
RESPONSIBLE OFFICIAL: James R. Scott Phone No.: 720cl 677						
Permit No. 1030340-001-AG Exp. Date: 09/26/2001						
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.).						
	ults of the compliance requirements evaluated during this inspection, the following compliance ere noted (only items which are checked):					

Inspection Summary Report Guidance

Inspection Summary Report Guidance							
Compliance Requirement/Problem	Follow-up Action Required						
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						
Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.						
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.						
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 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.						
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.						

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY COMPLAINT/DISCOVERY	
AIRS ID#: 1030340 001 DATE: 12798 TIME IN: 1.15 TIME OUT: 2 FACILITY NAME: Scott's Custom Cleaners Clearwater, FL, 34619 RESPONSIBLE OFFICIAL: James R. Scott CONTACT: Sandy Defosses PHONE: PHONE:	115
PART I: NOTIFICATION	
(Check appropriate box)	
1. Existing facility notified DARM By 9/1/96	旦
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. 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) 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)	
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) 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)	
This is a correct facility classification:	
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 facility was 236 gallons.	cleaning

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	97	ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□N	QN/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠN	Ū 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?	ΠY	ΠN	©N/A
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	ΠN	ÓN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΠY	ΠN	A/AE
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□N	A/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□N	A/ K E

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? (A+ H. Bellean Plant) 2. Maintained rolling monthly total of perc consumption? (At the Bellevin Rac 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; DY DN DN/A b. documentation of parts ordered to repair leak and leak repaired w/ and parts installed w/in 5 days of receipt? DY UN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN PM/A 5. Maintained exhaust duct monitoring data on perc concentrations? DY DN DN/A 6. Maintained startup/shutdown/malfunction plan? OY ON 7. Maintained deviation reports? No derahims DY DN DN/A Problem corrected? DY DN DN/A 8. Maintained compliance plan, if applicable? DY DN 977A

PEA_HLOROETHYLENE DRY CLEANL_..5 TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION
AIRS ID#: 1030340 001 DATE: 8/24/98 TIME IN: 1230 TIME OUT: 2:00 FACILITY NAME: Scott's Custom Cleaners FACILITY LOCATION: 2454 McMullen Booth Rd. Clearwater, FL, 34619 RESPONSIBLE OFFICIAL: James R. Scott CONTACT: Sandy Deformer PHONE: 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) A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (Constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 < x < 2,100 gal/yr transfer only, 200 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr (Constructed before 12/9/91) This is a correct facility classification: If no, please check the appropriate classification: If acility qualified for a general permit as number above In no notification form Drop store / out of business / petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr (Constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 < x < 2,100 gal/yr transfer only, 200 < x < 1,800 gal/yr (Constructed on or after 12/9/91) Can not determine If no, please check the appropriate classification: If acility qualified for a general permit as number above If acility 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 was3_6 gallons.

PART III: GENERAL CONTROL REQUIREMENTS						
Is the responsible official of the dry cleaning facility: (check appropriate boxes)						
Storing perchloroethylene in tightly sealed and impervious containers?	Y	ПN	□ NA			
2. Examining the containers for leakage?	T Y	□ N	□ NA			
3. Closing and securing machine doors except during loading/unloading?	☑ Y	ПN				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	⊉ Y	ПN	□NA			
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☐ Y	□N	D NA			
	_					
PART IV: PROCESS VENT CONTROLS						
In Part II-A:						
If classification (1) has been checked, no controls are required. Proceed to Pa	rt 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?	¥Υ	ПN				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ΘÝ	ΠN	☐ NA			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	₽Ý	ПN	□NA			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?						
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?						
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged?						

В.		
	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	Of On
.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?	OY ON ONA
	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?	Oly On Oma
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?	Dy Dn Drá
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	Dy On Ora
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN DRYA
PA	ART V: RECORDKEEPING REQUIREMENTS	
H	as the responsible officials	
(cl	as the responsible official: heck appropriate boxes)	
	heck appropriate boxes) Maintained receipts for perc purchased?	GTY ON
1.		GY ON
1. 2.	Maintained receipts for perc purchased?	Gy On Oy On
1. 2.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	Gy On Oy On Oy On Ona
1. 2.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	DY ON
 2. 3. 	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ONA
 2. 3. 4. 	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ONA
 2. 3. 	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instrument only) Maintained exhaust duct monitoring data on perc concentrations?	DY ON ONA OY ON ONA OY ON ONA
 1. 2. 3. 4. 6. 	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instrument only) Maintained exhaust duct monitoring data on perc concentrations?	OY ON ONA OY ON ONA OY ON ONA OY ON ONA
 1. 2. 3. 4. 6. 	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instrument only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	DY ON ONA OY ON ONA OY ON ONA OY ON ONA OY ON ONA

PA	PART VI: LEAK DETECTION AND REPAIRS					
1.	Does the responsible official c inspection?	onduct	a wee	kly (for sn	nall sources, bi-weekly) leak	detection and repair
2.	Has the facility maintained a l	eak log	₅ ?			DHY ON
3.	Does the responsible official c	heck tl	ne follo	owing area	s for leaks:	
	Hose connections, fitting couplings, and valves	un	_ DN	□NA	Muck cookers	BY ON ONA
	Door gaskets and seating	Y	\square_N	□NA	Stills	DY ON ONA
	Filter gaskets and seating	UÝ	\square_{N}	□NA	Exhaust dampers	Oy On Oma
	Pumps		\square_{N}	□NA	Diverter valves	ØY ON ONA
	Solvent tanks and containers	T Y	ΠN	□NA	Cartridge Filter housing	⊠y □n □na
	Water separators	T Ý	\square_{N}	□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 pe	rc vap	or con	centrations	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?						$\square_{Y} \square_{N}$
	d. Kept in a clean and sec	ure are	a wher	n not in use	e.·	$\square_{\mathrm{Y}} \square_{\mathrm{N}}$
	e. Verified for accuracy by	use of	duplic	ate sample	s (calorimetric only)?	□Y □N
Margaref V. Hennis [Inspector's Name (Please Print)] Margaref V. Humin Inspector's Signature 8/24/98 Date of Inspection 7/99 Approximate Date of Next Inspection						

ADDITIONAL SITE INFORMATION:

·
Leak reported at machine door + Still door.
Ordered Parkon 7/98. From Italy . Spoke in William
at Boys Equipment to verify order. Waiting on part
Updated Leak re-cords in directed part was v 7/16/98
Cosume. 7/16/98 was day bak was first detected
Scott's is now using calendar - woted parts ordered -
Computating Sensor on order. Slight leak of Still residue
visible at back of machine. Machine was not
running. Do odors whe apparent. GUA.
Do visite leal of state denachine down
,

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL U COMPLAINT/DISCOVERY U	RE-INSPECTION 4
AIRS ID#: <u>1030340 001</u>	DATE: <u>8/24/98</u> TIME IN: <u>/:30</u>	
FACILITY NAME:	Scott's Custom Cleaners	
FACILITY LOCATION:	2454 McMullen Booth Rd.	S. C.
_	Clearwater, FL, 34619	2 7
RESPONSIBLE OFFICIAL		: <u>\$2</u> 6-16 27
Permit No. 1030340	-001-AG Exp. Date: 09/26/2001	Office of the state of the stat

- 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 <u>discrepancies</u> were noted (only items which are checked):

Inspection Summary Report Guidance

Compliance Requirement/Problem	Follow-up Action Required
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
Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
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.
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 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.
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				
	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.				
	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				
	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.				
	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.				
	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.				
	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.				
	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.				
	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.				
1	Pachine donand Comments: Still door gaslef was	ordered ariting for party.				
	Comments: Sile wood gastly was	ordered. Calling for party,				
	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: Margaret Hennis					
	Inspector's Signature: Aprace V. Annes					
	Phone Number: 464-4422					

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Scott 'S CA	leaners	· 		DATE: 7/15/99
FACILITY LOCATION: 2454	Me Mulle	a Booth	Rd:	P
Clear	water P	< 3375	9	
	· 		E E	
Annual Reporting Period: 7/27/98		19 TO _	7/155/9 	<u>3</u> 19 19
Based on each term or condition of the Title V g 62-213.300, Florida Administrative Code (F.A.)			- 3	ce with DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit tha	t has not been in con	tinuous complian	ace during the repo	orting period stated above:
Exact period of non-compliance: from			to	<u> </u>
Action(s) taken to achieve compliance:		 		· · · · · · · · · · · · · · · · · · ·
Method used to demonstrate compliance:	<u> </u>			
#2. Term or condition of the general permit tha	t has not been in con	tinuous complian	ice during the repo	orting period stated above:
Exact period of non-compliance: from		to	0	·
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:			:	
	÷			· .
As the responsible official, I hereby certify, bass made in this notification are true, accurate and upon rolling averages of purchase receipts, doe year for transfer or combination facilities. RESPONSIBLE OFFICIAL: and MeS	complete. Further, i	ny annual consur	nption of perchlor	roethylene solvent, based
-	Please Print)	June	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 liscretion of the responsible official to use this form.

Page _____ of _____.

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: A	ANNUAL LE COMPLAINT/DISCOVE	ERY WE-INSPECTION W				
AIRS ID#: 1030340 001 DATE: 7/15/99 TIME IN:/0.25 TIME OUT: 0:55						
FACILITY NAME:	Scott's Custom Cleaners	-				
FACILITY LOCATION: 2454 McMullen Booth Rd.						
	Clearwater, FL, 33759	<u> </u>				
RESPONSIBLE OFFICIAL:James R. Scott Phone No.:726-1677						
Permit No. 1030340-001-AG Exp. Date: 09/26/2001						
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						

Inspection Summary Report Guidance

Compliance Requirement/Problem	Follow-up Action Required
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
Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
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.
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 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.
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				
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, Sectio 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 a hours of detection, unless repair equipment must be ordered.				
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				
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, measure at the end of the drying cycle, must not exceed 45°F.				
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.				
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.				
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.				
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.				
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.				
	* · · · · · · · · · · · · · · · · · · ·				
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: Margaret Hennis					
Inspector's Signature: Mangarel U. Henrico					
Phone Number: 464-4422					

PERCHLORGETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION	
AIRS ID#: 1030340 001 DATE: 15/99 TIME IN: 10:25 TIME OUT: 1	0:53
FACILITY NAME: Scott's Custom Cleaners	
FACILITY LOCATION: 2454 McMullen Booth Rd.	
Clearwater, FL, 33759	
RESPONSIBLE OFFICIAL:James R_ Scott PHONE:726-1677_	
CONTACT: Sandy Defosses PHONE:	
PART I: NOTIFICATION	
(Check appropriate box)	
1. Existing facility notified DARM By 9/1/96	4
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. 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) 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)	
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) 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)	
This is a correct facility classification: $\square Y$ $\square N$ \square 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 facility was <u>\$\frac{12}{20}\$</u> gallons.	cleaning

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	ΠN	□NA		
2. Examining the containers for leakage?	ĽΥ	ПN	□NA		
3. Closing and securing machine doors except during loading/unloading?	ΘÝ	ПN			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ŭ∤Y	ЙN	□NA		
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☐ Y	□N	⊒∕NA		
DADE IV. DDOCEGG VENE CONEDOX C					
PART IV: PROCESS VENT CONTROLS					
In Part II-A:					
If classification (1) has been checked, no controls are required. Proceed to Pa	ert 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 sou (check appropriate boxes)	rces:	٠.			
1. Equipped all machines with the appropriate vent controls?	ŪÝ	□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?	ŪΥ	□N	□NA		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ΘÝ	□N			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	⊡∕Y	ПN	□NA		
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged?	ΘÝ				
Verified temp. = 450 F during inspec	hà				

В.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	QY On
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?	Oy On Ona Oy On Ona
	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?	Oy On Oma Oy On Oma
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?	Oy On Ona
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY ON DINA
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON OMA
= PA	RT V: RECORDKEEPING REQUIREMENTS	
Ha	as the responsible official: neck appropriate boxes)	
	Maintained receipts for perc purchased?	OY ON
	Maintained rolling monthly averages of perc consumption?	QY On
ځ.	Maintained leak detection inspection and repair reports for the following:	MY UN
	a. documentation of leaks repaired w/in 24 hrs? or;	ON ONA
	 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	DY ON ONA
4	Maintained calibration data? (for direct reading instrument only)	DY ON ONA
	Maintained exhaust duct monitoring data on perc concentrations?	OY ON ONA
	Maintained startup/shutdown/malfunction plan?	DY ON
	Maintained deviation reports?	OY ON ONA
,.	Problem corrected? No devi ations	
Q	Maintained compliance plan, if applicable?	DY ON ONA
υ.	Manualited compliance plan, it appliesore:	DY ON DIMA

PART VI: LEAK DETECTION AND REPAIRS						
. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?						
Has the facility maintained a l	eak log	;?-			OY ON	
3. Does the responsible official check the following areas for leaks:						
Hose connections, fitting couplings, and valves	- GY	ŪΝ	□NA	Muck cookers	DY ÖN ®MA	
Door gaskets and seating	ØÝ	\square_N	\square NA	Stills	DY ON ONA	
Filter gaskets and seating	ŒΥ	ΠN	□NA	Exhaust dampers	OY ON ONA	
Pumps	ŒÝ	ΩN	\square NA	Diverter valves	DY ON ONA	
Solvent tanks and containers	₫Y	ΩN	□NA	Cartridge Filter housing	DY ON ONA	
Water separators	ŒÝ	ŪΝ	\square NA			
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						
b. Calibrated against a stan	dard ga	as prio	to and after	r each use(PID/FID only).	□y □n	
c. Inspected for leaks and obvious signs of wear on a weekly basis?						
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)?						
Margaret Hennis 7/15/99 Inspector's Name (Please Print) Date of Inspection Margaret Villamin 7/2000						
	Inspection? Has the facility maintained a land Does the responsible official of Hose connections, fitting couplings, and valves Door gaskets and seating Filter gaskets and seating Pumps Solvent tanks and containers Water separators Which method of detection is Visual examination Physical detection Odor (noticeable puse of direct-reading Halogen leak detection Halogen leak detection and direct-reading instructions. Capable of detecting per buse of directing per buse of directing per buse of detecting per buse of detection of	Has the facility maintained a leak log Does the responsible official check the Hose connections, fitting couplings, and valves Door gaskets and seating Filter gaskets and seating Pumps Solvent tanks and containers Water separators Which method of detection is used by Visual examination (cond Physical detection (airflow Odor (noticeable percode Use of direct-reading inst Halogen leak detector If using direct-reading instruments a Capable of detecting perc vapor b. Calibrated against a standard gas c. Inspected for leaks and obvious d. Kept in a clean and secure area e. Verified for accuracy by use of	Has the facility maintained a leak log? Does the responsible official check the follow those connections, fitting couplings, and valves Door gaskets and seating Pumps Pumps Solvent tanks and containers Which method of detection is used by the responsible examination (condensed Physical detection (airflow felt to Odor (noticeable perc odor)) Use of direct-reading instrument Halogen leak detector If using direct-reading instrumentation, is a Capable of detecting perc vapor conduction. Language of the condense of t	Has the facility maintained a leak log? Does the responsible official check the following areas Hose connections, fitting couplings, and valves Door gaskets and seating Pumps Pumps Pumps Pumps Pumps Py N NA Solvent tanks and containers Y N NA Water separators Which method of detection is used by the responsible visual examination (condensed solvent of examination (airflow felt through gas Odor (noticeable perc odor) Use of direct-reading instrumentation (FID) Halogen leak detector If using direct-reading instrumentation, is the equipment of	Inspection? Has the facility maintained a leak log? Does the responsible official check the following areas for leaks: Hose connections, fitting couplings, and valves Door gaskets and seating Y N NA Muck cookers Door gaskets and seating Y N NA Exhaust dampers Pumps GY N NA Diverter valves Solvent tank's and containers GY N NA Cartridge Filter housing Water separators 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. b. Calibrated against a standard gas prior to and after each use(PID/FID only). c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use. e. Verified for accuracy by use of duplicate samples (calorimetric only)? Marcar & Hernis Date of Institute of Instit	

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ADDITIONAL	ADDITIONAL SITE INFORMATION:						
Fac	moving wa	Waste	drung 5,	bred on	Sconden	? .	
Clarker	much - a	also lea	ses Saf	et Kleen	- mid	Siglen	
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PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT RE-INSPECTION	T/DISCOVERY 🚨
FACILITY NAME: Scott's Custom Cleaners	3:31 TIME OUT: 3:45
RESPONSIBLE OFFICIAL: James R. Scott CONTACT: James R. Scott Su san Defesse	
PART I: NOTIFICATION	DECEIVES
(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	FEB 1 1 2000 EX Bureau of Air Monitoring Amobile Sources
PART II: CLASSIFICATION	
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (Constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2,100 (constructed="" (perc)="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" a="" about="" above="" and="" appropriate="" as="" b.="" before="" both="" check="" classification:="" correct="" eligible="" exceeds="" facility="" for="" gal="" general="" hoth="" if="" is="" limits="" no,="" not="" number="" of="" only,="" perchloroethylene="" permit="" permit.="" please="" presence="" purchased="" qualified="" quantity="" source="" td="" the="" the<="" this="" total="" transfer="" types,="" within="" yr=""><th>area source only, x < 140 gal/yr y, x < 200 gal/yr x < 140 gal/yr x < 140 gal/yr area source only, 140 < x < 2,100 gal/yr y, 200 < x < 1,800 gal/yr 140 < x < 1,800 gal/yr and on or after 12/9/91) area source only, 140 < x < 2,100 gal/yr y, 200 < x < 1,800 gal/yr and on or after 12/9/91) mine ove</th></x<2,100>	area source only, x < 140 gal/yr y, x < 200 gal/yr x < 140 gal/yr x < 140 gal/yr area source only, 140 < x < 2,100 gal/yr y, 200 < x < 1,800 gal/yr 140 < x < 1,800 gal/yr and on or after 12/9/91) area source only, 140 < x < 2,100 gal/yr y, 200 < x < 1,800 gal/yr and on or after 12/9/91) mine ove
facility was 305 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?	¥Υ	□N	□ NA			
2. Examining the containers for leakage?	¥Υ	□N	□NA			
3. Closing and securing machine doors except during loading/unloading?	¥Ý	ΠN				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	Y	ПN	□ NA			
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	QΥ	□N	ŪrŃA			
PART IV: PROCESS VENT CONTROLS						
In Part II-A:						
If classification (1) has been checked, no controls are required. Proceed to Pa	rt V.					
If classification (2) has been checked, the machine should be equipped with a (complete A below)	refriger	rated cond	enser			
	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 (complete A and B below.)	refrige	rated cond	enser			
A. Has the responsible official of all new sources and existing large area sou (check appropriate boxes)	rces:					
1. Equipped all machines with the appropriate vent controls?	<u>u</u> Y	ΠN				
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?	<u>u</u> ý	□N	□NA			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	₽'n	□N				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	ΘÝ	\square_{N}	□NA			
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged?		ΠN				

	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?	og on
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?	Oy On Oma Oy On Oma
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?	Oy On Ona Oy On Ona
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?	Oy On Oma
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	Oly On Paña
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON OMA
PA	ART V: RECORDKEEPING REQUIREMENTS	
Ha (ch	as the responsible official: neck appropriate boxes)	
	neck appropriate boxes)	
1.	neck appropriate boxes) Maintained receipts for perc purchased?	©ry □n
		Ory On
2.	Maintained receipts for perc purchased?	
2.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	
2.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or;	
 3. 	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	Omy On Ona
 3. 4. 	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	Omy On Ona Omy On Ona Omy On Ona
 3. 4. 	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instrument only) Maintained exhaust duct monitoring data on perc concentrations?	Ory On Ona Ory On Ona Ory On Ona Ory On Ona
 2. 3. 4. 6. 	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instrument only) Maintained exhaust duct monitoring data on perc concentrations?	Ory On Ona Ory On Ona Ory On Ona Ory On Oma Ory On Oma
 2. 3. 4. 6. 	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instrument only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	OY ON ONA

Complete cent.
Complete Cent.
Will get it latte
Owner is stocker location

PA	RT VI: LEAK DETECTIO	N AND REI	PAIRS				
1.	Does the responsible official of inspection?	onduct a wee	ekly (for sma	all sources, bi-weekly) leak	detecti	•	
2.	Has the facility maintained a l	eak log?			ØÝ	□N	
3.	Does the responsible official of	heck the foll	owing areas	for leaks:			
	Hose connections, fitting couplings, and valves	OY ON	□na	Muck cookers	ŪΥ	On Ona	
	Door gaskets and seating	ØY □N	□NA	Stills	UY	□n □na	
	Filter gaskets and seating	ØY □N	□NA	Exhaust dampers	<u>u</u> y	ON ONA	
	Pumps	ØY □N	□NA	Diverter valves	W Y	□n □na	
	Solvent tanks and containers	DY ON	□NA	Cartridge Filter housing	4	□n □na	
	Water separators	ØY □N	□NA				
4.	Which method of detection is Visual examination Physical detection Odor (noticeable p Use of direct-reading Halogen leak detection	n (condensed (airflow felt erc odor) ng instrumen	l solvent of e through gas!	exterior surfaces)			
	If using direct-reading instru	amentation,	is the equip	oment:			
	a Capable of detecting pe	rc vapor con	centrations i	in a range of 0-500 ppm.		\square_{Y} \square_{N}	
	b. Calibrated against a star	ıdard gas pric	or to and afte	r each use(PID/FID only).		\square_{Y} \square_{N}	
	c. Inspected for leaks and	obvious signs	of wear on	a weekly basis?		\square_{Y} \square_{N}	
	d. Kept in a clean and sec	ure area whe	n not in use.			□Y □N	
	e. Verified for accuracy by	use of duplic	cate samples	(calorimetric only)?		\square_{Y} \square_{N}	
	Margarit Henris Inspector's Name (Please Print) Margarit J. Henris Inspector's Signature Approximate Date of Next Inspection						

ADDITIONAL	ADDITIONAL SITE INFORMATION:							
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TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF IN	SPECTION:	ANNUAL	☐ COMPLAI	NT/DISCOVERY 📮	RE-INSPECTION	
AIRS ID#:	1030740	DAT	: 131/00 E: <u>1/20/00</u>	TIME IN: [3:30	_TIME OUT: _/3	1145
FACILITY	NAME:	Scott's (Custom Cleane	ers		
FACILITY	LOCATION:	2454 McM	ıllen Booth Rd.			
		Clearwater.	FL, 33759			
RESPONSIB	BLE OFFICIAL	: James R.	Scott	Phone	:	<u>.</u> .
,	Permit No.	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Exp. Date:09/26	/2001	
<u>u</u>				rements evaluated durin 2-213.300, Florida Adm		
			• •	rements evaluated durin items which are checke		ollowing
		_		D		

Inspection Summary Report Guidance

Compliance Requirement/Problem	Follow-up Action Required
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
Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
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.
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 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.
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			
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.			
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.			
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.			
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.			
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.			
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.			
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.			
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.			
,				
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: Margaret	Henris			
Inspector's Signature: Margareh U.	Have			
Phone Number:	464-4422			

ARMS* 1030340 Lector 101 X50

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Scott's Custom Cleaner	rs DATE:	1/12/2001		
FACILITY LOCATION:	2454 McMullen Booth	Rd.			
	Clearwater, FL, 33759)			
I.			12		
Annual Reporting Period:	July 15 20	1999 To Janu	uary +0 20 01		
Based on each term or condition compliance with DEP Rule 62-2 covered by this statement.					
IF NO , complete the following: #1. Term or condition of the ge above:		en in continuous compliance of	during the reporting period stated		
Exact period of non-compliance	: from	to	•		
Action(s) taken to achieve comp	bliance:				
Method used to demonstrate con	Method used to demonstrate compliance:				
#2. Term or condition of the ge above:	neral permit that has not be	en in continuous compliance of	during the reporting period stated		
Exact period of non-compliance	: from	to	·		
Action(s) taken to achieve comp	oliance:		·		
Method used to demonstrate con	npliance:				
solvent, based upon rolling aver 1,800 gallons per year for transf	tion are true, accurate and cages of purchase receipts, der or combination facilities.	omplete. Further, my annual cloes not exceed 2,100 gallons	consumption of perchloroethylene per year for dry-to-dry facilities or		
RESPONSIBLE OFFICIAL:	James R. Scott	D. I sforse	1-12-01		
	(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

T	YPE OF INSPECTION:	1.2	LAINT/DISCOVERY	RE-INSP	PECTION
	AIRS ID 103 0340	DATE: _9/26/01	ME IN: 9:50 AM	TIME OUT:	10:30 AM
	FACILITY NAME:	Scott's Custom Cleaners		•	
	FACILITY LOCATION:	2454 McMullen Booth Rd.	, Clearwater, 33759		,
	RESPONSIBLE OFFICIAL:	James R. Scott	PHONE NUM	MBER: 72	6-1677
	Permit No.	1030340-001-AG	Exp. Date: 9	/26/01	
Į.					

X	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

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
O	Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated record keeping, 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
	Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
ū	Monthly purchase records were not maintained as a consecutive twelve-month total.	Develop and implement a record keeping procedure that maintains monthly purchases (perc) as a consecutive twelve month total.
	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 store all perchloroethylene, and perchloroethylene containing waste in tightly sealed containers.	Store all perchloroethylene and perchloroethylene-containing waste in tightly sealed containers, which are impervious and chemically un-reactive to the solvent.
	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.
0	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.

					
	Compliance Requirement/Problem	Follow-up Action Required			
	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.			
	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.			
	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.			
	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.			
	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.			
	Temperature monitoring was not conducted after an appropriate cool down period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cool down period and after verifying that the coolant has been completely charged.			
ū	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.			
ū					
a					
Con	mments: acility was not keeping po he Facility was asked to no told	ncharing receipts on site.			
me coi		o actions are required, you must take immediate corrective all perform a follow-up inspection to determine that proper early certified and submitted to the inspector. Yes X No \(\sigma\)			
I	DATE OF NEXT INSPECTION	$1/t\theta/2002$ (Approximate)			
I	INSPECTION CONDUCTED BY: Pwu-Sheng (Please Print)				
I	INSPECTOR'S SIGNATURE: JANI-Shoy The PHONE NUMBER: 464-4422				

Acy

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL ANNUAL RE-INSPECTION	COMPLAIN	T/DISCOVERY	<u> </u>
	RE-INSPECTION	Ø		
AIRS ID#: 103 0340	DATE: 1 /20/200		:50 AM	IMIE OUT. 10. 2. 444
AIRS ID#: 103 0340	DATE: [/10/200	/ I IIVIE IN: +2	=45 ph T	IME OUT: 10:30 AM
FACILITY NAME:	Scott's Custom Cleaners			•
FACILITY LOCATION:	2454 McMullen Booth Rd.			
	Clearwater, FL, 33759	-		
RESPONSIBLE	James R. Scott		Phone No.:	726-1677
OFFICIAL:			_	
PERMIT			9/26/01	
NO. 1030340-00		EXP. DATE:		
CONTACT: James R. Sco	ott	PHONE:	726-1677	
PART I: NOTIFICATION	N .			
(Check appropriate box)				
1. Existing facility notified	DARM by 9/1/96			₽
2. New facility notified DA		ın ·		
3. Facility failed to notify I	• •	-		
3. I active railed to notify I	DARW to use general penn	The state of the s		·
PART II: CLASSIFICAT	TION			
		<u></u>	<u> </u>	
111. 1 11 . 1				
Facility indicated on notific	eation form that it is:	_	notification for	
(Check appropriate box)	eation form that it is:	_		m business / petroleum
(Check appropriate box) A.	_	□ Dre	op store / out of	business / petroleum
(Check appropriate box) A. 1. Existing small area	source \Box	Dro	op store / out of	business / petroleum
(Check appropriate box) A. 1. Existing small area dry-to-dry only, x □ 140	source □ gal/yr	2. New sm dry-to-dry	op store / out of all area source only, x 140 ga	business / petroleum
(Check appropriate box) A. 1. Existing small area dry-to-dry only, x □ 140 transfer only, x □ 200 ga	source gal/yr ll/yr	2. New sm dry-to-dry transfer on	op store / out of all area source only, x 140 ga ly, x 200 gal/y	business / petroleum
(Check appropriate box) A. 1. Existing small area dry-to-dry only, x □ 140 transfer only, x □ 200 ga both types, x □ 140 gal/y	source gal/yr ıl/yr /r	2. New sm dry-to-dry transfer on both types	op store / out of all area source only, x \(\text{140 ga} \), x \(\text{200 gal/y} \), x \(\text{140 gal/yr} \)	business / petroleum l/yr
(Check appropriate box) A. 1. Existing small area dry-to-dry only, x □ 140 transfer only, x □ 200 ga both types, x □ 140 gal/y (Constructed before 12/	source gal/yr ll/yr /r /9/91)	2. New sm dry-to-dry transfer on both types (Construct	op store / out of all area source only, x 140 galy, x 140 gal/yr, x 140 gal/yr ed on or after 12	business / petroleum l/yr r 2/9/91)
(Check appropriate box) A. 1. Existing small area dry-to-dry only, x □ 140 transfer only, x □ 200 ga both types, x □ 140 gal/y (Constructed before 12/ 3. Existing large area	source gal/yr ll/yr /r /9/91) source	2. New sm dry-to-dry transfer on both types (Construct 4. New lar	op store / out of all area source only, x 140 gal/y, x 140 gal/yr, x 140 gal/yr ed on or after 12 ge area source	business / petroleum l/yr r 2/9/91)
(Check appropriate box) A. 1. Existing small area dry-to-dry only, x □ 140 transfer only, x □ 200 ga both types, x □ 140 gal/y (Constructed before 12/3. Existing large area and dry-to-dry only, 140 □ x	source gal/yr ll/yr /r /9/91) source □ 2,100 gal/yr	2. New sm dry-to-dry transfer on both types (Construct 4. New lar dry-to-dry	op store / out of all area source only, x \(\Begin{array}{c} 140 \text{ gal/y}, x \(\Begin{array}{c} 140 \text{ gal/yr} ed on or after 12 \text{ ge area source only, } 140 \Begin{array}{c} \Begin{array}{c} \Begin{array}{c} 140 \Begin{array}{c} \Be	business / petroleum l/yr r 2/9/91) 2,100 gal/yr
(Check appropriate box) A. 1. Existing small area dry-to-dry only, x □ 140 transfer only, x □ 200 ga both types, x □ 140 gal/y (Constructed before 12/3. Existing large area dry-to-dry only, 140 □ x transfer only, 200 □ x □ 1	source gal/yr ll/yr /r /9/91) source □2,100 gal/yr 1,800 gal/yr	2. New sm dry-to-dry transfer on both types (Construct 4. New lar dry-to-dry transfer on	op store / out of all area source only, x \(\text{140 ga} \), x \(\text{140 gal/yr} \), x \(\text{140 gal/yr} \) ed on or after 12 ge area source only, 140 \(\text{1x} \) \(200 \(\text{1x} \) \(\text{140 gal/x} \)	business / petroleum l/yr r 2/9/91) 2,100 gal/yr 00 gal/yr
(Check appropriate box) A. 1. Existing small area dry-to-dry only, x □ 140 transfer only, x □ 140 gal/y (Constructed before 12/3. Existing large area dry-to-dry only, 140 □ x transfer only, 200 □ x □ 1 both types, 140 □ x □ 1,8	source gal/yr ll/yr /r /9/91) source □2,100 gal/yr 1,800 gal/yr 00 gal/yr	2. New sm dry-to-dry transfer on both types (Construct 4. New lar dry-to-dry transfer on both types	op store / out of all area source only, x \(\text{140 gal/y} \), x \(\text{140 gal/y} \), x \(\text{140 gal/y} \) ed on or after 12 ge area source only, 140 \(\text{1x} \) \(\text{140} \(\text{1x} \)	business / petroleum l/yr r 2/9/91) 2,100 gal/yr 00 gal/yr gal/yr
(Check appropriate box) A. 1. Existing small area dry-to-dry only, x □ 140 transfer only, x □ 200 ga both types, x □ 140 gal/y (Constructed before 12/3. Existing large area dry-to-dry only, 140 □ x transfer only, 200 □ x □ 1	source gal/yr ll/yr /r /9/91) source □2,100 gal/yr 1,800 gal/yr 00 gal/yr	2. New sm dry-to-dry transfer on both types (Construct 4. New lar dry-to-dry transfer on both types	op store / out of all area source only, x \(\text{140 ga} \), x \(\text{140 gal/yr} \), x \(\text{140 gal/yr} \) ed on or after 12 ge area source only, 140 \(\text{1x} \) \(200 \(\text{1x} \) \(\text{140 gal/x} \)	business / petroleum l/yr r 2/9/91) 2,100 gal/yr 00 gal/yr gal/yr
(Check appropriate box) A. 1. Existing small area dry-to-dry only, x □ 140 transfer only, x □ 140 gal/y (Constructed before 12/3. Existing large area dry-to-dry only, 140 □ x transfer only, 200 □ x □ 1 both types, 140 □ x □ 1,8	source gal/yr ll/yr /r /9/91) source □2,100 gal/yr 1,800 gal/yr 00 gal/yr (9/91)	2. New sm dry-to-dry transfer on both types (Construct 4. New lar dry-to-dry transfer on both types (Construct	op store / out of all area source only, x \(\text{140 gal/y} \), x \(\text{140 gal/y} \), x \(\text{140 gal/y} \) ed on or after 12 ge area source only, 140 \(\text{1x} \) \(\text{140} \(\text{1x} \)	business / petroleum l/yr r 2/9/91) 2,100 gal/yr 00 gal/yr gal/yr 2/9/91)
(Check appropriate box) A. 1. Existing small area dry-to-dry only, x □ 140 transfer only, x □ 200 ga both types, x □ 140 gal/y (Constructed before 12/3. Existing large area dry-to-dry only, 140 □ x transfer only, 200 □ x □ 1 both types, 140 □ x □ 1,8 (Constructed before 12/ This is a correct facility	source gal/yr ll/yr /r /9/91) source □2,100 gal/yr 1,800 gal/yr 00 gal/yr (9/91) r classification	2. New sm dry-to-dry transfer on both types (Construct 4. New lar dry-to-dry transfer on both types (Construct	op store / out of all area source only, $x \square 140$ gal/y, $x \square 140$ gal/yr ed on or after 12 ge area source only, $140 \square x \square 2$ ly, $200 \square x \square 1,800$ ed on or after 12 ged on or after	business / petroleum l/yr r 2/9/91) 2,100 gal/yr 00 gal/yr gal/yr 2/9/91)
(Check appropriate box) A. 1. Existing small area dry-to-dry only, x □ 140 transfer only, x □ 200 ga both types, x □ 140 gal/y (Constructed before 12/3. Existing large area of dry-to-dry only, 140 □ x transfer only, 200 □ x □ 1 both types, 140 □ x □ 1,8 (Constructed before 12/4 This is a correct facility If no, please check the apprenticular area of the second statement of the second	source gal/yr nl/yr /r 19/91) source □2,100 gal/yr 1,800 gal/yr 00 gal/yr 19/91) classification copriate classification:	2. New sm dry-to-dry transfer on both types (Construct 4. New lar dry-to-dry transfer on both types (Construct Y	op store / out of all area source only, x \(\Begin{aligned} 140 \ gal/y, x \(\Begin{aligned} 200 \ gal/y, x \(\Begin{aligned} 140 \ gal/yr, and a \text{ge area source} 0 \text{only, } 140 \(\Begin{aligned} 140 \Begin{aligned} 1,800 \\ 140 \Begin{aligned} 200 \Be	business / petroleum l/yr r 2/9/91) 2,100 gal/yr 00 gal/yr gal/yr 2/9/91)
A. 1. Existing small area dry-to-dry only, x □ 140 transfer only, x □ 140 gal/y (Constructed before 12/3. Existing large area dry-to-dry only, 140 □ x transfer only, 200 □ x □ 1 both types, 140 □ x □ 1,8 (Constructed before 12/4 This is a correct facility If no, please check the appr □ facility qualified	source gal/yr nl/yr /r /9/91) source □2,100 gal/yr 1,800 gal/yr 00 gal/yr (9/91) r classification ropriate classification: for a general permit as num	2. New sm dry-to-dry transfer on both types (Construct 4. New lar dry-to-dry transfer on both types (Construct Y Y D	op store / out of all area source only, x \(\text{140 gal/yr} \), x \(\text{140 gal/yr} \), x \(\text{140 gal/yr} \), and or after 12 to ge area source only, 140 \(\text{1x} \), 200 \(\text{1x} \), 140 \(\text{1x} \), 140 \(\text{1x} \), 140 \(\text{1x} \) above.	business / petroleum l/yr r 2/9/91) 2,100 gal/yr 00 gal/yr gal/yr 2/9/91)
(Check appropriate box) A. 1. Existing small area dry-to-dry only, x □ 140 transfer only, x □ 200 ga both types, x □ 140 gal/y (Constructed before 12/3. Existing large area dry-to-dry only, 140 □ x transfer only, 200 □ x □ 1 both types, 140 □ x □ 1,8 (Constructed before 12/4 This is a correct facility If no, please check the appropriate □ facility qualified □ facility exceeds a	source gal/yr ll/yr /r /9/91) source □2,100 gal/yr 1,800 gal/yr 00 gal/yr 9/91) r classification ropriate classification: for a general permit as numbove limits and is not elig	2. New sm dry-to-dry transfer on both types (Construct 4. New lar dry-to-dry transfer on both types (Construct \(\frac{1}{2} \) Y \(\frac{1}{2} \)	op store / out of all area source only, x \(\text{140 gal/yr} \), x \(\text{140 gal/yr} \), and or after 12 to a source only, 140 \(\text{140 gal/x} \), 200 \(\text{1,800 gd on or after 12} \) N \(\text{1 Can not on above.} \) above.	business / petroleum l/yr 2/9/91) 2,100 gal/yr 00 gal/yr gal/yr 2/9/91) determine
A. 1. Existing small area dry-to-dry only, x □ 140 transfer only, x □ 140 gal/y (Constructed before 12/3. Existing large area dry-to-dry only, 140 □ x transfer only, 200 □ x □ 1 both types, 140 □ x □ 1,8 (Constructed before 12/4 This is a correct facility If no, please check the appr □ facility qualified	source gal/yr nl/yr yr (9/91) source □2,100 gal/yr 1,800 gal/yr 00 gal/yr (9/91) y classification copriate classification: for a general permit as numbove limits and is not eligically chloroethylene purchased with the source of the source o	2. New sm dry-to-dry transfer on both types (Construct 4. New lar dry-to-dry transfer on both types (Construct \(\frac{1}{2} \) Y \(\frac{1}{2} \)	op store / out of all area source only, x \(\text{140 gal/yr} \), x \(\text{140 gal/yr} \), and or after 12 to a source only, 140 \(\text{140 gal/x} \), 200 \(\text{1,800 gd on or after 12} \) N \(\text{1 Can not on above.} \) above.	business / petroleum l/yr 2/9/91) 2,100 gal/yr 00 gal/yr gal/yr 2/9/91) determine

Is the responsible official of the dry cleaning facility: (check appropriate boxes) $\mathbf{M}'\mathbf{Y}$ \square N 1. Storing perchloroethylene in tightly sealed and impervious containers? m/v \square N \square NA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? \square N 4. Draining cartridge filters in their housing or in sealed containers for at \square N least 24 hours prior to disposal? \square NA 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon Ŭ NA \square N adsorber beds according to the manufacturer's specifications? \Box Y 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 \square N ΔY 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? \square N \square NA 12/Y \square N 3. Equipped the condenser with a diverter valve so airflow will be directed \square NA away from the condenser upon opening the door? МY 4. Measured and recorded the temperature of the outlet exhaust stream of a \square N refrigerated condenser on a weekly basis? MNA \Box Y \square N 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?

PART III: GENERAL CONTROL REQUIREMENTS

6.

Conducted all temperature monitoring after an appropriate cool down

period and after verifying the coolant had been completely charged?

MY

 \square N

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	₩Y	ΩN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet	ΩY	ΩN	□NA
	weekly? Is the temperature differential equal to or grer OF?	ΩY	ΩN	□NA
3.	Measured and recorded the perc concentration in the final drying cycle while the machine is venting to the same equipped			
	with a carbon adsorber? Is the perc concentration equ less than 10	□Y □Y	□N □N	□NA □NA
4.	Assured that the san adsorber maust for measuring perc. concentrations is at lease assured any bend, contraction, or			
	expansion; is at least 2 c meters and downstream from no let?	ΩY	ŪΝ	□NA
5.	Equipped transfer machines (weekly reclaimers, and washers) with individual condenser coils?	· □Y	□N	□NA
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΠN	□NA
P/	ART V: RECORDKEEPING REQUIREMENTS			
	MI THEODERING AND CHARLES			
Ha	s the responsible official:	<i>('</i>		

PAR	rv: recordkeeping requirements			
	ne responsible official: k appropriate boxes)	zellain		
1.	Maintained receipts for perc purchased? Store records Kept enouther shep. Maintained rolling monthly averages of perc consumption?	ďΥ	ΩN	
2.	Maintained rolling monthly averages of perc consumption?	άχ	ΩN	
3.	Maintained leak detection inspection and repair reports for the following:			
	a. Documentation of leaks repaired w/in 24 hrs? or;	ΩY	ΩN	D 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?	ΩY	□N	DINA
4.	Maintained calibration data? (for direct reading instrument only)	ΩY	ΩN	DINA
5.	Maintained exhaust duct monitoring data on perc concentrations?	ΩY	ΩN	MA
6.	Maintained startup/shutdown/malfunction plan?	₫¥	ΠN	
7.	Maintained deviation reports?	ΩY	ΩN	MA
	Problem corrected?	ŪΥ	ŪΝ	Ú NA
8.	Maintained compliance plan, if applicable?	ΩY	ŪΝ	DAVA.

PART VI: LEAK DETECTION AND REPAIRS

	·					
1.	Does the responsible official condu	uct a w	eekly leak	detection and repair inspection?	ØΥ	□N
2.	Which method of detection does the responsible official use?				$\square Y$	□N
	Visual examination (conde	nsed so	olvent of e	xterior surfaces)	\Box	
	Physical detection (airflow	felt thi	rough gask	(ets)	☑′.	
	Odor (noticeable perc odor		0 0		2	
	Use of direct-reading instru	-	tion (FID/	PID/calorimetric tubes)		
	If using direct-reading instrume				ŪΥ··	·□N
				ations in a range of 0-500 ppm	ŪΥ	ŪΝ
	_ ·	-		and after each use (PID/FID only).	ΩY	ΠN
	c. Inspected for leaks and o	-	-		$\Box Y$	√ QN
	d. Kept in a clean and secu		• .		ŪΥ	ŪΝ
	e. Verified for accuracy by	\Box Y	ŪΝ			
3.	Has the facility maintained a leak		. •		\D Y	ΩN
4.	The following area should be chec	•	leaks by	the inspector:	< TY	— □N%
	Hose connections, fitting	ŒΥ	□N	Muck cookers	$\Box Y$	HATTING.
	couplings, and valves	ΘÝ	ΩN	Stills	ĭY	ΠN
	Door gaskets and seating	IJ1 IJY	□N □N	Exhaust dampers		MEDIN I
	Filter gaskets and seating	Mai Mary	ΩN ΩN	Diverter valves		
	Pumps	©YY	□N		(1) X	
	Solvent tanks and containers	□ Y		Cartridge Filter housing	, W 1	
	Water separators	W Y	ΠN	<u> </u>		
Ja	imes R. Scott			•		
Name	of Responsible Official					
				. , 12,		
-Kw	1-Sheng LIU			1/#/2001		
Insped	ctor's Name (Please Print)			Date of Inspection		

1/12/2002 Approximate Date of Next Inspection

F:\users\airqual\wpdocs\AQI\Sample.doc

Scott's Custom Cleaners

ADDITIONAL	SITE	INFO	DRMA	TION:
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Machine #1:						
Manufacturer	Economat	<u>آئے ، </u>	Capacity	50	lbs 7	reverover
Model#			Serial# 3	226	Mfg yı	1986
Machine #2:						
Manufacturer			Capacity		lbs	
Model#			Serial#		Mfg yı	r
	permitted sources	=				
l	-		fication by the inspe		ΩY	
· ·	•	t its own no	tification, and will s	end it to FDEP?	ΩY	DN WA
	ave statement/specs ture of 45°F w/acci		esign accuracy of the or 7.2°C w/accurac	e temperature sensor? y of ±1.1°C)	ΩY	on va
· ·		ter either tre	ated or disposed of	properly?	ΔY	□N
l -			system, and using ca	• •	× ⊠Y	□N
3. Does the facili	ty have secondary o	ontainment	for the dry-dry mach	nine?	⊠Y	□N
4. Does the facili	ty have secondary o	ontainment	for any perc. waste	containers?	⊠Υ	□N
Boiler:			•			
Manufacturer	Endustrial	Bailer	Co. Thom	anulle: GA	15 Hp	
Model # = 2	01041		Serial # 2010	067	Mfg yı	r .
Fuel Type:	Natural gas? 💢		Propane?	Fuel oil?		
Comments:						,
<i>/</i> '						· ·
	•			:		
		-				

ADDITIONAL SITE INFORMATION:		
Business Hours Mon-Fri 7-7	Sat 8-3:30 Close on 3	Sun
* of employees 8		
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ENFORCEMENT SUMMARY

INSPECTION DATE: 1/40/2001

ARMS# 1030340

Viol#	Violation Description	Frequency	From	То
per00	Failure to notify and obtain a permit			
per01	No purchase records	Monthly	Kept on or	her store
per02	No perc. purchase rolling totals	Monthly		
per03	No leak log	Weekly / Bi-weekly		
per04	No temp. log	Weekly		
per05	No SSM plan			
per06	Temp. sensor accuracy verification			
per07	No leak checks	Weekly / Bi-weekly		
per08	No temp. checks	Weekly		,
per09	Perceptible leaks	A Control of the Cont	,	
per10	No carbon absorber			
per11	No carbon absorber test	Weekly		
per12	No leak tight containers			
per13	No separator pre-filter			
per14	Leaks not repaired within 24hrs.			
per15	Repair refrig. cond./carbon abs. within 2 days			

Viol#	Comments
perol	Facility was told to make copies of receipts for next inspection.



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Scott's Custon	n Cleaners	DATE: 1/3 1/00
FACILITY LOCATION: <u>2454</u> MC Clearwotz	FL 33759	
Annual Reporting Period: July 15	1999 TO Ja	innary 3/ 2000
based on each term or condition of the Title V general 2-213.300, Florida Administrative Code (F.A.C.), du		
f NO, complete the following:		
1. Term or condition of the general permit that has n	ot been in continuous compliance d	luring the reporting period stated above:
exact period of non-compliance: from	to_	
action(s) taken to achieve compliance:		
Sethod used to demonstrate compliance:	·	
	· · · · · · · · · · · · · · · · · · ·	
2. Term or condition of the general permit that has n	to	
action(s) taken to achieve compliance:		·
-		
1ethod used to demonstrate compliance:		
	 	
ls the responsible official, I hereby certify, based on in this notification are true, accurate and complete. Fourchase receipts, does not exceed 2,100 gallons per yombination facilities.	further, my annual consumption of p	perchloroethylene solvent, based upon
RESPONSIBLE OFFICIAL: Name (Please	, Scotter Jall	Seatt J-4-200
Name (Please	e Print)	Signature Date
		CEIVE
This form is made available to you as an aid in order iscretion of the responsible official to use this form.	B	Oureau 3 2000
	Page of	Sureau of Air Monitoring & Mobile Sources

SOC for January, 2000 Scottis Custom Clenners

Z 210 663 015

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 1030340001AG JAMES R SCOTT JR SCOTT'S CUSTOM CLEANERS 755 NORTH INDIAN ROCKS ROAD BELLEAIR BLUFFS 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	
	Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whorn & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Conrplete 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	A. Received by (Please Print Clearly) C. Signature X. Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below: 3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 210 (663 015 PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789
bonnestic the	102030-33-W-1703

Z 333 613 236

US Postal Service Receipt for Certified Mail

AIRS ID 1030340

JAMES R SCOTT JR
JAMES R SCOTT JR
755 NORTH INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 33770

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
,0	Restricted Delivery Fee	
1999	Return Receipt Showing to Whom & Date Delivered	
, April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	

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 card to you. ■ Attach this form to the front of the mailpiece, or on the back if spermit. ■ Write "Return Receipt Requested" on the mailpiece below the ar ■ The Return Receipt will show to whom the article was delivered delivered.	eace does not	1. ☐ Addr 2. ☐ Rest			
AIRS ID 1030340 JAMES R SCOTT JR JAMES R SCOTT JR 755 NORTH INDIAN ROCKS ROAD BELLEAIR BLUFFS FL 33770	4b. Service Register Express	Type red Mail seceipt for Merchan	☐ Certified ☐ Insured		
5. Received By: (Print Name) 6. Signature: (Addressee, or Agent) X XXXXX		8. Addressee's Address (Only if requested and fee is paid)			

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

NORTHWOOD

AIRS ID 1030340

JAMES R SCOTT JR JAMES R SCOTT JR 755 NORTH INDIAN ROCKS ROAD BELLEAIR BLUFFS FL 33770

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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# 1030340 SCOTT'S CUSTOM CLEANERS JAMES R SCOTT JR 755 NORTH INDIAN ROCKS ROAD **BELLEAIR BLUFFS FL 33770**

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оы.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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#: 1030340 JAMES R SCOTT JR JAMES R SCOTT JR 755 NORTH INDIAN ROCKS ROAD BELLEAIR BLUFFS FL 33770

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

434555 DEC222883

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

1030340
JAMES SCOTT
SCOTT'S CUSTOM CLEANERS
755 N INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 33770



FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273