



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

December 15, 1997

Mr. Robert Tellone
9th Avenue Dry Cleaners
6145 9th Avenue North
St. Petersburg, Florida 33710

Re: Facility No.: 1030403

Dear Mr. Tellone:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 13, 1997.


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

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

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

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

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Gary Robbins, Pinellas County

RECEIVED

OCT 15 1997

Perchloroethylene Dry Cleaning Facility Notification

Bureau of Air Monitoring & Mobile Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
ROBERT TELLONE

2. Site Name (For example, plant name or number):
9th AVE DRY CLEANERS

3. Hazardous Waste Generator Identification Number:
GAD 981269095

4. Facility Location:
Street Address: 6145 9th AVE N.
City: ST. PETERSBURG County: PINELLAS Zip Code: 33710

5. Facility Identification Number (DEP Use):
1090105

Responsible Official

6. Name and Title of Responsible Official:
ROBERT TELLONE OWNER

7. Responsible Official Mailing Address:
Organization/Firm: 9th AVE DRY CLEANERS
Street Address: 6145 9th AVE N.
City: ST PETE County: PINELLAS Zip Code: 33710

8. Responsible Official Telephone Number:
Telephone: (813) 343-3237 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: () -

#1030403

9th Ave. Dry Cleaners

Spoke with Robert Tellone
10/20/1997

p. 14 1. (a) add date "Aug 96" to
line (1); add date control
device installed

2. (a) add amount if known -
will be small area source,
see fax

p. 15 5. add "10HP #2 fuel oil" -
under limits

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.

→ AUG 96

| REALSTAR | | Date Machine Initially Purchased | Date Control Device Installed | | Date Machine Initially Purchased | Date Control Device Installed | | Date Machine Initially Purchased | Date Control Device Installed |
|------------------------|----|----------------------------------|-------------------------------|-----------|----------------------------------|-------------------------------|-----------|----------------------------------|-------------------------------|
| Type of Machine | ID | | | ID | | | ID | | |
| <i>Example</i> | | <i>#1 03-OCT-93</i> | <i>12-NOV-93</i> | <i>#2</i> | <i>08-DEC-91</i> | | <i>#3</i> | <i>02-MAR-92</i> | <i>02-MAR-92</i> |
| Dry-to-Dry Unit | | | | | | | | | |
| (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 (has refrigerated condensed)

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.)

*new
small
r.c.*

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

Robert Tellone

Date

9 - 30 - 97

TITLE V GENERAL PERMITTING OFFICE

BUREAU OF AIR MONITORING & MOBILE SOURCES

MS-5510

DEPT OF ENVIRONMENTAL PROTECTION

2600 BLAIR STONE RD

TALL. FLA 32399-2400

FROM 9TH AVE. DRY CLEANERS
6145 9TH AVE NO.
ST. PETERSBURG FLA. 33710
PHONE 813 - 343-3237
ROBERT TELLONE - OWNER

TO MARNIE

FAX 850 922 1362

FOR A 12 MONTH PERIOD I WILL
PURCHASE UNDER 140 GAL.
OF PERC.

Robert Tellone

✓

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

| | | |
|--|----------------------|---|
| TIME IN: 9:05 a.m. | TIME OUT: 11:00 a.m. | AIRS ID# ¹⁰³⁰⁴⁰³ 1000438 103 |
| TYPE OF FACILITY: Perchloroethylene Dry Cleaner | | |
| FACILITY NAME: Ninth Ave. Ldy. & Drycleaners | | DATE: August 7, 1997 |
| FACILITY LOCATION: 6145 9th Ave. N., St. Petersburg, FL 33710 | | |
| RESPONSIBLE OFFICIAL: Robert Tellone | | PHONE NUMBER: 343-3237 |

- 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 |
|---|---|
| Purchase receipts were not maintained properly. | Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption. |
| Monthly purchase records were not maintained as a twelve month rolling average. | Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a twelve month rolling average. |
| Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F. | Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2°F, or determine this by another method that the Department would consider appropriate. |
| 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 applied for a GP. Facility will send completed notification to FDEP.

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

DATE OF NEXT INSPECTION: August 21, 1997
(Approximate)

INSPECTION CONDUCTED BY: Jeffrey Morris
(Please Print)

INSPECTOR'S SIGNATURE: Jeffrey Morris PHONE NUMBER: 464-4422

AIRS ID#: FB001138 1030403

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Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT ^{AUG 16 1997}
ANNUAL COMPLIANCE CERTIFICATION FORM Bureau of Air Monitoring & Mobile Sources

FACILITY NAME: 9th Ave. Cleaners DATE: 8/7/97
FACILITY LOCATION: 6145 9th Ave. N.
St Petersburg, FL 33710

Annual Reporting Period: August 7, 1996 TO August 7, 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 in chronological order
Exact period of non-compliance: from August 7, 1996 to August 7, 1997
Action(s) taken to achieve compliance: Maintain purchase records in chronological order.
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:

Monthly purchase records were not maintained as a twelve month rolling average.
Exact period of non-compliance: from August 7, 1996 to August 7, 1997
Action(s) taken to achieve compliance: Develop and implement a recordkeeping procedure that maintains monthly purchase
Method used to demonstrate compliance: (perc) as a 12 month rolling average

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: ROBERT TELLONE Robert Tellone 8-7-97
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.

12306

Pending Permit
status in ARMS

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Revised 10/10/9

AUG 18 1997

AIRS ID#: _____

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

FACILITY NAME: 9th Ave. Cleaners DATE: 8/7/97
 FACILITY LOCATION: 6145 9th Ave N
St Petersburg, FL 33710

Annual Reporting Period: August 7, 1996 TO August 7, 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 outlet temperature of the refrigerated condenser on the dry-dry machine on a weekly basis
 Exact period of non-compliance: from August 7, 1996 to August 7, 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: The temperature, measured at the end of the drying cycle, must not exceed 7°C.

#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 7°C with an accuracy of ±1.1°C
 Exact period of non-compliance: from August 7, 1996 to August 7, 1997

Action(s) taken to achieve compliance: Obtain verification from machine manufacturer that the temperature sensor on the outlet exhaust of the refrigerated condenser is designed to measure 7°C with an accuracy of ±1.1°C.
 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: ROBERT TELLONE Robert Tellone 8-7-97
 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.

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AIRS ID#: _____

Revised 10/10/95
AUG 18 1997

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM Bureau of Air Monitoring & Mobile Sources

FACILITY NAME: 9th Ave. Cleaners DATE: 8/7/97
 FACILITY LOCATION: 6145 9th Ave N.
St Petersburg, FL 33710

Annual Reporting Period: August 7, 1996 TO August 7, 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 maintain a weekly leak log.

Exact period of non-compliance: from August 7, 1996 to August 7, 1997

Action(s) taken to achieve compliance: Maintain a leak log on a weekly basis

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 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: ROBERT TELLONE Robert Tellone 8-7-97
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.

ACE ✓

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: 9th Ave. Cleaners DATE: 9/29/98
 FACILITY LOCATION: 6145 9th Ave. N.
St. Petersburg, FL 33710

Annual Reporting Period: August 7, 1997 TO September 29, 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: _____

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OCT 19 1998
Bureau of Air Monitoring
& Mobile Sources

#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: ROBERT TELLONE Robert Tellone 9-29-98
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.

✓

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

| | | | |
|---|----------------------|------------------------------|-----------------------------|
| AIRS ID#: <u>1030403 001</u> | DATE: <u>9/29/98</u> | TIME IN: <u>11:55 a.m.</u> | TIME OUT: <u>12:45 p.m.</u> |
| FACILITY NAME: <u>9th Ave Dry Cleaners</u> | | | |
| FACILITY LOCATION: <u>6145 9th Ave. N.</u> | | | |
| <u>St. Petersburg, FL, 33710</u> | | | |
| RESPONSIBLE OFFICIAL: <u>Robert Tellone</u> | | | |
| Permit No. <u>1030403-001-AG</u> | | Exp. Date: <u>10/29/2002</u> | |

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 09/19/1998
 Bureau of Air Monitoring
 & Mobile Sources

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

Inspection Summary Report Guidance

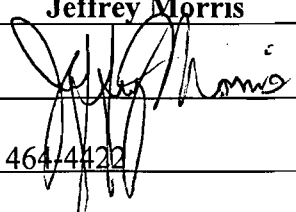
| | Compliance Requirement/Problem | Follow-up Action Required |
|--------------------------|---|---|
| <input type="checkbox"/> | Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site. | If no specific procedures are available from the manufacturer, develop a SSM plan that describes procedures for maintaining and operating equipment during periods of start-up and shutdown associated with a malfunction. EPA's O&M manual may be used if no manufacturers information is available. Keep log of maintenance actions |
| <input type="checkbox"/> | Purchase receipts were not maintained properly. | Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption. |
| <input 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: _____

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: Jeffrey Morris

Inspector's Signature: 

Phone Number: 464-4122

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

TYPE OF INSPECTION: ANNUAL RE-INSPECTION COMPLAINT/DISCOVERY

AIRS ID#: 1030403 001 DATE: 9/29/98 TIME IN: 11:55a TIME OUT: 12:45p.m

FACILITY NAME: 9th Ave Dry Cleaners

FACILITY LOCATION: 6145 9th Ave. N.
St. Petersburg, FL, 33710

RESPONSIBLE OFFICIAL: Robert Tellone PHONE: 343-3237

CONTACT: Robert Tellone PHONE: 343-3237

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 *Originally, Facility had failed to fill out GP. In 10/97 the facility filled out the GP notification*

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.

| | |
|--|--|
| 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 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 114 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; (No problems) 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? (reported) 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? (No problems reported) Y N NA
Problem corrected? Y N NA
8. Maintained compliance plan, if applicable? Y N NA

PART VI: LEAK DETECTION AND REPAIRS

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

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

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

- | | | | |
|---|--|--------------------------|--|
| Hose connections, fitting couplings, and valves | <input 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

Jeff Morris
Inspector's Name (Please Print)

9/29/98
Date of Inspection

[Signature]
Inspector's Signature

3/29/99
Approximate Date of Next Inspection

FACILITY DETAILS:

FACILITY NAME: 9th Ave Cleaners

Dry Cleaning Machine #1:

Manufacturer Realstar Capacity 45 lbs
Model# SS-272 Serial# 04-50-420 Mfg yr 1996

Dry Cleaning Machine #2:

Manufacturer _____ Capacity _____ lbs
Model# _____ Serial# _____ Mfg yr _____

Boiler:

Manufacturer Industrial Boiler Co. Hp 10
Model # PS103PV02 Serial # 4046 Mfg yr 1986
Fuel Type: Natural gas? propane? fuel oil? No. 2 4800 gallons/yr.

Notification (unpermitted sources only):

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

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

Comments:

ACC

AIRS ID#: 1030403

Revised 10/10/99

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

RECEIVED
APR - 9 1999

FACILITY NAME: 9th Ave Dry Cleaners
FACILITY LOCATION: 6145 9th Ave. N.
St. Petersburg, FL 33710

DATE: 3/1/99
Bureau of Air Monitoring
& Mobile Sources

Annual Reporting Period: September 29, 1998 TO March 1, 1999

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 12 month consecutive total.
Exact period of non-compliance: from December, 1998 to March 1, 1999
Action(s) taken to achieve compliance: Maintain purchase records as a 12 month consecutive total
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:

Responsible official did not measure and record (weekly) the outlet temperature of the refrigerated condenser.
Exact period of non-compliance: from November 27, 1998 to January 1, 1999
Action(s) taken to achieve compliance: Measure and record the outlet (weekly) temperature of the refrigerated condenser
Method used to demonstrate compliance: Temperature has not been recorded, only yes or no compliance question since 9/29/98

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: ROBERT TELLONE Robert Tellone 3-1-99
Name (Please Print) Signature Date

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

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: 9th Ave Dry Cleaners DATE: 3/1/99
 FACILITY LOCATION: 6145 9th Ave. N.
St. Petersburg, FL 33710

Annual Reporting Period: September 29, 1998 TO March 1, 1999

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:

Responsible official did not maintain a leak log.
 Exact period of non-compliance: from October, 1998 ^{to} December, 1998
 including February 27, 1998
 Action(s) taken to achieve compliance: Maintain a leak log on a weekly basis.
 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 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: ROBERT TELLONE Robert Tellone 3-1-99
 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>1030403 001</u> | DATE: <u>3/1/99</u> | TIME IN: <u>12:00p.m.</u> | TIME OUT: <u>1:00p.m.</u> |
| FACILITY NAME: <u>9th Ave Dry Cleaners</u> | | | |
| FACILITY LOCATION: <u>6145 9th Ave. N.</u> <u>St. Petersburg, FL, 33710</u> | | | |
| RESPONSIBLE OFFICIAL: <u>Robert Tellone</u> | | Phone No.: <u>343-3237</u> | |
| Permit No. <u>1030403-001-AG</u> | Exp. Date: <u>10/29/2002</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 checked="" 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 checked="" 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: Monthly purchase records not maintained as a 12
month consecutive total Dec., 1998 - March 1, 1999. Did not
measure/record outlet temperature Nov. 27, 1998 - Jan. 1, 1999.
Did not maintain leak log Oct., 1998 + Dec., 1998 including Feb 27, 1999.
 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: Jeffrey Morris

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#: <u>1030403 001</u> | DATE: <u>3/1/99</u> | TIME IN: <u>12:00 p.m.</u> | TIME OUT: <u>1:00 p.m.</u> |
| FACILITY NAME: <u>9th Ave Dry Cleaners</u> | | | |
| FACILITY LOCATION: <u>6145 9th Ave. N.</u> <u>St. Petersburg, FL, 33710</u> | | | |
| RESPONSIBLE OFFICIAL: <u>Robert Tellone</u> | | PHONE: <u>343-3237</u> | |
| CONTACT: <u>Robert Tellone</u> | | PHONE: <u>343-3237</u> | |

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 *(Facility had failed to fill out G.P. In 10/97 the facility filled out the G.P.)*

PART II: CLASSIFICATION

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

- | | |
|---|--|
| <p>A.</p> <ol style="list-style-type: none"> 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 <i>(Constructed before 12/9/91)</i> 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 <i>(Constructed before 12/9/91)</i> | <ol style="list-style-type: none"> <input type="checkbox"/> No notification form <input type="checkbox"/> Drop store / out of business / petroleum 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 <i>(Constructed on or after 12/9/91)</i> 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 <i>(Constructed on or after 12/9/91)</i> |
|---|--|

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 4 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 181.2 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

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

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

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

- | | | | |
|---|--|--------------------------|--|
| Hose connections, fitting couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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

Jeff Morris
Inspector's Name (Please Print)

3/1/99
Date of Inspection

Jeff Morris
Inspector's Signature

4/10/99
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Responsible official did not record weekly leak log for Nov. 98, October, 1998 & December, 1998 & February 27, 1998.

Responsible official did not maintain 12 month consecutive total for December, 1998, January, 1999 & February, 1999.

Responsible official did not record weekly refrigerated condenser temperature log for November 27, 1998 and all of December, 1998. Temperature reading is missing from each weeks records.

Responsible official identified each leak check

RECEIVED

MAY 19 1999

Bureau of Air Monitoring & Mobile Sources

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL [] COMPLAINT/DISCOVERY [] RE-INSPECTION [x]

Form containing inspection details: AIRS ID#, DATE (4/30/99), TIME IN (12:30 p.m.), TIME OUT (1:12 p.m.), FACILITY NAME (9th Ave Dry Cleaners), FACILITY LOCATION (6145 9th Ave. N., St. Petersburg, FL, 33710), RESPONSIBLE OFFICIAL (Robert Tellone), Phone No. (343-3237), Permit No. (1030403-001-AG), Exp. Date (10/29/2002)

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

Inspection Summary Report Guidance

Table with 2 columns: Compliance Requirement/Problem and Follow-up Action Required. Contains 7 rows of inspection findings and required actions.

| | 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, reclaimers) 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 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: Jeffrey Morris

Inspector's Signature: 

Phone Number: 464-4422

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

TYPE OF INSPECTION: ANNUAL RE-INSPECTION COMPLAINT/DISCOVERY

AIRS ID#: 1030403 001 DATE: 4/30/99 TIME IN: 12:30 p.m. TIME OUT: 1:12 p.m.

FACILITY NAME: 9th Ave Dry Cleaners

FACILITY LOCATION: 6145 9th Ave. N.
St. Petersburg, FL, 33710

RESPONSIBLE OFFICIAL: Robert Tellone PHONE: 343-3237

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.
- | | |
|---|---|
| <p>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)</p> | <p>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)</p> |
| <p>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)</p> | <p>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)</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 58.6 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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

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

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

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

- | | | | |
|---|--|--------------------------|--|
| Hose connections, fitting couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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

Jeff Morris
Inspector's Name (Please Print)

4/30/99
Date of Inspection

Jeff Morris
Inspector's Signature

8/30/99
Approximate Date of Next Inspection

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: 9th Ave Dry Cleaners DATE: 10/11/99
FACILITY LOCATION: 6145 9th Ave N. St. Petersburg, FL 33710

Annual Reporting Period: March 1, 1999 TO October 11, 1999

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. [X] 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: _____

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

Bureau of Air Monitoring & Mobile Sources

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: ROBERT TELLONE Name (Please Print) Robert Tellone Signature 10 12 99 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#: 1030403 001 DATE: 10/11/99 TIME IN: 12:55 p.m. TIME OUT: 2:20 p.m.

FACILITY NAME: 9th Ave Dry Cleaners

FACILITY LOCATION: 6145 9th Ave. N.
St. Petersburg, FL, 33710

RESPONSIBLE OFFICIAL: Robert Tellone Phone No.: 343-3237

Permit No. 1030403-001-AG Exp. Date: 10/29/2002

- 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

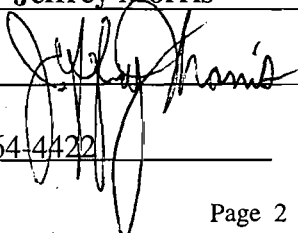
| | Compliance Requirement/Problem | Follow-up Action Required |
|--------------------------|---|---|
| <input type="checkbox"/> | Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site. | If no specific procedures are available from the manufacturer, 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 type="checkbox"/> | The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours. | Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log. |
| <input type="checkbox"/> | Machine doors are not closed and secure during times other than loading and unloading. | Keep doors closed and secured at all times except during loading and unloading. |
| <input type="checkbox"/> | Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged. | Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged. |
| <input type="checkbox"/> | Containers for perchloroethylene and/or perchloroethylen-containing waste were found to be leaking. | Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage. |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |

Comments: _____

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

Inspection Conducted by: Jeffrey Morris

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#: 1030403 001 DATE: 10/11/99 TIME IN: 12:55 a.m. TIME OUT: 2:20 p.m.

FACILITY NAME: 9th Ave Dry Cleaners

FACILITY LOCATION: 6145 9th Ave. N.
St. Petersburg, FL, 33710

RESPONSIBLE OFFICIAL: Robert Tellone PHONE: 343-3237

CONTACT: Robert Tellone PHONE: 343-3237

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)

| | |
|--|---|
| <p>A.</p> <p>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)</p> <p>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)</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 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)</p> <p>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)</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 80 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 <u>weekly</u> /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 checked="" type="checkbox"/> Y | <input 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 checked="" type="checkbox"/> Y | <input 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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

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

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

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

- | | | | |
|---|--|--------------------------|--|
| Hose connections, fitting couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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

Jeff Morris
Inspector's Name (Please Print)

10/11/99
Date of Inspection

Jeff Morris
Inspector's Signature

4/11/2000
Approximate Date of Next Inspection

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

| | | | |
|--|----------------------|------------------------------|-----------------------------|
| AIRS ID#: <u>1030403 001</u> | DATE: <u>9/29/98</u> | TIME IN: <u>11:55 a.m.</u> | TIME OUT: <u>12:45 p.m.</u> |
| FACILITY NAME: <u>9th Ave Dry Cleaners</u> | | | |
| FACILITY LOCATION: <u>6145 9th Ave. N.</u> <u>St. Petersburg, FL, 33710</u> | | | |
| RESPONSIBLE OFFICIAL: <u>Robert Tellone</u> | | Phone No. <u>343-3237</u> | |
| Permit No. <u>1030403-001-AG</u> | | Exp. Date: <u>10/29/2002</u> | |

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 Bureau of Air Monitoring
 & Mobile Sources

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

Inspection Summary Report Guidance

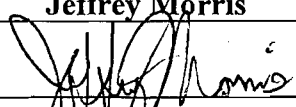
| | Compliance Requirement/Problem | Follow-up Action Required |
|--------------------------|---|---|
| <input type="checkbox"/> | Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site. | If no specific procedures are available from the manufacturer, develop a SSM plan that describes procedures for maintaining and operating equipment during periods of start-up and shutdown associated with a malfunction. EPA's O&M manual may be used if no manufacturers information is available. Keep log of maintenance actions |
| <input type="checkbox"/> | Purchase receipts were not maintained properly. | Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption. |
| <input 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: _____

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: Jeffrey Morris

Inspector's Signature: 

Phone Number: 464-4122

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

TYPE OF INSPECTION: ANNUAL RE-INSPECTION COMPLAINT/DISCOVERY

AIRS ID#: 1030403 001 **DATE:** 9/29/98 **TIME IN:** 11:55a **TIME OUT:** 12:45p.m.

FACILITY NAME: 9th Ave Dry Cleaners

FACILITY LOCATION: 6145 9th Ave. N.
St. Petersburg, FL, 33710

RESPONSIBLE OFFICIAL: Robert Tellone **PHONE:** 343-3237

CONTACT: Robert Tellone **PHONE:** 343-3237

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 *Originally (Facility had failed to fill out GP. In 10/97 the facility filled out the GP) notification notification*

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.

| | |
|--|--|
| 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 <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 114 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 <u>weekly</u> /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 checked="" type="checkbox"/> Y | <input 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 checked="" type="checkbox"/> Y | <input 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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; (No problems) Y N NA
 - b. documentation of parts ordered to repair leak and leak repaired reported 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? (No problems reported) Y N NA
Problem corrected? Y N NA
8. Maintained compliance plan, if applicable? Y N NA

PART VI: LEAK DETECTION AND REPAIRS

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

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

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

- | | | | |
|---|--|--------------------------|--|
| Hose connections, fitting couplings, and valves | <input 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

Jeff Morris
Inspector's Name (Please Print)

9/29/98
Date of Inspection

[Signature]
Inspector's Signature

3/29/99
Approximate Date of Next Inspection

FACILITY DETAILS:

FACILITY NAME: 9th Ave Cleaners

Dry Cleaning Machine #1:

Manufacturer Realstar Capacity 45 lbs
Model# SS-272 Serial# 04-50-420 Mfg yr 1996

Dry Cleaning Machine #2:

Manufacturer _____ Capacity _____ lbs
Model# 5 Serial# _____ Mfg yr _____

Boiler:

Manufacturer Industrial Boiler Co. Hp 10
Model # PS103PV02 Serial # 4046 Mfg yr 1980
Fuel Type: Natural gas? propane? fuel oil? No. 2 4800 gallons/yr.

Notification (unpermitted sources only):

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

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

Comments:

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

7000 1670 0013 3109 4934

OFFICIAL USE

| | | |
|---|----|-------------------------------------|
| Postage | \$ | Postmark Here <i>Rec'd 02</i> |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |

Total Post: 10 **AIRS ID # 1030403001AG**

Sent To: ROBERT TELLONE
 Street, Apt. 1: 9TH AVENUE DRY CLEANERS
 City, State, Z: 6145 9TH AVENUE DRY CLEANERS
 ST PETERSBURG FL 33710

PS Form 3800, May 2000 See Reverse for Instructions

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | |
|--|---|--|
| <ul style="list-style-type: none"> 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. | <p>A. Received by <i>(Please Print Clearly)</i> B. Date of Delivery</p> <p><i>Jada Sanchez</i> <i>7-30-02</i></p> | |
| | <p>C. Signature</p> <p><input checked="" type="checkbox"/> <i>Jada Sanchez</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> | |
| <p>1. Article Addressed to:</p> <p>10 AIRS ID # 1030403001AG ROBERT TELLONE 9TH AVENUE DRY CLEANERS 6145 9TH AVENUE DRY CLEANERS ST PETERSBURG FL 33710</p> | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | |
| <p>2. Article Number <i>(Transfer from service label)</i> <i>7000 1670 0013 3109 4934</i></p> | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> | |
| <p>PS Form 3811, March 2001</p> | <p>4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p> <p style="text-align: right;">102595-01-M-1424</p> | |

Mrs. Barbara K. Tellone
1740 Country Club Rd. N
Saint Petersburg, FL 33710



POSTAGE
REQUIRED

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

32315+3070 33





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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


TOTAL AMOUNT DUE: \$50.00

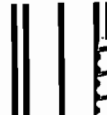
412252 DE023 2001

Do NOT Remove Label

AIRS ID # 1030403
9TH AVENUE DRY CLEANERS
ROBERT TELLONE
6145 9TH AVENUE DRY CLEANERS
ST PETERSBURG FL
33710

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

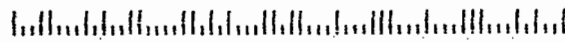
 Mrs. Barbara K. Tellone
1740 Country Club Rd. N
St Petersburg, FL 33710



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

②

32315X3070





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

405407 FEB15 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

Do NOT Remove Label

| |
|---|
| AIRS ID # 1030403 |
| 9TH AVENUE DRY CLEANERS ROBERT TELLONE 6145 9TH AVENUE DRY CLEANERS ST PETERSBURG FL 33710 |

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

RECEIVED
 FEB 19 2001
 Bu. of Air Monitor
 & Mobile Sources

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0026 7825 5549

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

AIRS ID # 1030403

9TH AVENUE DRY CLEANERS
ROBERT TELLONE
6145 9TH AVENUE DRY CLEANERS
ST PETERSBURG FL 33710

See for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

AIRS ID # 1030403
9TH AVENUE DRY CLEANERS
ROBERT TELLONE
6145 9TH AVENUE DRY CLEANERS
ST PETERSBURG FL 33710

2. Article Number (Copy from service label)

7000 0600 0026 7825 5549

COMPLETE THIS SECTION ON DELIVERY

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

Barbara Tellone FEB 09 2007

C. Signature

x Barbara Tellone 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



3755
2273

0393386

Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

RECEIVED
MAIL ROOM
MAR-9 00

**Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32399-2400**



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

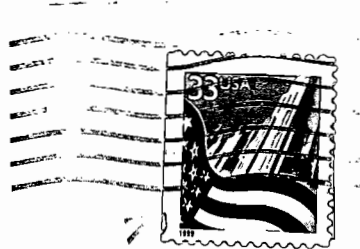
Do **NOT** Remove Label

AIRS ID#1030403
ROBERT TELLONE
ROBERT TELLONE
6145 9TH AVENUE DRY CLEANERS
ST PETERSBURG FL 33710

RECEIVED
MAR 13 2000
Bureau of Air Monitoring
& Mobile Sources

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

T Mrs. Barbara K. Tellone
1740 Country Club Rd. N
St Petersburg, FL 33710-4435



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

Bureau of Air Monitoring
& Mobile Sources

MAR 13 2000

RECEIVED

32315X3070





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0361793

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

RECEIVED
MAIL ROOM

RECEIVED
MAIL ROOM
FEB 24 99

TOTAL AMOUNT DUE ~~FEB \$5090~~ ✓

Do NOT Remove Label

AIRS ID # 1030403

9TH AVENUE DRY CLEANERS
 ROBERT TELLONE
 6145 9TH AVENUE DRY CLEANERS
 ST PETERSBURG FL 33710

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

303862 ✓

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 26 98

Do NOT Remove Label

| |
|--|
| AIRS ID 1030403 |
| ROBERT TELLONE ROBERT TELLONE 6145 9TH AVENUE DRY CLEANERS ST PETERSBURG FL 33710 |

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

7 333 660 682

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

AIRS ID # 1030403

9TH AVENUE DRY CLEANERS
ROBERT TELLONE
6145 9TH AVENUE DRY CLEANERS
ST PETERSBURG FL 33710

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 | |
| TOTAL Postage & Fees | \$ |
| Postmark or Date | |

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.
 - 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 1030403

9TH AVENUE DRY CLEANERS
ROBERT TELLONE
6145 9TH AVENUE DRY CLEANERS
ST PETERSBURG FL 33710

4a. Article Number
2 333 660 682

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
FEB 13 1999

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X Barbara Tellone

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 612 764

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

AIRS ID 1030403

ROBERT TELLONE
ROBERT TELLONE
6145 9TH AVENUE DRY CLEANERS
ST PETERSBURG FL 33710

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 | |
| TOTAL Postage & Fees | \$ |
| 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.
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- 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ROBERT TELLONE
ROBERT TELLONE
6145 9TH AVENUE DRY CLEANERS
ST PETERSBURG FL 33710

AIRS ID 1030403

4a. Article Number

2 333 612 764

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

FEB 14 1995

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Barbara Tellone

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

Thank you for using Return Receipt Service.

Z 333 667 416

2000

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)
 AIRS ID # 1030403
 9TH AVENUE DRY CLEANERS
 ROBERT TELLONE
 6145 9TH AVENUE DRY CLEANERS
 ST PETERSBURG FL 33710

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 | |
| TOTAL Postage & Fees | \$ |
| Postmark or Date | |

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

AIRS ID # 1030403

9TH AVENUE DRY CLEANERS
 ROBERT TELLONE
 6145 9TH AVENUE DRY CLEANERS
 ST PETERSBURG FL 33710

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery FEB 22 2000

C. Signature x Barbara Tellone 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

2. Article Number (Copy from service label)

Z 333 667 416

Z 333 660 716

US Postal Service
Receipt for Certified Mail

1999

AIRS ID # 1030403

9TH AVENUE DRY CLEANERS
ROBERT TELLONE
6145 9TH AVENUE DRY CLEANERS
ST PETERSBURG FL 33710

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 | |
| TOTAL Postage & Fees | \$ |
| Postmark or Date | |

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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- 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 1030403

9TH AVENUE DRY CLEANERS
ROBERT TELLONE
6145 9TH AVENUE DRY CLEANERS
ST PETERSBURG FL 33710

4a. Article Number
2333660716

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
2/27/99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X Barbara Tellone

Thank you for using Return Receipt Service.

Z 210 662 474

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

AIRS ID # 1030403

9TH AVENUE DRY CLEANERS
ROBERT TELLONE
6145 9TH AVENUE DRY CLEANERS
ST PETERSBURG FL 33710

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 | |
| TOTAL Postage & Fees | \$ |
| Postmark or Date | |

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

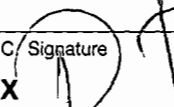
AIRS ID # 1030403
9TH AVENUE DRY CLEANERS
ROBERT TELLONE
6145 9TH AVENUE DRY CLEANERS
ST PETERSBURG FL 33710

2. Article Number (Copy from service label)

210 662 474

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

RAM

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

4. Restricted Delivery? (Extra Fee) Yes