Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

March 7, 1997

Mr. Hassan Agemy
Quality Plus Dry Cleaners
35225 U.S. 19 North
Palm Harbor, Florida 34684

Re: Facility No. 1030367

Dear Mr. Agemy:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 10, 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

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

RECEIVED
SEP 1 2000
Bureau of Air Monitoring & Mobile Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
   Agemy FAMILY CORPORATION
2. Site Name (For example, plant name or number):
   New FACILITY
3. Hazardous Waste Generator Identification Number:
   FLD981754658 — From old FACILITY
4. Facility Location: NEW FACILITY REPLACING OLD FACILITY IN PINELLAS
   Street Address: 9945 RACETRACK RD
   City: TAMPA County: HILLSBOROUGH Zip Code: 33626
5. Facility Identification Number (DEP Use ONLY - do not fill in): 0570365 1-001

Responsible Official

6. Name and Title of Responsible Official:
   Name: HASSAN Agemy Title: VICE PRESIDENT
7. Responsible Official Mailing Address:
   Organization/Firm:
   Street Address: 3798 DARSTON ST.
   City: Palm HARBOR County: Pinellas Zip Code: 34685
8. Responsible Official Telephone Number:
   Telephone: (813) 925 0900 Fax: (813) 855-2626

Facility Contact (If different from Responsible Official)

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

Facility Information

1.(a) **DRY-TO-DRY MACHINES ONLY**

How many dry-to-dry machines do you have on-site? [2]

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
August 1995	(Existing)/New	RC/CA/None required	SAME Union U2000 8D1b
June 2000	Existing/(New)	RC/CA/None required	SAME Union U2000 951b
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) **TRANSFER MACHINES ONLY**

How many washers do you have on-site? [_____]

How many dryers/reclaimers do you have on-site? [_____]

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

[_____] gallons (You must fill this in)

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

Check why it is less than 12 months: New owner: [____] Did not keep records: [____]

New store: [____] New machine [____]

Unopened store [____] (date of expected opening _____)

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.)

Small Area Source [X]

Dry-to-dry machines only on-site	(used less than 140 gallons of perc per year)
Transfer only on-site	(used less than 200 gallons of perc per year)
Both machine types on-site	(used less than 140 gallons of perc per year)

Large Area Source [ ]

Dry-to-dry machines only on-site	(used 140 - 2,100 gallons of perc per year)
Transfer only on-site	(used 200 - 1,800 gallons of perc per year)
Both machine types on-site	(used 140 - 1,800 gallons of perc per year)

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

Existing machines at small area source	New machines at small area source
(NONE REQUIRED) [ ]	Refrigerated condenser [X]
Existing machines at large area source	New machines at large area source
Carbon adsorber [ ]	Refrigerated condenser [ ]
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 (see attached memo for the criteria).

All steam and hot water generating units exempt [ ] **OR**
No such units on-site [ ]

How many boilers do you have on-site? [1]

For each boiler, indicate its horsepower (HP) rating: [ ] [6] [0]

What type of fuel do you use?

[X] propane	[ ] natural gas
[ ] No. 2 fuel oil	[ ] No. 4 fuel oil
[ ] No. 6 fuel oil	[ ] Other (please list)_____

6. 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/solvent addition log [N]
(b) Leak detection inspection and repair [N]
(c) Refrigerated condenser temperature monitoring [N]
(d) Carbon adsorber exhaust perc concentration monitoring [ ]
(e) Startup, shutdown, malfunction plan [N]

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

[X] I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are 1030367 001.

[X] No DEP 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.

Allie HASSAN Agemy
Print name of responsible official

Signature

7-31-00
Date

Quality+plus CLEANERS

Agemy Family Corporation
P.O. Box 2411
Palm Harbor, FL 34682-2411
Phone 727-786-5556
Fax 727-772-7000

August 25, 2000

Mrs. Dottie Diltz
General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Rd.
Tallahassee, Fl. 32399-2400

RECEIVED
SEP 1 2000
Bureau of Air Monitoring & Mobile Sources

RE: Quality Plus Cleaners
9945 Racetrack Rd.
Tampa, Fl. 33626

EPA # 000066993

Dear Mrs. Diltz ,

On July 19, 2000, I sent you a letter pertaining to the moving of our dry cleaning facility from one location in Pinellas County to anoter location in Hillsborough County. A couple days after you received our notice a representative came in and handed me a form to fill out which is enclosed with this cover letter. Please feel free to contact me at any time for any questions that you may have arising from my completion of this form.

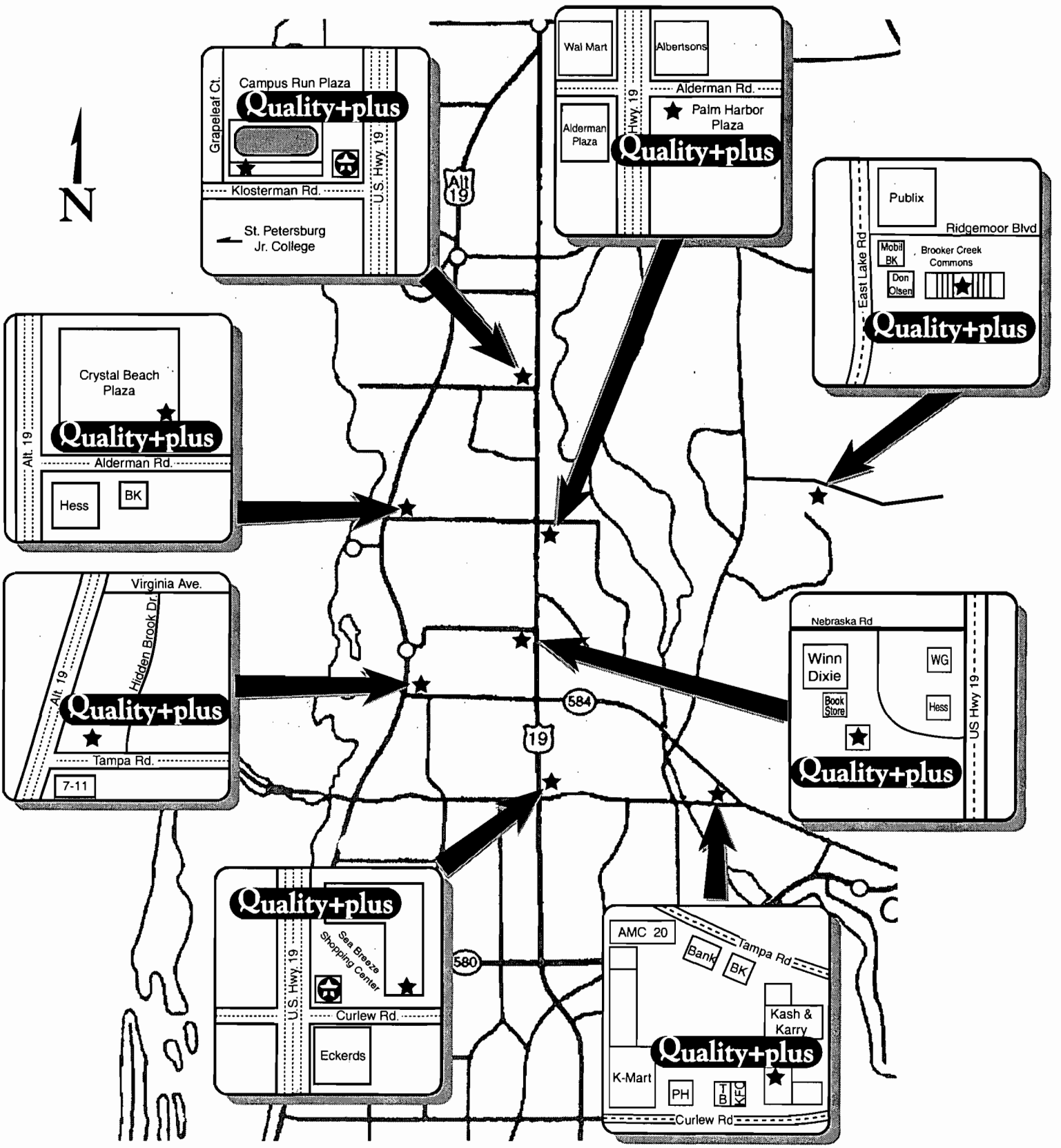
Sincerely,

Hassan Agemy
General Manager
Quality Plus Cleaners

Quality+plus CLEANERS

Hassan A. Agemy

35225 U.S. 19 N. • Palm Harbor, FL 34684
ph: 727-771-7000 • fx: 727-772-7000


N
Campus Run Plaza
Quality+plus
Grapeleaf Ct.
Klosterman Rd.
U.S. Hwy. 19
St. Petersburg Jr. College
Alt 19
Wal Mart
Albertsons
Alderman Rd.
Palm Harbor Plaza
Alderman Plaza
Hwy. 19
Quality+plus
Publix
Ridgemoor Blvd
Mobil BK
Brooker Creek Commons
Don Olsen
East Lake Rd
Quality+plus
Crystal Beach Plaza
Quality+plus
Alt. 19
Alderman Rd.
Hess
BK
Virginia Ave.
Hidden Brook Dr.
Alt. 19
Quality+plus
Tampa Rd.
7-11
584
19
Nebraska Rd
Winn Dixie
WG
Book Store
Hess
US Hwy 19
Quality+plus
Quality+plus
Sea Breeze Shopping Center
U.S. Hwy. 19
Curlew Rd.
Eckerds
580
AMC 20
Tampa Rd
Bank
BK
Kash & Karry
Quality+plus
K-Mart
PH
TB
KFC
Curlew Rd

Agemy Family Corporation
P.O. Box 2411
Palm Harbor, FL 34682-2411
Phone 727-786-5556
Fax 727-772-7000

July 18, 2000

Dottie Diltz
Bureau of Air Monitoring and Mobile Services
Title V. General Permit Program
2600 Blair Stone Rd.
Tallahassee Fl 32399-2400

Re: Plant Relocation
Quality Plus Cleaners
35225 U.S. 19
Palm Harbor, Fl. 34684

Hassan A. Agemy
35225 U.S. 19 N. • Palm Harbor, FL 34684
ph: 727-771-7000 • fx: 727-772-7000

Dear Mrs. Diltz:

This letter is to notify the Department of Environmental Protection Air monitoring Division that on Monday, June 19 , 2000 Quality Plus Cleaners moved its main dry-Cleaning operations from 35225 U.S. 19 North in Pinellas County to 9945 Racetrack Rd., Which is located in Hillsborough County. The legal address of our new facility is:

Quality Plus Cleaners
9945 Racetrack Rd.
Tampa, Fl. 33626

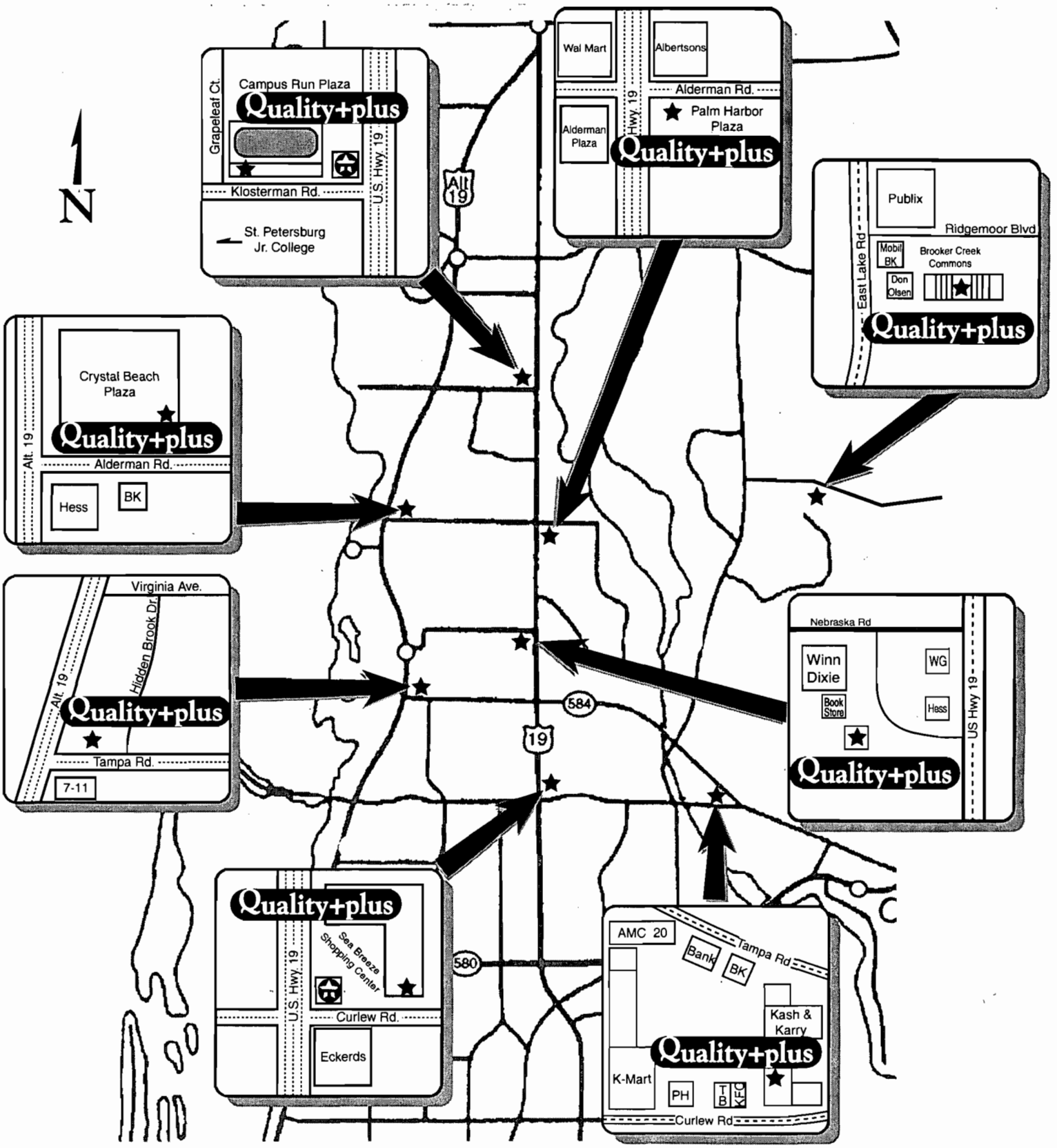
Phone Number: 813-925-0900
Phone Number: 727-771-7000
Fax Number: 727-772-7000

If you have any further questions concerning this transition, please feel free to contact me at any time.

Sincerely,

Hassan A. Agemy
Vice President
Quality Plus Cleaners

cc: Jeff Morris
Pinellas County


N
Campus Run Plaza
Quality+plus
Grapeleaf Ct.
Klosterman Rd.
U.S. Hwy. 19
St. Petersburg Jr. College
Alt 19
Wal Mart
Albertsons
Alderman Rd.
Palm Harbor Plaza
Alderman Plaza
Hwy. 19
Quality+plus
Publix
Ridgemoor Blvd.
East Lake Rd.
Mobil BK
Brooker Creek Commons
Don Olsen
Quality+plus
Crystal Beach Plaza
Quality+plus
Alt. 19
Alderman Rd.
Hess
BK
Virginia Ave.
Hidden Brook Dr.
Alt. 19
Quality+plus
Tampa Rd.
7-11
584
19
Nebraska Rd
Winn Dixie
WG
Book Store
Hess
US Hwy 19
Quality+plus
Quality+plus
Sea Breeze Shopping Center
U.S. Hwy. 19
Curlew Rd.
Eckerds
580
AMC 20
Tampa Rd
Bank
BK
Kash & Karry
Quality+plus
K-Mart
PH
Curlew Rd

3755 260219
2273 RECEIVED
FEB 2 4 1997
AIR QUALITY

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Agemy Family Corporation d/b/a Quality Plus Dry Cleaners
2. Site Name (For example, plant name or number):
35225 U.S. 19 North
3. Hazardous Waste Generator Identification Number:
3-163-51-1119
4. Facility Location:
Street Address: 35225 U.S. 19 N.
City: Palm Harbor County: Pinellas Zip Code: 34684
5. Facility Identification Number (DEP Use):
1030367

Responsible Official

6. Name and Title of Responsible Official:
Mr. Hassan Agemy - Owner 3-25-97
7. Responsible Official Mailing Address:
Organization/Firm: 35225 U.S. 19 N.
Street Address:
City: Palm Harbor County: Pinellas Zip Code: 34684
8. Responsible Official Telephone Number:
Telephone: (813) 786-5556 Fax: (813) 786-6989

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
Mr. Hassan Agemy - Vice President / General Manager
10. Facility Contact Address: Quality Plus Cleaners
Street Address: 35225 U.S. 19 N.
City: Palm Harbor County: Pinellas Zip Code: 34684
11. Facility Contact Telephone Number:
Telephone: 8137865556 Fax: (813) 786 6989

RECEIVED
FEB 12 1997
Bureau of Air Monitoring & Mobile Sources

RECEIVED MAIL ROOM FEB 10 97

#1030367

260219

3 RECEIVED
FEB 24 1997
~~AIR QUALITY~~

Quality Plus Dry Cleaners

p.13 6. add title - Vice-President (from (9.))

p.14 1.(a) for #1, add date control device installed
3. should be new large area source

p.15 4. should be new large area source w/ refrig. con.

1. Facil...	
Agemy...	... Cleaners
2. Site ...	
35...	
3. Haza...	
3...	
4. Facili... Stree... City: ...	...84
5. Facili...	...7

6. Name ...	
Mr. ...	
7. Respo... Organi... Street ... City: ...	...1684
8. Respon... Teleph...	

9. Name and Title of Facility Contact (For example, plant manager): Mr. HASSAN Agemy - Vice President / General Manager		
10. Facility Contact Address: Quality Plus Cleaners Street Address: 35225 U.S. 19 N. City: Palm Harbor	County: Pinellas	Zip Code: 34684
11. Facility Contact Telephone Number: Telephone: 813 786 5556	Fax: (813) 786 6989	

RECEIVED
MAIL ROOM
FEB 10 97

RECEIVED
FEB 12 1997
Bureau of Air Monitoring

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	*#1*	*03-OCT-93*	*12-NOV-93*	*#2*	*08-DEC-91*		*#3*	*02-MAR-92*	*02-MAR-92*
Dry-to-Dry Unit			3-25-97						
(1) w/ ref. condenser	#1	15-Aug-95	15-Aug-1995	#2	Union 2000 5th Gen Detrex 751b 3rd Gen	15-Aug-95			
(2) w/ carbon adsorber									
(3) w/ no controls					10-May-88				
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed [____]

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
[220] gallons Year 1996

(b) If less than 12 months, how many? [____] months
Check why it is less than 12 months: New owner: [____] New store: [____] Did not keep records: [____]

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

Existing small area source [X] 3-25-97 New small area source [____]

Existing large area source [____] New large area source [X] 3-25-97

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 [X]

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 [ ] Have refrigeration

(e) Instrument calibration [✓]

(f) Start-up, shutdown, malfunction plan [✓]

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

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

Responsible Official Certification

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

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

Signature _____ Date Feb. 1 1997

corrections made by: _____ Date: 3-25-97

3755
2273

260219

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Agemy Family Corporation d/b/a Quality Plus Dry Cleaners

2. Site Name (For example, plant name or number):
35225 U.S. 19 NORTH

3. Hazardous Waste Generator Identification Number:
3-163-51-1119

4. Facility Location:
Street Address: 35225 U.S. 19 N.
City: Palm Harbor County: Pinellas Zip Code: 34684

5. Facility Identification Number (DEP Use):
1030367

Responsible Official

6. Name and Title of Responsible Official:
Mr. Hassan Agemy

7. Responsible Official Mailing Address:
Organization/Firm: 35225 U.S. 19 N.
Street Address:
City: Palm Harbor County: Pinellas Zip Code: 34684

8. Responsible Official Telephone Number:
Telephone: (813) 786-5556 Fax: (813) 786-6989

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
Mr. Hassan Agemy - Vice President / General Manager

10. Facility Contact Address: Quality Plus Cleaners
Street Address: 35225 U.S. 19 N.
City: Palm Harbor County: Pinellas Zip Code: 34684

11. Facility Contact Telephone Number:
Telephone: 8137865556 Fax: (813) 786 6989

RECEIVED
FEB 12 1997
Bureau of Air Monitoring & Mobile Sources

RECEIVED
MAIL ROOM
FEB 10 97

#1030367

Quality Plus Dry Cleaners

p.13 6. add title - Vice-President (from (9.))

p.14 1.(a) for #1, add date control device installed
3. should be new large area source

p.15 4. should be new large area source w/ refrig. con.

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	*#1*	*03-OCT-93*	*12-NOV-93*	*#2*	*08-DEC-91*		*#3*	*02-MAR-92*	*02-MAR-92*
Dry-to-Dry Unit	Union 2000 5th Gen			Detrex 1516 3rd Gen					
(1) w/ ref. condenser	#1	15-Aug-95		#2		15-Aug-95			
(2) w/ carbon adsorber									
(3) w/ no controls					6-May-88				
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed [____]

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
[220] gallons Year 1996

(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 large P.E.

Existing small area source [X] 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 [X]

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:

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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 [ ] Have refrigeration

(e) Instrument calibration [✓]

(f) Start-up, shutdown, malfunction plan [✓]

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

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

Responsible Official Certification

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

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

Signature _____ Date Feb. 1 1997

TITLE V AIR QUALITY AIR GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

TIME IN: 7:50 am	TIME OUT: 10:10 am	AIRS ID#	**1030367 001**
TYPE OF FACILITY:	**Perchloroethylene Dry Cleaner**		
FACILITY NAME:	**Quality Plus Cleaners**	DATE:	**March 25, 1997**
FACILITY LOCATION :	**35225 U.S. Highway 19 N, Palm Harbor, FL 34685**		
RESPONSIBLE OFFICIAL:	**HASSAN A. AGEMY**	PHONE NUMBER:	**786-5556**

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

☑ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
1.) Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
2.) 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.
3.) 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
4.) 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.
5.) 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.

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

DATE OF NEXT INSPECTION: April 18, 1997 (Approximate)

INSPECTION CONDUCTED BY: Jeffrey Morris (Please Print)

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

TITLE V AIR QUALITY AIR GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

TIME IN: 7:50 am	TIME OUT: 10:10 am	AIRS ID# **1030367 001**
TYPE OF FACILITY:	**Perchloroethylene Dry Cleaner**	
FACILITY NAME:	**Quality Plus Cleaners**	DATE: **March 25, 1997**
FACILITY LOCATION :	**35225 U.S. Highway 19 N, Palm Harbor, FL 34685**	
RESPONSIBLE OFFICIAL:	**HASSAN A. AGEMY**	PHONE NUMBER: **786-5556**

☐ 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:

6.) 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:

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

DATE OF NEXT INSPECTION: April 18, 1997 (Approximate)

INSPECTION CONDUCTED BY: Jeffrey Morris (Please Print)

INSPECTOR'S SIGNATURE: [signature] PHONE NUMBER: 464-4422

AIRS ID#: 1030367

Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Quality Plus Dry Cleaners DATE: 3/25/97

FACILITY LOCATION: 35225 U.S. 19 N
Palm Harbor, FL 34684

Annual Reporting Period: March 25, 1996 TO March 25, 1997

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

If NO, complete the following:

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

Monthly purchase records were not maintained as a twelve month rolling average.

Exact period of non-compliance: from March 25, 1996 to March 25, 1997

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

Method used to demonstrate compliance:

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

Purchase receipts were not properly maintained

Exact period of non-compliance: from March 25, 1996 to March 25, 1997

Action(s) taken to achieve compliance: Maintain all purchase receipts in a log on-site.

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: Hassan A. Agemy (Name (Please Print)) Hassan A. Agemy (Signature) 3-25-97 (Date)

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

AIRS ID#: 1030367

Revised 10/10/9(

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Quality Plus Dry Cleaners DATE: 3/25/97

FACILITY LOCATION: 35225 U.S. 19 N.
Palm Harbor, FL 34684

Annual Reporting Period: March 25, 1996 TO March 25, 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 have a start-up, shutdown, malfunction(SSM
Plan in place, along with associated record keeping + deviation report

Exact period of non-compliance: from March 25, 1996 to March 25, 1997

Action(s) taken to achieve compliance: If no specific procedures are available from manufacturer, develop an SSM plan.

Method used to demonstrate compliance:

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

Could not confirm that temperature sensor was designe
to measure 45°F or 7.2°C with an accuracy of ±2°F or ±1.1°C respe

Exact period of non-compliance: from March 25, 1996 to March 25, 1997

Action(s) taken to achieve compliance: Obtain verification from the manufacture
that temperature sensor meets the requirement

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: Hassan Agemy (Name (Please Print)) Hassan Agemy (Signature) 3-25-97 (Date)

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

AIRS ID#: 1030367

Revised 10/10/9(

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Quality Plus Dry Cleaners DATE: 3/25/97

FACILITY LOCATION: 35225 U.S. 19 N.
Palm Harbor, FL 34684

Annual Reporting Period: March 25, 1996 TO March 25, 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:

Temperature sensor does not exist on the exhaust outlet of the refrigerator condenser.

Exact period of non-compliance: from March 25, 1996 to March 25, 1997

Action(s) taken to achieve compliance: Install temperature sensor

Method used to demonstrate compliance:

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

Did not maintain a log of leak detection inspection and repair records.

Exact period of non-compliance: from March 25, 1996 to March 25, 1997

Action(s) taken to achieve compliance: Develop and implement a leak log.

Method used to demonstrate compliance:

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

RESPONSIBLE OFFICIAL: HASSAN AGEMY (Name (Please Print)) Hassan Agemy (Signature) 3-/25/97 (Date)

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

AIRS ID#: 1030367

Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Quality Plus Dry Cleaners DATE: 3/25/97

FACILITY LOCATION: 35225 U.S. 19 N.
Palm Harbor, FL 34684

Annual Reporting Period: March 25, 1996 TO March 25, 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 refrigerator condenser on the dry-dry machine on a weekly basis

Exact period of non-compliance: from March 25, 1996 to March 25, 1997

Action(s) taken to achieve compliance: ~~Maintain~~ Or Measure and record

Method used to demonstrate compliance: outlet temperature of the refrigerator condenser on a weekly basis.

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

RESPONSIBLE OFFICIAL: Hassan Agemy (Name (Please Print)) Hassan Agemy (Signature) 3-25-97 (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.

✓ - A

TITLE V AIR QUALITY AIR GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☑

TIME IN: 9:15a.m.	TIME OUT: 10:30a.m.	AIRS ID# **1030367 001**
TYPE OF FACILITY:	**Perchloroethylene Dry Cleaner**	
FACILITY NAME:	**Quality Plus Cleaners**	DATE: **May 15, 1997**
FACILITY LOCATION :	**35225 U.S. Highway 19 N, Palm Harbor, FL 34685**	
RESPONSIBLE OFFICIAL:	**HASSAN A. AGEMY**	PHONE NUMBER:**813-786-5556**

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

☑ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Monthly purchase records were not maintained as a twelve month rolling average.	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a twelve month rolling average.

Comments:
Facility is waiting for a letter from Union Co. to demonstrate that the temperature sensor on the outlet exhaust of the refrigerated condenser is desgined for accuracy of ±1.1 °C. Facility continues to be deficient in the above listed requirement. An advisory letter will be sent to the facility.

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

DATE OF NEXT INSPECTION: May 29, 1997 (Approximate)

INSPECTION CONDUCTED BY: Jeff Morris (Please Print)

INSPECTOR'S SIGNATURE: Jeffrey Morris PHONE NUMBER: 4644422

TITLE V AIR QUALITY AIR GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☑

TIME IN: 11:45 a.m.	TIME OUT: 12:55 p.m.	AIRS ID# **1030367 ~~001~~**
TYPE OF FACILITY:	**Perchloroethylene Dry Cleaner**	
FACILITY NAME:	**Quality Plus Cleaners**	DATE: August 12, 1997
FACILITY LOCATION :	**35225 U.S. Highway 19 N, Palm Harbor, FL 34685**	
RESPONSIBLE OFFICIAL:	**HASSAN A. AGEMY**	PHONE NUMBER: **786-5556**

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

☑ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
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.

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

DATE OF NEXT INSPECTION: August 26, 1997 (Approximate)

INSPECTION CONDUCTED BY: Jeffrey Morris (Please Print)

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

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 1030367 TIME IN: 7:50a.m TIME OUT: 10:10 a.m.
FACILITY NAME: Quality Plus Dry Cleaners
FACILITY LOCATION: 35225 US. 19 N
Palm Harbor, FL 34684

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

A.

1. **Existing small area source** ☑
   dry-to-dry only, x<140 gal/yr
   transfer only, x<200 gal/yr
   both types, x<140 gal/yr
   (constructed before 12/9/91)

2. New small area source ☐
   dry-to-dry only, x<140 gal/yr
   transfer only, x<200 gal/yr
   both types, x<140 gal/yr
   (constructed on or after 12/9/91)

3. **Existing large area source** ☐
   dry-to-dry only, 140<x<2, 100 gal/yr
   transfer only, 200<x<1,800 gal/yr
   both types, 140<x<1,800 gal/yr
   (constructed before 12/9/91)

4. New large area source ☑
   dry-to-dry only, 140<x<2, 100 gal/yr
   transfer only, 200<x<1,800 gal/yr
   both types, 140<x<1,800 gal/yr
   (constructed on or after 12/9/91)

This is a correct facility classification ☐Y ☑N

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 210 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

1. Equipped all machines with the appropriate vent controls? ☑Y ☐N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system? ☑Y ☐N ☐N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? ☑Y ☐N ☐N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? UNION ☐Y ☑N DETREX ☐Y ☑N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? (Detrex has no temperature sensor on compressor or drum) ☑Y ☐N ☐Y ☐N
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? (Detrex has no temperature sensor on compressor or drum) ☑Y ☐N ☐Y ☐N

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

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

Did not inspect at this time

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

Not applicable

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	
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	☐Y ☑N	
4. Maintained calibration data? *(for direct reading instruments only)*	☐Y ☐N	☑N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y ☐N	N/A
6. Maintained startup/shutdown/malfunction plan?	☐Y ☑N	
7. Maintained deviation reports?	☐Y ☑N	
Problem corrected? (No deviation report)	☐Y ☐N	
8. Maintained compliance plan, if applicable?	☐Y ☐N	☑N/A

PART VI: LEAK DETECTION AND REPAIRS

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

If using direct-reading 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

Not Applicable

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

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

	Leak Detected?			Leak Detected?	
Hose connections, fittings, couplings, and valves	☐Y	☑N	Muck cookers	☐Y	☑N
Door gaskets and seating	☐Y	☑N	Stills	☐Y	☑N
Filter gaskets and seating	☐Y	☑N	Exhaust dampers	☐Y	☑N
Pumps	☐Y	☑N	Diverter valves	☐Y	☑N
Solvent tanks and containers	☐Y	☑N	Cartridge filter housings	☐Y	☑N
Water separators	☐Y	☑N			

Hassan Agemy
Name of Responsible Official

Jeffrey Morris
Inspector's Name (Please Print)

Jeffrey Morris
Inspector's Signature

3/25/97
Date of Inspection

4/18/97
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

UNION 801b 39-FS-518
DRY-DRY-MACHINE

- During cool down period of drying cycle machine fell below 7°C.

DETREX 701D DRY-DRY MACHINE
Model # 22-90-H

- No visible temperature sensor on machine. Will need to install.
- Installed compressor separate from machine. Machine did ~~not~~ have a refrigerator condenser.
- Compressor mfg. by Kleen Rite D.X.C (314) 353-1712
- Has secondary containment for waste for both machines.
- ~~Machine has no diverter valve or carbon absorber. Aero contained air goes into atmosphere~~ on

Facility has a ZAPPER MODEL 55A Carbon filtration system.

- DETREX machine has a damper which is maintained on a weekly basis.

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☑

AIRS ID#: 1030367 TIME IN: 9:15 a.m. TIME OUT: 10:30 a.m.
FACILITY NAME: Quality Plus Cleaners
FACILITY LOCATION: 35225 U.S. 19 N.
Palm Harbor, FL 34685

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

A.

1. Existing small area source ☐
dry-to-dry only, x<140 gal/yr
transfer only, x<200 gal/yr
both types, x<140 gal/yr
(constructed before 12/9/91)

2. New small area source ☐
dry-to-dry only, x<140 gal/yr
transfer only, x<200 gal/yr
both types, x<140 gal/yr
(constructed on or after 12/9/91)

3. Existing large area source ☐
dry-to-dry only, 140<x<2, 100 gal/yr
transfer only, 200<x<1,800 gal/yr
both types, 140<x<1,800 gal/yr
(constructed before 12/9/91)

4. New large area source ☑
dry-to-dry only, 140<x<2, 100 gal/yr
transfer only, 200<x<1,800 gal/yr
both types, 140<x<1,800 gal/yr
(constructed on or after 12/9/91)

This is a correct facility classification ☑Y ☐N

If no, please check the appropriate classification:

☐ facility qualified for a general permit as number _____ above
☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 230 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

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

Non-Applicable

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
   - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? ☑Y ☐N
4. Maintained calibration data? *(for direct reading instruments only)* ☐Y ☐N ☑N/A
5. Maintained exhaust duct monitoring data on perc concentrations? ☐Y ☐N N/A
6. Maintained startup/shutdown/malfunction plan? (operators manual for DETREX' UNION substituted for SSM.) DETREX ☑Y ☐N UNION ☑Y ☐N
7. Maintained deviation reports? ☑Y ☐N
   - Problem corrected? (No problems detected since March) ☐Y ☐N
8. Maintained compliance plan, if applicable? ☐Y ☐N ☑N/A

PART VI: LEAK DETECTION AND REPAIRS

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

If using direct-reading 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

Not Applicable

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

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

	Leak Detected?			Leak Detected?	
Hose connections, fittings, couplings, and valves	☐Y	☑N	Muck cookers	☐Y	☑N
Door gaskets and seating	☐Y	☑N	Stills	☐Y	☑N
Filter gaskets and seating	☐Y	☑N	Exhaust dampers	☐Y	☑N
Pumps	☐Y	☑N	Diverter valves	☐Y	☑N
Solvent tanks and containers	☐Y	☑N	Cartridge filter housings	☐Y	☑N
Water separators	☐Y	☑N			

Hassan Agemy
Name of Responsible Official

Jeff Morris
Inspector's Name (Please Print)

Jeff Morris
Inspector's Signature

May 15, 1997
Date of Inspection

May 29, 1997
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

DETREX 70 lb dry-dry
Model # 22-90-H
- 34°F during cooldown period

UNION 80 lb Model # 39-F5-518

— No letter to verify the design of accuracy of temperature sensor ±1.1°C. Facility waiting letter from UNION CO.
Detrex letter attached

Rolling (monthly) average has not been maintained.

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AUG 18 1997
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& Mobile Sources

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☑

AIRS ID#: 1030367 TIME IN: 11:45a.m. TIME OUT: 12:55p.m.
FACILITY NAME: Quality Plus Cleaners
FACILITY LOCATION: ~~3225~~ 35225 US 19 N
Palm Harbor, FL 34685

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

A.

1. Existing small area source ☐
dry-to-dry only, x<140 gal/yr
transfer only, x<200 gal/yr
both types, x<140 gal/yr
(constructed before 12/9/91)

2. New small area source ☐
dry-to-dry only, x<140 gal/yr
transfer only, x<200 gal/yr
both types, x<140 gal/yr
(constructed on or after 12/9/91)

3. Existing large area source ☑
dry-to-dry only, 140<x<2, 100 gal/yr
transfer only, 200<x<1,800 gal/yr
both types, 140<x<1,800 gal/yr
(constructed before 12/9/91)

4. New large area source ☐
dry-to-dry only, 140<x<2, 100 gal/yr
transfer only, 200<x<1,800 gal/yr
both types, 140<x<1,800 gal/yr
(constructed on or after 12/9/91)

This is a correct facility classification ☑Y ☐N

If no, please check the appropriate classification:

☐ facility qualified for a general permit as number _____ above
☐ facility exceeds above limits and is not eligible for a general permit

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

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

Not Applicable

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
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	☐Y ☑N
4. Maintained calibration data? *(for direct reading instruments only)*	☐Y ☐N ☐N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y ☐N N/A
6. Maintained startup/shutdown/malfunction plan?	☑Y ☐N
7. Maintained deviation reports?	☑Y ☐N
Problem corrected? (No problems since last inspection)	☐Y ☐N
8. Maintained compliance plan, if applicable?	☐Y ☐N ☑N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly leak detection and repair inspection?	☑Y ☐N
2. Which method of detection is used by the responsible official?	
Visual examination (condensed solvent on exterior surfaces)	☑
Physical detection (airflow felt through gaskets)	☑
Odor (noticeable perc odor)	☑

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)? Not Applicable ☐Y ☐N

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

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

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

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

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

	Leak Detected?			Leak Detected?	
Hose connections, fittings, couplings, and valves	☐Y	☑N	Muck cookers	☐Y	☑N
Door gaskets and seating	☐Y	☑N	Stills	☐Y	☑N
Filter gaskets and seating	☐Y	☑N	Exhaust dampers	☐Y	☑N
Pumps	☐Y	☑N	Diverter valves	☐Y	☑N
Solvent tanks and containers	☐Y	☑N	Cartridge filter housings	☐Y	☑N
Water separators	☐Y	☑N			

Hassan Agemy
Name of Responsible Official

Jeff Morris
Inspector's Name (Please Print)

Inspector's Signature

8/12/97
Date of Inspection

8/26/97
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- Detrix machine not operating at time of inspection

-
  UNION 80 lb capacity
  Mfg: 1985
- Last date temperature recordings since May 30th. No records for July or Aug.
- rolling average has been kept up.
- Last recording of leak log 5/9/97

12339

RECEIVED
MAIL ROOM

FEB 12 98

RECEIVED

FEB 16 1998

Bureau of Air Monitoring
& Mobile Sources

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

302512

AIRS ID#1030367
AGEMY FAMILY CORPORATION
HASSAN AGEMY
35225 US 19 NORTH
PALM HARBOR FL 34685

Do NOT Remove Label

Annual Reporting Period: _____ 19____ TO _____ 19____

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

If NO, complete the following:

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

_____

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

_____

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

RESPONSIBLE OFFICIAL: Hassan Agemy _____ 1-20-98
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.

11/06/97

17483

TITLE V AIR QUALITY AIR GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☑

AIRS ID#: 1030367 001 **DATE:** 8/27/98 **TIME IN:** 2:00 **TIME OUT:** 2:15

FACILITY NAME: Quality Plus Cleaners

FACILITY LOCATION: 35225 U.S. Highway 19 N

Palm Harbor, FL, 34685

RESPONSIBLE OFFICIAL: Hassan A. Agemy Phone: 786-5556

Permit No. 1030367-001-AG Exp. Date:

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SEP 25 1998
Bureau of Air Monitoring & Mobile Sources

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

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

Inspection Summary Report Guidance

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

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

Comments: Replaced baking gasket on Detrex machine. Placed still bottom bucket in covered container. Ordered part for Still on 8/17/98 Submitted Annual Compliance Certification

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

Inspection Conducted by: **Margaret Hennis**

Inspector's Signature: Margaret A. Hennis

Phone Number: 464-4422

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☑

RECEIVED
SEP 25 1998
Bureau of Air Monitoring & Mobile Sources

AIRS ID#: 1030367 001 **DATE:** 8/27/98 **TIME IN:** 2:00 **TIME OUT:** 2:15

FACILITY NAME: Quality Plus Cleaners

FACILITY LOCATION: 35225 U.S. Highway 19 N
Palm Harbor, FL, 34685

RESPONSIBLE OFFICIAL: Hassan A. Agemy **PHONE:** 786-5556

CONTACT: Diane - **PHONE:**

PART I: NOTIFICATION

(Check appropriate box)

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

PART II: CLASSIFICATION

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

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

A.

1. **Existing small area source** ☐
dry-to-dry only, x<140 gal/yr
transfer only, x<200 gal/yr
both types, x<140 gal/yr
(Constructed before 12/9/91)

2. **New small area source** ☐
dry-to-dry only, x<140 gal/yr
transfer only, x<200 gal/yr
both types, x<140 gal/yr
(Constructed on or after 12/9/91)

3. **Existing large area source** ☐
dry-to-dry only, 140<x<2,100 gal/yr
transfer only, 200<x<1,800 gal/yr
both types, 140<x<1,800 gal/yr
(Constructed before 12/9/91)

4. **New large area source** ☑
dry-to-dry only, 140<x<2,100 gal/yr
transfer only, 200<x<1,800 gal/yr
both types, 140<x<1,800 gal/yr
(Constructed on or after 12/9/91)

This is a correct facility classification: ☑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 342 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 dust diameters upstream from any bend contraction, or expansion; and downstream from no other inlet? ☐Y ☐N ☑NA

5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? ☐Y ☐N ☑NA

6. Routed airflow to the carbon adsorber (if used) at all times? ☐Y ☐N ☑NA

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes) Uses calendar - records machines separately

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

PART VI: LEAK DETECTION AND REPAIRS

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

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

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

Hose connections, fitting couplings, and valves	☑Y	☐N	☐NA	Muck cookers	☑Y	☐N	☐NA
Door gaskets and seating	☑Y	☐N	☐NA	Stills	☑Y	☐N	☐NA
Filter gaskets and seating	☑Y	☐N	☐NA	Exhaust dampers	☑Y	☐N	☑NA
Pumps	☑Y	☐N	☐NA	Diverter valves	☑Y	☐N	☐NA
Solvent tanks and containers	☑Y	☐N	☐NA	Cartridge Filter housing	☑Y	☐N	☐NA
Water separators	☑Y	☐N	☐NA				

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

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

If using direct-reading instrumentation, is the equipment:

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

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

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

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

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

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

~~8/99~~ 8/27/98
Date of Inspection

Margaret D. Hennis
Inspector's Signature

8/99
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Ordered part for Still on Union Machine on 8/17/98. Will be Repaired 3rd week of August 23, 1998. Fixed / repaired gasket to Detex machine on August 14, 1998.

TITLE V AIR QUALITY AIR GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

AIRS ID#: 1030367 001 **DATE:** 8/13/98 **TIME IN:** 10:15 **TIME OUT:** 10:45

FACILITY NAME: **Quality Plus Cleaners**

FACILITY LOCATION: 35225 U.S. Highway 19 N
Palm Harbor, FL, 34685

RESPONSIBLE OFFICIAL: Hassan A. Agemy Phone No.: 786-5556

Permit No. 1030367-001-AG Exp. Date:

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

☑ Based on the results of the compliance requirements evaluated during this inspection, the following compliance <u>discrepancies</u> were noted (only items which are checked):

Inspection Summary Report Guidance

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

A minor leak from part to still was not reported in leak log.

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

Comments: Need to cover still residue container or place in another container that can be sealed and air-tight. Need to repair leaks at Stillwell tank door gasket and repair part with leaking still residue.

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

Inspection Conducted by: **Margaret Hennis**

Inspector's Signature: Margaret V. Hennis

Phone Number: 464-4422

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

RECEIVED
SEP 23 1998
Bureau of Air Monitoring & Mobile Sources

AIRS ID#: 1030367 001 **DATE:** 8/13/98 **TIME IN:** 10:15 **TIME OUT:** 10:45

FACILITY NAME: Quality Plus Cleaners

FACILITY LOCATION: 35225 U.S. Highway 19 N
Palm Harbor, FL, 34685

RESPONSIBLE OFFICIAL: Hassan A. Agemy **PHONE:** 786-5556

CONTACT: Hassan Agemy **PHONE:** 786-5556

PART I: NOTIFICATION

(Check appropriate box)

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

PART II: CLASSIFICATION

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

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

A.

1. **Existing small area source** ☐
dry-to-dry only, x<140 gal/yr
transfer only, x<200 gal/yr
both types, x<140 gal/yr
(Constructed before 12/9/91)

2. **New small area source** ☐
dry-to-dry only, x<140 gal/yr
transfer only, x<200 gal/yr
both types, x<140 gal/yr
(Constructed on or after 12/9/91)

3. **Existing large area source** ☐
dry-to-dry only, 140<x<2,100 gal/yr
transfer only, 200<x<1,800 gal/yr
both types, 140<x<1,800 gal/yr
(Constructed before 12/9/91)

4. **New large area source** ☑
dry-to-dry only, 140<x<2,100 gal/yr
transfer only, 200<x<1,800 gal/yr
both types, 140<x<1,800 gal/yr
(Constructed on or after 12/9/91)

This is a correct facility classification: ☑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 346.2 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? Still bottom residue not covered	☐ 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? Observed temp of 38° on older of 2 machines during insp.	☒ 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	☒N/A
Is the temperature differential equal to or greater than 20° F?	☐Y	☐N	☒N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	☐Y	☐N	☒N/A
Is the perc concentration equal to or less than 100 ppm?	☐Y	☐N	☒N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	☐Y	☐N	☒N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	☐Y	☐N	☒N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	☐Y	☐N	☒N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased?	☒Y	☐N	
2. Maintained rolling monthly total of perc consumption?	☒Y	☐N	
3. Maintained leak detection inspection and repair reports for the following: Was recording no leaks when leaks were apparent. Did not record leak from solvent tank gasket of older machine. Oil leak from still on newer machine (minor)			
a. documentation of leaks repaired w/in 24 hrs?	☐Y	☒N	☐N/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? No record for malfunction explained above.	☐Y	☒N	☐N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☐Y	☐N	☒N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y	☐N	☒N/A
6. Maintained startup/shutdown/malfunction plan?	☒Y	☐N	
7. Maintained deviation reports? No deviations	☒Y	☐N	☐N/A
Problem corrected?	☐Y	☐N	☒N/A
8. Maintained compliance plan, if applicable?	☐Y	☐N	☒N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☒Y ☐N
2. Has the facility maintained a leak log? ☒Y ☐N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☒Y ☐N ☐N/A	Muck cookers	☒Y ☐N ☐N/A
Door gaskets and seating	☒Y ☐N ☐N/A	Stills	☒Y ☐N ☐N/A
Filter gaskets and seating	☒Y ☐N ☐N/A	Exhaust dampers	☐Y ☐N ☐N/A
Pumps	☒Y ☐N ☐N/A	Diverter valves	☒Y ☐N ☐N/A
Solvent tanks and containers	☒Y ☐N ☐N/A	Cartridge filter housings	☒Y ☐N ☐N/A
Water separators	☒Y ☐N ☐N/A		

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

Visual examination (condensed solvent on exterior surfaces)	☒
Physical detection (airflow felt through gaskets)	☒
Odor (noticeable perc odor)	☒
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	☐
Halogen leak detector	☐
If using direct-reading instrumentation, is the equipment:	☐N/A
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	☐Y ☐N
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	☐Y ☐N
c. Inspected for leaks and obvious signs of wear on a weekly basis?	☐Y ☐N
d. Kept in a clean and secure area when not in use?	☐Y ☐N
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	☐Y ☐N

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

8/13/98
Date of Inspection

Margaret V. Hennis
Inspector's Signature

9/1/98
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Records are kept up front.

1992 30 HP Fulton Boiler LPG

Uses 2 level Separator water vaporators and disposes some as haz waste, where water production exceeds mister's capacity

Secondary ~~Storage~~ containment for waste + materials

AIRS ID#: 1030367-001

Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

RECEIVED
SEP 25 1998
Bureau of Air Monitoring & Mobile Sources

FACILITY NAME: Quality Plus Cleaners DATE: 8/13/98

FACILITY LOCATION: 35225 U.S. Highway 19
Palm Harbor FL 34685

Annual Reporting Period: August 2 1997 TO August 3 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:

Leaking gasket from plate tank plate on Dexter

Exact period of non-compliance: from August 7 to 14th of August, 1998

Action(s) taken to achieve compliance: August 14, 1998 Tim Kinney 522-2010

Method used to demonstrate compliance: New plate gasket installed

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

Leaking part at Still of Union machine

Exact period of non-compliance: from August 7 to problem being Investigated

Action(s) taken to achieve compliance: called Equipment sales of tampa Aug 14

Method used to demonstrate compliance: Fix sweep gasket on still

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: Hassan Ayemy (Name (Please Print)) _____ (Signature) 8/17/98 (Date)

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

AIRS ID#: 1030367-001

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Quality Plus Cleaners DATE: 8/13/98

FACILITY LOCATION: 35225 U.S. Highway 19 N
Palm Harbor FL 34684

Annual Reporting Period: August 12 1997 TO August 13 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:

Still Bottom Residue Was Un Covered.

Exact period of non-compliance: from August 12, 1997 to August 13, 1998

Action(s) taken to achieve compliance: August 13, 1998

Method used to demonstrate compliance: STORAGE BIN (PLASTIC)

#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: _____

RECEIVED
SEP 23 1998
Bureau of Air Monitoring & Mobile Sources

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: Hassan A. Agemy (Name (Please Print)) Hassan A. Agemy (Signature) 8-13-98 (Date)

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

AIRS ID#: 1030367

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Quality Plus Cleaners DATE: 7/15/99

FACILITY LOCATION: 35225 U.S Hwy 19 N
Palm Harbor FL 34685

Annual Reporting Period: August 27 1998 TO July 15 1999

RECEIVED
JUL 19 1999
Bureau of Air Monitoring & Mobile Sources

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

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon 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: Hassan Agemy (Name (Please Print)) _____ (Signature) 7-15-99 (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#: 1030367 001 **DATE:** 1/16/99 **TIME IN:** 2:00 **TIME OUT:** 2:25

FACILITY NAME: Quality Plus Dry Cleaners

FACILITY LOCATION: 35225 U.S. Highway 19 N

Palm Harbor, FL, 34685

RESPONSIBLE OFFICIAL: Hassan A. Agemy Phone No.: 786-5556

Permit No. 1030367-001-AG Exp. Date:

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

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

Inspection Summary Report Guidance

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

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

Comments: _____

_____

_____

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

Inspection Conducted by: **Margaret Hennis**

Inspector's Signature: Margaret V. Hennis

Phone Number: 464-4422

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 1030367 001 **DATE:** 7/15/99 **TIME IN:** 2:00 **TIME OUT:** 2:25

FACILITY NAME: Quality Plus Dry Cleaners

FACILITY LOCATION: 35225 U.S. Highway 19 N
Palm Harbor, FL, 34685

RESPONSIBLE OFFICIAL: Hassan A. Agemy **PHONE:** 786-5556

CONTACT: _____ **PHONE:** _____

PART I: NOTIFICATION

(Check appropriate box)

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

PART II: CLASSIFICATION

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

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

A.

1. **Existing small area source** ☐
dry-to-dry only, x<140 gal/yr
transfer only, x<200 gal/yr
both types, x<140 gal/yr
(Constructed before 12/9/91)

2. **New small area source** ☐
dry-to-dry only, x<140 gal/yr
transfer only, x<200 gal/yr
both types, x<140 gal/yr
(Constructed on or after 12/9/91)

3. **Existing large area source** ☑
dry-to-dry only, 140<x<2,100 gal/yr
transfer only, 200<x<1,800 gal/yr
both types, 140<x<1,800 gal/yr
(Constructed before 12/9/91)

4. **New large area source** ☐
dry-to-dry only, 140<x<2,100 gal/yr
transfer only, 200<x<1,800 gal/yr
both types, 140<x<1,800 gal/yr
(Constructed on or after 12/9/91)

This is a correct facility classification: ☑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 205.5 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 dust diameters upstream from any bend contraction, or expansion; and downstream from no other inlet? ☐Y ☐N ☑NA

5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? ☐Y ☐N ☑NA

6. Routed airflow to the carbon adsorber (if used) at all times? ☐Y ☐N ☑NA

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

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

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

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

Hose connections, fitting couplings, and valves	☑Y	☐N	☐NA	Muck cookers	☑Y	☐N	☐NA
Door gaskets and seating	☑Y	☐N	☐NA	Stills	☑Y	☐N	☐NA
Filter gaskets and seating	☑Y	☐N	☐NA	Exhaust dampers	☑Y	☐N	☐NA
Pumps	☑Y	☐N	☐NA	Diverter valves	☑Y	☐N	☐NA
Solvent tanks and containers	☑Y	☐N	☐NA	Cartridge Filter housing	☑Y	☐N	☐NA
Water separators	☑Y	☐N	☐NA				

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

If using direct-reading instrumentation, is the equipment:

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

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

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

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

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

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

7/15/99
Date of Inspection

Margaret V. Harris
Inspector's Signature

7/2000
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Facility purchased extra button trap for older machine (spare). Uses newer machine primarily. Older for overflow - older has carbon filtration - no still. Newer has still.
No perc odor was apparent temp = ~13°C end of a dry cycle (observed). NDH

Facility has decreased perc. use through efforts to become more efficient - specifically less frequent use of an older machine.

AIRS ID#: 103 0367-001

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Quality Plus Dry Cleaners DATE: 12/20/99

FACILITY LOCATION: 35225 U.S. Highway 19N
Palm Harbor FL 34685

Annual Reporting Period: July 15 1999 TO December 21 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:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon 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: Hassan Agemy (Name (Please Print)) _____ (Signature) 12-20-99 (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#: 1030367 001 **DATE:** 12/21/99 **TIME IN:** 1:30 **TIME OUT:** 2:00

FACILITY NAME: Quality Plus Dry Cleaners

FACILITY LOCATION: 35225 U.S. Highway 19 N

Palm Harbor, FL, 34685

RESPONSIBLE OFFICIAL: Hassan A. Agemy Phone No.: 786-5556

Permit No. 1030367-001-AG Exp. Date:

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

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

Inspection Summary Report Guidance

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

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

Comments:_____

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

Inspection Conducted by: **Margaret Hennis**

Inspector's Signature: Margaret V. Hennis

Phone Number: 464-4422

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 1030367 001 **DATE:** 12/21/99 **TIME IN:** 1:30 **TIME OUT:** 2:00

FACILITY NAME: Quality Plus Dry Cleaners

FACILITY LOCATION: 35225 U.S. Highway 19 N
Palm Harbor, FL, 34685

RESPONSIBLE OFFICIAL: Hassan A. Agemy **PHONE:** 786-5556

CONTACT: Hassan Agemy **PHONE:**

PART I: NOTIFICATION

(Check appropriate box)

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

PART II: CLASSIFICATION

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

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

A.

1. **Existing small area source** ☐
dry-to-dry only, x<140 gal/yr
transfer only, x<200 gal/yr
both types, x<140 gal/yr
(Constructed before 12/9/91)

2. **New small area source** ☐
dry-to-dry only, x<140 gal/yr
transfer only, x<200 gal/yr
both types, x<140 gal/yr
(Constructed on or after 12/9/91)

3. **Existing large area source** ☐
dry-to-dry only, 140<x<2,100 gal/yr
transfer only, 200<x<1,800 gal/yr
both types, 140<x<1,800 gal/yr
(Constructed before 12/9/91)

4. **New large area source** ☑
dry-to-dry only, 140<x<2,100 gal/yr
transfer only, 200<x<1,800 gal/yr
both types, 140<x<1,800 gal/yr
(Constructed on or after 12/9/91)

This is a correct facility classification: ☑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 510 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? 38° + 5° observed	☑ 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 dust diameters upstream from any bend contraction, or expansion; and downstream from no other inlet?	☐Y	☐N	☑NA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	☐Y	☐N	☑NA
6. Routed airflow to the carbon adsorber (if used) at all times?	☐Y	☐N	☑NA

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased?	☑Y	☐N	
2. Maintained rolling monthly averages of perc consumption?	☑Y	☐N	
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	☑Y	☐N	☐NA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	☑Y	☐N	☐NA
4. Maintained calibration data? (*for direct reading instrument only*)	☑Y	☐N	☐NA
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y	☐N	☑NA
6. Maintained startup/shutdown/malfunction plan?	☑Y	☐N	
7. Maintained deviation reports?	☑Y	☐N	☐NA
Problem corrected? no deviation	☐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	☑Y	☐N	☐NA	Muck cookers	☑Y	☐N	☐NA
Door gaskets and seating	☑Y	☐N	☐NA	Stills	☑Y	☐N	☐NA
Filter gaskets and seating	☑Y	☐N	☐NA	Exhaust dampers	☑Y	☐N	☐NA
Pumps	☑Y	☐N	☐NA	Diverter valves	☑Y	☐N	☐NA
Solvent tanks and containers	☑Y	☐N	☐NA	Cartridge Filter housing	☑Y	☐N	☐NA
Water separators	☑Y	☐N	☐NA				

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

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

If using direct-reading instrumentation, is the equipment:

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

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

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

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

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

Margaret Hennis
Inspector's Name (Please Print)

12/21/99
Date of Inspection

Margaret D. Hennis
Inspector's Signature

12/2000
Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

ACCESS

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☒

TIME IN: 0900 TIME OUT: 1030 AIRS ID#: 057 0367

TYPE OF FACILITY: Perc Dry cleaners

FACILITY NAME: Quality + Plus cleaners DATE: 8-31-00

FACILITY LOCATION: 9945 Race Track Rd.
Tampa, FL 33626

RESPONSIBLE OFFICIAL: Hassan Asemy PHONE NUMBER: (813) 925-0900

☒ 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

RECEIVED
SEP 1 2000
Bureau of Air Monitoring & Mobile Sources

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES ☒ NO ☐

DATE OF NEXT INSPECTION: 1 year
(Approximate)

INSPECTION CONDUCTED BY: Mohammad Nozari
(Please Print)

INSPECTOR'S SIGNATURE: M. Nozari **PHONE NUMBER:** (813) 272-5530

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☒

AIRS ID#: 0570367 DATE: 8-31-00 TIME IN: 9:AM TIME OUT: 1030

FACILITY NAME: Quality + Plus

FACILITY LOCATION: 9945 Race Track Road
Tampa, FL 33626

RESPONSIBLE OFFICIAL: Hassan A. Agemy PHONE: (813) 925-0900

CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

A.

1. **Existing small area source** ☐
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed before 12/9/91)

2. **New small area source** ☒
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed on or after 12/9/91)

3. **Existing large area source** ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 12/9/91)

4. **New large area source** ☒
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed on or after 12/9/91)

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

If no, please check the appropriate classification:
- ☐ facility qualified for a general permit as number A.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 ____ gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased?	☑Y	☐N	
2. Maintained rolling monthly averages of perc consumption?	☑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	☐N/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	☑Y	☐N	☐N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☐Y	☐N	☑N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y	☐N	☑N/A
6. Maintained startup/shutdown/malfunction plan?	☑Y	☐N	
7. Maintained deviation reports?	☐Y	☐N	☑N/A
Problem corrected?	☐Y	☐N	☑N/A
8. Maintained compliance plan, if applicable?	☐Y	☐N	☑N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☑Y ☐N
2. Has the facility maintained a leak log? ☐Y ☑N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☑Y ☐N ☐N/A	Muck cookers	☑Y ☐N ☐N/A
Door gaskets and seating	☑Y ☐N ☐N/A	Stills	☑Y ☐N ☐N/A
Filter gaskets and seating	☑Y ☐N ☐N/A	Exhaust dampers	☑Y ☐N ☐N/A
Pumps	☑Y ☐N ☐N/A	Diverter valves	☑Y ☐N ☐N/A
Solvent tanks and containers	☑Y ☐N ☐N/A	Cartridge filter housings	☑Y ☐N ☐N/A
Water separators	☑Y ☐N ☐N/A		

4. Which method of detection is used by the responsible official?
   - Visual examination (condensed solvent on exterior surfaces) ☑
   - Physical detection (airflow felt through gaskets) ☑
   - Odor (noticeable perc odor) ☑
   - Use of direct-reading instrumentation (FID/PID/calorimetric tubes) ☐
   - Halogen leak detector ☐
   - **If using direct-reading instrumentation, is the equipment:** ☑N/A
     a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N
     b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐Y ☐N
     c. Inspected for leaks and obvious signs of wear on a weekly basis? ☑Y ☐N
     d. Kept in a clean and secure area when not in use? ☐Y ☐N
     e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

Mohammad Nozari
Inspector's Name (Please Print)

8-31-00
Date of Inspection

M. Nozari
Inspector's Signature

1 year
Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Quality Plus Cleaners				PAGE 1 OF 1
FACILITY ADDRESS: 9945 Racetrack Road				CITY: Tampa PHONE: (813)925-0900
MAILING ADDRESS: Same			CITY: Tampa	FLA ZIP: 33626
INSPECTION DATE: August 31, 2000	TIME IN: 9:00 AM	TIME OUT: 10:30 AM	INSPECTION TYPE: Annual	STATUS: In Compliance

NEDS NUMBER: 0570367

SOURCE DESCRIPTION: Perchloroethylene (Perc) Dry Cleaner

CONTACT(S): Hassan Agemy

The purpose of the visit was an annual inspection. We found the following:

1. This was the initial inspection
2. The gauge temperature reading will be recorded weekly.
3. The vicinity around the dry cleaning machines were very clean and well maintained.
4. The Perc loaded directly with a hookup connection. No container of perc was at the site.
5. The monthly averages for perc consumption was recorded correctly for initial start up. Total of 447 gallons of perc was loaded to both dry cleaning machines and it was verified.
6. The machines were in operation today. No leaks or odors were noticed.
7. The waste from the dry cleaning machine will be properly store in the tied lid containers to be disposed in accordance with regulations.
8. There are two (2) owner's manuals kept on site one is for unit 1&2 respectively, all manuals include startup, shutdown and malfunction plan.
9. The models for those two (2) units are as follows:

   Unit 1 – Union L 790 With a capacity of 90lbs
   Unit 2 – Union L 780 with a capacity of 90lbs

INSPECTED BY: Mohammad Nozari	DATE: August 31, 2000

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

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

TIME IN: 9:AM TIME OUT: 9:30 AM AIRS ID#: 0570367

TYPE OF FACILITY: Perc Dry cleaners

FACILITY NAME: Quality Plus Cleaners DATE: 8-30-00

FACILITY LOCATION: 9945 Race Track Road
Tampa, FL 33626

RESPONSIBLE OFFICIAL: Hassan Agemy PHONE NUMBER: (813) 925-0900

[X] 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
Owner was not available	
to for Annual INSPECTION	

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Bureau of Air Monitoring & Mobile Sources

COMMENTS:

N/A

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES [ ] NO [ ]

DATE OF NEXT INSPECTION: 8-31-00
(Approximate)

INSPECTION CONDUCTED BY: Mohammad Nozari
(Please Print)

INSPECTOR'S SIGNATURE: M. Nozari **PHONE NUMBER:** (813) 272-5530

AIRS ID#: 0570367

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Quality + Plus DATE: 8-31-00

FACILITY LOCATION: 9945 Race Track Rd.
Tampa, Fl 33626

Annual Reporting Period: New 19__ TO 8/31 20 00

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

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon 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: Allia Hassan Agemy _____ 8-31-00
Name (Please Print) Signature Date

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

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL (INS1, INS2) ☒ COMPLAINT/DISCOVERY (CI) ☐
RE-INSPECTION (FUI) ☐

AIRS ID#: 0570367 DATE: 8-30-00 TIME IN: 9:30AM TIME OUT: 9:30AM

FACILITY NAME: Quality Dry Cleaners

FACILITY LOCATION: 9945 Race Track Road
Tampa, FL 33626

RESPONSIBLE OFFICIAL: Hassan Agemy PHONE: (813) 925-0900

CONTACT NAME: - PHONE: -

PART I: NOTIFICATION

(check appropriate box)

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

Facility Compliance Status: (ARMS Data)
IN ☐
MNC ☐
SNC ☐

PART II: CLASSIFICATION

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

A.

1. **Existing small area source** ☐
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed before 12/9/91)

2. **New small area source** ☐
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed on or after 12/9/91)

3. **Existing large area source** ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 12/9/91)

4. **New large area source** ☒
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed on or after 12/9/91)

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

If no, please check the appropriate classification:
☒ facility qualified for a general permit as number A.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 _____ gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased?	☐Y ☐N
2. Maintained rolling monthly total 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 ☐N/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	☐Y ☐N ☐N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*	☐Y ☐N ☐N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	☐Y ☐N ☐N/A
6. Maintained startup/shutdown/malfunction plan?	☐Y ☐N
7. Maintained deviation reports?	☐Y ☐N ☐N/A
Problem corrected?	☐Y ☐N ☐N/A
8. Maintained compliance plan, if applicable?	☐Y ☐N ☐N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☐Y ☐N
2. Has the facility maintained a leak log? ☐Y ☐N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	☐Y ☐N ☐N/A	Muck cookers	☐Y ☐N ☐N/A
Door gaskets and seating	☐Y ☐N ☐N/A	Stills	☐Y ☐N ☐N/A
Filter gaskets and seating	☐Y ☐N ☐N/A	Exhaust dampers	☐Y ☐N ☐N/A
Pumps	☐Y ☐N ☐N/A	Diverter valves	☐Y ☐N ☐N/A
Solvent tanks and containers	☐Y ☐N ☐N/A	Cartridge filter housings	☐Y ☐N ☐N/A
Water separators	☐Y ☐N ☐N/A		

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

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

Mohammad Nozari
Inspector's Name (Please Print)

8-30-00
Date of Inspection

M. Nozari
Inspector's Signature

8-31-00
Approximate Date of Next Inspection

Agemy Family Corp.
3798 Darston St.
Palm Harbor, FL 34685

BEST AVAILABLE COPY

TAMPA, FL 336
PM
22 DEC
2000

HAPPY HOLIDAYS from the U.S. Postal Service
USA 33

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

32315X3070

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400924

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

12-26-00

RECEIVED
DEC 26 00
MAIL ROOM

RECEIVED
DEC 29 2000
Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

AIRS ID # 0570367
QUALITY PLUS DRYCLEANERS
HASSAN AGEMY
9945 RACETRACK ROAD
TAMPA FL 33626

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413006 JAN14 2002

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 # 0570367
QUALITY PLUS DRYCLEANERS
HASSAN A AGEMY
3798 DARSTON STREET
PALM HARBOR FL
34685

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

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

7000 0520 0020 9372 5165

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

Postmark Here

Received 01

10 AIRS ID # 0570367001AG
HASSAN AGEMY
QUALITY PLUS DRYCLEANERS
9945 RACETRACK ROAD
TAMPA FL 33626

PS Form 3800, February 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

SENDER: *COMPLETE THIS SECTION*

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

1. Article Addressed to:

10 AIRS ID # 0570367001AG
HASSAN AGEMY
QUALITY PLUS DRYCLEANERS
9945 RACETRACK ROAD
TAMPA FL 33626

7000 0520 0020 9372 5165

2. Article Number *(Copy from service label)*

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Danielle Witkop B. Date of Delivery 10-24

C. Signature
X Danielle Witkop ☐ Agent ☐ Addressee

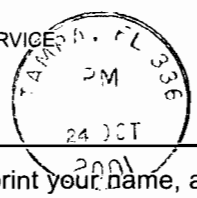
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

UNITED STATES POSTAL SERVICE



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

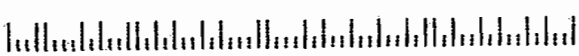
• Sender: Please print your name, address, and ZIP+4 in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring & Mobile Sources

RECEIVED
OCT 2 0 20[illegible]

01



. Z 333 667 413

US Postal Service
Receipt for Certified Mail 2000
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

AIRS ID # 1030367
QUALITY PLUS DRYCLEANERS
HASSAN AGEMY
35225 US 19 NORTH
PALM HARBOR FL 34685

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	

PS Form **3800**, April 1995

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 # 1030367
QUALITY PLUS DRYCLEANERS
HASSAN AGEMY
35225 US 19 NORTH
PALM HARBOR FL 34685

2. Article Number *(Copy from service label)*
Z333 667 413

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Hassan Asemy
B. Date of Delivery 2/12/00

C. Signature
X
☐ Agent
☐ Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

James Agemy
PO Box 2411
Palm Harbor, FL 34682

BEST AVAILABLE COPY

PM
07 MAR
2000

MAR 2

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

32315X3070

.IS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 0393369

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
MAR -9 00

Do NOT Remove Label

AIRS ID # 1030367
QUALITY PLUS DRYCLEANERS
HASSAN AGEMY
35225 US 19 NORTH
PALM HARBOR FL 34685

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
MAR 9 2000

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0358007

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 # 1030367
QUALITY PLUS DRYCLEANERS
HASSAN AGEMY
35225 US 19 NORTH
PALM HARBOR FL 34685

RECEIVED
MAIL ROOM
JAN 21 09

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B6
Fund: 20-2-035001
Obj.: 002273

Z 333 613 249

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

AIRS ID 1030367
AGEMY FAMILY CORPORATION
HASSAN AGEMY
35225 US 19 NORTH
PALM HARBOR FL 34685

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	

PS Form **3800**, April 1995

Is your RETURN ADDRESS completed on the reverse side?

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

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 1030367
AGEMY FAMILY CORPORATION
HASSAN AGEMY
35225 US 19 NORTH
PALM HARBOR FL 34685

4a. Article Number
Z 333 613 249

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
2/14/98

5. Received By: *(Print Name)*

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

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

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

302512

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

TOTAL AMOUNT DUE: $50.00

RECEIVED
FEB 16 1996
Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

AIRS ID#1030367
AGEMY FAMILY CORPORATION
HASSAN AGEMY
35225 US 19 NORTH
PALM HARBOR FL 34685

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

Z 210 662 481

US Postal Service 2000

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail *(See reverse)*

Sent to

AIRS ID # 1030367

QUALITY PLUS DRYCLEANERS
HASSAN AGEMY
35225 US 19 NORTH
PALM HARBOR FL 34685

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	

PS Form **3800**, April 1995

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 # 1030367

QUALITY PLUS DRYCLEANERS
HASSAN AGEMY
35225 US 19 NORTH
PALM HARBOR FL 34685

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Rebecca Stahl — B. Date of Delivery 2/26/00

C. Signature

X Rebecca Stahl ☐ 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 210 662 481

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789