



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

April 1, 1997

Mr. Donald Gorr  
Northside Cleaners  
4711 126 Street, Suite E  
Pinellas, Florida 34622

Re: Facility No. 1030370

Dear Mr. Gorr:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 14, 1997.


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

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

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

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

Sincerely,

  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Mr. Gary Robbins, Pinellas County

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



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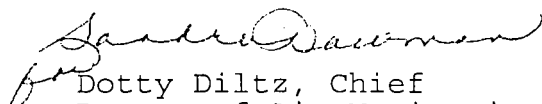
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Sincerely,

  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Mr. Charlie Norman, Northwest District

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

Department of Environmental Regulation  
**Routing and Transmittal Slip**

To: (Name, Office, Location)

1. ~~MARNIE BRYNES, DARM, MS-5510~~

2. *Jane*

3.

4.

Remarks:

*This one was misrouted to Charlie and me - although I wouldn't mind a trip down to Pinellas every now + then!*

*Thanks for the info on Eagle + Prestige + Randolph. I'll be adding them to my schedule.*

*Pinellas  
Gary Robert*

From

*Rayn Staples*

Date

*4/7/97*

Phone

*488-3704*



# Department of Environmental Protection

b7D

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

Virginia B. Wetherell  
Secretary

April 1, 1997

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APR 4 1997

Northwest Florida  
DEP

Mr. Donald Gorr  
Northside Cleaners  
4711 126 Street, Suite E  
Pinellas, Florida 34622

Re: Facility No. 1030370

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Sincerely,

Bureau of Air Monitoring  
& Mobile Sources

APR 8 1997

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*Dotty Diltz*  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

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DD/jw

APR 7 1997

cc: Mr. Charlie Norman, Northwest District

DEP, TALLAHASSEE  
BRANCH OFFICE

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

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	<i>West Coast Linens Inc</i>		
2. Site Name (For example, plant name or number):	<i>Northside Cleaners</i>		
3. Hazardous Waste Generator Identification Number:	<i>Conditionally Exempt</i>		
4. Facility Location:			
Street Address:	City:	County:	Zip Code:
<i>4711 126th Suite E</i>	<i>Pinellas</i>		<i>34622</i>
5. Facility Identification Number (DEP Use):	<i>1030370</i>		

## Responsible Official

6. Name and Title of Responsible Official:	<i>Donald Horn Owner</i>		
7. Responsible Official Mailing Address:			
Organization/Firm:			
Street Address:	City:	County:	Zip Code:
<i>Same</i>			
8. Responsible Official Telephone Number:			
Telephone: <i>(813) 571-1529</i>	Fax: ( ) -	<i>Same</i>	

## Facility Contact (If different from Responsible Official)

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

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FEB 14 1997

#1030370

Northside Cleaners

- spoke with Duane Gorr -  
2/19/1997 & 2/28/1997 -  
sending letter from p.14  
2.(a)

p.13 4. check address - letter  
has different address

p.14 2.(a) see attached letters  
- Facility would like to  
change RO from Donald  
Gorr to Duane Gorr. - p.13  
6. and new signature.

**Facility Information**

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>		<i>#1 03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser		<i>1985</i>							
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed

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

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

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

*We Had a Fire on 2/14/96. But The machine was Recovered.*

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

Existing small area source  New small area source

Existing large area source  New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

All steam and hot water generating units exempt

No such units on-site

### Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan



**Surrender of Existing Air Permit(s)**

Please indicate with an "X" the appropriate selection:

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

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

**Responsible Official Certification**

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

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

  
Signature

2/6/97  
Date

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FEB 24 1997

Bureau of Air Monitoring  
& Mobile Sources

*WestCoast Liners*  
4711 126th Ave. North  
Clearwater, FL 34622

February 19, 1997

Department of Environmental Protection  
BAMMS Mel Station 5100  
2600 Blairstone Rd.  
Tallahassee, FL 32399-2400

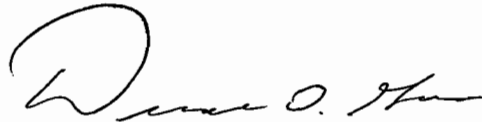
Att: Marnie

Marnie:

In the year of 1995, last year of operation, the approximate purchase of Perchloroethylene was 80 gallons. Future purchases will be under 140 gallons.

For further information or inquiries please contact Duane Gorr at (813) 571-1529.

Sincerely,



Duane Gorr,  
Operations Manager

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MAR 7 1997

Bureau of Air Monitoring  
& Mobile Sources

*WestCoast Linen*  
4711 126th Ave. North  
Clearwater, FL 34622

February 19, 1997

Department of Environmental Protection  
BAMMS Mel Station 5100  
2600 Blairstone Rd.  
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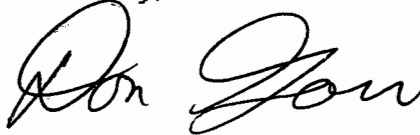
Att: Marnie

Marnie:

In the year of 1995, last year of operation, the approximate purchase of Perchloroethylene was 80 gallons. Future purchases will be under 140 gallons during any 12 month period.

For further information or inquiries please contact Don Gorr at (813)571-1529

Sincerely,



Don Gorr,  
Owner

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

AIRS ID#: <u>1030370 001</u>	DATE: <u>3/18/98</u>	TIME IN: <u>11:20</u>	TIME OUT: <u>12:30</u>
FACILITY NAME: <u>West Coast Linens, dba Northside Cleaners</u>			
FACILITY LOCATION: <u>4711 126th Ave. North, Suite E</u> <u>Clearwater, FL, 34622</u>			
RESPONSIBLE OFFICIAL: <u>Mr. Duane Gorr</u>		Phone No.: <u>813-521-1529</u>	
Permit No. <u>1030370-001-AG</u>	Exp. Date: <u>03/14/2002</u>		

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 Bureau of Air Monitoring  
& Mobile Sources

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

**Inspection Summary Report Guidance**

Compliance Requirement/Problem	Follow-up Action Required
<input type="checkbox"/> Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site.	If no specific procedures are available from the manufacturer, develop a SSM plan that describes procedures for maintaining and operating equipment during periods of start-up and shutdown associated with a malfunction. EPA's O&M manual may be used if no manufacturers information is available. Keep log of maintenance actions
<input type="checkbox"/> Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
<input checked="" type="checkbox"/> Monthly purchase records were not maintained as a consecutive twelve month total. <i>(No records from 2/97 til 12/30/97)</i>	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a consecutive twelve month total.
<input type="checkbox"/> Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F.	Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2°F, or determine this by another method that the Department would consider appropriate.
<input type="checkbox"/> Evaporator for separator wastewater does not incorporate a pre-filtration system.	Facility may choose to either dispose of perc-containing separator water as hazardous waste, or incorporate a carbon filtration system with the evaporator (as per the State's guidelines).
<input checked="" type="checkbox"/> Did not store all perc, and perc-containing waste in tightly sealed containers. <i>Still Bottom bucket not completely sealed.</i>	Store all perc and perc-containing waste in tightly sealed containers which are impervious and chemically unreactive to the solvent.
<input checked="" type="checkbox"/> Did not maintain a log of leak detection inspection and repair records. <i>(No records from 2/97 til 12/30/97)</i>	Develop and implement a leak detection inspection and repair program. Maintain a log of leak detection inspection and repair records.
<input type="checkbox"/> Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.

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

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

Inspection Conducted by: Margaret V. Hennis (Please Print)

Inspector's Signature: Margaret V. Hennis

Phone Number: 464-4422

Date of next Inspection: 5/98  
 (Approximate)

K

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

**TYPE OF INSPECTION:** ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

AIRS ID#: <u>0370 001</u>	DATE: <u>3/18/98</u>	TIME IN: <u>11:20</u>	TIME OUT: <u>12:40</u>
FACILITY NAME: <u>West Coast Linens, dba Northside Cleaners</u>			
FACILITY LOCATION: <u>4711 126th Ave. North, Suite E</u> <u>Clearwater, FL, 34622</u>			
RESPONSIBLE OFFICIAL: <u>Mr. Duane Gorr</u>		Phone No.: <u>813-771-1529</u>	
Permit No. <u>1030370-001-AG</u>	Exp. Date: <u>03/14/2002</u>		

**RECEIVED**  
 APR 17 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

**PART I: NOTIFICATION**

(Check appropriate box)

1. Existing facility notified DARM by 9/1/96	<input type="checkbox"/>
2. New facility notified DARM 30 days prior to startup	<input type="checkbox"/>
3. Facility failed to notify DARM to use general permit	<input type="checkbox"/>

**PART II: CLASSIFICATION**

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

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

This is a correct facility classification:  Y  N  Can not determine

If no, please check the appropriate classification:

facility qualified for a general permit as number \_\_\_\_\_ above

facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 96 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

**In Part II-A:**

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

- Has the responsible official: *No records of leak detection or monthly rolling average*  
check appropriate boxes) *from Feb. 1997 (starting) til end of december 1997,*  
*Began using calendar Jan. 1998)*
1. Maintained receipts for perc purchased?  Y  N
  2. Maintained rolling monthly averages of perc consumption? *records maintained*  Y  N  
*(since January 1998)*
  3. Maintained leak detection inspection and repair reports for the following: *records maintained*  
*(since January 1998)*
    - a. documentation of leaks repaired w/in 24 hrs? or;  Y  N
    - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N
  4. Maintained calibration data? *(for direct reading instrument only)*  Y  N  NA
  5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  NA
  6. Maintained startup/shutdown/malfunction plan?  Y  N
  7. Maintained deviation reports? *(records maintained since 1/1998)*  Y  N  
Problem corrected?  Y  N
  8. Maintained compliance plan, if applicable?  Y  N  NA



**PART VI: LEAK DETECTION AND REPAIRS**

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

*No log kept prior to January 1997*

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

Visual examination (condensed solvent of exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

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

**If using direct-reading instrumentation, is the equipment:**

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

b. Calibrated against a standard gas prior to and after each use (PID/FID only).  Y  N

c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N

d. Kept in a clean and secure area when not in use.  Y  N

e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

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

4. The following area should be checked for leaks by the inspector: *Machine is not operating during insp.*

Hose connections, fitting couplings, and valves  Y  N

Muck cookers  Y  N

Door gaskets and seating  Y  N

Stills  Y  N

Filter gaskets and seating  Y  N

Exhaust dampers  Y  N

Pumps  Y  N

Diverter valves  Y  N

Solvent tanks and containers  Y  N

Cartridge Filter housing  Y  N

Water separators  Y  N

*Dwane Gorr*  
Name of Responsible Official

*Margaret V. Hennis*  
Inspector's Name (Please Print)

*March 18, 1998*  
Date of Inspection

*Margaret V. Hennis*  
Inspector's Signature

*5/98*  
Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**

**Machine #1:**

Manufacturer Mira clean Capacity 60 lbs  
 Model# 165-R.PS Serial# 7148 Mfg yr 1985

**Machine #2:**

Manufacturer \_\_\_\_\_ Capacity \_\_\_\_\_ lbs  
 Model# \_\_\_\_\_ Serial# \_\_\_\_\_ Mfg yr \_\_\_\_\_

**Notification (unpermitted sources only):**

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

**Record keeping :**

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

**Hazardous Waste:**

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

*Waste containers located in machine's containment*

**Boiler:**

Manufacturer Hurst (used 90%) Hp 30  
 Model # 4VT G 30 150 Serial # 086 150 - 133 Mfg yr 1996

Fuel Type: Natural gas?  propane?  fuel oil?

*2nd Industrial Boiler 15 HP  
 Model IB J30A-12 Serial# 108 787436*

**Comments:** *Still bottoms in 5 gal. bucket was not completely covered - cap missing. Detected perc odor from it. Replaced w/ another bucket. Needs phone # for clean-up program. Called back in pm. and gave him number for Andrew Barran @ SWDEP. Mr. Barran stated that they generally use 1 pint of water / month - they put water back into the still, which helps the distillation and at a lower temperature.*



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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 1030370 001      DATE: 3/24/99      TIME IN: 12:15      TIME OUT: 12:20  
 FACILITY NAME: West Coast Linens, dba Northside Cleaners  
 FACILITY LOCATION: 4711 126th Ave. North, Suite E  
Clearwater, FL, 33762  
 RESPONSIBLE OFFICIAL: Duane Gorr      PHONE: 571-1529  
 CONTACT: Facility has been visited for not paying county property taxes      PHONE: phone has been disconnected  
*equipment is being sold*

**RECEIVED**  
APR - 9 1999  
Bureau of Air Monitoring & Mobile Sources

**PART I: NOTIFICATION**

(Check appropriate box)      *5 Spirit Cleaners indicated*  
 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   
*plans to buy machine*

**PART II: CLASSIFICATION**

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

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

This is a correct facility classification:     Y     N     Can not determine

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 2 gallons.

### PART III: GENERAL CONTROL REQUIREMENTS

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

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

### PART IV: PROCESS VENT CONTROLS

#### In Part II-A:

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

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

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

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

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

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

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

**If using direct-reading instrumentation, is the equipment:**

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm.  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only).  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use.  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

Margaret V. Hennis  
Inspector's Name (Please Print)

3/24/99  
Date of Inspection

Margaret V. Hennis  
Inspector's Signature

NA  
Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**

Does not appear to be operating - Phone has been disconnected.  
Evicted for property taxes-

Cannot determine status of compliance w/o access to facility.  
Appear to have equipment on hand.



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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

AIRS ID#: <u>1030370 001</u>	DATE: <u>3/24/99</u>	TIME IN: <u>12:15</u>	TIME OUT: <u>12:20</u>
FACILITY NAME: <u>West Coast Linens, dba Northside Cleaners</u>			
FACILITY LOCATION: <u>4711 126th Ave. North, Suite E</u> <u>Clearwater, FL, 33762</u>			
RESPONSIBLE OFFICIAL: <u>Duane Gorr</u>		Phone: <u>571-1529</u>	
Permit No. <u>1030370-001-AG</u> Exp. Date: <u>03/14/2002</u>			

- 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.).
- Out of business*
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance **discrepancies** were noted (only items which are checked):

**Inspection Summary Report Guidance**

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

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

**Comments:** *Facility owner was evicted for not paying property taxes. Spirit Cleaners indicated they are buying West Coast Linens machine.*

*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: *Margaret O. Hennis*

Phone Number: 464-4422

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: <u>1030394 001</u>	DATE: <u>3/24/99</u>	TIME IN: <u>RECEIVED</u>	TIME OUT: <u>1:30</u>
FACILITY NAME: <u>Tux Cleaners</u>	<u>(Arome)</u>		
FACILITY LOCATION: <u>1893 N. Highland Ave.</u>	APR - 9 1999		
	<u>Clearwater, FL, 33755</u>	Bureau of Air Monitoring & Mobile Sources	
RESPONSIBLE OFFICIAL: <u>Angelo Guarneri</u>	PHONE: <u>442-8433</u>		
CONTACT: _____	PHONE: _____		
<i>No longer operating machines. Now a drop for Arome. Still has press.</i>			

**PART I: NOTIFICATION**

(Check appropriate box)

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

**PART II: CLASSIFICATION**

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

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

- |   |   |
|---|---|
| <p>A.</p> <ul style="list-style-type: none"> <li>1. Existing small area source <input type="checkbox"/><br/>dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>transfer only, <math>x &lt; 200</math> gal/yr<br/>both types, <math>x &lt; 140</math> gal/yr<br/>(Constructed before 12/9/91)</li> <li>3. Existing large area source <input type="checkbox"/><br/>dry-to-dry only, <math>140 &lt; x &lt; 2,100</math> gal/yr<br/>transfer only, <math>200 &lt; x &lt; 1,800</math> gal/yr<br/>both types, <math>140 &lt; x &lt; 1,800</math> gal/yr<br/>(Constructed before 12/9/91)</li> </ul> | <ul style="list-style-type: none"> <li>2. New small area source <input type="checkbox"/><br/>dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>transfer only, <math>x &lt; 200</math> gal/yr<br/>both types, <math>x &lt; 140</math> gal/yr<br/>(Constructed on or after 12/9/91)</li> <li>4. New large area source <input type="checkbox"/><br/>dry-to-dry only, <math>140 &lt; x &lt; 2,100</math> gal/yr<br/>transfer only, <math>200 &lt; x &lt; 1,800</math> gal/yr<br/>both types, <math>140 &lt; x &lt; 1,800</math> gal/yr<br/>(Constructed on or after 12/9/91)</li> </ul> |
|---|---|

This is a correct facility classification:  Y  N  Can not determine

If no, please check the appropriate classification:

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

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

### PART III: GENERAL CONTROL REQUIREMENTS

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

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

### PART IV: PROCESS VENT CONTROLS

#### In Part II-A:

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

**As the responsible official:**  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

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

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

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

Hose connections, fitting couplings, and valves  Y  N  NA Muck cookers  Y  N  NA

Door gaskets and seating  Y  N  NA Stills  Y  N  NA

Filter gaskets and seating  Y  N  NA Exhaust dampers  Y  N  NA

Pumps  Y  N  NA Diverter valves  Y  N  NA

Solvent tanks and containers  Y  N  NA Cartridge Filter housing  Y  N  NA

Water separators  Y  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 perc vapor concentrations in a range of 0-500 ppm.  Y  N
- b. Calibrated against a standard gas prior to and after each use(PID/FID only).  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use.  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

Margaret V. Hennis  
Inspector's Name (Please Print)

3/24/99  
Date of Inspection

Margaret V. Hennis  
Inspector's Signature

NA  
Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**

No dry cleaning machines on site - only (water) washing machines + presses. NW/H

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

AIRS ID#: <u>1030394 001</u>	DATE: <u>3/24/99</u>	TIME IN: <u>1:25</u>	TIME OUT: <u>1:30</u>
FACILITY NAME: <u>Tux Cleaners</u>			
FACILITY LOCATION: <u>1893 N. Highland Ave.</u> <u>Clearwater, FL, 33755</u>			
RESPONSIBLE OFFICIAL: <u>Angelo Guarneri</u>		Phone: <u>442-8433</u>	
Permit No. <u>1030394-001-AG</u> Exp. Date: <u>08/12/2002</u>			

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

**Inspection Summary Report Guidance**

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

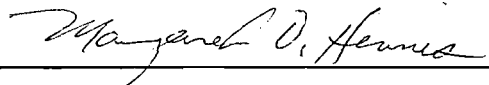


	Compliance Requirement/Problem	Follow-up Action Required
<input type="checkbox"/>	Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit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

Comments: No dry cleaning machines on site,

*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: 

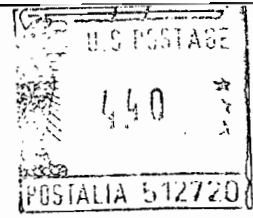
Phone Number: 464-4422

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
MS 5510-37550 304000  
2600 BLAIR STONE ROAD  
TALLAHASSEE FL 32399-2400

**CERTIFIED MAIL**



7000 2870 0000 7027 4534



RECEIVED  
NO. 140  
ROUTE NO. 140  
a/b



10 AIRS ID # 1030370001AG  
DONALD GORR  
NORTHSIDE CLEANERS  
4711 126TH AVENUE N SUITE E  
CLEARWATER FL 34622

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

**OFFICIAL USE**

7000 2870 0000 7027 4534

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	10	AIRS ID # 1030370001AG
<b>Sent To</b>	DONALD GORR	
<b>Street, Apt. No.; c</b>	NORTHSIDE CLEANERS	
<b>City, State, ZIP+ 4</b>	4711 126TH AVENUE N SUITE E CLEARWATER FL 34622	
PS Form 3800, May 2000		See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

10 AIRS ID # 1030370001AG  
DONALD GORR  
NORTHSIDE CLEANERS  
4711 126TH AVENUE N SUITE E  
CLEARWATER FL 34622

7000 2870 0000 7027 4534

2. Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature

**X**  Agent  
 Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

Z 333 660 407

US Postal Service  
**Receipt for Certified Mail**

AIRS ID# 1030370

WEST COAST LINENS INC  
DONALD GORR  
4711 126TH AVENUE N SUITE E  
CLEARWATER FL 34622

PS Form 3800, April 1995

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

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID# 1030370

WEST COAST LINENS INC  
DONALD GORR  
4711 126TH AVENUE N SUITE E  
CLEARWATER FL 34622

4a. Article Number  
Z 333 660 407

4b. Service Type

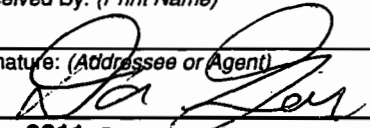
Registered                       Certified  
 Express Mail                       Insured  
 Return Receipt for Merchandise    COD

7. Date of Delivery  
4-8

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

**X** 

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 613 248

US Postal Service  
**Receipt for Certified Mail**

AIRS ID 1030370

WEST COAST LINENS INC  
DONALD GORR  
4711 126TH AVENUE N SUITE E  
CLEARWATER FL 34622

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

PS Form 3800 April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 1030370

WEST COAST LINENS INC  
DONALD GORR  
4711 126TH AVENUE N SUITE E  
CLEARWATER FL 34622

4a. Article Number

Z 333613248

4b. Service Type

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

7. Date of Delivery

2-17

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

Thank you for using Return Receipt Service.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0323222

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

**TOTAL AMOUNT DUE: \$50.00**

RECEIVED  
MAIL ROOM  
JUN - 3 98

Do NOT Remove Label

AIRS ID 1030370  
WEST COAST LINENS INC  
DONALD GORR  
4711 126TH AVENUE N SUITE E  
CLEARWATER FL 34622

Bureau of Air Monitoring  
& Mobile Sources

JUN - 5 1998

RECEIVED

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

Z 333 667 038

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

For International Mail (See reverse)

AIRS ID # 1010370

TOWER OAKS  
ANNA HERIG  
12119 LITTLE ROAD  
HUDSON FL 34667

2000

PS Form 3800, April 1995

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

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

AIRS ID # 1010370

TOWER OAKS  
ANNA HERIG  
12119 LITTLE ROAD  
HUDSON FL 34667

2. Article Number (Copy from service label)

Z 333 667 038

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature

X

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

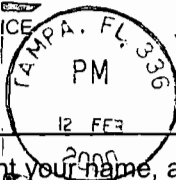
3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

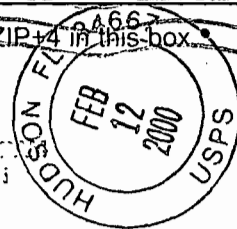
UNITED STATES POSTAL SERVICE



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

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

DARWIN MOBILE SOURCE CONTROL REGION  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2000 BLAIR **STONE** ROAD  
TALLAHASSEE, FLORIDA 32399-2400





STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
TWIN TOWERS OFFICE BUILDING  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

**CERTIFIED**

Z 333 660 725

**MAIL**

MS# 5510  
37550301000

1st NOTICE 3-4  
2nd NOTICE 3-11  
RETURNED 3-19

TALLAHASSEE, FL  
FEB 25 '99  
FL

RECEIVED  
MAR 25 1999  
Bureau of Air Monitoring  
& Mobile Sources

WEST 711

AIRSTID # 1030370  
NORTHSIDE CLEANERS  
DONALD GORR  
4711 126TH AVENUE N. SUITE E  
CLEARWATER FL 34622

WEST 711 35768-1026  
NOTIFY SENDER OF NEW ADDRESS  
TO WEST COAST LINEN  
PO BOX 1626  
TALLAHASSEE PARK FL 32300-1626

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 1030370

NORTHSIDE CLEANERS  
DONALD GORR  
4711 126TH AVENUE N SUITE E  
CLEARWATER FL 34622

4a. Article Number  
**Z 333 660 725**

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
**X**

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

**Z 333 660 725**

US Postal Service  
**Receipt for Certified Mail**  
Insurance Coverage Provided

AIRS ID # 1030370

NORTHSIDE CLEANERS  
DONALD GORR  
4711 126TH AVENUE N SUITE E  
CLEARWATER FL 34622

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

PS Form 3800, April 1995

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
TWIN TOWERS OFFICE BUILDING  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

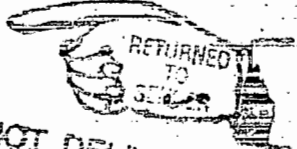
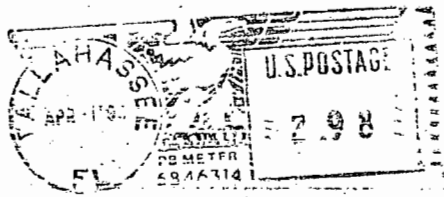
**CERTIFIED**

Z 333 667 194

**MAIL**

37550301000  
2529 1R MS#5910  
BAMMS  
JOEY ROBERTS

AIRS ID # 1030370  
NORTHSIDE CLEANERS  
DONALD GORR  
4711 126TH AVENUE N SUITE E  
TALLAHASSEE, FL 32310-4622



RETURNED TO  
SENDER  
NOT DELIVERABLE AS  
ADDRESSED UNABLE  
TO FORWARD

Bureau of Air Monitoring  
& Mobile Sources

RECEIVED  
APR 12 1999

33762x9732 1A

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

- 1.  Addressee's Address
  - 2.  Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 1030370

NORTHSIDE CLEANERS  
DONALD GORR  
4711 126TH AVENUE N SUITE E  
CLEARWATER FL 34622

4a. Article Number

Z 333 667 194

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

402595-97-B-0179

Domestic Return Receipt

Z 333 667 194

US Postal Service

**Receipt for Certified Mail**

No Insurance

AIRS ID # 1030370

NORTHSIDE CLEANERS  
DONALD GORR  
4711 126TH AVENUE N SUITE E  
CLEARWATER FL 34622

PS Form 3800 April 1995

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

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

7000 0600 0026 7825 5150

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

AIRS ID # 1010370

AMERICAN CLASSIC CLEANERS  
CLAUDIA VISSER  
12119 LITTLE ROAD  
HUDSON FL 34667