

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 21, 1997

Mr. Henry McNatt, Jr. Paradise Cleaners #1 6210 North Florida Avenue Tampa, Florida 33604

Re: Facility I.D. No. 1030342

Dear Mr. McNatt:

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

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Louis Fernandez, Southwest District

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

#1030342

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	Paradise Cleaners #1
p./3	7. add firm 9. add title
	1.(a) add date control device Unstalled
	L'INSTALLEO
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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	· · · · · · · · · · · · · · · · · · ·					
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
	Coachman Plaza Cleaners + Laundry, Inc.					
2.	Site Name (For example, plant name or number):					
	Paradise Cleaners #1					
3.	Hazardous Waste Generator Identification Number:					
	9500329					
4.	Facility Location: Street Address: 170/Coachman Plaza Dr.					
	City: Of County: County: City: Zip Code: 2.14					
	City: Clearwater 29 Pinellas Zip Code: 34619					
5.	Facility Identification Number (DEP Use):					
	1030342					
	Responsible Official					
	Name and Title of Description Officials					
6.	Name and Title of Responsible Official: Henry McNatt, Jv. Pres.					
(7)	Responsible Official Mailing Address:					
	Organization/Firm:					
•	Street Address: 6210 N. Florida Aug. City: Tampa Zip Code: 33604					
	City: Tampa County: Hillsborough Zip Code: 33604					
8.	Responsible Official Telephone Number:					
	Telephone: (813) 237-886 Fax: (813) 238-0172					
	Facility Contact (If different from Responsible Official)					
Ο,	Name and Title of Facility Contact (For example, plant manager):					
9)						
	Bryan Mc Natt					
10.	Facility Contact Address:					
	Street Address: 1701 Coachman Plaza Dr.					
	City: Clearwater County: Pinellas. Zip Code: 34619					
11.	Facility Contact Telephone Number:					
	Telephone: $(813)791 - 1390$ Fax: $(9/3)791 - 9939$					

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Bureau of Air Monitor and & Mobile Sources

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installe
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MA
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	12-DEC-94							
(2) w/ carbon adsorber	r	7 1							
(3) w/ no controls		1	-						
Washer Unit	1	海夏二年。李	A HA ELLE		internal	191	. '.1		T - 1
(4) w/ ref. condenser									
(5) w/ carbon adsorber	-								
(6) w/ no controls									
Dryer Unit		i portige ve		4. T	e entitle		* a** ****		
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		. d.,	9.00			The state of the s		i ja ang ag	and the
(10) w/ ref. condenser									
(11) w/carbon adsorbe	r								
(12) w/ no controls									
(b) Control devices a (c) No control device 2.(a) What was the total (b) If less than 12 more Check why it is le	es are re quant gallo	equired to be ity of perchlo ons ow many? [installed [perc)	purchased in				
3. What is the facility's s (Indicate with an "X". Existing small a	Selec	et one classifi	cation only.))	initions found		(3) of	Part II?	
Existing large a	irea soi	urce []	Ne	ew la	rge area sour	ce [J		

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(Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?					
Existing large area source Carbon adsorber []	Refrigerated condenser []					
New small area source Refrigerated condenser						
New large area source Refrigerated condenser []						
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following					
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.						
All steam and hot water generating units exempt No such units on-site						
Equipment Monitoring a	and Recordkeeping Information					
Check all logs which are required to be kept on-site	in accordance with the requirements of this general permit:					
(a) Purchase receipts and solvent purchases						
(b) Leak detection inspection and repair						
(c) Refrigerated condenser temperature monitoring						
(d) Carbon adsorber exhaust perc concentration mon						
(e) Instrument calibration						
(f) Start-up, shutdown, malfunction plan						

DEP Form No. 62-213.900(2)

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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)						
No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification					
this notific statements maintain t	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.					
I will pron	mptly notify the Department of any changes to the information contained in this notification. 28-AUG-96					
Signature	Date					

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Coachman Plaza Cleaners + Laundry, Inc.
2. Site Name (For example, plant name or number):
Paradise Cleaners #1
3. Hazardous Waste Generator Identification Number:
9500329
4. Facility Location: Street Address: 170/Coach man Plaza Dr.
Street Address: 170/Coachman Plaza Dr. City: Clearwater 29 Pinellas Zip Code: 34619
5. Facility Identification Number (DEP Use):
/030342
Responsible Official
6. Name and Title of Responsible Official: Henry McNatt, JV. [ARADISE CLEANERS] 7. Responsible Official Mailing Address: 1701 COACHMAN PLATA DR CLEARWATER FL
7. Responsible Official Mailing Address: 170/ COACHMAN PLAZA DR CHEARWATER FI
Organization/Firm: 346/9 Street Address: 6210 N. Florida Ave.
City: Tampa County: Hillsborough Zip Code: 33604
8. Responsible Official Telephone Number:
Telephone: (813) 237-886 Fax: (813) 238-0172
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
Bryan Mc Natt VICE RESIDENT
10. Facility Contact Address:
Street Address: 1701 Coachman Plaza Dr.
City: Clearwater County: Pinellas Zip Code: 34619
11. Facility Contact Telephone Number:
Telephone: $(813)791 - 1390$ Fax: $(9/3)791 - 9939$

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Bureau of Air Monitor no & Mobile Scaro

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
		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	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit			LA					*	
(1) w/ ref. condenser	#-1	12-DEC-94	12-00096		T				
(2) w/ carbon adsorber	, ,	72271	12. 0 / 4						
(3) w/ no controls				_	-				
Washer Unit					1				1
(4) w/ ref. condenser		1			1				
(5) w/ carbon adsorber									
(6) w/ no controls							•		
Dryer Unit				l	,				
(7) w/ ref. condenser		J			T	- -			
(8) w/ carbon adsorber									<u> </u>
(9) w/ no controls									
Reclaimer Unit		1 1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						•	
(10) w/ ref. condenser]				
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are required, but not yet installed									
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	t one classifi	cation only.)		nitions found		3) of	Part II?	

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4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)						
Existing large area source Carbon adsorber						
New small area source Refrigerated condenser [1]						
New large area source Refrigerated condenser []						
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:						
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.						
All steam and hot water generating units exempt No such units on-site						
Equipment Monitoring and Recordkeeping Information						
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:						
(a) Purchase receipts and solvent purchases						
(b) Leak detection inspection and repair						
(c) Refrigerated condenser temperature monitoring						
(d) Carbon adsorber exhaust perc concentration monitoring						
(e) Instrument calibration						
(f) Start-up, shutdown, malfunction plan						

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

Surrender of Existing Air Permit(s)

	Surrender of Existing All Termin(3)						
Please indicate with an "X" the appropriate selection:							
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
		No air permits currently exist for the operation of the facility indicated in this notification form.					
		Responsible Official Certification					
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.							
I will promptly notify the Department of any changes to the information contained in this notification.							
	Simon	7/11: 7/41 28- AUG-96_					
concerns made by: By Date 4-8-97							

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION					
AIRS ID#: 1030342 001	DATE: 7/21/98 TIME IN: 9:30 TIME OUT: 10:15					
FACILITY NAME:	Paradise Cleaners #1					
FACILITY LOCATION:	1701 Coachman Plaza Dr.					
_	Clearwater, FL, 34619					
RESPONSIBLE OFFICIAL: Henry McNatt Phone: Phone: 43-791-9939						
Permit No. 1030342	-001-AG Exp. Date: cg. Total					

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.
Œ	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: Need to keep leak log which identifies lack area checked. Med to keep leak log menthly total in manner dis cussed. New owner. 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						
Inspection's Signature: Magazet Henris						
Phone Number: 464-4422						

pro

AIRS ID#: 1030342

Revised 10/10/96

FACILITY NAME: Paradis			ADATE	: 8/10/98
FACILITY LOCATION:/70/	Coadman	Plana Dr.		<u></u>
FACILITY LOCATION: 1701	water fr	33 <i>759</i>	Our Alle	
			e du 1	Le .
Annual Reporting Period: 7/26		19 <u>98</u> то <u>7/</u>	27 6/2 8/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1	5 O19 98
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (I				EP Rule NO
If NO, complete the following:				
#1. Term or condition of the general permi	t that has not been in cor	ntinuous compliance duri	ng the reporting per	iod stated above:
Monthly purchase re	unds were not	maintained	Ba Conseau	hor 12 month A
Exact period of non-compliance: from	3/26/98	to	7/2-7/98	
Action(s) taken to achieve compliance:	UPDATED	RECORDS+	RECURDER	LEEPING.
Method used to demonstrate compliance:	- 1	/e · · ·	t ·	<i>r</i>
#2. Term or condition of the general permi	t that has not been in cor	tinuous compliance duri	ng the reporting per	iod stated above;
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Further,	my annual consumption (of perchloroethylene	solvent, based
RESPONSIBLE OFFICIAL:	Mikel	= FDWINC.	OSTRALD	8-10-98-
Na	me (Please Print)	Sign	ature	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.

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION
AIRS ID#: 1030342 001 DATE: 7/27/98 TIME IN: 9:30 TIME OUT: 10:15
FACILITY NAME: Paradise Cleaners #1
FACILITY LOCATION: 1701 Coachman Plaza Dr.
Clearwater, FL, -34619 33759
RESPONSIBLE OFFICIAL: Henry McNatt CONTACT: Edwin Ostvand (New Owner) 877 PHONE: 727-791-1390 PART I: NOTIFICATION
DADT I. NOTIFICATION
TAKT 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) 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 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 cleaning facility was gallons.

PART III: GENERAL CONTROL REQUIREMENTS			
Is the responsible official of the dry cleaning facility: (check appropriate boxes)			
1. Storing perchloroethylene in tightly sealed and impervious containers?	□ Y	ΠN	☐ NA
2. Examining the containers for leakage?	¥Y	ΠN	□NA
3. Closing and securing machine doors except during loading/unloading?	Y	ΠN	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Uses Spin Disc Technology	□ Y	□N	□ •NA
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	QΥ	□N	<u>U</u> -NA
PART IV: PROCESS VENT CONTROLS			
In Part II-A:			
If classification (1) has been checked, no controls are required. Proceed to Pa	art 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)	irces:		
1. Equipped all machines with the appropriate vent controls?	TY	□ N	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	¥	ΠN	□NA
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	₽¥	ΠN	□NA
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	₽Y	□N	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	UY	ΠN	□NA
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged?	ĽΎ	□N	

В	He she was a sixty official of an existing laws on new large area course also		_	
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?	ΘY	ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ΠN	⊡N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	□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?	ЦY	ПN	A/M E D
	Is the perc concentration equal to or less than 100 ppm?	ΠY	DИ	⊡N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΠY	ПИ	A/NE
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	□ N /A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΠИ	□ N/ A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) DY ON 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? monthly totals - not rolling Since punchas. 3. Maintained leak detection inspection and repair reports for the following: 2/98 _ Co OY ON DY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? OY ON ON/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? DY DN DN/A OY ON 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? No divisions from plan DY ON ON/A Problem corrected? DY DN @MA 8. Maintained compliance plan, if applicable? DY DN 201/A

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			DY ON
2.	Has the facility maintained a leak log?			DY ON
3.	Does the responsible official check the f			
	Hose connections, fittings, couplings, and valves	DY ON ONIA	ch wellive the col Muck cookers	DY DN DN/A
	Door gaskets and seating	TY ON ON/A	Stills	DY ON ON/A
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A
	Pumps	DY ON ON/A	Diverter valves	O√Y □N □N/A
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	□Y □N ŒŃ/A
	Water separators	MY ON ON/A		
4.	Which method of detection is used by the	e responsible official?		
	Visual examination (condensed sol	lvent on exterior surfaces)		<u> </u>
	Physical detection (airflow felt thro	ough gaskets)		₽-
	Odor (noticeable perc odor)			T
	Use of direct-reading instrumentati	ion (FID/PID/calorimetric	tubes)	9
	Hálogen leak detector			
	If using direct-reading instru	mentation, is the equipme	ent:	GN/A
	a. Capable of detecting pe	erc vapor concentrations in	a range of 0-500 ppm?	אם צם
	b. Calibrated against a sta (PID/FID only)?	andard gas prior to and afte	er each use	OY ON
	c. Inspected for leaks and	l obvious signs of wear on	a weekly basis?	OY ON
	d. Kept in a clean and sec	cure area when not in use?		DY DN
	e. Verified for accuracy b	by use of duplicate samples	(calorimetric only)?	DY DN

Margaret V. Hennis	JWy 271998
Inspector's Name (Please Print)	Date of Inspection
Margared D. Henries Unspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Thil-am Corp. - New Owner - See card for general info. (New Owner in February)

zero waste waste water signolor mister 2/97 104,2

AIRS ID#: 1030342

Revised 10/10/0

FACILITY NAME: Coachman Pl	aza Cleaner.	s+Ldry. Inc.	. DATE: 2-1-97
FACILITY LOCATION: 1701 Coa	chman Plaz	a Dr.	
Clearing	ter, FL 3	4619	
	707,12	7.101.1	
Annual Reporting Period:	10-2-199	6 то	12-3/ 1996
Based on each term or condition of the Title V	general air permit, my fa	cility has remained in compl	liance with DEP Rule
62-213.300, Florida Administrative Code (F.A.	C.), during the period co	vered by this statement.	YES DNO
If NO, complete the following:			
#1. Term or condition of the general permit tha	at has not been in continu	ous compliance during the r	eporting period stated above:
Exact period of non-compliance: from		to	EIV REV
Action(s) taken to achieve compliance:			97
Method used to demonstrate compliance:			
#2. Term or condition of the general permit tha	t has not been in continu	ous compliance during the re	eporting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
	complete. Further, my a	nnual consumption of perchi	loroethylene solvent, based cilities or 1,800 gallons per
Name (9	ricase riini)	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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Paradise Cleaners #1	_V
p./3 7. add firm 1. 9. add title 2. p./4 1.(a) add date control device 3. Unstalled	2ry, Inc.
4.	34619
7	Pres.
8	p Code: 33604
Clearwater (1. Costs)	p Code: 34619
11. Facility Contact Telephone Number: Telephone: (813) 791 - 1390 Fax: (9/3) 79	1-9939

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SEP S 1870

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Bureau of Air Meniter no & Mobile Scarper

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SEP 1 8 1998

Bureau of Air Monitoring & Mobile Sources

LETTER OF SURRENDER

September 15, 1998

Sandy Bowman
Title V General Permitting office
Bureau of Air Monitoring and Mobile Sources
MS.-5510
Department of Environmental Protection
2600 Blair Stone Rd.
Tallahassee, Fl. 32399-2400

RE:AIRS ID# 1030342

Dear Ms. Bowman:

On February 25, 1998 I sold my business Coachman Plaza Cleaners dba Paradise Cleaners, 1701 Coachman Plaza Drive, Clearwater, Florida 34619 to Mr. Ed Ostrand.

I would like to surrender title V General Permitting to operate this business to Mr. Ostrand.

Ms. Margaret Hennis, Pinellas County Air Quality at 727-464-4422 has asked this information be forwarded to you.

Sincerely,

Henry McNatt Jr.

M! The PRESIDENT

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

11(0120110)	
TYPE OF INSPECTION: ANNUAL IX	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11:30 am TIME	OUT: 12:40 AIRS ID# 1030342 001
TYPE OF FACILITY: Perchloroethyle	ene Dry Cleaner
FACILITY NAME: Paradise Clea	aners #1 DATE: February 13, 1997
FACILITY LOCATION: 1701 Coachma	an Plaza Dr., Clearwater, FL 34619
RESPONSIBLE OFFICIAL: Bryan McNatt	t PHONE NUMBER: 813-791-9939
to be in compliance with DEP Rule 62-213	uirements evaluated during this inspection, the facility is foun 3.300, Florida Administrative Code (F.A.C.). uirements evaluated during this inspection, the following HOLLOW-UP ACTION REQUIRED
Monthly purchase records were not maintained as a twelve month rolling average.	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a twelve month rolling average.
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 procedure 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).
The Annual Compliance Certification form has been proper DATE OF NEXT INSPECTION: Under Structure INSPECTION CONDUCTED BY:	rly certified and submitted to the inspector. Yes No D Approximate) Teff Cev Moccis

Page 1 of 2

INSPECTOR'S SIGNATURE:

PHONE NUMBER: 464-4422

Revised 10/96

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL IQ	COMPLAINT/DI	SCOVERY 🗆	RE-INSP	PECTION
TIME IN: 11:30 am	TIME	OUT: 12:40	AIR	S ID# 10	30342 001
TYPE OF FACILITY:	Perchloroethyle	ne Dry Cleane	r		
FACILITY NAME:	Paradise Clea	ners #1	DATE: Februa	ry 13, 1997	
FACILITY LOCATION:	1701 Coachma	n Plaza Dr., C	learwater, FL 3	34619	
RESPONSIBLE OFFICIA	L: Bryan McNatt		PHONE NUME	ER: 81	3-791-9939
Based of the results of to be in compliance with Based on the results of compliance discrepant	vith DEP Rule 62-213 of the compliance requ	.300, Florida Adı	ministrative Code ((F.A.C.).	-
Did not measure and record temperature of the refrigera the dry-to-dry machine (dry weekly basis.	ted condenser on	and record the o	plement a monitor utlet temperature of asured at the end of	n a weekly	basis. The
No calibration records for the direct reading instrumentation detector) were available.		as directed by the	ect-reading instrum ne manufacturer and rt II, Section 7(e) o	d must meet	the
COMMENTS:					
The Annual Compliance Certificat DATE OF NEXT INSPECTION INSPECTION CONDUCTED 1	N: February	ly certified and subm	itted to the inspector. (Approximate)	Yes ⊠	No □
INSPECTOR'S SIGNATURE:	All Mari	PHO	ONE NUMBER:	164-46	122

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

Revised 10/96

FACILITY NAME: Paradise Cleaners DATE: 2/18/97
FACILITY LOCATION: 1701 Coach man Plaza Dr.
Clearwater, FL 34619
Annual Reporting Period: February 13, 1996 TO February 13, 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)(1)1, Responsible official shall maintain on-site a Startup, Shutdown, malfunction plan. Exact period of non-compliance: from February 13, 1996 to February 13, 1997
Action(s) taken to achieve compliance: responsible official will develop startup Shutdown for malfunction plant deviation
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:
(7)(e) 2. Direct reading instrumentation shall be calibrated as directed by manufacturers specification.
Exact period of non-compliance: from
Action(s) taken to achieve compliance: responsible official will no longer use
Method used to demonstrate compliance: Leak detector.
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: BRYKN M. MCNAT SupMM 3-10-8>
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.

FACILITY NAME: Paradise Cleaners	DATE: 2/18/97
FACILITY LOCATION: 1701 Coachman Plaza Dr	,
Clearwater, FL 34619	
Annual Reporting Period: February 13 1996 TO	February 13, 1997
Based on each term or condition of the Title V general air permit, my facility has remain 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this sta	ė –
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:
(6)(b) Responsible official shall maintain	n a rolling average
Action(s) taken to achieve compliance: Maintain rolling	rg average for perchloroeth
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance (5)(b)f. Verify the accuracy of the to to ±20°F of the exhaust tempera Exact period of non-compliance: February 13, 1996 to Action(s) taken to achieve compliance: Method used to demonstrate compliance: Method used to demonstrate compliance:	emperature sensor ture.
As the responsible official, I hereby certify, based on information and belief formed afte made in this notification are true, accurate and complete. Further, my annual consump upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for year for transfer or combination facilities.	tion of perchloroethylene solvent, based
RESPONSIBLE OFFICIAL: Name (Please Print)	Signature Date
Traile (Flease Fillit)	Digitalitie .

^{*}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.

·
FACILITY NAME: Paradise Cleaners DATE: 2/18/97
FACILITY LOCATION: 1701 Coach man Plaza Dr.
Clearwater, FL 34619
Annual Reporting Period: February 13, 1996 TO February 13, 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:
(5)(b) d. Measure and Record exhaust stream of the outlet on the refrigerated condesor on a weekly basis Exact period of non-compliance: from February 13, 1996 to February 13, 1997
Action(s) taken to achieve compliance: Maintain weekly temperature 100
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:
(1)2. Emissions unit or activity would qualify be
Subject to no-unit-specific applicable reduirement Exact period of non-compliance: from February 13, 1996 to February 13, 1997
Action(s) taken to achieve compliance: examining best method to get riol dispos
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.
RESPONSIBLE OFFICIAL: SALAMAN BRIGHT 9-10-97

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

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🗆	COMPLAINT/DIS	COVERY 🗆 💮	RE-INSPECTION D
TIME IN: 9:30 a.m.	TIME (OUT: 11:00 a.m.	AIRS ID#	± 1030342 001
TYPE OF FACILITY:	Perchloroethyl	ene Dry Cleaner		
FACILITY NAME:	TIME IN: 9:30 a.m. TIME OUT: 11:00 a.m. AIRS ID# 1030342 001 TYPE OF FACILITY: Perchloroethylene Dry Cleaner ACILITY NAME: Paradise Cleaners #1 DATE: August 15, 1997			
FACILITY LOCATION:	1701 Coachm	an Plaza Dr., Cle	arwater, FL 34619	
RESPONSIBLE OFFICIA	DCATION: 1701 Coachman Plaza Dr., Clearwater, FL 34619 LE OFFICIAL: Bryan McNatt PHONE NUMBER: 813-791-9939 If the results of the compliance requirements evaluated during this inspection, the facility is found compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). In the results of the compliance requirements evaluated during this inspection, the following			
to be in compliance v ☐ Based on the results of	vith DEP Rule 62-21 of the compliance rec	3.300, Florida Adm	inistrative Code (F.A	.C.).
·	•			
	·			
	·			
The Annual Compliance Certifical DATE OF NEXT INSPECTIO		Tanuary	ted to the inspector. 15, 1978 Approximate)	Yes
INSPECTION CONDUCTED	BY:	Jettrey	Morris lease Print)	
INSPECTOR'S SIGNATURE:	Jelly Mr.	PHO	NE NUMBER: 46	4-4422

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	ON D	COVERY []
AIRS ID#: 1030342 FACILITY NAME: FACILITY LOCATION:	Pardo	IN: 9:30am TIME OUT Lise Cleaners Coachman Pla Vater, FL 34619	<u> </u>
PART I: NOTIFICATION			
(check appropriate box)			
1. Existing facility notified DARI	M by 9/1/96.		ď
2. New facility notified DARM 3	0 days prior to sta	rtup	a
3. Facility failed to notify DARM	to use general per	rmit	. 🗆
The state of the s		AND A THE PARTY OF	
PART II: CLASSIFICATION			
Facility indicated on notification (check appropriate box)	form that it is:		
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, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" ga="" gal="" only,="" td="" transfer="" types,="" y=""><td>gal/yτ l/yτ</td><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></td></x<2,></td></x<2,>	gal/yτ l/yτ	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></td></x<2,>	
This is a correct facility classifica	ition	MY ON	
If no, please check the appropriat	e classification:		
	for a general perrabove limits and is	mit as number above s not eligible for a general permit	
B. The total quantity of perchloro facility was 104 gallons.	oethylene (perc) pu	irchased within the preceding 12 month	s by this dry cleaning

DIDTITE OPNIBLI COMBON SECTIONALINES	
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?	DAY ON
2. Examining the containers for leakage?	ey on
3. Closing and securing machine doors except during loading/unloading?	MY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY DN
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON DANIA
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V.	·
If classification 2 has been checked, the machine should be equipped with a refrig (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must installed prior to September 22, 1993	
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)	
1. Equipped all machines with the appropriate vent controls?	MY 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?	MY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	DY ON
Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	CY ON
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	MY ON
B. Has the responsible official of an existing large or new large area source also:	
 Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? 	ELY ON

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·	·
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	מם עם
Is the temperature differential equal to or greater than 20° F?	חס הט
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
	UY UN
4. Assured that the sampling port on the carbon adsorber expansi 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?	חס אם
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	MO YE
2. Maintained rolling monthly averages of perc consumption?	DY 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)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ND YA
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	DAY ON
Problem corrected?	מט עם
8. Maintained compliance plan, if applicable?	OY ON MYA
4180444 418444 418444 418444 418444 418444 418444 418444 418444 418444 418444 418444 418444 418444 418444 418444	
PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	QY ON
2. Which method of detection is used by the responsible official?	,
Visual examination (condensed solvent on exterior surfaces)	₫,
Physical detection (airflow felt through gaskets)	12 /
Odor (noticeable perc odor)	5

Use of direct-reading instrumentation (STD/OTD/coloring

If using direct-reading instrum	entation	, is the equ	ipment:		
a. Capable of detecting	pere vap	or concenti	rations in a range of 0-500 ppm?	ΠY	□N ,
b. Calibrated against a	standard	gas prior	o and after each use		
(PID/FID only)? \	200)) ICAP	ΠY	ΠN
c. Inspected for take a	da obvio	is signs of	vear on a weekly basis?	ΠY	ΠN
d. Kept in a clean and s	secure are	ea when no	t in use?	ΠY	ПИ
e. Verified for accuracy	by use o	f duplicate	samples (calorimetric only)?	ΩX	ПN
3. Has the facility maintained a leak log?				E Y	DN .
4. The following areas should be checked	for leak	s by the ins	pector:		
	Leak I	Detected?		Leak	Detected?
Hose connections, fittings, couplings, and valves	ΟY	DN	Muck cookers	ΟY	
Door gaskets and seating	ΟY	OW	Stills	ΟY	ΒΝ.
Filter gaskets and scating	ΩY	ON/	Exhaust dampers	ΩY	UN
Pumps	ŊY	ON.	Diverter valves	ΩΥ	ONY .
Solvent tanks and containers	ΩY	MZN,	Cartridge filter housings	ΟY	מש
Water separators	ΠY	OV.			
Bryan Man Name of Responsible Official	Jat	t		,	

Inspector's

Inspedi

Date of Inspection Approximate Date of Next Inspection

Realstar RS-640 Ser# 64-04-018 Capacity 70165

- Has SSM plan
- Has Temperature weekly
- Secondary containment for perc waste provided
- USES leak detectory as a. Secondary Eastrument.
- Has carbon filtration System

Facility is in compliance,

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	. NC	COM BILLY IT BI	SCOVERY	٥
			730 a.m., TIME OU		10 p.m.
FACILITY NAME:	aradise	Clean	ers		·
FACILITY LOCATION:	1701 Con	chmo	n Plaza D	۲	· ·
·	Clearwa	ter, f	-L 34619		
PART I: NOTIFICATION					
(check appropriate box)					
Existing facility notified DA	RM by 9/1/96°				a
2. New facility notified DARM	30 days prior to sta	rtup	•		
3. Facility failed to notify DAR	M to use general pe	ermit			. 🗆
PART II: CLASSIFICATION	<u> </u>				
Facility indicated on notificati (check appropriate box)	on form that it is:				
A. 1. Existing small area sour 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)		dry-to-dry or transfer on both types,	nall area source only, x<140 gal/yr ly, x<200 gal/yr x<140 gal/yr d on or after 12/9/91)	d	
3. Existing large area sourdry-to-dry only, 140 <x<2, (constructed="" 10="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" g="" gal="" only,="" td="" transfer="" types,=""><td>00 gal/yr gal/yr</td><td>dry-to-dry of transfer on both types,</td><td>rge area source only, 140<x<2, 100="" gal="" y<br="">ly, 200<x<1,800 gal="" yr<br="">140<x<1,800 gal="" yr<br="">d on or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td>r</td><td></td></x<2,>	00 gal/yr gal/yr	dry-to-dry of transfer on both types,	rge area source only, 140 <x<2, 100="" gal="" y<br="">ly, 200<x<1,800 gal="" yr<br="">140<x<1,800 gal="" yr<br="">d on or after 12/9/91)</x<1,800></x<1,800></x<2,>	r	
This is a correct facility classifi	cation	ØY □	Ν		
If no, please check the appropri	ate classification:			·	
	ed for a general per s above limits and i		er above for a general permit		
B. The total quantity of perchlo	roethylene (perc) p	urchased with	nin the preceding 12 mon	ths 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 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 WN/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 ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a 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 cooldown period and after verifying that the coolant had been completely charged? B. Has the responsible official of an existing large or new large area source also: (Non Applicable) 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located DY DN on dry-to-dry, reclaimer, and dryer machines on a weekly basis?

Non Applicable 2. Measured and recorded the washer exhaust temp inlet and outlet weekly? OY ON ey on Is the temperature differential equal to or greater than 20° F? 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 DN/A 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, or expansion; and downstream from no other inlet? DY DN 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? DY DN DN/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) 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: MY UN 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 MY ON and parts installed w/in 5 days of receipt? DY MN DN/A 4. Maintained calibration data? (for direct reading instruments only) DY DN N/A 5. Maintained exhaust duct monitoring data on perc concentrations? DY MN 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? · Problem corrected? (No deviation report) DY DN DY ON MN/A 8. Maintained compliance plan, if applicable? PART VI: LEAK DETECTION AND REPAIRS MY DN 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) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

If using direct-reading instrume	ntation,	is the equipment:	<u> </u>		
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					ΠN
b. Calibrated against a s (PID/FID only)?	tandard g	gas prior to and aft	er each use	ΟŸ	MN
c. Inspected for leaks an	d obvious	s signs of wear on	a weekly basis?	ΣΥ	ΠN
d. Kept in a clean and se	cure area	when not in use?		ŒΥ	ПN
e. Verified for accuracy	by use of	duplicate samples	(calorimetric only)?	Y	□N
3. Has the facility maintained a leak log?				⊠Y	□и
4. The following areas should be checked:	for leaks	by the inspector:			
	Leak D	etected?		Leak	Detected?
Hose connections, fittings, couplings, and valves	ΩY	M	Muck cookers	ΩY	MN
Door gaskets and seating	·QY	QN	Stills	ΩY	M
Filter gaskets and scating	ΠY	QN	Exhaust dampers	ПY	ME
Pumps	ŮХ	M	Diverter valves	ПY	ŒΝ
Solvent tanks and containers	ΩY	ыN	Cartridge filter housings	ПY	QN
Water separators	ΟY	ΔN			
Name of Responsible Officia Jeffrey Marcs Inspector's Name (Please Prin Inspector's Signature			2/13/97 Date of Inspe 3/4/97 Approximate Date of I	ction 2/:	27/97 nspection

Real Star 7516 Dry-Dry Machine Model RS-640 Serial # 64-04-013 Manufacturer date:

- Machine has a refrigerator condensor temperature sensor
- Lowest temperature of refrigerated condensor is 500 during during drying cycle
- Water separator storage splashes from container outside on floor beyond secondary containment
- carbon filtration system is needed for water separator evaporator
- Plastic container used for Secondary containment of haz waste drum. (metal container for haz waste drum)
- Model 134A refrigerant leak detector is not calibrated.
- No startup/shutdown malfuction plan
- No rolling average for perc. purchased
- No accuracy/verification of refrigerator temperature sensor 12°F
- No weekly temperatures of refrigerator Condensor.



AIRS ID#1030342 COACHMAN PLAZA CLEANERS & LAUNDRY INC HENRY MCNATT JR 6210 N FLORIDA AVE TAMPA FL 33604

Do NOT Remove Label

FEB 1 9 (998)
Bureau of Air Monitoring & Mobile Sources

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

RESPONSIBLE OFFICIAL:

Exact period of non-compliance: from

Action(s) taken to achieve compliance:

Method used to demonstrate compliance:

Name (Place Print)

Name (Please Print)

Signature

9 -//

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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Fund: 20-2-035001 Obj.: 002273

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