

### Department of **Environmental Protection**

Lawton Chiles Governor

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

¿ Virginia B. Wetherell Secretary

December 2, 1997

Mr. Steve Cartone Baker's Professional Cleaners 836 West Bay Drive Largo, Florida 33770

Facility No.: 1030377

Dear Mr. Cartone:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 4, 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"

### RECEIVED

**APR** 

# Perchloroethylene Dry Cleaning Facility Notification & Mobile Sources

Facility Name and Location

ſſŶ <sub>å</sub>	Facility Owner/Company Name Olement comperation, agency, or individual owner):					
(E)	Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
	JOAN CARTONE DBA BAKEN'S PROFESSIONAL CLEAMENS &					
2.	Site Name (For example, plant name or number):					
	BAKENS PROFESSIONAL CLEANERS					
3.	Hazardous Waste Generator Identification Number:					
4.	Facility Location:					
	Street Address: 886 W. Bry Dr. City: Lange County: PINELLAS Zip Code: 385000					
<b>15.</b>	Eacility Identification Number (DEP Use): The state of th					
	Responsible Official					
6.	Name and Title of Responsible Official:					
	STEVE CANTONE Man.					
7.	Responsible Official Mailing Address:					
	Organization/Firm:					
	Street Address: County: Zip Code:					
	Edulty. Zip code.					
8.	Responsible Official Telephone Number:					
	Telephone: (8/3) 584 - 6547 Fax: (1) 1/4					
	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: ( ) -					

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

Page 13 of 16

## #1030377

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i ·	Duice Sproportion
-	Spoke with Steve Cartone -4/28/1997
D./3	1. add-Loretta Enterprises,
	1 100
P.14	1. (a) charge "09-sept.95" to
	11987
P.15	5. add-"15HP/#2diesel fuel"- off-road/non-taxable-under limits 5. (f) required-add "X"
	off-road/non-taxable-under
	limits
	5./f) required-add "X"
. ,	
,	
v-	
,	
,	
	1

### 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.

		Date Machine	Date Control		Date Machine	Date Control		Machine	Control
Type of Machine	ID	Initially Purchased	Device Installed	ID	Initially Purchased	Device Installed	ID	Initially Purchased	Device Installed
Example Example		1,	12-NOV-93	#2	08-DEC-91	·	#3	02-MAR-92	
Dry-to-Dry Unit	_	· · · · · · · · · · · · · · · · · · ·							
(1) w/ ref. condenser	#7	19-5E0194	<del></del>	Γ-				T	
(2) w/ carbon adsorber	-	01 201.13	1		<del>                                     </del>	1	$\vdash$		1
(3) w/ no controls	<del> </del>				<del> </del>				
Washer Unit	<del> </del>	J				1		J	
(4) w/ ref. condenser	<del>                                     </del>	1		T	T .	T	Π	T	Τ
(5) w/ carbon adsorber	<del>                                     </del>	<del> </del>		<del>                                     </del>	<del>                                     </del>	<del>                                     </del>	-		<del> </del>
(6) w/ no controls	<del> </del>		,	1	<del> </del>	· ·	<u> </u>	<u> </u>	<del> </del>
Dryer Unit			<u> </u>		<del></del>			<u>L_</u>	Ļ
(7) w/ ref. condenser	<del> </del>	1	Г	T .	1	· -	Т	T -	Τ
(8) w/ carbon adsorber	<del>                                     </del>	+			-				†
(9) w/ no controls	<del> </del>		<del>                                     </del>	$\vdash$				┼	<del> </del>
Reclaimer Unit	1:	1	1	٠.	<u>.</u>			<del>-</del>	
(10) w/ ref. condenser	<del>                                     </del>	T	T	Т		<del></del>	Τ	τ	Τ
(11) w/carbon adsorber	1	<del> </del>	+	+	<del> </del>	<del> </del>	╁	-	<del>                                     </del>
(12) w/ no controls	-		<del> </del>	+	<del> </del>		+		<del>                                     </del>
(b) Control devices are required, but not yet installed									
3. What is the facility's s (Indicate with an "X".  Existing small a	Sele area s	ource (X	fication only	.) New s	mall area so	urce [	(3) o	f Part II?	
WINE Existing large a	rea s	ource [	} 1	lew l	arge area sou	irce . [_	_]		

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4. What control technology is required on machines pursuant to section (Indicate with an "X".)	on (5) of Part II of this notification form?
Existing large area source  Carbon adsorber  []  Refrigerated co	ondenser []
New small area source Refrigerated condenser  []	
New large area source Refrigerated condenser  []	
A facility which contains non-exempt emissions units shall not be to Rule 62-213.300, F.A.C. Verify that all steam and hot water gene exemption criteria or that no such units exist on-site:  All steam and hot water generating units on-site (1) have a total hear	rating units on-site meet the following
boiler HP or less), and (2) are fired exclusively by natural gas excep during which propane or fuel oil containing no more than one percent	
All steam and hot water generating units exempt  No such units on-site	
Equipment Manitaring and Decords	ning Information
Equipment Monitoring and Recordkeep  Check all logs which are required to be kept on-site in accordance w	
(a) Purchase receipts and solvent purchases	تـــــــــــــــــــــــــــــــــــــ
(b) Leak detection inspection and repair	ίχυ
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	<u></u> )·
(f) Start-up, shutdown, malfunction plan	

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Surrender of Existing Air Permit(s)							
Please indicate with an "X" the appropriate selection:							
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
<u>X</u>	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	tweet of the Date						



# Department of

Sandy

# **Environmental Protection**

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

Virginia B. Wetherell Secretary

April 8, 1997

ID#1030377

Mr. Steve Cartone 836 West Bay Drive Largo, Florida 33770

Dear Mr. Cartone:

The Bureau of Air Monitoring and Mobile Sources recently received your Perchloroethylene Dry Cleaning Notification Form and check (#2835) in the amount of \$50.

We appreciate your submittal Your notification form is being processed. However, your check is being returned to you since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation and subject to the requirements of the general permit. The Department will send you an invoice in time for the next payment cycle.

If you have any questions, please call me at 904/488-6140.

Sincerely,

Sandra Bowman

Mobile Source Control Section

Bureau of Air Monitoring

and Mobile Sources

/SB

Enclosure

JOAN CARTONE 06-91

D/B/A BAKER'S PROFESSIONAL CLEANERS

806 W. BAY DRIVE

LARGO, FL 33770

PHONE 584-6547

PAY
TO THE OFFICE Union National Bank
of Herida
24 Hour Information Service
1-800-735-1012

FOR HAN CONTINUE

FOR HAN CONTINUE

FOR HAN CONTINUE

TO THE OFFICE Union National Bank
of Herida
24 Hour Information Service
1-800-735-1012



# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

April 16, 1997

Mr. Steve Cartone 806 West Bay Drive Largo, Florida 33770

Dear Mr. Cartone:

The Bureau of Air Monitoring and Mobile Sources recently received your Perchloroethylene Dry Cleaning Notification Form and check (#2835) in the amount of \$50.

We appreciate your submittal. Your notification form is being processed. However, your check is being returned to you since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation and subject to the requirements of the general permit. The Department will send you an invoice in time for the next payment cycle.

If you have any questions, please call me at 904/488-6140.

Sincerely,

Sándra Bowman

Environmental Manager

Mobile Source Control Section

Bureau of Air Monitoring and

Mobile Sources

SB\

Enclosure

### Part III. Notification

The Perchloroethylene Dry Cleaning Facility Notification, pages 13-16 of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operation, or by September 1, 1996, whichever is later. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed pages 13 through 16 of this form to:

General Permits Section Bureau of Air Monitoring and Mobile Sources, MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, FL 32399-2400

#### Instructions

#### Facility Name and Location

10 to 1 1 - 1

- 1. Facility Owner/Company Name Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
- 2. Site Name Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
- 3. Hazardous Waste Generator Identification Number Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
- 4. Facility Location Enter the street address and zip code of the facility and the city and county in which it is located.
- 5. Facility Identification Number (DEP Use) Enter the facility identification number assigned by ARMS.

### Responsible Official

- 6. Name and Title of Responsible Official Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
- 7. Responsible Official Mailing Address Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
- 8. Responsible Official Telephone Number Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact 9. Name and Title of Facility Contact - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

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- 10. Facility Contact Address Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.
- 11. Facility Contact Telephone Number Enter the telephone number and facsimile number, if available, at which this person can be contacted.

#### Facility Information

- 1. For each machine located at the facility, select the appropriate machine type and subheading corresponding to the type of air pollution control device installed on the machine (e.g., dry-to-dry unit (1) w/ ref. condenser). Enter its identification (e.g., #1) in column 1. Enter the date the machine was initially purchased from the manufacturer in column 2 in the dd-mon-yy format. If you do not know the exact date of purchase, but can confirm it was prior to December 9, 1991, enter 08-DEC-91. If control equipment has been installed on that machine, enter the date of installation in column 3. If control equipment is required, but has not yet been installed, indicate with an "X" in 1(b). If no control devices are required to be installed, indicate this with an "X" in 1(c). Up to three machines of each type and control configuration may be entered across this table. Complete the table for all machines located at the facility. If more than three machines are located on-site, submit additional copies of this page of the form as needed to characterize all equipment.
- 2. Enter the total amount, in gallons, of perchloroethylene purchased during the preceding twelve months. If this amount represents a period of less than twelve months, indicate the actual time period used to determine solvent purchases and the reason for this discrepancy (e.g., new store). New owners should attempt to obtain solvent purchase records from the previous owner.
- 3. Using the amount entered in No. 2 above, enter the facility's classification (e.g., existing small area source).

  The classification is based on the definitions found in section (3) of Part II of this notification form.
- 4. Indicate which control technology is required on machines pursuant to section (5) of Part II of this notification form, based upon the selection in No. 3 above. Existing small area sources are not required to install any additional control equipment.
- 5. Indicate with an "X" that all steam and hot water generating units on-site are exempt from permitting pursuant to Rule 62-210.300(3), F.A.C., or that the facility has no such units on-site.

### Equipment Monitoring and Recordkeeping Information

Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".

### Surrender of Existing Air Permit(s)

Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing air permits authorizing the operation of a facility a condition precedent for the entitlement to a general permit. Indicate whether the responsible official surrenders such permit(s) or whether no such permit(s) exist with an "X".

### Responsible Official Certification

This statement must be signed by the person named on page 13, Field 6, of this form.

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### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NUAL INSPECTION	0	COMPLAINT/DISCOVERY	0		
AIRS ID#: 1030377 TIME IN: 2:30p.m. TIME OUT: 4:00p.m.  FACILITY NAME: Comet Cleaners  FACILITY LOCATION: 3700 Central Ave.  St Petersburg, FL 33711						
PART I: NOTIFICATION						
(check appropriate box)						
1. Existing facility notified DARM by	9/1/96*			<b>a</b> /		
2. New facility notified DARM 30 day		1				
3. Facility failed to notify DARM to us	-					
			V-40-			
PART II: CLASSIFICATION						
Facility indicated on notification form that it is: (check appropriate box)						
A.  1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	dr tra bo	New small a y-to-dry only, ansfer only, x< th types, x<14 onstructed on	x<140 gal/yr 200 gal/yr			
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" y="" yr=""><td>r dr tra bo</td><td>ansfer only, 20 oth types, 140&lt;</td><td>rca source</td><td>·</td></x<2,>	r dr tra bo	ansfer only, 20 oth types, 140<	rca source	·		
This is a correct facility classification	<b>S</b>	Y ON				
If no, please check the appropriate clas	sification:		•			
facility qualified for a facility exceeds above						

120 gallons

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PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	,			
Storing perchloroethylene in tightly scaled and impervious containers?	MY ON			
2. Examining the containers for leakage?	DY ON			
3. Closing and securing machine doors except during loading/unloading?	MA ON			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A			
Non Applicable				
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 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)				
Equipped all machines with the appropriate vent controls?	OY ON			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON ON/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	מצ מא			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY DN			
B. Has the responsible official of an existing large or new large area source also:				
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY ON			

### BEST AVAILABLE COPY

Non Applicable

Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY DN
Is the temperature differential equal to or greater than 20° F?	NO YO
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON
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?	חס אם
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coits?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	MA ON			
2. Maintained rolling monthly averages of perc consumption?	□λ ανίν			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	DY BAN			
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 WN			
4. Maintained calibration data? (for direct reading instruments only)	OY ON MA/A			
5. Maintained exhaust duct monitoring data on perc concentrations?				
6. Maintained startup/shutdown/malfunction plan?				
7. Maintained deviation reports?	DY EN			
: Problem corrected? (No deviation report)	אם צם			
8. Maintained compliance plan, if applicable?	OY ON MIN/A			

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly leak detection and repair inspection?	MY ON				
2. Which method of detection is used by the responsible official?					
Visual examination (condensed solvent on exterior surfaces)	ष्				
Physical detection (airflow felt through gaskets)	छ				
Odor (noticeable perc odor)					
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	0				

Non-Applicable

Non-Applicable							
If using direct-reading instrumentation, is the equipment:							
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?							
<ul><li>b. Calibrated against a s (PID/FID only)?</li></ul>	ΟY	ПИ					
c. Inspected for leaks an	$\Box$ Y	ΩΝ .					
d. Kept in a clean and so	d. Kept in a clean and secure area when not in use?						
e Verified for accuracy	by use of	duplicate sample	s (calorimetric only)?	ΩY	ПN		
3. Has the facility maintained a leak log?				ΩY	<b>DE</b>		
4. The following areas should be checked	for leaks	by the inspector:					
	Leak	Detected?					
Hose connections, fittings, couplings, and valves	ΟY	MN					
Door gaskets and seating	ΠY	MN					
Filter gaskets and scating	ΠY	tzN ,	Exhaust dampers	ΠY	₩,		
Pumps	ЙĀ	ON,	Diverter valves	ΠY	ran i		
Solvent tanks and containers	$\Box$ Y	DAN /	Cartridge filter housings	ΠY	tan		
Water separators	ΠY	<b>W</b> N					
Emil Pedalino Name of Responsible Official							

Emil Pedalino	
Name of Responsible Official	<b>A</b>
Jeffrey Morris	3/11/97
Inspector's Name (Please Print)	Date of Inspection
Cha France	3/25/97
Inspector's Signature	Approximate Date of Next Inspection
INIA	, ,

### ADDITIONAL SITE INFORMATION:

Miraclean Model 165. RP. FS Mfg date 12/87 Serial #7130

- Temperature sensor/needs boof that sensor is designed for accuracy + 200 mm
- Seconday containment of perc. consists of plastic lid of a 551b drum. (Refer question to Bureau of Hazardous Waste)
- No Weekly leak logs but has
- No startup/shutdown formalfunction plan has been developed

# TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

7	TYPE OF INSPECTION: ANNUAL   COMPL	AINT/DISCOVERY RE-INSPECTION			
II	AIRS ID#: 1030377 001 DATE: 1/8/98 TIME IN: 12:000, 7. TIME OUT: 12:25 p. 7.  FACILITY NAME: Baker's Professional Cleaners  FACILITY LOCATION: 806 West Bay Dr.  Largo, FL  RESPONSIBLE OFFICIAL: Mr. Steve Cantone Phone No.: 813-584-6547  Permit No. 1030377-001-AG Exp. Date: 04/28/2002				
	Based of the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).  Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted (only items which are checked ):				
	Inspection Summary Report Guidance				
	Compliance Requirement/Problem Follow-up Action Required				
	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			
]		Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.			
]		Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a consecutive twelve month total.			
]	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.			
]	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).			
]		Store all perc and perc-containing waste in tightly sealed containers which are impervious and chemically unreactive to the solvent.			
]		Develop and implement a leak detection inspection and repair program. Maintain a log of leak detection inspection and repair			

records.

eak detection inspection and repair f the methods outlined in Part II, Section provisions, to detect leaks. Inspect the on 7(b), for leaks. Repair leaks within 24 epair equipment must be ordered.					
instrumentation shall be operated as er and must meet the conditions in Part II, permit provisions					
nonitoring program. Measure and record weekly basis. The temperature, measured le, must not exceed 45°F.					
diverter valve to prevent air flow to the n the door is opened.					
within 24 hours of measurement indicating perature of the refrigerated condenser shall be documented in the monitoring					
ared at all times except during loading and					
onitoring following an appropriate verifying that the coolant has been					
ed for storing perchloroethylene and/or ng waste, for leakage.					
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.					
ne inspector. Yes 🗹 No 🗆					
<u>.</u>					
<u> </u>					





Revised 10/10/9

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

1030377
FACILITY NAME: Baker's Professional Cleaners DATE: 11/20/97
FACILITY LOCATION: 806 W Bay Dr
Lago, FL 33770
Annual Reporting Period: November 29, 1996 TO November 29, 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:
Purchase receipts were not properly maintained.
Exact period of non-compliance: from November 29, 1996 to November 29, 1997
Action(s) taken to achieve compliance: Maintain all nurchase receipts in a log kept on-site for determination Method used to demonstrate compliance: of perchibroethylene solvent consumption
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Monthly purchase records were not maintained
as a twelve month rolling average.  Exact period of non-compliance: from November 20, 1995 to November 20, 1997
Action(s) taken to achieve compliance: Develop and implement recordkeepig
Method used to demonstrate compliance: Procedure that maintains monthly purchases (perc) as a 12 month rolli
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: STEVE CANTONE 11-20-97
Name (Please Print) Signature Date
K F ( F I V F I )

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

AIRS ID#:	` _

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

FACILITY NAME: Boker's Professional Cleaners DATE: 11/10/97
FACILITY LOCATION: 806 W Bay Dr
Largo, FL 33770
Annual Reporting Period: November 10, 1996 TO November 10, 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. TYES
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Did not have a Start-up, Shutdown, Malfunction (SSM) plan in place, along with associated record keeping on-s Exact period of non-compliance: from November 19, 1996 to November 20, 1997
Action(s) taken to achieve compliance:  If no specific procedures are available from the manfactures, develop a Method used to demonstrate compliance:  For maintains and operating equipment of the periods of start-up/shutdown associal malf
Didnot apply as a Title I GP facility
Exact period of non-compliance: from November 20, 1996 to November 20, 1997
Action(s) taken to achieve compliance:  A facility that is a perchloroethylened ary cleaning facility shall apply  for a Title of General Permit.  Facility applied at time of inspection
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: TEVE ARTONE Signature Date

RECEIVED

<sup>\*</sup>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.

DEC 5 1997

### TITLE V AIR QUALITY AIR GENERAL PERMIT

	INSI ECTIO	IN SUMMART REF	/IX1
TYPE OF INSPECTION:	ANNUAL &	COMPLAINT/DISCOV	VERY DRE-INSPECTION D
TIME IN: 9:30 a.m.	TIME	E OUT: 10:45 a.m.	AIRS ID#
TYPE OF FACILITY:	Perchloroethyl	ene Dry Cleaner	·
FACILITY NAME:	Baker's Profe	ssional Cleaners	DATE: November 20, 1997
FACILITY LOCATION:	806 West Bay	Dr., Largo, FL 3377	′0
RESPONSIBLE OFFICIAL	L: Steeve Carton	e PHONI	E NUMBER:(813) 584-6547
to be in compliance w	vith DEP Rule 62-21 of the compliance recicles were noted:	3.300, Florida Adminis quirements evaluated du	aring this inspection, the facility is found strative Code (F.A.C.). Aring this inspection, the following OW-UP ACTION REQUIRED
Purchase receipts were not a properly.		Maintain all purchase	e receipts in a log kept on-site for chloroethylene solvent consumption.
Monthly purchase records v as a twelve month rolling av			ent a recordkeeping procedure that urchases (perc) as a twelve month
The responsible official of the determine its eligibility for a New and existing dry cleaning required to complete and sundeneral Permit Notification	Title V air permit. Ing facilities are bmit a Title V	A Title V General Pe by the facility at time	ermit Notification Form was complete e of the inspection.
Comment: The facility has ordered parts 1997.	s to repair the machin	ne's door gasket. Repai	irs to be completed by December 1,
The Armuel Counting County	in family 1	1	to the inspector. Yes 🗹 No 🗆
The Annual Compliance Certificat DATE OF NEXT INSPECTION		Decen (Approx	nber 5, 1997
INSPECTION CONDUCTED	BY:	Jeff N (Please)	•
INSPECTOR'S SIGNATURE:	Why Tho	PHONE 1	NUMBER: 464-4422
	200//	Page i of i	Revised 10/9

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	. 73	タ
$a \cap (i)$		
BDO		

TVPF	OF	INSPECT	יא חזי
	Ur	INSPECT	LUN:

ANNUAL

COMPLAINT/DISCOVERY

**RE-INSPECTION** 

1100 mile are are a 1100 00 mile are a 1000 mi	
AIRS ID#: DATE: 11/20/97 TIME IN: 9.300 M TIME OUT: 10:45	$2a^{n}$

FACILITY NAME: Baker's Professional Cleanes

facility location: 806 V

RESPONSIBLE OFFICIAL: Steve Cartmerhone: 584-6547

CONTACT NAME: Steve Cartone PHONE: 584-6547

#### PART I: NOTIFICATION

(check appropriate box)

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

#### PART II: CLASSIFICATION

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

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

A.

- 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yrboth types, x < 140 gal/yr(constructed before 12/9/91)
- 3. Existing large area source dry-to-dry only,  $140 \le x \le 2,100$  gal/yr transfer only,  $200 \le x \le 1,800 \text{ gal/yr}$ both types,  $140 \le x \le 1,800$  gal/yr (constructed before 12/9/91)
- 5. This is a correct facility classification

- 2. New small area source dry-to-dry only, x < 140 gal/yrtransfer only, x < 200 gal/yr both types, x < 140 gal/yr(constructed on or after 12/9/91)
- 4. New large area source dry-to-dry only,  $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only, 200 < x < 1,800 gal/yrboth types,  $140 \le x \le 1,800$  gal/yr (constructed on or after 12/9/91)
- $\square N$
- □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 54 gallons.

PART IJI: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	/
1. Storing perchloroethylene in tightly scaled and impervious containers?	MY ON ON/A
2. Examining the containers for leakage?	BY ON ON/A
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?	אומם מם אבל
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN ØN/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part	/.
If classification 2 has been checked, the machine should be equipped with a ref (complete A below).	rigerated condenser
. If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber minstalled prior to September 22, 1993	r a refrigerated ust have been
If classification 4 has been checked, the machine stould be equipped with a ref (complete A and B below).	
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	1 Char
1. Equipped all machines with the appropriate vent controls?	MUN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON MINA
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	אם עם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	מט עם

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?	OY ON-	are a second and a second
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	אם צם	□N/A
	Is the temperature differential equal to or greater than 20° F?	DY DN	□N/A
3.	Measured and recorded the perc concentration in the explanatistream weekly		
	at the end of the final drying cycle while the machine is wenting to the adsorber, if machines are equipped with a carbon adsorber?	מם עם	□N/A
	Is the perc concentration equal to or less than 100/ppm?	OY ON	_
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?	OY ON	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON	□N/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	DY RY		
2. Maintained rolling monthly averages of perc consumption?	DY MN		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	AVA ON ON/A		
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	MY ON ON/A		
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON WN/A		
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON CON/A		
6. Maintained startup/shutdown/malfunction plan?	αλ <b>α</b> ν		
7. Maintained deviation reports?	MY ON ONA		
Problem corrected?	אַמס אס אס		
8. Maintained compliance plan, if applicable?	DY ON WN/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?			DA DN			
2. Has the facility maintained a leak log?	(examinellpoi	nts)	ØY □N			
3. Does the responsible official check the	following areas for leaks?					
Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	MY ON ON/A			
Door gaskets and seating	DY ON DN/A* Leak actected by C	Stills wherfull be reposited	DY ON ON/A			
Filter gaskets and seating	MY ON ON/A	Exhaust dampers	DY ON ON/A			
Pumps	MY ON ON/A	Diverter valves	DY DN WN/A			
Solvent tanks and containers	MY ON ONA	Cartridge filter housings	DY ON ON/A			
Water separators	DY ON ON/A					
4. Which method of detection is used by the	ne responsible official?					
Visual examination (condensed so	lvent on exterior surfaces)		<b>\(\sigma\)</b>			
Physical delection (airflow felt thr	ough gaskets)		<b>13</b> /			
Odor (noticeable perc odor)			$\square$			
Use of direct-reading instrumenta	tion (FID/PID/calorimetric	tubes)				
Halogen leak detector						
If using direct-reading instru	imentation, is the equipm	ent:	□N/A			
a. Capable of detecting p	perc vapor concentrations in	n a range of 0-500 ppm?	OY ON			
b. Calibrated against a si (PID/FID only)?	andard cas prior to and aft	er each use	DY ON			
c. Inspected for leaks and	d obvious signs of wear on	a weekly basis?	OY ON			
d. Kept in a clean and se	cure area when not in use?		OY ON			
e. Verified for accuracy l	by use of duplicate samples	(calorimetric only)?	מם צם			
		,	^			
Jeff Morr	 (S	11/20/	97			
Inspector's Name (Please Prin	()	Date of Inspe	ction			
and the same		12/5/	97			
Inspector's Signature	-	Approximate Date of 1	Next Inspection			

VIC Mfg: 1987 Seria | # P3-87-1057 Moble | # 1035FS

- Purchase receipts were not maintained
- Purchase receipts were not Maintained as a rolling average
- Notification (no application by facility) Applied at time of inspection.

- New door sealed mill be installed by Dec. 1. Parts were ordered on Monday

-Fulton Fuel-Fired Steam Boiler Boiler # 69654 Model FFB-015-A

- Machine & Wastewater in Secondary Cont wasternate removed as haz. ware

### . Z 333 660 405

### US Postal Service Receipt for Certified Mail

AIRS ID# 1030377 BAKER'S PROFESSIONAL CLEANER STEVE CARTONE 806 WEST BAY DRIVE LARGO FL 33770

	Postage	\$
	Certified Fee	
	Special Delivery Fee	·
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
PS Form <b>3800</b> , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address	
800,	TOTAL Postage & Fees	\$
33	Postmark or Date	
S For		
8		

### at line over top of envelope to

SENDER:

PS Forth 3811, December 1994

on the reverse sld	<ul> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, 4a, and 4b.</li> <li>Print your name and address on the reverse of this form so that we card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article.</li> <li>The Return Receipt will show to whom the article was delivered and delivered.</li> </ul>	e does not	following ser extra fee): 1.  Addi 2.  Rest	ressee's Address ricted Delivery master for fee.
N ADDRESS completed of	3. Article Addressed to:  AIRS ID# 1030377  BAKER'S PROFESSIONAL CLEANER STEVE CARTONE 806 WEST BAY DRIVE LARGO FL 33770	4a. Article N  4b. Service  Registere  Express  Return Rec  7. Date of De	Type  Right  Wail  Seigt (er, Mercha)	Certified Insured
your RETUF	5. Received By: (Print Name)  6. Signatule: (Addressee of Agent)	8. Addressee and fee is		nly if requested

102595-97-B-0179 Domestic Return Receipt

### Perchloroethylene Dry Cleaning Facility Notification

### Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
Baker's Professional Cleaners	
2. Site Name (For example, plant name or number):	
3. Hazardous Waste Generator Identification Number:	
CESQG	
4 Facility Location:	
Street Address: 806 West Bay Dr City: Largo, FL County: 33770 Pinellas Zip Code: 33770	
5 Facility Identification Number (DEP Use)	
	1
Responsible Official	
6. Name and Title of Responsible Official:	}
Steve Cartone, manager	ļ
7. Responsible Official Mailing Address:	
Organization/Firm: Boker's Professional Cleaners	
Street Address: 806 West Bay Dr City: Largo, FL County: Pinellas Zip Code: 33770	
8. Responsible Official Telephone Number:	1
Telephone: (813)584 - 6547 Fax: ( ) -	
	j
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	]
10. Facility Contact Address:	1
Street Address:	
City: County: Zip Code:	
	_
11. Facility Contact Telephone Number:  Telephone: ( ) - Fax: ( ) - DFCFIVF	-   -
Telephone: ( ) - RECEIVE	_  [

Bureau of Air Monitorina & Mobile Sources

### 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
Example	#1		12-NOV-93	#2	08-DEC-91			02-MAR-92	
Dry-to-Dry Unit									•
(1) w/ ref. condenser		15-TUN-8	15-JUN-87					T	
(2) w/ carbon adsorber			120 (1014 2)						<u> </u>
(3) w/ no controls		·-							
Washer Unit									
(4) w/ ref. condenser									T -
(5) w/ carbon adsorber						<u> </u>			•
(6) w/ no controls							1		1
Dryer Unit	···			<del></del>			1		
(7) w/ ref. condenser		•							
(8) w/ carbon adsorber		1				•		· .	
(9) w/ no controls			1				1		
Reclaimer Unit		<del> </del>	·			<u> </u>	-1	L	
(10) w/ ref. condenser		_					Τ		T
(11) w/carbon adsorber					· ·		<del>                                     </del>	1	1
(12) w/ no controls	<b>†</b>	-	1	1			+	<u> </u>	<b>†</b>
(b) Control devices are  (c) No control devices  2.(a) What was the total  (b) If less than 12 mon Check why it is less	quan	required to b tity of perch lons how many? [	e installed [_loroethylene		) purchased				
3. What is the facility's so (Indicate with an "X".  Existing small a Existing large a	Sele area s	ource [ 🗡	fication only	.) · ·lew s	finitions four small area son arge area sou	urce [	(3) o _] ]	f Part II?	
8 8		<u> </u>	,		J	٠ ــــــ			

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  [] Existing small source
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 indicat	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)
ıχı	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notij statemen maintain comply v	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ats made in this notification are true, accurate and complete. Further, I agree to operate and a the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
Signatur	£. Co 11-20-97 Date

### Perchloroethylene Dry Cleaning Facility Notification

### Facility Name and Location

l.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Baker's Professional Cleaners
2.	Site Name (For example, plant name or number):
3.	Hazardous Waste Generator Identification Number:
	CESQG
4.	Facility Location:
	Street Address: 806 West Bay Dr City: Largo, FL County: 33770 Pinellas Zip Code: 33770
5%	Eacility Identification Number (DEP Use)
מבמאונ	
	Responsible Official
6.	Name and Title of Responsible Official:
	Steve Cartone, manager
7.	Responsible Official Mailing Address:
	Organization/Firm: Baker's Protessional Cleaners Street Address: 806 West Bay Dr City: Largo, FL County: Pinellas Zip Code: 33770
8.	Responsible Official Telephone Number:  Telephone: (813)584 - 6547 Fax: ( ) -
	- Telephone. (810) 314 - 604 / Tax. (1)
	Facility Contact Of different from December 1 (1975)
	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:
ļ	
11	Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) - RECEIVE
	- KECETVUE
	DEC 5 1997

Bureau of Air Monitorina & Mobile Sources

### **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	Γ.	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-92
Dry-to-Dry Unit									
(1) w/ ref. condenser		15-JUN-87	15-JUN-87	-					
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		-						•	
(4) w/ ref. condenser									
(5) w/ carbon adsorber						:			
(6) w/ no controls								1	
Dryer Unit		.'		٠.	•	•			
(7) w/ ref. condenser		T							
(8) w/ carbon adsorber									
(9) w/ no controls				1				-	
Reclaimer Unit	٠.				<u> </u>				
(10) w/ ref. condenser				T .				T	
(11) w/carbon adsorber	$\Box$	-		1	· ·				
(12) w/ no controls				1					
(b) Control devices are  (c) No control devices  2.(a) What was the total  5-4  (b) If less than 12 mon Check why it is less	quan gall	tity of perchl	e installed [ oroethylene	(perc	) purchased	, -	••		
3. What is the facility's so (Indicate with an "X".  Existing small a	Sele	ect one classi	fication only	.)	finitions four		(3) o	f Part II?	
							_		
Existing large a	rea s	ource []	. 1	lew l	arge area sou	irce . [	J		

<b>.</b> CO

	Surrender of Existing Air Permit(s)
lease indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically; permit number(s)
ΙX	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
,	
this notij statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ats made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	omptly notify the Department of any changes to the information contained in this notification.
Signatur	E

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

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

(15, 70, 3, 75)

OF INSPECTION: ANNUAL RE-INSPECT	TION COMPLAINT/DISCOVERY	
AIRS ID#: 0377 001 DATE:  FACILITY NAME: Baker's Pro	ofessional Cleaners	:25pm
FACILITY LOCATION: 806 West 1	Bay Dr	
r		
Largo, FL		<del></del>
RESPONSIBLE OFFICIAL: Stev	<u>le Cantone</u> Phone No.: 813-584-6547	
Permit No. <u>1030377-001-AG</u>	Exp. Date: <u>04/28/2002</u>	
PART I: NOTIFICATION		
(Check appropriate box)		
1. Existing facility notified DARM by 9/1/	/96	
2. New facility notified DARM 30 days pr	rior to startup	
3. Facility failed to notify DARM to use g	general permit	
PART II: CLASSIFICATION	Company of the second s	
Facility indicated on notification form that (Check appropriate box)	it is:  No notification form Drop store / out of business / petroleum	
Facility indicated on notification form that (Check appropriate box)  A.	i to mouniour form	·
Facility indicated on notification form that (Check appropriate box)  A.  1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (Constructed before 12/9/91)	Drop store / out of business / petroleum  New small area source	
Facility indicated on notification form that (Check appropriate box)  A.  1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (Constructed before 12/9/91)	Drop store / out of business / petroleum  2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (Constructed before 12/9/91)	
Facility indicated on notification form that (Check appropriate box)  A.  1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (Constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 <x<2,100 (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>Drop store / out of business / petroleum  2. New small area source 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)</td><td></td></x<2,100>	Drop store / out of business / petroleum  2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (Constructed before 12/9/91)	
Facility indicated on notification form that (Check appropriate box)  A.  1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (Constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 <x<2,100 (constructed="" 12="" 140<xx<1,800="" 200<xx1,800="" 9="" 91)="" a="" before="" both="" classification:<="" correct="" facility="" gal="" is="" only,="" td="" this="" transfer="" types,="" yr=""><td>Drop store / out of business / petroleum  2. New small area source 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)  4. New large area source dry-to-dry only, 140<x<2,100 (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td></td></x<2,100></td></x<2,100>	Drop store / out of business / petroleum  2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (Constructed before 12/9/91)  4. New large area source dry-to-dry only, 140 <x<2,100 (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td></td></x<2,100>	
Facility indicated on notification form that (Check appropriate box)  A.  1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (Constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 <x<2,100 (constructed="" 12="" 140<xx1,800="" 200<xx1,800="" 9="" 91)="" 91.<="" a="" appropriate="" before="" both="" can="" check="" classification="" classification:="" constructed="" correct="" determine="" facility="" for="" gal="" gality="" general="" if="" in="" is="" no,="" not="" of="" only,="" part="" please="" qualified="" td="" the="" this="" transfer="" types,="" y="" yr=""><td>Drop store / out of business / petroleum  2. New small area source 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)  4. New large area source dry-to-dry only, 140<x<2,100 (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td></td></x<2,100></td></x<2,100>	Drop store / out of business / petroleum  2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (Constructed before 12/9/91)  4. New large area source dry-to-dry only, 140 <x<2,100 (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td></td></x<2,100>	

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	
2. Examining the containers for leakage?	ΣÍY	ΠN	
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?	$\mathbf{v}_{\mathbf{Y}}$	ΠN	
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	□ Y	ΩN	☑ 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 (complete A below)	refrige	rated c	ondenser
If classification (3) has been checked, the machine should be equipped with e condenser or a carbon adsorber (complete A and B below). Carbon adsorber installed prior to September 22, 1993.	ither a r must ha	efrigen	rated
If classification (4) has been checked, the machine should be equipped with a (complete A and B below.)	refrige	rated c	ondenser
A. Has the responsible official of all new sources and existing large area sou	rces:		
(check appropriate boxes)	Mach		Mach
1. Equipped all machines with the appropriate went controls?	□ <b>Y</b> , 〔	lΝ	□ Y □ N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	QΥ	□n	□y □n
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	□ <b>Y</b> [	ΠIΩ	□Y <b>□</b> N
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	□ <b>Y</b> (	⊐n	□y □n
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	□ <sub>Y</sub> (	⊐n	□y <b>□</b> n
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying the coolant had been completely charged?	□y□	M	□Y□N

	·	
	sas the responsible official of an existing large or new large area source also:	
,	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Is the temperature differential equal to or greater than 20°F?	
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Is the perc concentration equal to or less than 100 ppm?	OY ON ONA
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 dust diameters upstream from any bend contraction, or expansion; and downstream from no other inlet?	□y □n □na
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ONA
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ONA
PA	ART V: RECORDKEEPING REQUIREMENTS	
H:	as the responsible official: heck appropriate boxes)	
	Maintained receipts for perc purchased?	DAY ON
	Maintained rolling monthly averages of perc consumption?	NV DN
	Maintained leak detection inspection and repair reports for the following:	/
	a. documentation of leaks repaired w/in 24 hrs? or;	MY ON
	<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	DY ON
4.	Maintained calibration data? (for direct reading instrument only)	DY DN DNA
5.	Maintained exhaust duct monitoring data on perc concentrations?	DY DN N/A
6.	Maintained startup/shutdown/malfunction plan?	QY □N
7		,
/.	Maintained deviation reports? No problems since	DY ON NAME
7.	Problem corrected? No problems since inspection)	DY DN N/A

PART VI: L	EAK DETECTION AND RE	PAIR	S			
1. Does the re	esponsible official conduct a we	ekly l	eak detection a	nd repair inspection?	Y	□N
2. Which met	thod of detection is used by the	respon	sible official?			
	Visual examination (condense	d solve	ent of exterior s	surfaces)		
	Physical detection (airflow fel	t throu	gh gaskets)		<b>(3</b> )	
	Odor (noticeable perc odor)				<b>☑</b>	
	Use of direct-reading instrume	ntation	n (FID/PID/cale	orimetric tubes)		
If using di	rect-reading instrumentation	, is the	equipment:			
b. c. d.	Capable of detecting perc vapor 0-500 ppm. Calibrated against a standard ga (PID/FID only). Inspected for leaks and obvious Kept in a clean and secure area Verified for accuracy by use of (calorimetric only)?	s signs	of wear on a w	ach use	_у _у _у _у	
3. Has the fac	cility maintained a leak log?				Ny	ΠN
	ving area should be checked for	leaks	by the inspecto	r:	- 1	
Hos cou Doc	te connections, fitting applings, and valves or gaskets and seating er gaskets and seating	Dy Dy Dy		Muck cookers Stills Exhaust dampers Diverter valves		N N N N
Solv	vent tanks and containers	₫y∕	$\square$ N	Cartridge Filter housing	$\mathbf{Z}_{\mathbf{Y}}$	$\square$ N
Wat	ter separators	<u></u> ☐Y	□N	<u> </u>		
Inspect	of Responsible Official  Or's Name (Please Print)  Specify's Signature			Date of/Inspection  Approximate Date of Next		ion -

DDITIONAL	SITE INFORM	IATION:			=		
Machine #1: Manufacturer		VIC	3-87-1057	Capacity 3	<u>රි</u> lbs		
Model#		Serial# 1	5-81-1001	Mig yr	<u> </u>		·
Machine #2: Manufacturer		٠.	_	Capacity	lbs		
Model#		Serial#		Mfg yr	<del>_</del>		
1. Was the facili	•	ing out the no	otification by the in	-	-	N DY	N/A N/A
	have statement/sp		design accuracy o	<del>-</del>		DY □N	N/A
<ul><li>2. If wastewater</li><li>3. Does the facil</li></ul>	ntaminated waste is evaporated, is i ity have seconda	t an approved ry containme	reated or disposed system, and using nt for the dry-dry a nt for any perc. wa	carbon filtration?	? [	AY ON DY ON AY ON	N/A
Boiler: Manufacturer Model # Fuel Type:	·	<i>'</i>	<i>(₀9654</i> ☐ fuel oil?	Mfg yr <u> </u>	15 187		
Comments:							
comments.			·				
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ADDITIONAL SITE INFORMATION:	
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# MIT A SURVEY SOLICES OLICES SOLICES SO DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID 1030377 BAKER'S PROFESSIONAL CLEANER STEVE CARTONE 806 WEST BAY DRIVE LARGO FL 33770

Do NOT Remove Label

Annual Reporting Period:	19TO	19
62-213.300, Florida Administrative Code (I	F.A.C.), during the period covered by this statement. YES	□no
If NO, complete the following:		•
#1. Term or condition of the general permi	t that has not been in continuous compliance during the reporting p	period stated above:
· · · · · · · · · · · · · · · · · · ·	The state of the s	T C
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		Silver Control of the
Method used to demonstrate compliance:	· •	Nonii Nonii
•	:	by Oring
#2. Term or condition of the general permit	t that has not been in continuous compliance during the reporting p	period stated above:
	·	
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:	·	· · · · · · · · · · · · · · · · · · ·
Method used to demonstrate compliance:	Andrew Commence of the Commenc	
notification are true, accurate and complete. I	sed on information and belief formed after reasonable inquiry, that the Further, my annual consumption of perchloroethylene solvent, based up to dry facilities or 1,800 gallons per year for transfer or combination fa	oon purchase receipts,
aves not exceed 2,100 gations per year for ary-	to ary factuates or 1,800 gamons per year for transfer or combination fu	ciuties.
RESPONSIBLE OFFICIAL:	E CARTONE SECO	3-26-98
Na	me (Please Print) Signature	Date

<sup>\*</sup>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.

AIRS ID#: 1030377

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

FACILITY NAME: Baker's Professional Cleaners DATE: 8/24/98
FACILITY LOCATION:
Annual Reporting Period: January 8, 1998 TO August 24, 1998
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: fromtoto
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)  Signature  Date

<sup>\*</sup>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 IN	SPECTION: ANNUAL \( \text{\subset} \) COMPLAINT/DISCOVERY \( \text{\subset} \) RE-INSPECTION \( \text{\subset} \)				
AIRS ID#:	1030377 001 DATE: 8/24/98 TIME IN: 15p. o.TIME OUT: 1.40p.o.				
	LOCATION: 806 West Bay Dr.				
Largo, FL, 33770         RESPONSIBLE OFFICIAL: Steve Cantone       Phone Ng.: 819584-647         Permit No. 1030377-001-AG       Exp. Date: 04/28/2002					
d	Based of the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).				
	Based on the results of the compliance requirements evaluated during this inspection, the following compliance <u>discrepancies</u> were noted (only items which are checked):				

#### **Inspection Summary Report Guidance**

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

Compliance Requirement/Problem	Follow-up Action Required					
Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.					
No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions					
Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.					
Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.					
The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.					
Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.					
Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.					
Containers for perchloroethylene and/or perchloroethylen- containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.					
Comments:						
If the Inspection Summary Report indicates follow-up actions are required, you must take immediate corrective measures to achieve compliance. Pinellas County will perform a follow-up inspection to determine that proper corrective actions have been taken.						
Inspection Conducted by:						
Inspector's Signature:						
Phone Number:  A64-4421  Page 2 of 2						

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

COMPLAINT/DISCOVERY

TYPE OF INSPECTION:

ANNUAL

RE-INSPECTION L
AIRS ID#: 1030377 001  DATE: 8/24/98 TIME IN: 1.5 p. n.TIME OUT: 1.540 p. n.  FACILITY NAME:  Baker's Professional Cleaners  Example 1030377 001  Baker's Professional Cleaners  Largo, FL, 33770
RESPONSIBLE OFFICIAL: Steve Cantone PHONE: 2813-584-6547  CONTACT: Steve Contone PHONE: 584-6547
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
3. I active failed to notify DARWI to use general permit
PART II: CLASSIFICATION
Facility indicated on notification form that it is:  (Check appropriate box)  No notification form  Drop store / out of business / petroleum
A.  1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (Constructed before 12/9/91)  2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (Constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, 140 < x < 2,100 gal/yr transfer only, 200 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr (Constructed before 12/9/91)  4. New large area source dry-to-dry only, 140 < x < 2,100 gal/yr transfer only, 200 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr (Constructed on or after 12/9/91)
This is a correct facility classification:
If no, please check the appropriate classification:  facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry 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?	Ø Y	ΠN	□ NA
3. Closing and securing machine doors except during loading/unloading?	Ø Y	ΠN	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☑ Y	ПN	□NA
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	□ Y	□N	M NA
DADT IV. DDOCESS 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 (complete A below)		rated cond	lenser
If classification (3) has been checked, the machine should be equipped with condenser or a carbon adsorber (complete A and B below). Carbon adsorber installed prior to September 22, 1993.	either a must ha	refrigerate ave been	d
If classification (4) has been checked, the machine should be equipped with a (complete A and B below.)		rated cond	lenser
A. Has the responsible official of all new sources and existing large area sou (check appropriate boxes)	ırces:		
1. Equipped all machines with the appropriate vent controls?	☐ Y	ΠN	
2. Equipped dry-to-dry machines with a closed loop vapor venting system?	🖸 Y	ΩN	□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	ΩN	
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	DΝ	

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?	DY ON
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Is the temperature differential equal to or greater than 20°F?	OY ON ONA
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is weating to the adsorber, if machines are equipped with a carbon adsorber?  Is the perc concentration equal to or less than 100 ppm?	OY ON ONA
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc. concentrations is at least 8 duet diameters downstream of any bend, contraction, or expansion; is at least 2 dust diameters upstream from any bend contraction, or expansion; and downstream from no other inlet?	□y □n □na
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□y □n □na
6. Routed airflow to the carbon adsorber (if used) at all times?	□y □n □na
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	☑Y □N
2. Maintained rolling monthly averages of perc consumption?	MV DN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or; (No Problems)	DY ON Mya
<ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> <li>4. Maintained calibration data? (for direct reading instrument only)</li> </ul>	□y □n ७na
4. Maintained calibration data? (for direct reading instrument only)	DIY DIN DINA
5. Maintained exhaust duct monitoring data on perc concentrations?	□y □n úna
·	_
6. Maintained startup/shutdown/malfunction plan?	⊠Y □N
7 Maintained deviation reports?	Øy □n □y □n Øna

PA	ART VI: LEAK DETECTIO	N AND	REP	AIRS			
1.	Does the responsible official of inspection?	conducta	wee	kly (for si	mall sources, bi-weekly) leak	detect	
2.	Has the facility maintained a l	eak log?				Y	$\square_N$
3.	Does the responsible official of	heck the	follo	wing area	as for leaks:		
	Hose connections, fitting couplings, and valves	Y (	□N	□NA	Muck cookers	<b>⊠</b> Y	□n □na
	Door gaskets and seating	ØY (	ŊĹ	$\square$ NA	Stills	ĭY	□n □na
	Filter gaskets and seating	ØY (	Ŋ	□NA	Exhaust dampers	<b>\(\mathbb{Y}\)</b>	□n □na
	Pumps	ďy (	N	□NA	Diverter valves	<b>□</b> Y	□n □na
	Solvent tanks and containers	QY (	□N	□NA	Cartridge Filter housing	□ <b>√</b> Y	□n □na
	Water separators	ŪΥ	JΝ	□NA			
4.	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 po	erc vapor	cond	centration	in a range of 0-500 ppm.		□y □N
	b. Calibrated against a star	ndard gas	pribi	to and aff	ter each use(PID/FID only).		□y □n
	c. Inspected for leaks and	obvious s	igns	of wear or	a weekly basis?		□y □n
	d. Kept in a clean and sec	ure area v	when	not in us	e.		□y □n
	e. Verified for accuracy by	use of d	uplic	ate sample	es (calorimetric only)?		□Y □N
Inspector's Name (Please Print)  Date of Inspection  2/24/99  Inspector's Signature  Approximate Date of Next Inspection							

FACILITY DETAILS:			
FACILITY NAME: Bakers Profes	sional Cleaner	rs	
Dry Cleaning Machine #1:			
Manufacturer	Capacity 35 lbs		
Model# 1035FS Serial# <u>P3-87-1057</u>			
Dry Cleaning Machine #2:			
Manufacturer	Capacity lbs		
Model# Serial#			
Boiler:	<b>0</b> ,		
Manufacturer Fulton	Hp <u>15</u>		
Model # <u>FB-015-A</u> Serial # <u>69654</u>	Mfg yr <u>1994</u>		
Fuel Type: Natural gas? 🔲 propane? 🖵 fuel oil? 🕻	ם	·	
Notification (unpermitted sources only):			
1. Was the facility assisted in filling out the notification by the i	inspector?	ПY	Un Na
2. Did the facility insist on filling out its own notification, and v			ON WA
Record keeping:			
1. Does facility have statement/specs as to the design accuracy of temperature of 45°F w/accuracy ±2°F, or 7.2°C w/accuracy		□Y	□n N⁄a
Hazardous Waste:		/	
1. Is all perc. contaminated wastewater either treated or dispose	d of properly?	<b>Y</b> Y	$\square_{N}$
2. If wastewater is evaporated, is it an approved system, and using	g carbon filtration?	ДY	DN N/A
3. Does the facility have secondary containment for the dry-dry	machine?	<b>⊠</b> Y	$\square$ N
4. Does the facility have secondary containment for any perc. w	vaste containers?	¥Υ	□N
	,		
Comments:			
			· 

# TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INS	SPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION
AIRS ID#:	1030377 001 DATE: 2/12/99 TIME IN: 10:37 n.m. TIME OUT: 11746 a.n.
FACILITY	NAME: Baker's Professional Cleaners
FACILITY	LOCATION: 806 West Bay Dr.
	Largo, FL, 33770
RESPONSI	BLE OFFICIAL: Steve Cantone Phone No.: 586-6347
Permit	t No. 1030377-001-AG Exp. Date: 04/28/2002
	Based of the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
	Based on the results of the compliance requirements evaluated during this inspection, the following compliance <u>discrepancies</u> were noted (only items which are checked ):

#### **Inspection Summary Report Guidance**

	Compliance Requirement/Problem	Follow-up Action Required
	Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site.	If no specific procedures are available from the manufacturer, develop a SSM plan that describes procedures for maintaining and operating equipment during periods of start-up and shutdown associated with a malfunction. EPA's O&M manual may be used if no manufacturers information is available. Keep log of maintenance actions
	Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
	Monthly purchase records were not maintained as a consecutive twelve month total.	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a consecutive twelve month total.
	Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F.	Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2°F, or determine this by another method that the Department would consider appropriate.
The Salary and Salary Salary	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 indicatir 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:				
	actions are required, you must take immediate corrective perform a follow-up inspection to determine that proper			
Inspection Conducted by:				
Inspector's Signature:	onia			
Phone Number: 464-4422 /				

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

COMPLAINT/DISCOVERY

TYPE OF INSPECTION:

ANNUAL

RE	-INSPECTION					
AIRS ID#: 1030377 001	DATE: 2/12/99 TIME IN: 10:370 ATIME OUT: 11					
FACILITY NAME:	Baker's Professional Cleaners					
FACILITY LOCATION:	806 West Bay Dr.					
	Largo, FL, 33770					
RESPONSIBLE OFFICIAL:	Steve Cantone PHONE: 584-6547					
· · · · · · · · · · · · · · · · · · ·	PHONE:					
PART I: NOTIFICATION						
(Check appropriate box)		,				
1. Existing facility notified DAF	RM By 9/1/96	⊴ (				
2. New facility notified DARM	30 days prior to startup					
3. Facility failed to notify DARI	M to use general permit					
PART II: CLASSIFICATION						
Facility indicated on notification (Check appropriate box)	form that it is:  No notification form Drop store / out of business / petroleum					
A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (Constructed before 12/9/91)  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (Constructed on or after 12/9/91)						
3. Existing large area sourd dry-to-dry only, 140 < x < 2 transfer only, 200 < x < 1,80 both types, 140 < x < 1,800 (Constructed before 12/9/	4. New large area source dry-to-dry only, 140 < x < 2,100 gal/yr transfer only, 200 < x < 1,800 gal/yr gal/yr gal/yr (Constructed on or after 12/9/91)					
This is a correct facility classific	ation: 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 perchlo facility was gal_	roethylene (perc) purchased within the preceding 12 months by this dry lons.	cleaning				

PART III: GENERAL CONTROL REQUIREMENTS						
Is the responsible official of the dry cleaning facility: (check appropriate boxes)						
1. Storing perchloroethylene in tightly sealed and impervious containers?	Y	□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?	<b>☑</b> Y	□N	□NA			
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☐ Y	ПN	☑ NA			
PART IV: PROCESS VENT CONTROLS						
In Part II-A:						
If classification (1) has been checked, no controls are required. Proceed to Pa	ırt 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 (complete A and B below.)	refrige	rated con	denser			
A. Has the responsible official of all new sources and existing large area sou (check appropriate boxes)	rces:					
1. Equipped all machines with the appropriate vent controls?	☐ Y	ΠN				
2. Equipped dry-to-dry machines with a closed loop vapor venting system?	☐ Y	ΠN	□ 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?	QΥ	□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	ΠN				

-	<u> Karangaran Barangaran Barangaran Barangaran Barangaran Barangaran Barangaran Barangaran Barangaran Barangaran</u>	
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?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Is the temperature differential equal to or greater than 20°F?	OY ON ONA OY ON ONA
	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Is the perc concentration equal to or less than 100 ppm?	OY ON ONA OY ON ONA
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc. concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 dust diameters upstream from any bend contraction, or expansion; and downstream from no other inlet?	□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
PA	ART V: RECORDKEEPING REQUIREMENTS	
H: (c)	as the responsible official: heck appropriate boxes)	
	Maintained receipts for perc purchased?	<b>I</b> Y □N
2.	Maintained rolling monthly averages of perc consumption?	MY ON
3.	Maintained leak detection inspection and repair reports for the following:	· /
	a. documentation of leaks repaired w/in 24 hrs? or;	DY DN MNA
	<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	OY ON MA
4.	Maintained calibration data? (for direct reading instrument only)	□ly □n ∑ina
5.	Maintained exhaust duct monitoring data on perc concentrations?	Oly Oln ⊠na
6.	Maintained startup/shutdown/malfunction plan?	⊠Y □N
7.	Maintained deviation reports?	on on dina
	Problem corrected?	DY DN DNA
0	Maintained compliance plan, if applicable?	

PA	PART VI: LEAK DETECTION AND REPAIRS						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Facility elected MY IN weekly checks						
2.	Has the facility maintained a le	ak log	;?	4. 500	ery one	MY ON	
3.	Does the responsible official c	heck th	ie follo	owing area	s for leaks:		
	Hose connections, fitting couplings, and valves	Y	ΠN	□na	Muck cookers	OY ON UNA	
	Door gaskets and seating	<b>Ø</b> Y	$\square_{N}$	$\square$ NA	Stills	ØY □N □NA	
	Filter gaskets and seating	<b>U</b> Y	□N	□NA	Exhaust dampers	ØY □N □NA	
	Pumps	Y	$\square_{N}$	$\square$ NA	Diverter valves	My On Ona	
	Solvent tanks and containers	Y	$\square_{N}$	□NA	Cartridge Filter housing	OY ON ONA	
	Water separators	☑Y	$\square_{N}$	□NA			
4.	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:						
				_	in a range of 0-500 ppm.	□Y □N	
				,	er each use(PID/FID only).	QY QN	
	c. Inspected for leaks and o	bvious	signs	of wear on	a weekly basis?	□y □n	
	d. Kept in a clean and seco	ire area	a wher	n not in use	⊎ e.	$\square_{\mathrm{Y}} \square_{\mathrm{N}}$	
	e. Verified for accuracy by	use of	duplic	cate sample	s (calorimetric only)?		
Jeff Morris 2/12/99							
	Inspector's Name (Please Print)  Date of Inspection  8 / 12 / 99						
	Inspector's Signature Approximate Date of Next Inspection						

ly

AIRS ID#: 1030377

All

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

FACILITY NAME: Baker's P	ofessional	Cleaners	DATE: 2/12/99
	Bay Dr.		771
Largo, F	/		
Annual Reporting Period: August 24,	19 <u><b>98</b></u> то	Februa	ry 12, 1999
Based on each term or condition of the Title V general air p 62-213.300, Florida Administrative Code (F.A.C.), during t		<u> </u>	
If NO, complete the following:			
#1. Term or condition of the general permit that has not be	n in continuous compliar	nce during the repor	rting period stated above:
Exact period of non-compliance: from		to & Mo	易化
Action(s) taken to achieve compliance:		Object Pi	5 4
Method used to demonstrate compliance:		8 3	
#2. Term or condition of the general permit that has not bee	n in continuous complian	ace during the repor	ting period stated above:
Exact period of non-compliance: from	to	0	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:	· · ·		· · ·
As the responsible official, I hereby certify, based on inform made in this notification are true, accurate and complete. Fupon rolling averages of purchase receipts, does not exceed year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	irther, my annual consun	aption of perchloros	ethylene solvent, based
Name (Please Print)		Signature	Date

<sup>\*</sup>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.

Pat.
This isn't
a discovery
Other overfloation

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

(See reverses de)

TYPE OF I	NSPECTION: A	ANNUAL 🛂	COMPLAINT	DISCOVERY !	RE-INSPECTION	t <u>D</u>
AIRS ID#	: 1030377 001 Y NAME:		8/6/99 rofessional C	TIME IN: 9:55a	TIME OUT:	10:03a.m.
	Y LOCATION: _	806 West E	Bay Dr.		Not A C	1
	-	Largo, FL,	33770		e Source (Non)	
RESPONS	SIBLE OFFICIAL	: Steve Cantor	ne	Phone 1	No.: 584-69475	
Perm	mit No1030377-003	Exp.	Date: 04/28/20	002		
		•	•	aluated during this insp nistrative Code (F.A.C.)	ection, the facility is for	and to be in
. 🗆	Based on the resul		_	-	pection, the following co	ompliance

#### Inspection Summary Report Guidance

	Compliance Requirement/Problem	Follow-up Action Required
	Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site.	If no specific procedures are available from the manufacturer, develop a SSM plan that describes procedures for maintaining and operating equipment during periods of start-up and shutdown associated with a malfunction. EPA's O&M manual may be used if no manufacturers information is available. Keep log of maintenance actions
	Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
	Monthly purchase records were not maintained as a consecutive twelve month total.	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a consecutive twelve month total.
	Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F.	Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of $\pm 2$ °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.	Hanip the condenser with a diverter valve to prevent air flow to the refrieerated 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 indicatin 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.
<u> </u>	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: Closed fac	ility
	•	actions are required, you must take immediate corrective perform a follow-up inspection to determine that proper
	Inspection Conducted by: Jeffrey Morris	
	Inspector's Signature:	Kama
	Phone Number: 464-4422	<del></del>

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

TYPE OF INSPECTION: ANNUAL COMPLAINT DISCOVERY C	
AIRS ID#: 1030377 001 DATE: 8/6/99 TIME IN: 9:550 ATIME OUT:  FACILITY NAME: Baker's Professional Cleaners	
FACILITY LOCATION: 806 West Bay Dr.	·
Largo, FL, 33770	
RESPONSIBLE OFFICIAL: Steve Cantone PHONE: _584-6	547
CONTACT: PHONE:	
PART I: NOTIFICATION	
(Check appropriate box)	
1. Existing facility notified DARM By 9/1/96	
2. New facility notified DARM 30 days prior to startup	
3. Facility failed to notify DARM to use general permit	<u> </u>
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (Check appropriate box)  Drop store / out of business / petrol	eum
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)	<b>_</b>
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)	7r
This is a correct facility classification: $\square Y$ $\square N$ $\square$ Can not determine	
If no, please check the appropriate classification:  facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by th	is dry cleaning
facility was gallons.	

PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
Storing perchloroethylene in tightly sealed and impervious containers?	ΩY	ПN	□ NA	
2. Examining the containers for leakage?	ΩY	ПN	□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?	QΥ	□ N	□NA	
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?		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 (complete A below)	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	ŪΝ		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☐ Y	ПN	□ NA	
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ÚΥ	ΠN	□NA	
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	□ Y	ПN		
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	ΩY	□N,	□NA	
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged?	ΟY	ΩN		

•	
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?	DX DN
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Is the temperature differential equal to or greater than 20°F?	OY ON ONA
<ul> <li>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?</li> <li>4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc.</li> </ul>	□Y □N □NA □Y □N □NA
concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 dust diameters upstream from any bend contraction, or expansion; and downstream from no other inlet?	□y □n □na
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □NA
6. Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □NA
PART V: RECORDKEEPING REQUIREMENTS	<del></del> -
Has the responsible official: (check appropriate boxes)	<del></del>
1. Maintained receipts for perc purchased?	□y □n
2. Maintained rolling monthly averages of perc consumption?	
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	□y □n □na
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	□Y □N □NA
4. Maintained calibration data? (for direct reading instrument only)	□Y □N □NA
5. Maintained exhaust duct monitoring data on perc concentrations?	□Y □N □NA
6. Maintained startup/shutdown/malfunction plan?	□Y □N
7. Maintained deviation reports?	□y □n □na
Problem corrected?	□Y □N □NA
8. Maintained compliance plan, if applicable?	□y □n □na

PA	ART VI: LEAK DETECTION	N AN	D REF	PAIRS				_
1.	Does the responsible official coinspection?	onduct	a wee	ekly (for sm	nall sources, bi-weekly) leal	∢ detect	ion and repair	
2.	Has the facility maintained a le	ak log	<u>;</u> ?			ΠY	□N	
3.	Does the responsible official c	heck tl	ne follo	owing area	s for leaks:			
,	Hose connections, fitting couplings, and valves	□Y	ПN	□NA	Muck cookers	□Y	□n □na	
	Door gaskets and seating	□Y	□N	$\square$ NA	Stills	□Y	□n □na	
	Filter gaskets and seating	ŪΥ	□N	□NA	Exhaust dampers	□Y	□n □na	
	Pumps	□Y	□N	□NA	Diverter valves	□Y	□n □na	
	Solvent tanks and containers	ΠY	□N	□NA/	Cartridge Filter housing	ΠY	□n □na	
	Water separators	$\square_{\mathrm{Y}}$	$\Box h$	<b>DIMA</b>				
4.	Visual examination Physical detection Odor (noticeable p	n (cont (airflo erc od ng inst tor	densed felt or) trumen	solvent of through ga	exterior surfaces) skets)  D/PID/calorimetric tubes)			
					in a range of 0-500 ppm.		□y □n	
		_			er each use(PID/FID only).		□Y □N	
	c. Inspected for leaks and o						□y □n	
	d. Kept in a clean and seco		_				□Y □N	
-	e. Verified for accuracy by	use of	duplic	cate sample	s (calorimetric only)?		□Y □N	,
	Inspector's Name (Please Prin	rís <sub>It)</sub>			S/6/ Date of Ins	ey 9 spection	n kt Inspection	_

ADDITIONAL SITE INFORMATION:	ADDITIONAL SITE INFORMATION:					
Facility is closed. Last de operation was 7/15/99. No address or phone number.	forwarding					
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STATE OF FLORIDA **DEPARTMENT OF ENVIRONMENTAL PROTECTION** MS 5510-37550 304000 **2600 BLAIR STONE ROAD** TALLAHASSEE FL 32399-2400





POSTALIA 512720

**BEST AVAILABLE COPY** 



NOT DELIVERABLE AS ADDRESSED UNABLE TO FORWARD

AIRSID # 1030377001AG STEVE CARTONE BAKER'S PROFESSIONAL CLEANERS 806 WEST BAY DRIVE LARGO FL 33770

U.Ş. Postal Service CERTIFIED MAIL REC (Domestic Mail Only; No.	CEIPT Insurance Coverage Provided)
_n	
OFFIC	IALUSE
Postage \$  Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total I 10 AIRS Sent T STEVE CARTONE BAKER'S PROFESSION Street, 806 WEST BAY DRIV LARGO FL 33770 City, st PS Form 3800, May 2000 SSENDED NAMI SECTION  SSENDED STEEL SECTION	ID # 1030377001AG  ONAL CLEANERS  VE  See Reverse for Instructions  COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  C. Signature  X  Agent  Addressee  D. Is delivery address different from item 1?
Article Addressed to:	D. Is delivery address different from item 1?
AIRS 1D # 1030377001AG STEVE CARTONE BAKER'S PROFESSIONAL CLEANERS 806 WEST BAY DRIVE	·
LARGO FL 33770	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
7000 28700000 7027 Hit loss	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-00-M-0952

#### Z 333 616 252

# US Postal Service Receipt for Certified Mail

AIRS ID 1030377 BAKER'S PROFESSIONAL CLEANER STEVE CARTONE 806 WEST BAY DRIVE LARGO FL 33770

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

SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so the card to you.  Attach this form to the front of the mailpiece, or on the back if permit.	space does not	I also wish to rec following service extra fee):	ee's Address
<ul> <li>Write "Return Receipt Requested" on the mailpiece below the</li> <li>The Return Receipt will show to whom the article was delivered</li> </ul>			
delivered.		Consult postmas	ter for fee.
3. Article Addressed to:  AIRS ID 1030377  BAKER'S PROFESSIONAL CLEANER  STEVE CARTONE		326132	525
BAKER'S PROFESSIONAL CLEANER	4b. Service	3.24	Cortified
- CINCIONE	Registere	-	
806 WEST BAY DRIVE LARGO FL 33770	☐ Express 1	Mail G ceipt for Merchandise	☐ Insured .
<b>⋖</b>   -	7. Date of De	elivery	
5. Received By: (Print Name)	8. Addresses and tee is	e's Address (Only paid)	if requested
6. Signature: (Addressee or Agent)  X (May K Blace			
PS Form <b>3811</b> , December 1994	102595-97-B-0179	Domestic Ret	urn Receipt

O ,

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0316525

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID 1030377

BAKER'S PROFESSIONAL CLEANER
STEVE CARTONE
806 WEST BAY DRIVE
LARGO FL 33770

AIRS ID 1030377

BY
OF THE TOTAL AMOUNT DUE: \$50.00

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

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1030377

BAKER'S PROFESSIONAL CLEANERS STEVE CARTONE 806 WEST BAY DRIVE LARGO FL 33770

FOR GOVERNMENT USE O Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273