



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

August 18, 1997

Mr. Tom Geller  
Brian Michaels Cleaners  
232 Indian Rocks Road  
Belleair Bluffs, Florida 33770

Re: Facility No. 1030392

Dear Mr. Geller:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 16, 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, Florida 32399-2400

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

Sincerely,

Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Mr. Gary Robbins, Pinellas County

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

7/21/97 called L.M.

#1030392

Brian Michael Cleaver

1.(a) Add dates for Machine initially Purchased and Control device installed.

2.(a) Add amount of "Perc" purchased for corresponding months.

- |       |                  |               |
|-------|------------------|---------------|
| 5.(a) | Should be marked | Required      |
| (b)   | Should be marked | Required      |
| (c)   | Should be marked | If applicable |
| (f)   | Should be marked | Required      |

P16. Responsible Official signature for changes.

8/5/97 Spoke with Mr. Tom Geller and he stated that 25 gals. of perc. had been purchased since November 1996.

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	CMM Enterprises Inc.		
2. Site Name (For example, plant name or number):	Brian Michaels Cleaners		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	232 Indian Rocks Rd		
Street Address:	Belleair Bluffs		
City:	County:	Zip Code:	
	Pineellas	33770	
5. Facility Identification Number (DEP Use):	10303912		

## Responsible Official

6. Name and Title of Responsible Official:	Tom Geller Owner (New <del>owner</del> since 11/96)		
7. Responsible Official Mailing Address:	Organization/Firm: SAME as # 4		
Street Address:	City: County: Zip Code:		
8. Responsible Official Telephone Number:	Telephone: (813) 588-0000 Fax: ( ) -		

## Facility Contact (If different from Responsible Official)

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

RECEIVED

JUL 16 1997

**Facility Information**

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

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

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

(c) No control devices are required to be installed

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

gallons

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

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

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

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

All steam and hot water generating units exempt

No such units on-site

### Equipment Monitoring and Recordkeeping Information

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

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

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

Responsible Official Certification

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

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

*Thomas E. J. [Signature]*  
Signature

*July 14 1997*  
Date

Yellow gon ~~1/28~~  
Sodium 5/28  
tissue  
gn strip tags  
sour

---

Brto Size  
1-~~2~~ 18"  
1 strut  
1 caped

---

Foam 6-18  
18"  
2 - CAPED

---

Supernal 6/25  
Brto Size  
10 Perk  
strut

---

EZ off 7/2  
Detergent  
18"  
CAPED  
ProTeCal

Bagel Bags  
1 piece Blue Tags  
strip tags green  
Hose  
1st Mister Signal  
Keeeen  
Tone Cal

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2 - CAPED  
1 - 18

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1 - caped  
2 - struts  
1 - Ingerial  
7-up shirt tags  
1 red  
1 yellow

---

Sodium  
Stair tags  
2 - 18 UNT  
2 - CAPED  
1 - strut  
1 - Foam

570-  
6906  
page #  
Jeena



# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <b>Tom Geller / Brian Michael's Cleaners</b>
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: <b>Brian Michael's Cleaners 232 A Indian Rocks Rd.</b> City: <b>Belleair Bluffs</b> County: <b>Pinellas</b> Zip Code: <b>33770</b>
5. Facility Identification Number (DEP Use): <b>103631</b>

## Responsible Official

6. Name and Title of Responsible Official: <b>Tom Geller</b>
7. Responsible Official Mailing Address: Organization/Firm: <b>Brian Michael's Cleaners</b> Street Address: <b>232 N Indian Rocks Rd.</b> City: <b>Belleair Bluffs</b> County: <b>Pinellas</b> Zip Code: <b>33770</b>
8. Responsible Official Telephone Number: Telephone: <b>(813) 588-0000</b> Fax: ( ) -

## Facility Contact (If different from Responsible Official)

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

**RECEIVED**

**SEP 9 1997**

Bureau of Air Monitoring  
& 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
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser		15-Apr-92							
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed

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

gallons

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

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

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

All steam and hot water generating units exempt   
No such units on-site

**Equipment Monitoring and Recordkeeping Information**

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

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

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

Please indicate with an "X" the appropriate selection:

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

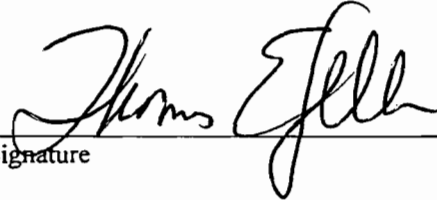
No air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

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

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

Signature



Date

8/19/97

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

TYPE OF INSPECTION:      ANNUAL                       COMPLAINT/DISCOVERY                       RE-INSPECTION

TIME IN: 10:15 a.m.	TIME OUT: 11:00 a.m.	AIRS ID# <b>1030392 001</b>
TYPE OF FACILITY: <b>Perchloroethylene Dry Cleaner</b>		
FACILITY NAME: <b>Brian Michael Cleaners</b>	DATE: October 30, 1997	
FACILITY LOCATION : <b>232 A Indian Rocks Rd. S., Belleair Bluffs, FL 33770</b>		
RESPONSIBLE OFFICIAL: <b>Tom Geller</b>	PHONE NUMBER:(813) 588-0000	

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Monthly purchase records were not maintained as a twelve month rolling average.	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a twelve month rolling average.
Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F.	Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2°F, or determine this by another method that the Department would consider appropriate.
Did not maintain a log of leak detection inspection and repair records.	Develop and implement a leak detection inspection and repair program. Maintain a log of leak detection inspection and repair records.
Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.

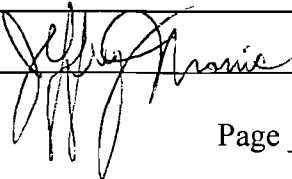
**Comments:**

Facility did not correct its deficiencies from the initial inspection.

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

DATE OF NEXT INSPECTION: November 14, 1997  
(Approximate)

INSPECTION CONDUCTED BY: Jeff Morris  
(Please Print)

INSPECTOR'S SIGNATURE:       PHONE NUMBER: 464-4422

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID#: 1030392 DATE: 10/30/97 TIME IN: 10:15 a.m. TIME OUT: 11:00 a.m.  
 FACILITY NAME: Brian Michael Cleaners  
 FACILITY LOCATION: 232 Indian Rocks Rd.  
Belleair Bluffs, FL 33770  
 RESPONSIBLE OFFICIAL: Tom Geller PHONE: 588-0000  
 CONTACT NAME: Tom Geller PHONE: 588-0000

**PART I: NOTIFICATION**

(check appropriate box)

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

**PART II: CLASSIFICATION**

Facility indicated on notification form that it is:  No notification form  
 (check appropriate box)  Drop store/out of business/petroleum

A.

1. Existing small area source <input type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	2. New small area source <input checked="" type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)
3. Existing large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)

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

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 54 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

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



**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

Jeff Morris  
Inspector's Name (Please Print)

[Signature]  
Inspector's Signature

10/30/97  
Date of Inspection

11/14/97  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- Rolling average not maintained
- No leak log
- No weekly temp log
- No temp. sensor design accuracy letter or sensor specs ( $\pm 2^{\circ}\text{F}$ ) or  $\pm 1.1^{\circ}\text{C}$  provided

- Facility will contact for secondary cont. <sup>for machine timeline by 11/7/97</sup>
- No secondary containment for machine (Initial; No secondary cost)

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 1030392 TIME IN: 9:15 a.m. TIME OUT: 11:13 a.m.  
FACILITY NAME: Brian Michael's Cleaners  
FACILITY LOCATION: 232 A Indian Rocks Rd.  
Belleair Bluffs, FL 33770

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

A.

1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91) <input checked="" type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	4. New large area source dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed on or after 12/9/91) <input type="checkbox"/>

This is a correct facility classification  Y  N

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 7.0 gallons

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimers, and dryer machines on a weekly basis?  Y  N

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	<input type="checkbox"/> Y <input type="checkbox"/> N
Is the temperature differential equal to or greater than 20° F?	<input type="checkbox"/> Y <input type="checkbox"/> N
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Is the perc concentration equal to or less than 100 ppm?	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 2 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?	<input type="checkbox"/> Y <input type="checkbox"/> N
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

**PART V: RECORDKEEPING REQUIREMENTS**

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

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly leak detection and repair inspection?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
2. Which method of detection is used by the responsible official?	
Visual examination (condensed solvent on exterior surfaces)	<input checked="" type="checkbox"/>
Physical detection (airflow felt through gaskets)	<input checked="" type="checkbox"/>
Odor (noticeable perc odor)	<input checked="" type="checkbox"/>
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	<input type="checkbox"/>

If using direct-reading instrumentation, is the equipment:

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

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

4. The following areas should be checked for leaks by the inspector:

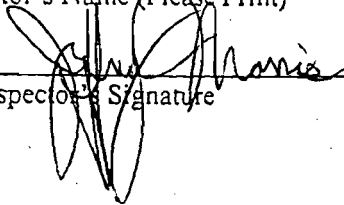
	Leak Detected?			Leak Detected?	
Hose connections, fittings, couplings, and valves	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Muck cookers	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Door gaskets and seating	<input type="checkbox"/> Y	<input checked="" type="checkbox"/>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

Tom Geller

Name of Responsible Official

Jeff Morris

Inspector's Name (Please Print)



Inspector's Signature

8/19/97

Date of Inspection

9/2/97

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Model <sup>Suprema</sup> 850 52 30 lb Capacity  
Ser# 5084920 097

- No leak log maintained
- No weekly temp monitoring log.
- perc waste lid was not tightly sealed
- No rolling average maintained
- No specs/verification of design accuracy of temp sensor

- Wastewater removed as hazardous waste
- Electric boiler
- No secondary containment for perc waste and machine

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

TYPE OF INSPECTION:      ANNUAL       COMPLAINT/DISCOVERY       RE-INSPECTION

TIME IN: 9:15 a.m.	TIME OUT: 11:13 a.m.	AIRS ID# <b>1030392 001</b>
TYPE OF FACILITY: <b>Perchloroethylene Dry Cleaner</b>		
FACILITY NAME: <b>Brian Michael Cleaners</b>		DATE: August 19, 1997
FACILITY LOCATION : <b>232 Indian Rocks Rd. S., Largo, FL 33770</b>		
RESPONSIBLE OFFICIAL: <b>Mr. Tom Geller</b>		PHONE NUMBER: (813) 588-0000

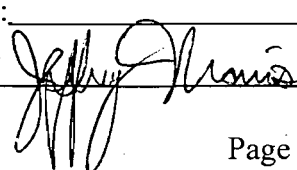
- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Monthly purchase records were not maintained as a twelve month rolling average.	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a twelve month rolling average.
Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F.	Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2°F, or determine this by another method that the Department would consider appropriate.
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.
Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaim) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.

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

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

INSPECTION CONDUCTED BY: Jeff Morris  
(Please Print)

INSPECTOR'S SIGNATURE:       PHONE NUMBER: 464-4422



SEP 9 1997

Revised 10/10/9

AIRS ID#: 1030392

*acc*

Bureau of Air Monitoring  
& Mobile Sources

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Brian Michael's Cleaners DATE: 8/19/97  
 FACILITY LOCATION: 232A Indian Rocks Rd.  
Belleair Bluffs, FL 33770

Annual Reporting Period: August 19, 1996 TO August 19, 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

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

Action(s) taken to achieve compliance: Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a 12 month rolling average.  
 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:

Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F  
 Exact period of non-compliance: from August 19, 1996 to August 19, 1997

Action(s) taken to achieve compliance: Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2  
 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: Tom Belter [Signature] 8/19/97  
 Name (Please Print) Signature Date

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

AIRS ID#: 1030392

SEP 9 1997

Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT MONITORING  
ANNUAL COMPLIANCE CERTIFICATION FORM for Mobile Sources

FACILITY NAME: Brian Michael's Cleaners DATE: 8/19/97  
 FACILITY LOCATION: 232 A Indian Rocks Rd  
Belleair Bluffs, FL 33770

Annual Reporting Period: August 19, 1996 TO August 19, 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Did not store perc, and perc waste in tightly sealed containers.  
Exact period of non-compliance: from August 19, 1996 to August 19, 1997

Action(s) taken to achieve compliance: Store all perc and perc-containing waste in tightly sealed containers  
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:

Did not maintain a log of leak detection.  
Exact period of non-compliance: from August 19, 1996 to August 19, 1997

Action(s) taken to achieve compliance: Develop and implement a weekly leak log  
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: Tom Geller Signature: [Signature] Date: 8/19/97  
Name (Please Print)

\*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#: 1030392

SEP 9 1997

Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL AIR Monitoring  
ANNUAL COMPLIANCE CERTIFICATION FORM & Mobile Sources

FACILITY NAME: Brian Michael's Cleaners DATE: 8/19/97  
 FACILITY LOCATION: 232 A Indian Rocks Rd  
Belleair Bluffs, FL 33770

Annual Reporting Period: August 19, 1996 TO August 19, 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Did not measure and record the outlet temperature of the refrigerated condenser on a weekly basis  
 Exact period of non-compliance: from August 19, 1996 to August 19, 1997

Action(s) taken to achieve compliance: Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis  
 Method used to demonstrate compliance: outlet temperature on a weekly basis

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

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

RESPONSIBLE OFFICIAL: Tom Beller [Signature] 8/19/97  
 Name (Please Print) Signature Date

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

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

AIRS ID#: <u>1030392 001</u>	DATE: <u>2/19/98</u>	TIME IN: <u>1:00</u>	TIME OUT: <u>1:20</u>
FACILITY NAME: <u>Brian Michael Cleaners</u>			
FACILITY LOCATION: <u>232 A Indian Rocks Rd. S.</u> <u>Belleair Bluffs, FL</u>			
RESPONSIBLE OFFICIAL: <u>Mr. Tom Geller</u>		Phone No.: <u>588-5000</u>	
Permit No. <u>1030392-001-AG</u>	Exp. Date: <u>08/05/2002</u>		

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

**Inspection Summary Report Guidance**

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

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

Comments: *Although was keeping an annual total - but not consecutive 12 months totals. Maintaining monthly totals. need to keep*

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

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

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

Inspector's Signature: Margaret V. Hennis

Phone Number: 464-4422

Date of next Inspection: Oct. 1998  
(Approximate)

all  
**DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM**

303944

2  
Bureau of Air Monitoring  
& Mobile Sources  
MAR 07 1998

RECEIVED

AIRS ID#1030392  
BRIAN MICHAELS CLEANERS  
TOM GELLER  
232 INDIAN ROCKS ROAD  
BELLEAIR BLUFFS FL 33770

RECEIVED  
MAIL ROOM  
FEB 27 98

Do NOT Remove Label

Annual Reporting Period: Jan 1997 TO Jan 1998

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
Action(s) taken to achieve compliance: \_\_\_\_\_  
Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
Action(s) taken to achieve compliance: \_\_\_\_\_  
Method used to demonstrate compliance: \_\_\_\_\_

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

RESPONSIBLE OFFICIAL: Tom Geller [Signature] 2/24/98  
Name (Please Print) Signature Date

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

✓

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

AIRS ID#: <u>0392 001</u>	DATE: <u>2/19/98</u>	TIME IN: <u>1:00</u>	TIME OUT: <u>1:30</u>
FACILITY NAME: <u>Brian Michael Cleaners</u>			
FACILITY LOCATION: <u>232 A Indian Rocks Rd. S.</u> <u>Belleair Bluffs, FL</u>			
RESPONSIBLE OFFICIAL: <u>Mr. Tom Geller</u>		Phone No.: <u>588-5000</u>	
Permit No. <u>1030392-001-AG</u>	Exp. Date: <u>08/05/2002</u>		

<b>PART I: NOTIFICATION</b>	
(Check appropriate box)	
1. Existing facility notified DARM by 9/1/96	<input checked="" type="checkbox"/>
2. New facility notified DARM 30 days prior to startup	<input type="checkbox"/>
3. Facility failed to notify DARM to use general permit	<input type="checkbox"/>

<b>PART II: CLASSIFICATION</b>	
Facility indicated on notification form that it is: (Check appropriate box)	<input type="checkbox"/> No notification form <input type="checkbox"/> Drop store / out of business / petroleum
A.	
1. Existing small area source <input type="checkbox"/> dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (Constructed before 12/9/91)	2. New small area source <input checked="" type="checkbox"/> dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (Constructed before 12/9/91)
3. Existing large area source <input type="checkbox"/> dry-to-dry only, 140 < x < 2,100 gal/yr transfer only, 200 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr (Constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, 140 < x < 2,100 gal/yr transfer only, 200 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr (Constructed before 12/9/91)
This is a correct facility classification: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can not determine	
If no, please check the appropriate classification:	
<input type="checkbox"/> facility qualified for a general permit as number _____ above <input type="checkbox"/> facility exceeds above limits and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was <u>30</u> gallons.	

### PART III: GENERAL CONTROL REQUIREMENTS

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

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

### PART IV: PROCESS VENT CONTROLS

#### In Part II-A:

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

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

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

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

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

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



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

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

**PART V: RECORDKEEPING REQUIREMENTS**

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

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly averages of perc consumption? *Annual total but not consecutive 12 month total*  Y  N
3. Maintained leak detection inspection and repair reports for the following:  
a. documentation of leaks repaired w/in 24 hrs? or;  Y  N  
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N
4. Maintained calibration data? *(for direct reading instrument only)*  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  
Problem corrected?  Y  N  
 Y  N
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

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

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

Visual examination (condensed solvent of exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

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

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

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

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

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

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

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

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

4. The following area should be checked for leaks by the inspector:

Hose connections, fitting couplings, and valves  Y  N

Door gaskets and seating  Y  N

Filter gaskets and seating  Y  N

Pumps  Y  N

Solvent tanks and containers  Y  N

Water separators  Y  N

Muck cookers  Y  N

Stills  Y  N

Exhaust dampers  Y  N

Diverter valves  Y  N

Cartridge Filter housing  Y  N

*Tom Geller*

Name of Responsible Official

*Margaret J. Hennis*

Inspector's Name (Please Print)

*Margaret J. Hennis*

Inspector's Signature

*February 19, 1998*

Date of Inspection

*October 1998*

Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**

**Machine #1:**

Manufacturer \_\_\_\_\_ Capacity \_\_\_\_\_ lbs

Model# \_\_\_\_\_ Serial# \_\_\_\_\_ Mfg yr \_\_\_\_\_

**Machine #2:**

Manufacturer \_\_\_\_\_ Capacity \_\_\_\_\_ lbs

Model# \_\_\_\_\_ Serial# \_\_\_\_\_ Mfg yr \_\_\_\_\_

**Notification (unpermitted sources only):**

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

**Record keeping :**

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

**Hazardous Waste:**

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

**Boiler:**

Manufacturer \_\_\_\_\_ Hp \_\_\_\_\_

Model # \_\_\_\_\_ Serial # \_\_\_\_\_ Mfg yr \_\_\_\_\_

Fuel Type: Natural gas?  propane?  fuel oil?

**Comments:** Provided calendar & hazardous waste brochures. Assisted Mr. Geller w/ using calendar to do "rolling" 12 month totals + for leak checking and temperature monitoring - Waste drum stored outside w/ secondary containment. Machine has containment. Waste water is disposed of as hazardous waste.

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>CMM Enterprises Inc.</i>
2. Site Name (For example, plant name or number): <i>Brian Michaels Cleaners</i>
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: <i>232 Indian Rocks Rd</i> City: <i>Belleair Bluffs</i> County: <i>Pinellas</i> Zip Code: <i>33770</i>
5. Facility Identification Number (DEP Use): <i>1030392</i>

## Responsible Official

6. Name and Title of Responsible Official: <i>Tom Geller Owner (New <sup>owner</sup> <del>owner</del> since 11/96)</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>SAME as #4</i> City: County: Zip Code:
8. Responsible Official Telephone Number: Telephone: <i>(813) 588-0000</i> Fax: ( ) -

## Facility Contact (If different from Responsible Official)

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

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JUL 16 1997

# 1030392

p14 Ka) Add Date Control Device  
I installed. If same as Purchase  
date, then put some date.

### Facility Information

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

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

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

(c) No control devices are required to be installed

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

58.4 gallons

(b) If less than 12 months, how many? 8 months

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

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

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source  
 Carbon adsorber

Refrigerated condenser

New small area source  
 Refrigerated condenser

New large area source  
 Refrigerated condenser

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

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

All steam and hot water generating units exempt   
 No such units on-site

**Equipment Monitoring and Recordkeeping Information**

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

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

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

Responsible Official Certification

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

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

Signature

*Thomas J. Kelly*  
*connected by [signature]*

Date

*July 14 1997*  
*10-30-97*



RECEIVED  
 TITLE V AIR QUALITY AIR GENERAL PERMIT  
 INSPECTION SUMMARY REPORT  
 APR - 9 1999

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION   
Bureau of Air Monitoring & Mobile Sources

AIRS ID#: 1030392 001      DATE: 3/16/99      TIME IN: 9:40      TIME OUT: 10:00

FACILITY NAME: Brian Michael Cleaners

FACILITY LOCATION: 232 A Indian Rocks Rd. S.  
Belleair Bluffs, FL, 33770

RESPONSIBLE OFFICIAL: Tom Geller      Phone No.: 588-0000

Permit No. 1030392-001-AG      Exp. Date: 08/05/2002

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

**Inspection Summary Report Guidance**

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

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

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

\_\_\_\_\_

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

Inspection Conducted by: Margaret Hennis

Inspector's Signature: Margaret V. Hennis

Phone Number: 464-4422

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

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

<b>AIRS ID#:</b> <u>1030392 001</u>	<b>DATE:</b> <u>3/16/99</u>	<b>TIME IN:</b> <u>9:40</u>	<b>TIME OUT:</b> <u>10:00</u>
<b>FACILITY NAME:</b> <u>Brian Michael Cleaners</u>			
<b>FACILITY LOCATION:</b> <u>232 A Indian Rocks Rd. S.</u> <u>Belleair Bluffs, FL, 33770</u>			
<b>RESPONSIBLE OFFICIAL:</b> <u>Tom Geller</u>		<b>PHONE:</b> <u>588-0000</u>	
<b>CONTACT:</b> _____		<b>PHONE:</b> _____	

**PART I: NOTIFICATION**

(Check appropriate box)

- |   |                                     |
|---|-------------------------------------|
| 1. Existing facility notified DARM <del>By 9/1/96</del> <u>9/97</u> | <input checked="" type="checkbox"/> |
| 2. New facility notified DARM 30 days prior to startup              | <input type="checkbox"/>            |
| 3. Facility failed to notify DARM to use general permit             | <input type="checkbox"/>            |

**PART II: CLASSIFICATION**

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

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

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

If no, please check the appropriate classification:

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 57.6 gallons.

### PART III: GENERAL CONTROL REQUIREMENTS

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

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

### PART IV: PROCESS VENT CONTROLS

#### In Part II-A:

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

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

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

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

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

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

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

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

**ART V: RECORDKEEPING REQUIREMENTS**

As the responsible official:  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

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

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

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

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

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

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

If using direct-reading instrumentation, is the equipment:

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

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

3/13/99

Date of Inspection

Margaret V. Hennis  
Inspector's Signature

Approximate Date of Next Inspection

## ADDITIONAL SITE INFORMATION:

Reinspected to determine if repair has been made.  
Mr. Geller gave me the name of repair co. he has been in  
contact with - Bob @ 727-441-8833. Also. Air 15-  
Pete @ 441-1515 - Air 15 is coming out this morning - I  
spoke w/ Pete while I was in store. I contacted Bob-  
(@ 11:45 today. He has ~~has~~ spoke w/ Mr. Geller yesterday about  
a temperature sensor. He (Pete) has information from the  
serial number, about the date of the machine's construction.  
He will get back with me on that.

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

AIRS ID#: <u>1030392 001</u>	DATE: <u>3/10/99</u>	TIME IN: <u>10:02</u>	TIME OUT: <u>10:30</u>
RECEIVED			
APR - 9 1999			
Bureau of Air Monitoring & Mobile Sources			
FACILITY NAME:	<u>Brian Michael Cleaners</u>		
FACILITY LOCATION:	<u>232 A Indian Rocks Rd. S. Belleair Bluffs, FL, 33770</u>		
RESPONSIBLE OFFICIAL:	<u>Tom Geller</u>	Phone:	<u>588-<del>5</del>000</u>
Permit No. <u>1030392-001-AG</u> Exp. Date: <u>08/05/2002</u>			

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

**Inspection Summary Report Guidance**

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



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

**Comments:** Temperature sensor reads 40°C - Door to machine is warm  
Need to determine if sensor reads correct temperature

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

Inspection Conducted by: Margaret Hennis

Inspector's Signature: Margaret Hennis

Phone Number: 464-4422

7-11 ✓

PERCHLOROETHYLENE DRY CLEANERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 1030392 001      DATE: 3/10/99      TIME IN: 10:00      TIME OUT: 10:30

FACILITY NAME: Brian Michael Cleaners

FACILITY LOCATION: 232 A Indian Rocks Rd. S.  
Belleair Bluffs, FL, 33770

RESPONSIBLE OFFICIAL: Tom Geller      PHONE: 588-8000

CONTACT: "      PHONE: "

**PART I: NOTIFICATION**

(Check appropriate box)

1. Existing facility notified DARM By 9/1/96

2. New facility notified DARM 30 days prior to startup

3. Facility failed to notify DARM to use general permit

**PART II: CLASSIFICATION**

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

No notification form

Drop store / out of business / petroleum

A.

1. Existing small area source <input type="checkbox"/> dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (Constructed before 12/9/91)	2. New small area source <input checked="" type="checkbox"/> dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (Constructed on or after 12/9/91)
3. Existing large area source <input type="checkbox"/> dry-to-dry only, 140 < x < 2,100 gal/yr transfer only, 200 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr (Constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, 140 < x < 2,100 gal/yr transfer only, 200 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr (Constructed on or after 12/9/91)

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

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 574 gallons.

### PART III: GENERAL CONTROL REQUIREMENTS

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

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

### PART IV: PROCESS VENT CONTROLS

#### In Part II-A:

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

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

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

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

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

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

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

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

**ART V: RECORDKEEPING REQUIREMENTS**

As the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly averages of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
  - a. documentation of leaks repaired w/in 24 hrs? or;  Y  N  NA
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N  NA
4. Maintained calibration data? (for direct reading instrument only)  Y  N  NA
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  NA
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  NA  
 Problem corrected? *no deviations*  Y  N  NA
8. Maintained compliance plan, if applicable?  Y  N  NA

**PART VI: LEAK DETECTION AND REPAIRS**

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

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

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

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

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

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

If using direct-reading instrumentation, is the equipment:

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

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

3/10/99  
Date of Inspection

Margaret V. Hennis  
Inspector's Signature

3/17/99  
Approximate Date of Next Inspection

## ADDITIONAL SITE INFORMATION:

Facility is recording temperature (drum?) as outlet temp. The temperature, during the inspection, was observed to be  $40^{\circ}\text{C}$ . I alerted the owner to fact that temp. was  $^{\circ}\text{C}$ .  $40^{\circ}\text{C} = 104^{\circ}\text{F}$ . The glass on the machine door felt warm. Clothes felt warm when they came out, too. The clothes, and plant itself, did not smell like perchloroethylene. Advised owner (Mr. Gillon) that he needs to look into this ASAP. He was going to call a maintenance person out. He seems to think that there is not a problem w/ temperature. When I called on 3/15/99 (Monday) he had been unable to reach the maintenance person and was planning to contact DC. person and have him come out instead.

TITLE V AIR QUALITY AIR GENERAL PERMIT  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

AIRS ID#: <u>1030392 001</u>	DATE: <u>5/4/99</u>	TIME IN: <u>10:30</u>	TIME OUT: <u>10:45</u>
RECEIVED			
FACILITY NAME: <u>Brian Michael Cleaners</u>			
FACILITY LOCATION: <u>232 A Indian Rocks Rd. S.</u>	JUN 10 1999		
	<u>Belleair Bluffs, FL, 33770</u>	<u>Bureau of Air Monitoring &amp; Mobile Sources</u>	
RESPONSIBLE OFFICIAL: <u>Tom Geller</u>	Phone: <u>588-0000</u>		
Permit No. <u>1030392-001-AG</u> Exp. Date: <u>08/05/2002</u>			

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

**Inspection Summary Report Guidance**

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

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

Comments: Installed temperature sensor in proper location

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

Inspection Conducted by: Margaret Hennis

Inspector's Signature: Margaret O. Hennis

Phone Number: 464-4422



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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 1030392 001      DATE: 5/4/99      TIME IN: 10:30      TIME OUT: 10:45

FACILITY NAME: Brian Michael Cleaners

FACILITY LOCATION: 232 A Indian Rocks Rd. S.  
Belleair Bluffs, FL, 33770

RESPONSIBLE OFFICIAL: Tom Geller      PHONE: 588-0000

CONTACT: Tom Geller      Nick Patel (New Owner)      PHONE: "

**PART I: NOTIFICATION**

(Check appropriate box)

1. Existing facility notified DARM By 9/1/96

2. New facility notified DARM 30 days prior to startup

3. Facility failed to notify DARM to use general permit

**PART II: CLASSIFICATION**

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

<input type="checkbox"/> No notification form
<input type="checkbox"/> Drop store / out of business / petroleum

A.

<p>1. Existing small area source <input type="checkbox"/></p> <p>dry-to-dry only, <math>x &lt; 140</math> gal/yr transfer only, <math>x &lt; 200</math> gal/yr both types, <math>x &lt; 140</math> gal/yr (Constructed before 12/9/91)</p>	<p>2. New small area source <input type="checkbox"/></p> <p>dry-to-dry only, <math>x &lt; 140</math> gal/yr transfer only, <math>x &lt; 200</math> gal/yr both types, <math>x &lt; 140</math> gal/yr (Constructed on or after 12/9/91)</p>
<p>3. Existing large area source <input type="checkbox"/></p> <p>dry-to-dry only, <math>140 &lt; x &lt; 2,100</math> gal/yr transfer only, <math>200 &lt; x &lt; 1,800</math> gal/yr both types, <math>140 &lt; x &lt; 1,800</math> gal/yr (Constructed before 12/9/91)</p>	<p>4. New large area source <input type="checkbox"/></p> <p>dry-to-dry only, <math>140 &lt; x &lt; 2,100</math> gal/yr transfer only, <math>200 &lt; x &lt; 1,800</math> gal/yr both types, <math>140 &lt; x &lt; 1,800</math> gal/yr (Constructed on or after 12/9/91)</p>

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

If no, please check the appropriate classification:

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

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

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

### PART III: GENERAL CONTROL REQUIREMENTS

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

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

### PART IV: PROCESS VENT CONTROLS

#### In Part II-A:

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

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

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

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

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

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

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

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

**ART V: RECORDKEEPING REQUIREMENTS**

As the responsible official:  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

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

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

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

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

4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent of exterior surfaces)
  - Physical detection (airflow felt through gaskets)
  - Odor (noticeable perc odor)
  - Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
  - Halogen leak detector

If using direct-reading instrumentation, is the equipment:

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

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

5/4/99  
Date of Inspection

Margaret V. Henris  
Inspector's Signature

3/2000  
Approximate Date of Next Inspection

## ADDITIONAL SITE INFORMATION:

Facility has installed temperature sensor @ outlet of RC. Machine, while not running indicated temp. of 30°F. Mr. Gellen stated temp. monitoring of 25°F - typically - at end of drying cycle. NPH  
Has New owner. Will go back by to assist new owner of with filling out Notification form.

Only u-inspected for temperature sensor.

3755 2273

Look for: blue background on the front of this check, and the imageSafe® logo on back. If not present, do not cash.

385

**SANSPA, INC.**  
**BRIAN MICHAEL CLEANERS**  
232-A INDIAN ROCKS RD. N.  
BELLEAIR BLUFFS, FL 33770-1730

DATE 02 - 23 - 00 . 5

PAY TO THE ORDER OF Department of Environmental Protection \$50 00

Fifty dollars only. DOLLARS

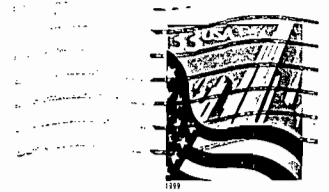
**NationsBank**

NationsBank, N.A.  
ACH R/T 063100277 Facility No: (1030392) 002.

FOR Title V. General Permit to 2001.

MICHAEL S CLEANERS  
1 Indian Rocks Rd.  
Bluffs, FL 34640-33770  
588-0000

RECEIVED  
FEB 25 2000

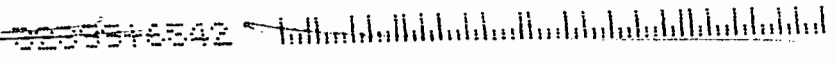


Bureau of Air Monitoring  
& Mobile Sources

20

Title V. General Permit office  
Bureau of Air Monitoring & Mobile Sources MS 5510.  
Dept. of Environmental Protection.  
2600 Blair Stone Road,  
Tallahassee FL 32399-2400.

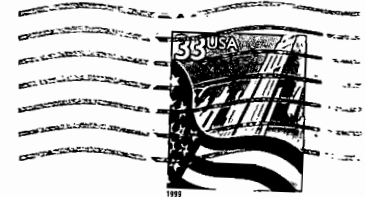
RECEIVED



BRIAN MICHAEL S CLEANERS  
232 N. Indian Rocks Rd.  
Belleair Bluffs, FL 34640-2370  
873-588-0000

RECEIVED  
FEB 25 2000

Bureau of Air Monitoring  
& Mobile Sources



70

Texas

V. General Permit Office  
Bureau of Air Monitoring & Mobile Sources MS 5510.  
Dept. of Environmental Protection.  
2600, Blair Stone Road,  
Tallahassee FL 32399-2400.

RECEIVED

FEB 28 2000

Bureau of Finance  
and Accounting  
REVENUE

32399-2400

# INTEROFFICE MEMORANDUM

**Date:** 17-Dec-1999 08:51am  
**From:** Margaret Hennis  
mhennis@co.pinellas.fl.us  
**Dept:**  
**Tel No:**

**To:** bowman\_s ( bowman\_s@dep.state.fl.us )

**Subject:** Sources that have shut down

The following sources have new owners, thus the ARMS numbers are no longer active:

1. Diamond Cleaners -1030317 001 (now A & R Enterprises)
2. Loehmann's Cleaners - 1030343 001. I will inspect this one and assist new owner with completing the notification form.
3. Brian Michael's Cleaners - 1030392 I will inspect this one and assist new owner with completing the notification form.

Kimchok - 1030287 001 is also inactive. They no longer have their degreaser. I will send a copy of the letter we received from them with December's inspection reports. I have no way of contacting former owners of Brian Michaels and Diamond Cleaners. Often when we go out to a dry cleaning store, we find a new owner there. Occasionally they contact us during the sale to assist the new owners.

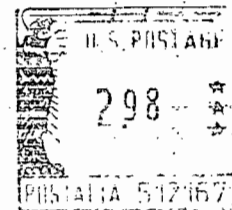


STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
TWIN TOWERS OFFICE BUILDING  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

**CERTIFIED**

Z 333 667 424

**MAIL**



AC5521

BAMMS/BCO  
JOEY ROBERTS  
5510

**RECEIVED**  
Feb 17 2000  
Div of Air Monitoring  
& Mobile Sources

*at this address*

*Refer to 2/12/00  
2025*

AIRS ID # 1030392  
BRIAN MICHAEL'S CLEANERS  
TOM GEELER  
232 INDIAN ROCKS ROAD  
BELLEAIR BLUEFS FL 33770

**RECEIVED**

FEB 17 2000  
DIVISION OF AIR  
QUALITY MANAGEMENT

PS Form 3811, July 1999

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

AIRS ID # 1030392

BRIAN MICHAELS CLEANERS  
 TOM GELLER  
 232 INDIAN ROCKS ROAD  
 BELLEAIR BLUFFS FL 33770

2. Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature  Agent  
 Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

Z 333 667 424

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

AIRS ID # 1030392

BRIAN MICHAELS CLEANERS  
 TOM GELLER  
 232 INDIAN ROCKS ROAD  
 BELLEAIR BLUFFS FL 33770

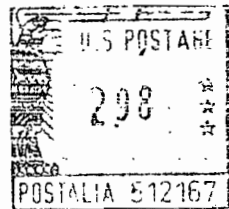
PS Form 3800, April 1995

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

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

**CERTIFIED**

Z 210 662 464



**MAIL**

AC5521

BAMMS/BCO  
JOEY ROBERTS  
5510

RETURNED TO SENDER  
NOT DELIVERABLE  
AS ADDRESSED  
UNABLE TO FORWARD

AIRS ID # 1030392  
BRIAN MICHAELS CLEANERS  
TOM GELLER  
232 INDIAN ROCKS ROAD  
BELLEAIR BLUFFS FL 33770

*MVA  
STOP  
2/24*

Bureau of Air Monitoring  
& Mobile Sources

MAR - 3 2000

RECEIVED

The following information is required for delivery

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

AIRS ID # 1030392

BRIAN MICHAELS CLEANERS  
TOM GELLER  
232 INDIAN ROCKS ROAD  
BELLEAIR BLUFFS FL 33770

2. Article Number (Copy from service label):

Z 210 662 464

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature \_\_\_\_\_  Agent  
**X** \_\_\_\_\_  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

Z 210 662 464

US Postal Service  
**Receipt for Certified Mail** 3000  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)  
 Sent to \_\_\_\_\_  
 AIRS ID # 1030392

BRIAN MICHAELS CLEANERS  
 TOM GELLER  
 232 INDIAN ROCKS ROAD  
 BELLEAIR BLUFFS FL 33770

PS Form 3800, April 1995

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

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

MS# 5510  
37550301000

**CERTIFIED**

Z 333 660 720

**MAIL**

TALLAHASSEE  
FEB 25 1999  
FL  
U.S. POSTAGE  
\$ 0.98  
PERMIT NO. 4244 TALLAHASSEE, FL

AIRS ID # 1030392  
BRIAN MICHAELS CLEANERS  
TOM GELLER  
232 INDIAN ROCKS ROAD  
BELLEAIR BLUFFS FL 33770

DO NOT REMOVE THIS ENVELOPE  
INSURE THE ADDRESS

RECEIVED  
MAR - 1 1999  
Bureau of Air Monitoring  
& Mobile Sources

33770 0320 36





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

405394 FEB 15 2001

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

**TOTAL AMOUNT DUE: \$50.00**

RECEIVED  
FEB 19 2001  
Bureau of Air Mail Operations  
& Mobile Services

Do NOT Remove Label

AIRS ID # 1030392
BRIAN MICHAELS CLEANERS NAGINDAS P. PATEL 232 A INDIAN ROCKS ROAD BELLEAIR BLUFFS FL 33770

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



TITLE V - General Permit  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070

32315-3070





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0361961

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

**TOTAL AMOUNT DUE: \$50.00**

RECEIVED  
MAIL ROOM  
FEB 25 99

**Do NOT Remove Label**

AIRS ID # 1030392
BRIAN MICHAELS CLEANERS TOM GELLER 232 INDIAN ROCKS ROAD BELLEAIR BLUFFS FL 33770

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

303944

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#1030392
BRIAN MICHAELS CLEANERS TOM GELLER 232 INDIAN ROCKS ROAD BELLEAIR BLUFFS FL 33770

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



Z 333 613 217

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.

AIRS ID 1030392

BRIAN MICHAELS CLEANERS  
TOM GELLER  
232 INDIAN ROCKS ROAD  
BELLEAIR BLUFFS FL 33770

PS Form 3800, April 1995

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

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 1030392  
BRIAN MICHAELS CLEANERS  
TOM GELLER  
232 INDIAN ROCKS ROAD  
BELLEAIR BLUFFS FL 33770

4a. Article Number

Z 333 613 217

4b. Service Type

- Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

2/17/98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

x *Tom Geller*

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

Thank you for using Return Receipt Service.

Z 333 660 701

1999

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

Sent to

AIRS ID # 1030392

BRIAN MICHAELS CLEANERS  
TOM GELLER  
232 INDIAN ROCKS ROAD  
BELLEAIR BLUFFS FL 33770

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

PS Form 3800, April 1995

Fold at line over top of envelope to the right of the return address

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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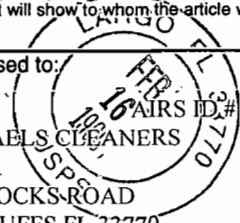
I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

BRIAN MICHAELS CLEANERS  
TOM GELLER  
232 INDIAN ROCKS ROAD  
BELLEAIR BLUFFS FL 33770



4a. Article Number  
**Z 333660 701**

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
**2/16/99**

5. Received By: (Print Name)

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

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.