

# Department of Environmental Protection

057/040

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

Virginia B. Wetherell Secretary

August 26, 1996

Mr. Sigfredo Delgado, Jr. President Hampton Cleaners 5317 Gunn Highway Tampa, Florida 33624

Dear Mr. Delgado:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 19, 1996.

Please note that in November 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 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

cloty leietz

Bureau of Air Monitoring and Mobile Sources

/DD

cc: Ms. Liz Deken, Hillsborough County

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

n	10/10/06
Kevisea	10/10/96

	AIRS ID#:	0571240
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# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Hamp ton		DATE	: 3/3/187
FACILITY LOCATION: 53,7	Gun Hivey		
James James	F1 33624		
			<u> </u>
Annual Reporting Period: 9	19 <u>_</u> %	то	19 <i>_&amp;7</i>
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	• • •	<del>_</del>	DEP Rule
If NO, complete the following:			
#1. Term or condition of the general permi	t that has not been in continuous co	mpliance during the reporting per	iod stated above:
RC Conduse without strange	Combessa differ	til toop	
Exact period of non-compliance: from	8/28/96	to	
Action(s) taken to achieve compliance:	Intented RO to how	teng garges installe	L:
Method used to demonstrate compliance:  This item is not applie able of this form. Jan 19 Holts 41141  #2. Term or condition of the general permi	or dry-to-dry specifica,	to is there fore crosse	Creckias,
	_ lest	to 3/21/87	<del></del>
	Instructed R.D. problem	up to taken away.	ir cerum nossa)
Method used to demonstrate compliance:	Visual next		
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	and complete. Further, my annual	consumption of perchloroethylen	e solvent, based

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

## Perchloroethylene Dry Cleaning Facility Notification

### **Facility Name and Location**

1 Facility Orange Comment Name Oleman from a series and a significant arms of
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number):
Hamoton Cleianers
3. Hazardous Waste Generator Identification Number:
C = C = C = C = C = C = C = C = C = C =
FL0000856369
4. Facility Location: 5317 bunn - Huy
City: TAM OR County: 11:11 have a code: 226211
5: Facility Identification Number (DEP Use):
0571040
Responsible Official
Responsible Official
6. Name and Title of Responsible Official:
Sig Fredo Delando Jr. Mesident
7. Responsible Official Mailing Address:
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 8639 N. Humes City: County: Hillboogougle
Street Address: 8639 10. Himes City: County: 11.11. Zip Code: 324.11
City: Tomora County: Hillshooding b
8. Responsible Official Telephone Number:
Telephone: (83)930-9161 Fax: ( ) -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
Ca Bask Dakula To Docil
10. Facility Contact Address:
10. Lacinty Contact Addices.
Street Address:
City: [   Zip Code: \( \ \ \ \ \
11. Facility Contact Telephone Number:
Telephone: (813) 2604 2990 Fax: ( )
DICEIVED

RECEIVED

AUG 1 9 1996

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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Bureau of Air Monitoring & Mobile Sources

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	0571040	
	- 13	
	p.13	
	7. need organization	
	p. 14	
	1(a) date control device	
·	installed	
	1(c) should not be	
	marked	
• .	p. 15 (c) + (d) should be	
	marked	
	1	_
		—
	· · · · · · · · · · · · · · · · · · ·	

### **Facility Information**

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

		Date Machine	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Initially Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	L-	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	1
Dry-to-Dry Unit	٠.				•				
(1) w/ ref. condenser	有一	July-90							
(2) w/ carbon adsorber	-	3414-90							
(3) w/ no controls	<del></del>	33(1) 19	,						
Washer Unit			A Commence of the Commence of			•	٦.	. A	
(4) w/ ref. condenser		[							
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		7,	*	÷, •	- mineral part		e 5.5 m	A SECTION OF SECTION	l l
(7) w/ ref. condenser								1	1
(8) w/ carbon adsorber									
(9) w/ no controls								<del>-</del>	
Reclaimer Unit	i.kiii e								
(10) w/ ref. condenser								i · · ·	
(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?  [17.5] gallons  (b) If less than 12 months, how many? [									
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									

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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	A		
New small area source Refrigerated condenser				
New large area source Refrigerated condenser []				
5. A facility which contains non-exempt emissions unit to Rule 62-213.300, F.A.C. Verify that all steam and hexemption criteria or that no such units exist on-site:				
All steam and hot water generating units on-site (1) ha boiler HP or less), and (2) are fired exclusively by natu during which propane or fuel oil containing no more th	ıral gas except for period	s of natural gas curtailment		
All steam and hot water generating units exempt No such units on-site	<b>Z</b>			
		,		
Equipment Monitoring and	Recordkeeping Inform	ation		
Check all logs which are required to be kept on-site in	accordance with the requi	irements 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 monitor	oring			
(e) Instrument calibration				
(f) Start-up shutdown malfunction plan		1/1		

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## Surrender of Existing Air Permit(s)

•			
Please indicate with an "X	"the appropriate selection:		
[ ] I heres	Mender all existing air permits	s authorizing operation o	f the
San ity in	dicated in this notification form		
IX D	<del>"</del>	·	
	rmits currently exist for the operication form.	eration of the facility ind	icated in
	Responsible Offic	cial Certification	
:			
this notification. I he statements made in th maintain the air pollu	n the responsible official, as de reby certify, based on informat his notification are true, accura htant emissions units and air po e and conditions of this general	tion and belief formed af te and complete. Furthe ollution control equipme	er reasonable inquiry, that the r, I agree to operate and nt described above so as to
I will pfamptly notify	the Department of any change.	s to the information cont	ained in this notification.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION				
TIME IN: /300 TIME OUT: /500	AIRS ID#: 057/040				
TYPE OF FACILITY: Dog Chemer (Perc)	· · · · · · · · · · · · · · · · · · ·				
FACILITY NAME: Hangton Cleaners	DATE: <u>3/3//27</u>				
FACILITY LOCATION: 53/7 Gun Hivey					
Trace F1 33624					
RESPONSIBLE OFFICIAL: Sixfre B. Del galo, Jr	PHONE NUMBER: (8/3)				
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra					
Based on the results of the compliance requirements evaluadiscrepancies were noted:	ted during this inspection, the following compliance				
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED				
No temperature indicators around the R.C. for discharge temp. 6. R.C. differential	R.D. instructed to have necessary temp instruments installed.				
Much waste drum improperly secolar	Renove about as repair seal				
Seal sing broken	roly gr,				
	·				
· ,					
:					
,					
	· .				
	•				
COMMENTS:	<u> </u>				
•					
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES  NO					
DATE OF NEXT INSPECTION: 3/31/98					
(Approximate)					
INSPECTION CONDUCTED BY: Janes S	. Holton				
(Please Print)					
INSPECTION CONDUCTED BY:    Square					

Page / of /.

Revised 10/96

## PERCHLOROETHYLENE DRY CLEANERS

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# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPEC	COMPLAINT/DISCOVER	xy 🖸		
FACILITY NAME: 1/suprtees Cle	3/3//97 TIME IN: 1300 TIME OU  2014  2014  7014  F1 73624			
PART I: NOTIFICATION				
(check appropriate box)				
1. Existing facility notified DARM by 9/1/96		o′		
2. New facility notified DARM 30 days prior to	o startu <b>p</b>	<b>a</b> .		
3. Facility failed to notify DARM to use genera	al permit	۵		
PART II: CLASSIFICATION				
Facility indicated on notification form that it (check appropriate box)	is:			
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, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>			
This is a correct facility classification	OY ON			
If no, please check the appropriate classification:				
facility qualified for a general facility exceeds above limits a	permit as number above			
,,	and is not eligible for a general permit			

PART III: GENERAL CONTROL REQUIREMENTS					
Is the responsible official of the dry cleaning facility: (check appropriate boxes)					
1. Storing perchloroethylene in tightly scaled and impervious containers?	DY ON				
2. Examining the containers for leakage?	ØÝ □N				
3. Closing and securing machine doors except during loading/unloading?	og on				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON				
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON COMÍA				
PART IV: PROCESS VENT CONTROLS					
In Part II-A:					
If classification 1 has been checked, no controls are required. Proceed to Part V.					
If classification 2 has been checked, the machine should be equipped with a refrig (complete A below).	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 condenser or a carbon adsorber (complete A and B below). Carbon adsorber musinstalled prior to September 22, 1993					
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated condenser				
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?	DY DN MA				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	oy on on/a				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON WN/A				
Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	CIY OZKÍ				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON )				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	оу Фй				

В.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	god on
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	מאס אם אם
	Is the temperature differential equal to or greater than 20° F?	DY DA
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?	DY ON MY/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON AW/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON CON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PA	ART V: RECORDKEEPING REQUIREMENTS	
	as the responsible official: neck appropriate boxes)	
_		mer mir

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY ON
2. Maintained rolling monthly averages of perc consumption?	DÝ ON
3. Maintained leak detection inspection and repair reports for the following:	<i>,</i>
a. documentation of leaks repaired w/in 24 hrs? or;	ory on
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	og on
4. Maintained calibration data? (for direct reading instruments only)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON Aim
6. Maintained startup/shutdown/malfunction plan?	OY ON
7. Maintained deviation reports?	erý on
Problem corrected?	ery on
8. Maintained compliance plan, if applicable?	OY ON CON/A

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	OY ON

2. Which method of detection is used	i by the respon	sible offi	cial?		
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?					M,
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					No st
c. Inspected for lea	ks and obvious	s signs of	wear on a weekly basis?	OY ON	
d. Kept in a clean a	and secure area	a when n	ot in use?	OY C	אנ
e. Verified for accu	racy by use of	duplicate	e samples (calorimetric only)?	OY C	אב
3. Has the facility maintained a leak	log?			OY ON	
4. Does the responsible official check	the following	areas for	r leaks?		
Hose connections, fittings,					
couplings, and valves	œÝ	ПN	Muck cookers	ŪÝ	ПN
Door gaskets and scating	qÝ	□и	Stills	OY	N
Filter gaskets and seating	<b>D</b> Y	ПN	Exhaust dampers	OY	□и
Pumps	GY	ПΝ	Diverter valves	<b>TY</b>	ПΝ
Solvent tanks and containers	<b>. .</b>	ΠN	Cartridge filter housings	OY.	□N
Water separators	QY	Ωи			
Sistreds  Altredo Del galo, Tr.  Name of Responsible Official					
James O. Hol	ton		3/3//87		
Inspector's Name (Pleas	e Print)		Date of Inspe	ection	
On o Hold			3/3//98		
Inspector's Signature Approximate Date of			Next In	spection	

## ADDITIONAL SITE INFORMATION:

- Machine details: Model Sevena 530.5 60# Capacity

  S/N 10618 Construction date 7/90
- No temperature indicators in the exhaust inlet and outlet around the retriserated condenses therefore no temperature measurements are being made or recorded weekly. Tempo requirements include both outlet of R.C., and At around the R.C. Instructed R.D. that these indicators are necessary, and required.
- · A drem of muck was not seeded, and seeding ring would not work properly. R.O. had already contacted MCF to fix this drem. All other storage containers were seeded.
- · Record keeping was adequate; house keeping (store chambiness)
- · Phoenin supply supplies percy MCF picks up waste.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPL	AINT/DISCOVERY	RE-INSPECTION X
TIME IN: CKSS TIME OUT:	0935	AIRS ID#:	571040
TYPE OF FACILITY: YERE DRY CUEANER			
FACILITY NAME: HAMPTON CUENTERS	S		_DATE: 8/27/97
FACILITY LOCATION: 5317 GUNN HW	<u> </u>	· ·	
TAMPA, 3362L			
RESPONSIBLE OFFICIAL: SIGGREDO DELO	07400	PHONE NUMBER	: 813-930-9161
Based on the results of the compliance requiren compliance with DEP Rule 62-213.300, Florida			cility is found to be in
Based on the results of the compliance requirent discrepancies were noted:	nents evaluated	during this inspection, the fo	ollowing compliance
COMPLIANCE REQUIREMENT/PROB	BLEM	FOLLOW-UP ACT	ION REQUIRED
		· .	
		R	ECEIVED
		· · · · · · · · · · · · · · · · · · ·	SEP 1 5 1997
			3EP   3   1771
		Ві	ureau of Air Monitoring & Mobile Sources
: :		·	
		<del> </del>	
			,
COMMENTS:	!	,	· · · · · · · · · · · · · · · · · · ·
			N/A
The Annual Compliance Certification form has been pro	operly certified	and submitted to the inspecto	or. YES NO
DATE OF NEXT INSPECTION:		·	
	(Appro	ximate)	
INSPECTION CONDUCTED BY: $2 \text{ tm}$	POLTON		
INSPECTION CONDUCTED BY: Jim H INSPECTOR'S SIGNATURE: Jan OHIO	(Please	Print)PHONE NUMBER	. 813-277-5530
INSPECTOR'S SIGNATURE:	5	PHONE NUMBER	C 0.4 0 ( C / 3 ) 4 0

Revised 10/96



### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

261947

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

FEB 28 97 TOTAL AMOUNT DUE: \$50.00

### Do NOT Remove Label

AIRS ID#: 0571040 L.E.L.O. CLEANER CORP SIGFREDO DELGADO JR 8639 N HIMES ITAMPA FL 33614 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

# PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINT/D	ISCOVERY	
	RE-INSPECTION	X			
AIRS ID#: 57 640  FACILITY NAME:  FACILITY LOCATION:	DATE: 8/27/97 AMPTON CLEAR	TIME I	N: 0855	TIME OUT:	0935
FACILITY LOCATION: _	5317 GUNN H	twy			
_	TAMPA; 336	,74			
PART I: NOTIFICATION					
			,	<u> </u>	
(check appropriate box)  1. Existing facility notified D	ADM by 9/1/96				
New facility notified DARI				V	
3. Facility failed to notify DA					
5. Pacifity failed to flothly DA	erdyl to use general permit				
PART II: CLASSIFICATIO	NAT .				
PARI II: CLASSIFICATIO	<u> </u>				
Tability indicated on natifies	tion from that it is:				
Facility indicated on notifica (check appropriate box)	ation form that it is:				
(check appropriate box)	ation form that it is:		· · ·		
	urce 2. /yr dry tra	inster only, x th types, x<1	x<140 gal/yr <200 gal/yr		
(check appropriate box)  A.  1. Existing small area sord dry-to-dry only, x<140 gall transfer only, x<200 gal/yr both types, x<140 gal/yr	l) (cc l)	th types, x<1 onstructed on New large a y-to-dry only, unsfer only, 20 th types, 140	x<140 gal/yr <200 gal/yr 40 gal/yr or after 12/9/91)	/yī	
(check appropriate box)  A.  1. Existing small area sord dry-to-dry only, x<140 gallyr both types, x<140 gallyr (constructed before 12/9/9)  3. Existing large area sord dry-to-dry only, 140 <x<2, 140<x<1,800="" 200<x<1,800="" both="" g<="" only,="" td="" transfer="" types,=""><td>urce 2. /yr dry tra bot 1) (cc  urce 4. 100 gal/yr dry 0 gal/yr tra al/yr bot 1) (cc</td><td>to-dry only, ansfer only, x th types, x&lt;1 onstructed on New large a y-to-dry only, ansfer only, 20 th types, 140 onstructed on</td><td>x&lt;140 gal/yr &lt;200 gal/yr 40 gal/yr or after 12/9/91) rea source 140<x<2,100 gal="" yr<br=""><x<1,800 gal="" td="" yr<=""><td></td><td>., -</td></x<1,800></x<2,100></td></x<2,>	urce 2. /yr dry tra bot 1) (cc  urce 4. 100 gal/yr dry 0 gal/yr tra al/yr bot 1) (cc	to-dry only, ansfer only, x th types, x<1 onstructed on New large a y-to-dry only, ansfer only, 20 th types, 140 onstructed on	x<140 gal/yr <200 gal/yr 40 gal/yr or after 12/9/91) rea source 140 <x<2,100 gal="" yr<br=""><x<1,800 gal="" td="" yr<=""><td></td><td>., -</td></x<1,800></x<2,100>		., -
A.  1. Existing small area sordry-to-dry only, x<140 gall transfer only, x<200 gal/yr both types, x<140 gall/yr (constructed before 12/9/9)  3. Existing large area sordry-to-dry only, 140 <x<2, (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 9)<="" before="" both="" g="" only,="" td="" transfer="" types,=""><td>urce 2. /yr dry tra bot 1) (cc urce 4. 100 gal/yr dry 0 gal/yr tra al/yr bot 1) (cc urce 10 dry 1) (cc urce 11 dry 1) (cc urce</td><td>to-dry only, ansfer only, x th types, x&lt;1 onstructed on New large a y-to-dry only, ansfer only, 20 th types, 140 onstructed on</td><td>x&lt;140 gal/yr &lt;200 gal/yr 40 gal/yr or after 12/9/91) rea source 140<x<2,100 gal="" yr<br=""><x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800></x<2,100></td></x<2,>	urce 2. /yr dry tra bot 1) (cc urce 4. 100 gal/yr dry 0 gal/yr tra al/yr bot 1) (cc urce 10 dry 1) (cc urce 11 dry 1) (cc urce	to-dry only, ansfer only, x th types, x<1 onstructed on New large a y-to-dry only, ansfer only, 20 th types, 140 onstructed on	x<140 gal/yr <200 gal/yr 40 gal/yr or after 12/9/91) rea source 140 <x<2,100 gal="" yr<br=""><x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800></x<2,100>		
A.  1. Existing small area sor dry-to-dry only, x<140 gall transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/9)  3. Existing large area sor dry-to-dry only, 140 <x<2, (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 9)="" a="" approp<="" before="" both="" check="" classiff="" correct="" facility="" g="" is="" no,="" only,="" please="" td="" the="" this="" transfer="" types,=""><td>urce 2. /yr dry tra bot 1) (cc urce 4. 100 gal/yr dry 0 gal/yr tra al/yr bot 1) (cc urce 10 dry 1) (cc urce 11 dry 1) (cc urce</td><td>v-to-dry only, ansier only, x th types, x&lt;1 onstructed on New large a y-to-dry only, ansfer only, 20 th types, 140 onstructed on Y \begin{align*} \text{N} \begin{align*} \text{N} \text{N} \text{N} \text{N} \text{N} \text{A} \text{N} \text{A} \tex</td><td>x&lt;140 gal/yr &lt;200 gal/yr 40 gal/yr or after 12/9/91)  rea source 140<x<2, 100="" 12="" 9="" 91)="" <x<1,800="" above<="" after="" gal="" or="" td="" yr=""><td></td><td></td></x<2,></td></x<2,>	urce 2. /yr dry tra bot 1) (cc urce 4. 100 gal/yr dry 0 gal/yr tra al/yr bot 1) (cc urce 10 dry 1) (cc urce 11 dry 1) (cc urce	v-to-dry only, ansier only, x th types, x<1 onstructed on New large a y-to-dry only, ansfer only, 20 th types, 140 onstructed on Y \begin{align*} \text{N} \begin{align*} \text{N} \text{N} \text{N} \text{N} \text{N} \text{A} \text{N} \text{A} \tex	x<140 gal/yr <200 gal/yr 40 gal/yr or after 12/9/91)  rea source 140 <x<2, 100="" 12="" 9="" 91)="" <x<1,800="" above<="" after="" gal="" or="" td="" yr=""><td></td><td></td></x<2,>		

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	QY QN
2. Examining the containers for leakage?	OY ON
3. Closing and securing machine doors except during loading/unloading?	OY ON
Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/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 ref (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber no installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a ref (complete A and B below).	rigerated condenser
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?	□У□И
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AVNO NO YO
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	AA ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON

B	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
ľ	Is the temperature differential equal to or greater than 20° F?	OY ON
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 190 ppm?	OY ON
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
	or expansion; and downstream from no other inlet?	OY ON
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN DN/A
-		
PA	THE THEORY WILLIAM TO THE THE THE THEORY WILLIAM TO THE	
	RT V: RECORDKEEPING REQUIREMENTS	·- <u> </u>
H	the responsible official: ack appropriate boxes)	-
H:	s the responsible official:	ОУ ОИ
H: (cl	the responsible official: neck appropriate boxes)	NO AO
H: (cl 1. 2.	the responsible official: neck appropriate boxes)  Maintained receipts for perc purchased?	
H: (cl 1. 2.	Maintained rolling monthly averages of perc consumption?	
H: (cl 1. 2.	Maintained leak detection inspection and repair reports for the following:	OY ON
H: (cl 1. 2. 3.	Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	OY ON
H2 (cl 1. 2. 3.	Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON
H2 (ch 1. 2. 3. 4. 5.	Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or,  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? for direct reading instruments only)	
H2 (ch 1. 2. 3. 4. 5. 6.	Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or,  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?	OY ON OY ON OY ON ON/A OY ON
H2 (ch 1. 2. 3. 4. 5. 6.	Maintained receipts for perc purchased?  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?	OY ON OY ON OY ON ON/A OY ON
H2 (ch 1. 2. 3. 4. 5. 6.	Maintained receipts for perc purchased?  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?	OY ON OY ON OY ON ON/A OY ON OY ON OY ON
H2 (ch 1. 2. 3. 4. 5. 6.	Maintained receipts for perc purchased?  Maintained receipts for perc purchased?  Maintained reling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?  Problem corrected?	OY ON OY ON OY ON OY ON ON/A OY ON OY ON OY ON OY ON
H2 (cl 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased?  Maintained receipts for perc purchased?  Maintained reling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?  Problem corrected?	OY ON OY ON OY ON OY ON ON/A OY ON OY ON OY ON OY ON

2. Which method	ed of detection is used by	the respo	nsible offic	ial?		
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	g direct-reading instrum	entation	, is the equ	ipment:		
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					ПN
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					□N ·
	c. Inspected for leaks a	nd obvio	ıs signs of	wear on a weekly basis?	QY	□N
	d. Kept in a clean and	secure are	ea when no	t in use?	ПY	ПΝ
	e. Verified for accuracy	by use o	f duplicate	samples (calorimetric only)?	ПY	ПN
3. Has the facili	ty maintained a leak log?				ПY	□и
4. Does the resp	onsible official check the	followin	g areas for	leaks?		
	nnections, fittings, ngs, and valves	ΟŸ	ПN	Muck cookers	ПY	- □N
Door ga	skets and seating	ΠY	ПN	Stills	QY	ПN
Filter ga	askets and seating	ΠY	□N	Exhaust dampers	ZY	□N
Pumps		ΩY	□N	Diverter valves	□Y	Пи
Solvent	tanks and containers	ΠY	ПN	Cartridge filter housings	ПY	□и
Water s	eparators	Y	и			· · · · · · · · · · · · · · · · · · ·
	SIGERADO DE	CGAC	OC			. s. sautMa
Na	me of Responsible Offici	al		8/22/	an	
<u> </u>	Vim Houton			0   2	· / /	
Insp	pector's Name (Please Pri	nt)		Date of Inspe	ection	
<u>Ja</u>	0 Helt				- 12	
	Inspector's Signature 📑			Approximate Date of	Next In	spection

#### INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY FACILITY: Hampton Cleaners **PAGE** OF FACILITY ADDRESS: 5317 Gunn Highway CITY: Tampa PHONE: 264-2990 MAILING ADDRESS: same as above CITY: same ZIP: 33624 FLA INSPECTION DATE: TIME IN: TIME OUT: INSPECTION TYPE: STATUS: 8/27/97 0855 0935 Follow-up n/a AIR GENERAL PERMIT NUMBER: 0571040 SOURCE DESCRIPTION: perc dry cleaner CONTACT(S): Sigfredo Delgado

This facility had an annual inspection performed on 3/31/97 and, at that time, it was discovered that the dry cleaning machine did not have a temperature gauge installed on the exhaust of the Refrigerated Condenser (RC). The inspector instructed the facility contact that a gauge must be installed to meet the requirements of the air quality rule pertaining to dry cleaners on the classification this facility was incorporated into, which is an "existing large area source".

This inspection was to perform a follow-up to determine if the gauge had been installed as instructed. The machine has had a gauge installed.

The machine operator is the person responsible for performing all the inspections, and he was asked if he had begun keeping RC exhaust temperature records following the installation of the gauges, which he had not. However, the operator had been observing the gauge periodically, and he and the RO were both aware of the proper time in the cycle to read the temperature. The operator indicated he had seen the gauge indicating around 8 °C (which equates to slightly more than 46 °F).

I instructed the operator that the temperature near the end of the cool down cycle is required to be < 45 °F (which equates to effectively  $\le 7$  °C) or corrective action is required. I suggested he look at the temperature on the machine near the end of the <u>next</u> operating cool down cycle to determine the proper temperature, and initiate any corrective actions if necessary.

In addition to verifying the installation of the temperature gauge, the annual inspection also discovered a broken seal ring on the muck waste drum. There were no broken seal rings on any drums, and all drums were sealed properly.

INSPECTED BY: James O. Holton,	Air Toxics Engineer	DATE:	8/27/97
Jan Holo			

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT
TYPE OF INSPECTION: ANNUAL X COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 14:00 TIME OUT: 14:45 AIRS ID#: 57/040 TYPE OF FACILITY: PERC DRY CLEANER  FACILITY NAME: HAMPTON CLEANERS  FACILITY LOCATION: 5317 GUNN HWY  TAMPA, FL 33624
RESPONSIBLE OFFICIAL: SIG FREDO DELGADO PHONE NUMBER: (813) 264 - 2990
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
COMMENTS:
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES NO NO NO
DATE OF NEXT INSPECTION: (Approximate)
INSPECTION CONDUCTED BY: ROGER ZH-J
INSPECTOR'S SIGNATURE: (813) 272-5530  PHONE NUMBER: (813) 272-5530
Page of Revised 10/96

# PERCHLOROETHYLENE DRY CLEANERS

	COMPLIANCE I	NSPECTION C	HECKLIST	<i>જ</i> ેંજ	
TYPE OF INSPECTION:	ANNUAL	×	COMPLAINT	TIDISCOVER V	A DE
	RE-INSPECTION			~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	TONIO,
AIRS ID#: 571040	DATE: 4/8/9	TIME I	N: 14:00	_ TIME OUT:	14:45
FACILITY NAME:	HAMPTON C	LEANER	.S		
PACTIFICATION.	5317 GUNA	) Hwy			
	TAMPA, F	L 3362	4		
RESPONSIBLE OFFICIA	L: SIGFREDO	DELGADO	PHONE: (8	313)264 -	2990
CONTACT NAME:	SAME		PHONE:	SAMG	
PART I: NOTIFICATION	1				
PART I: NOTIFICATION (check appropriate box)	T				
		up	N/B		·
(check appropriate box)	RM 30 days prior to start	•	N/A		· 0
(check appropriate box)  1. New facility notified DAI	RM 30 days prior to start	•	N/A		_
(check appropriate box)  1. New facility notified DAI	RM 30 days prior to start ARM to use general perr	•	N/A		_
(check appropriate box)  1. New facility notified DAI  2. Facility failed to notify D  PART II: CLASSIFICATI  Facility indicated on notific (check appropriate box)	RM 30 days prior to start ARM to use general perr	•	No notificat	tion form out of business/p	
(check appropriate box)  1. New facility notified DAI  2. Facility failed to notify D  PART II: CLASSIFICATI  Facility indicated on notific (check appropriate box)  A.  1. Existing small area so	RM 30 days prior to start  ARM to use general perion  ON  cation form that it is:	nit  2. New small as	□ Drop store/o		
(check appropriate box)  1. New facility notified DAI  2. Facility failed to notify D  PART II: CLASSIFICATI  Facility indicated on notific (check appropriate box)  A.	RM 30 days prior to start  ARM to use general perion  ON  cation form that it is:  ource   gal/yr /yr	nit	□ Drop store/orea source x < 140 gal/yr < 200 gal/yr	out of business/p	

4. New large area source dry-to-dry only,  $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only,  $200 \le x \le 1,800$  gal/yr both types,  $140 \le x \le 1,800$  gal/yr (constructed on or after 12/9/91)  $\square N$ □Can not determine If no, please check the appropriate classification: facility qualified for a general permit as number \_\_\_\_

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 175 gallons.

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

3. Existing large area source

dry-to-dry only,  $140 \le x \le 2,100$  gal/yr transfer only,  $200 \le x \le 1,800$  gal/yr

5. This is a correct facility classification

both types,  $140 \le x \le 1,800$  gal/yr

(constructed before 12/9/91)

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?	OY ON <b>X</b> IN/A
2. Examining the containers for leakage?	DY DN' ØN/A
3. Closing and securing machine doors except during loading/unloading?	àd⊼ ⊡и
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ØY □N □N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON MANA
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 refrigerous complete ${\bf A}$ below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refrige (complete $\bf A$ and $\bf B$ below).	gerated condenser
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?	MD AK
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	XY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	AND NO YA
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	MY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	Y ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	MY ON

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?	<b>X</b> Y	ΩN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	QΥ	ND	ØN/A
	Is the temperature differential equal to or greater than 20° F?	PY	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?	ΠY	ПИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ĠΑ	ПИ	□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?	ΠY	ΩΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΩN	□N/A
6,	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	ØYY □N					
2. Maintained rolling monthly averages of perc consumption?	<b>≥</b> IN □ N					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ⊠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?	OY ON SAN/A					
4. Maintained calibration data? (for applicable direct reading instruments)	ava <b>e</b> nd yd					
5. Maintained exhaust duct monitoring data on perc concentrations?	□Y □N ØN/A					
6. Maintained startup/shutdown/malfunction plan?	OY ON					
7. Maintained deviation reports?	□Y □N ØAN/A					
Problem corrected?	□Y □N ØN/A					
8. Maintained compliance plan, if applicable?	DY DN BENIA					

PART	VI: LEAK DETECTION AND R	REPAIRS					
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
ins	pection?			MD YES			
2. Has	the facility maintained a leak log?			ØY □N			
3. Doe							
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	MY ON ON/A			
	Door gaskets and seating	MY ON ON/A	Stills	MY ON ON/A			
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	ØY □N □N/A			
	Pumps	DY ON ON/A	Diverter valves	ØY □N □N/A			
	Solvent tanks and containers	ØY ON ON/A	Cartridge filter housings	AINO NO YE			
	Water separators	MY ON ON/A					
4. Whi	ch method of detection is used by th	e responsible official?					
	Visual examination (condensed so	lvent on exterior surfaces	3)	×			
	Physical detection (airflow felt thro	ough gaskets)		<b>≱</b> ī.			
	Odor (noticeable perc odor)	•		æ			
	Use of direct-reading instrumentat	ion (FID/PID/calorimetri	c tubes)				
	Halogen leak detector			0			
	If using direct-reading instru	mentation, is the equip	ment:	<b>M</b> N/A			
	a. Capable of detecting pe	erc vapor concentrations	in a range of 0-500 ppm?	DY DN			
	b. Calibrated against a statement of the control	andard gas prior to and a	fter each use	DY DN			
	c. Inspected for leaks and	obvious signs of wear or	n a weekly basis?	DY DN			
	d. Kept in a clean and sec	_		OY ON			
	e. Verified for accuracy b			DY DN			
	•		, ,,				
		·					
	ROGER ZH	H	4/8/	98			
	Inspector's Name (Please Print	)	Date of Inspec	ction			
	Duit /	Hu	1 YE	AR			

Approximate Date of Next Inspection

Inspector's Signature

## 10 19 1 C INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNT& **PAGE** FACILITY: Hampton Cleaners FACILITY ADDRESS: 5317 Gunn Hwy. CITY: Tampa PHONE: (813) 264-299 MAILING ADDRESS: Same CITY: Tampa FLA ZIP: 33624 INSPECTION DATE: TIME IN: TIME OUT: INSPECTION TYPE: STATUS: Apr 8, 1998 13:30 14:45 non-CDS In Compliance NEDS NUMBER: SOURCE DESCRIPTION: Perc Dry Cleaner CONTACT(S): Sigfredo Delgado Today's visit was to conduct the annual inspection. The dry cleaning machine is the same one noted in the last inspection. The machine was in operation today. No leaks or odors were noticed. Mr. Delgato's perc purchase receipts and the rolling total indicated that he has purchased 175 gallons of perc over the last 12 months. His record keeping indicated that he has all the leak logs which were done consistently and the refrigerated condenser temperatures were started on a weekly basis after the last inspection in Aug, 1997. Mr. Delgado did not have an owners manual kept on site. He said he left it at home and he will bring it back tomorrow. I told him that I will come back tomorrow to make sure that there is a startup/shutdown/malfunction plan kept on site as required. Follow-Up on 4/9/98: I visited this facility today on my way to other inspections in this area. Mr. Delgado did bring the owners manual which suppose to be kept on site.

Apr 8, 1998

DATE:

INSPECTED BY:

Roger Zhu

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 8=30 TIME OUT: 10:15	AIRS ID#: 571040
TYPE OF FACILITY: PERC DRY CLEAN	SR
FACILITY NAME: HAMPTON CLEAN	DATE: 9/29/98
FACILITY LOCATION: 5317 GUNN HWY	
TAMPA, FL 336	24
RESPONSIBLE OFFICIAL: SIGFREDO DECGADO	PHONE NUMBER: (813) 264-2990
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
DIDN'T PAY ANNUAL FEE.	PAY FRE. FOED FETION
· · · · · · · · · · · · · · · · · · ·	
	P
	OLIFER OF CALL
	Modification of the Co
	Ces Oring
COMMENTS:	
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO NO NO
DATE OF NEXT INSPECTION:	
INSPECTION CONDUCTED BY:	proximate) GER ZHU
	PHONE NUMBER: (8/3) 272-5530
Page   c	of Revised 10/96

## PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINT/DIS	COVERY	<b>[2</b> ]
•	RE-INSPECTIO	)N 🗆			
	10120110	_	•		
AIRS ID#: 571040	DATE: 9/29/	198 <sub>TIME</sub>	IN: 8=30 TI	ME OUX /	0:15
FACILITY NAME:	HAMPTON	CLEAN	ERS	C	<u> </u>
FACILITY LOCATION: _	5317 GUA	in Hwy			1
_	TAMPA, F	L 3362	4 3	5/ N. 194	
RESPONSIBLE OFFICIA	L: SIGFREDO	DELGADO	PHONE: (813)	26/10/12	790
RESPONSIBLE OFFICIAL CONTACT NAME:	SAME	,	_ PHONE:	SANTE	· .
4					
PART I: NOTIFICATION	T				
(check appropriate box)					
1. New facility notified DAI	RM 30 days prior to star	rtup			9
2. Facility failed to notify D.	ARM to use general per	rmit			
			<del></del>	<del>-/-</del>	
PART II: CLASSIFICATI	ON			/	
			☐ No notification for	orm	
Facility indicated on notific (check appropriate box)			☐ No notification fo		oleum
Facility indicated on notific (check appropriate box)  A.	cation form that it is:	2 New small	☐ Drop store/out of	f business/petro	oleum
Facility indicated on notific (check appropriate box)	cation form that it is:	2. New small dry-to-dry only	☐ Drop store/out of		oleum
Facility indicated on notific (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal	eation form that it is:  ource  gal/yr /yr	dry-to-dry only transfer only, x	☐ Drop store/out of area source , x < 140 gal/yr < 200 gal/yr	f business/petro	oleum
Facility indicated on notific (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal both types, x < 140 gal/yr	ource	dry-to-dry only transfer only, x both types, x <	☐ Drop store/out of area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr	f business/petro	oleum
Facility indicated on notific (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal	ource	dry-to-dry only transfer only, x both types, x <	☐ Drop store/out of area source , x < 140 gal/yr < 200 gal/yr	f business/petro	oleum
Facility indicated on notific (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal both types, x < 140 gal/yr	cation form that it is:  ource  gal/yr /yr	dry-to-dry only transfer only, x both types, x < (constructed on	☐ Drop store/out of area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr	f business/petro	oleum
Facility indicated on notific (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gal transfer only, x < 200 gal both types, x < 140 gal/yr (constructed before 12/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9	cation form that it is:  ource  gal/yr /yr  91)  ource  ≤ 2,100 gal/yr	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only	☐ Drop store/out of area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)  area source , 140 ≤ x ≤ 2,100 gal/y	business/petro	oleum .
Facility indicated on notific (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gal/yr (constructed before 12/9/9  3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1	cation form that it is:  ource	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2	Drop store/out of area source x < 140  gal/yr x < 200  gal/yr x < 200  gal/yr x < 140  gal/yr x < 140  gal/yr x < 12/9/91 $x < 140 \le x \le 2,100 \text{ gal/yr}$ x < 1,800  gal/yr	business/petro	oleum .
Facility indicated on notific (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gal/yr (constructed before 12/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9	cation form that it is:  ource	dry-to-dry only transfer only, x both types, x < (constructed on dry-to-dry only transfer only, 2 both types, 140	Drop store/out of area source x < 140  gal/yr x < 200  gal/yr x < 200  gal/yr x < 140  gal/yr x < 140  gal/yr x < 12/9/91 $x < 140 \le x \le 2,100 \text{ gal/yr}$ x < 1,800  gal/yr x < 1,800  gal/yr	business/petro	oleum
Facility indicated on notific (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gal/yr (constructed before 12/9/9  3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1	cation form that it is:  ource	dry-to-dry only transfer only, x both types, x < (constructed on dry-to-dry only transfer only, 2 both types, 140	Drop store/out of area source x < 140  gal/yr x < 200  gal/yr x < 200  gal/yr x < 140  gal/yr x < 140  gal/yr x < 12/9/91 $x < 140 \le x \le 2,100 \text{ gal/yr}$ x < 1,800  gal/yr	business/petro	oleum .
Facility indicated on notific (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gal/yr (constructed before 12/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9	cation form that it is:  ource gal/yr /yr  91)  ource ≤ 2,100 gal/yr ,800 gal/yr 00 gal/yr	dry-to-dry only transfer only, x both types, x < (constructed on dry-to-dry only transfer only, 2 both types, 140	Drop store/out of area source x < 140  gal/yr x < 200  gal/yr x < 200  gal/yr x < 140  gal/yr x < 140  gal/yr x < 12/9/91 $x < 140 \le x \le 2,100 \text{ gal/yr}$ x < 1,800  gal/yr x < 1,800  gal/yr	business/petro	oleum .
Facility indicated on notific (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gal transfer only, x < 200 gal both types, x < 140 gal/yr (constructed before 12/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9	cation form that it is:  ource gal/yr /yr  91)  ource ≤ 2,100 gal/yr ,800 gal/yr 00 gal/yr	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140 (constructed on \( \text{TY} \) \( \text{TY} \) \( \text{TN} \) \( \text{TY} \) \( \text{TN}	Drop store/out of area source $x < 140 \text{ gal/yr}$ $140 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  Area source $140 \le x \le 2,100 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$ Or after $12/9/91$ )  Can not determine the source above	business/petro	oleum

Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON ON/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?	OY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/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 refrig (complete A below).	erated condenser
. If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must installed prior to September 22, 1993	_
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	erated condenser
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?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after	

PART III: GENERAL CONTROL REQUIREMENTS

- 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	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	Πи	□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?	ΠY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	□и	□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?	` <b>□</b> Y	□N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	DИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПΥ	ΠN	□N/A
II.				
<u></u>				
P	ART V: RECORDKEEPING REQUIREMENTS			
H				
H (c	ART V: RECORDKEEPING REQUIREMENTS as the responsible official:		ПN	
H (c	ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: heck appropriate boxes)	ОΥ		
H (c 1. 2.	ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?	ОΥ	ПN	
H (c 1. 2.	ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?	ОУ ОУ	ON ON	□N/A
H (c 1. 2.	ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:	ОУ	и Пи	□N/A
H (c 1. 2. 3.	ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days		и Ои Ои	
H (c 1. 2. 3.	ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?		N	□N/A
H (c) 1. 2. 3.	ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for applicable direct reading instruments)		N	□N/A □N/A
H (c 1. 2. 3. 4. 5. 6.	ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for applicable direct reading instruments)  Maintained exhaust duct monitoring data on perc concentrations?			□N/A □N/A

□Y □N □N/A

8. Maintained compliance plan, if applicable?

PART	VI: LEAK DETECTION AND R	EPAIRS				
1. Doc	es the responsible official conduct a	weekly (for	small sources, b	oi-weekly) leak detection a	nd rep	air
ins	pection?				ПΥ	ND
2. Has	the facility maintained a leak log?			,	ΔY	□N
3. Doe	es the responsible official check the f	Collowing a	reas for leaks?			
	Hose connections, fittings, couplings, and valves	OY ON	□N/A	Muck cookers	ΠY	□N □N/A
	Door gaskets and seating	OY ON	□N/A	Stills	ΩY	.□N □N/A
	Filter gaskets and seating	OY ON	□N/A	Exhaust dampers	ПY	□N □N/A
	Pumps	OY ON	□N/A	Diverter valves	ΠY	□N □N/A
	Solvent tanks and containers	OY ON	□N/A	Cartridge filter housings	ΠY	□N □N/A
	Water separators	OY ON	DN/A			
4. Wh	ich method of detection is used by th	e responsi	ble official?			
	Visual examination (condensed so	lvent on ex	sterior surfaces)			
	Physical detection (airflow felt thr	ough gaske	ets)			
	Odor (noticeable perc odor)					
,	Use of direct-reading instrumentat	uon (FID/F	ID/calorimetric	tubes)		
	Halogen leak detector					
	If using direct-reading instru	ımcntatior	ı, is the equipm	ent:	□N/	A
	a. Capable of detecting p	erc vapor	concentrations in	a range of 0-500 ppm?	ΠY	□N
	b. Calibrated against a st (PID/FID only)?	andard gas	s prior to and aft	er each use	ΠY	ПИ
	c. Inspected for leaks and	i obvious s	igns of wear on	a weekly basis?	ΠY	ПN
	d. Kept in a clean and se	cure area v	when not in use?		ΠY	□и
	e. Verified for accuracy b	by use of di	uplicate samples	(calorimetric only)?	QY	□N
	<i></i>					
***************************************		,				
	ROGER ZH	1)		9/29/9	78	
·	Inspector's Name (Please Prin		<del></del>	Date of Inspe	ction	
	DeitAsh	·~	<u>-</u> .	1 YEA		
	Inspector's Signature		<del></del>	Approximate Date of 1	Next I	nspection

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY							
FACILITY: Hampton Cleaners	PAGE	1 OF 1					
FACILITY ADDRESS: 5317 Gunn Hwy	CITY: Tai	•					
		(813) 264-2990					
MAILING ADDRESS: Same CITY: 7		ZIP: 33624					
	ECTION TYPE:	STATUS:					
1 7 1	non-CDS	In Compliance					
NEDS NUMBER: 571040							
SOURCE DESCRIPTION: Perc Dry Cleaner							
CONTACT(S): Sigfredo Delgado							
I called Mr. Delgado yesterday to let him know that FDI		ll l					
fee for 1997. Today I stopped by this facility to drop off		I					
(\$50.00 + 50% penalty). Mr. Delgado said that he is going	to mail out the \$7	75.00 payment today.					
·							
·							
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		·					
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DIGDEOTED DIV		EE G 20 1000					
INSPECTED BY: Roger Zhu	DA	ΓE: Sep 29, 1998					
:							

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀 CO	OMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 12=30		4 = 1 OAIRS ID#:	571040
TYPE OF FACILITY: PER	C DRY CLEAN	ER	
FACILITY NAME: /- /- A-M	PTON CLEAN	ERS	DATE: 5/26/99
FACILITY LOCATION: 5317	I BUNN HWY		
TAN	PA, FL 336	524	
RESPONSIBLE OFFICIAL: 516	FREDO DELGI	PHONE NUMBE	R: (813) 264 - 2990
7-	e compliance requirements evo	aluated during this inspection, the istrative Code (F.A.C.).	facility is found to be in
Based on the results of the discrepancies were noted:	compliance requirements ev	aluated during this inspection, the	following compliance
COMPLIANCE REQUI	REMENT/PROBLEM	FOLLOW-UP AC	TION REQUIRED
<del></del>			P
. *		·	· Ca
•		6	2. 1/4
			Mora Son F
			Solito Tille
· · · · · · · · · · · · · · · · · · ·	-		
,	· ·		
COMMENTS:			<u>.                                    </u>
COMMINIO,			
	-		VES \ \
The Annual Compliance Certificat	non form has been properly c	ertified and submitted to the inspec	ctor. YES NO NO
DATE OF NEXT INSPECTION		<u> </u>	
	r	(Approximate) 2062R ZHU	
INSPECTION CONDUCTED B	Y:		
INSPECTOR'S SIGNATURE:_	Roge !	(Please Print) PHONE NUMB	er: (813) 272 -5530
<b>.</b>			

Revised 10/96

### Z 333 619 103

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

AIRS ID# 0571040

L.E.L.O. CLEANER CORP SIGFREDO DELGADO JR 8639 N HIMES TAMPA FL 33614

		4
	Certified Fee	
	Special Delivery Fee	
.0	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form <b>3800</b>	Postmark or Date	

AIRS ID#: 57/040

Alc

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	HAMPTON	CLEA!	VERS		DATE: _	5/26/99
FACILITY LOCATION:	5317 6	UNN HU	uy			,
	TAMPA.	FL 336	624		-	<del>-</del>
	. ,					
Annual Reporting Period: _	Apr	8	19 <u>_</u> 98_to	May	26	1999
Based on each term or cond 62-213.300, Florida Admin		-	•	(کت		P Rule NO
If NO, complete the following	ng:				· a	
#1. Term or condition of th	e general permit th	at has not been in	continuous compliar	nce during the rep	orting period	d stated above:
Exact period of non-complia	ance: from			to		<u>_</u>
Action(s) taken to achieve of	compliance:					
Method used to demonstrate	e compliance:					
#2. Term or condition of th	ne general permit th	at has not been in	ı continuous compliai	nce during the rep	orting perio	d stated above:
Exact period of non-complia	ance: from			to		
Action(s) taken to achieve of	compliance:					
Method used to demonstrate	e compliance:					
As the responsible official, made in this notification are upon rolling averages of puyear for transfer or combine RESPONSIBLE OFFICIA	e true, accurate and irchase receipts, do ation facilities.	d complete. Furti	her, my annual consu	Inption of perchlor for dry-to dry-fact	proethylene s	solvent, based 90 gallons per
•	name	(FICASC FIIIIL)		Signature	-7/7	Date

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

## PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY
AIRS ID#: 571040 DATE: 5/26/99 TIME IN: 12:30 TIME OUT: 14:10  FACILITY NAME: HAMPTON CLEANERS  FACILITY LOCATION: 5317 GUNN HWY	
TAMPA, FL 33624	
RESPONSIBLE OFFICIAL: SIGFREDO CONTACT NAME:SAME	DELGATO PHONE: (813) 264 - 2990  PHONE: SAME
PART I: NOTIFICATION	
(check appropriate box)  1. New facility notified DARM 30 days prior to standard facility failed to notify DARM to use general positive facility failed.	·
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)	□ No notification form □ Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification  If no, please check the appropriate classification:  facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit  B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning	
facility was <u>205</u> gallons.	

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN MANA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN MANA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? **Ø**Y □N 4. Draining cartridge filters in their housing or in sealed containers for at XY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber □Y □N ØN/A beds according to the manufacturer's specifications? 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) MY DN 1. Equipped all machines with the appropriate vent controls? XY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the KOY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? MI YE 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the MAY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after XY DN verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	×Υ	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	□N	DNA
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?	ПY	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПN	□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?	: <sub>⊞</sub> . □ <b>Y</b>	ПП	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ΠN	□N/A
6.	Bouted airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	ØY □N
2. Maintained rolling monthly averages of perc consumption?	XY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN XXN/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?	ם אומאל מם עם
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN <b>Ø</b> N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON <b>X</b> IN/A
6. Maintained startup/shutdown/malfunction plan?	Ø1Y □N
7. Maintained deviation reports?	ANA NO YO
Problem corrected?	OY ON MINA
8. Maintained compliance plan, if applicable?	DY DN DANA

PA	ART VI: LEAK DETECTION AND	REPAIRS	,	
1.	Does the responsible official conduct a	weekly (for small sourc	es, bi-weekly) leak detection ar	nd repair
	inspection?			ØY □N
2.	Has the facility maintained a leak log?	•		MY DN
3.	Does the responsible official check the	following areas for leak	s?	
	Hose connections, fittings, couplings, and valves	XY ON ON/A	Muck cookers	ØY □N □N/A
	Door gaskets and seating	<b>Ø</b> Y □N □N/A	Stills	MY ON ON/A
	Filter gaskets and seating	XY ON ON/A	Exhaust dampers	DAY ON ON/A
	Pumps	MY ON ON/A	Diverter valves	MY ON ON/A
	Solvent tanks and containers	XIY ON ON/A	Cartridge filter housings	DYY ON ON/A
	Water separators	XY ON ON/A		· =
4.	Which method of detection is used by	the responsible official?		
	Visual examination (condensed	solvent on exterior surfac	ces)	<b>&gt;</b> 2
	Physical detection (airflow felt the	nrough gaskets)		×
	Odor (noticeable perc odor)			<b>x</b> í
	Use of direct-reading instrument	ation (FID/PID/calorime	etric tubes)	٥
	Halogen leak detector			
	If using direct-reading inst	rumentation, is the equ	ipment:	M/A
	a. Capable of detecting	perc vapor concentratio	ns in a range of 0-500 ppm?	OY ON
	b. Calibrated against a (PID/FID only)?	standard gas prior to an	d after each use	OY ON
	,	nd obvious signs of wear	r on a weekly basis?	OY ON
	-	secure area when not in	-	OY ON
	· •		ples (calorimetric only)?	OY ON
		• . •	•	
	The Company of the Co			
	ROGER Z	-HV	5/26	199
_	Inspector's Name (Please Pr	int)	Date of Inspe	ection
	Roger /	Thu-	1 Y	EAR
_	Inspector's Signature		Approximate Date of	Next Inspection

THE OWN AT LITTLE A. D.	INSPECTION RE			-	$\overline{}$
ENVIRONMENTAL P FACILITY: Hampton Cleaners	ROTECTION COMM	ISSION OF HILL:	PAGE	1 OF 1	_
FACILITY ADDRESS: 5317 Gun	. Huw		CITY: Tar		$\dashv$
FACILITI ADDRESS. 3317 Guil	i iiwy.		l	117a 813) 264-2990	
MAILING ADDRESS: Same		CITY: Tampa		ZIP: 33624	
INSPECTION DATE: TIME IN	I: TIME OUT:			STATUS:	$\dashv$
May 26, 1999 12:30	14:10	non-C		In Compliance	
NEDS NUMBER: 571040			<u> </u>	·	$\dashv$
SOURCE DESCRIPTION: Perc I	Ory Cleaner				$\neg$
CONTACT(S): Sigfredo Delga	do	-			
Today's visit was to conduct the	annual inspection	n.			$\dashv$
The machine was in operation to	day. No leaks or	odors were no	ticed.	•	
The leak log and the temperatu			sistently on	a weekly basis. The	ne 🏻
perc usage was 205 gallons for th	e past 12 months.			± = 1	
The facility is very clean.					
	•				l
					ľ
			<del></del>	DD 16 66 600	
INSPECTED BY: Roger Zhu	1		DA	ГЕ: May 26, 1999	

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# TE. E V AIR QUALITY GENERAL PEI IT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL Z	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 8=30 TIME OUT: 10:15	AIRS ID#: 571040
TYPE OF FACILITY: PERC DRY CLEAN	ER
FACILITY NAME: HAMPTON CLEAN	DATE: 9/29/58
FACILITY LOCATION: 5317 GUNN HWY	
TAMPA, FL 336	
RESPONSIBLE OFFICIAL: SIGFREDO DECGADO	PHONE NUMBER: (813) 264-2990
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaludiscrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
DION'T PAY ANNUAL FEE	PAY FEE, FDEP ACTION.
•	
<del></del>	· .
	<del>-</del>
	·
·	
COMMENTS:	•
The Annual Compliance Certification form has been properly certification form has been properly certification.	ified and submitted to the inspector. YES NO NO NO
DATE OF NEXT INSPECTION: (A)	pproximate)
· ·	GER ZHU
MIGRECITOR CONDUCTED DI:	lease Print) (8/3) 272 -553 v
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (8/3) 2/2 33.30
, , ,	B

### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINT/DIS	COVERY	幫
	RE-INSPECTION	ם או			
	100 11.101 20110			1	
	-1/ 0		0 2	<u> </u>	
AIRS ID#: 571040	_ DATE: 9/29/	198 TIME:	IN: <u>8 - 30</u> TI	ME OUT: _	10-15
FACILITY NAME:					
FACILITY NAME:	77777		· · · · · · · · · · · · · · · · · · ·		
FACILITY LOCATION:	5317 GUA	IN HWY			
	TAMPA, F	L 336Z	4		
RESPONSIBLE OFFICIA	L: SIGFREDO	DELGADO	PHONE: (813)	1264-2	990
CONTRA CTENIANCE	SAME		BHOND	SAME	
CONTACT NAME:			_ PHONE:	<del></del>	
T. D. V. Marrie L. Marrie			· ·		
PART I: NOTIFICATION	<b>\</b>				
(check appropriate box)					
1. New facility notified DAI	RM 30 days prior to sta	rtup			
2. Facility failed to notify D	ARM to use general pe	rmit			
			·		
PART II: CLASSIFICATI	ION				
Facility indicated on notific			□ No notification		
Facility indicated on notific (check appropriate box)			☐ No notification ☐ Drop store/out of		troleum
Facility indicated on notific (check appropriate box) A.	cation form that it is:	2 New small	Drop store/out o	of business/per	troleum
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s	cation form that it is:	2. New small	☐ Drop store/out of area source		troleum
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140	cation form that it is:	dry-to-dry only	☐ Drop-store/out of area source , x < 140 gal/yr	of business/per	troleum .
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s	cation form that it is:  source  gal/yr 1/yr		☐ Drop store/out of area source , x < 140 gal/yr < < 200 gal/yr	of business/per	troleum
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140 g transfer only, x < 200 gal	cation form that it is:  source  gal/yr l/yr r	dry-to-dry only transfer only, x both types, x <	☐ Drop store/out of area source , x < 140 gal/yr < < 200 gal/yr	of business/per	troleum .
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal both types, x < 140 gal/yr (constructed before 12/9/	cation form that it is:  source  gal/yr l/yr r 91)	dry-to-dry only transfer only, x both types, x < (constructed or	Drop store/out of area source  , x < 140 gal/yr  < 200 gal/yr  140 gal/yr  or after 12/9/91)	of business/per	troleum
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140 gal/yr (constructed before 12/9/	cation form that it is:  source  gal/yr l/yr r 91)	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large:	Drop store/out of area source , x < 140 gal/yr < < 200 gal/yr 140 gal/yr or after 12/9/91) area source	of business/pe	troleum
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140 gal/yr (constructed before 12/9/2)  3. Existing large area s dry-to-dry only, 140 < x = 140 gal/yr (constructed before 12/9/2)	cation form that it is:  source  gal/yr l/yr r 91)  source  < 2,100 gal/yr	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only	☐ Drop store/out of area source , x < 140 gal/yr <p>&lt; 200 gal/yr</p> 140 gal/yr or after 12/9/91) area source , 140 ≤ x ≤ 2,100 gal	of business/pet	troleum
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140 gal/yr (constructed before 12/9/  3. Existing large area s dry-to-dry only, 140 ≤ x transfer only, 200 ≤ x ≤ 1	cation form that it is:  source  gal/yr l/yr r 91)  source  ≤ 2,100 gal/yr 1,800 gal/yr	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2	Drop store/out of area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) area source , $140 \le x \le 2,100$ gal/yr $00 \le x \le 1,800$ gal/yr	of business/pet	troleum
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140 gal/yr (constructed before 12/9//)  3. Existing large area s dry-to-dry only, 140 ≤ x = transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,8	cation form that it is:  source  gal/yr l/yr r 91)  ource  ≤ 2,100 gal/yr 1,800 gal/yr 00 gal/yr	dry-to-dry only transfer only, x both types, x < (constructed on dry-to-dry only transfer only, 2 both types, 140	Drop store/out of area source , x < 140 gal/yr 140 gal/yr 140 gal/yr 140 gal/yr 140 c after 12/9/91) area source , $140 \le x \le 2,100$ gal/yr $\le x \le 1,800$ gal/yr	of business/pet	troleum
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140 gal/yr (constructed before 12/9/  3. Existing large area s dry-to-dry only, 140 ≤ x transfer only, 200 ≤ x ≤ 1	cation form that it is:  source  gal/yr l/yr r 91)  ource  ≤ 2,100 gal/yr 1,800 gal/yr 00 gal/yr	dry-to-dry only transfer only, x both types, x < (constructed on dry-to-dry only transfer only, 2 both types, 140	Drop store/out of area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) area source , $140 \le x \le 2,100$ gal/yr $00 \le x \le 1,800$ gal/yr	of business/pet	troleum
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140 gal/yr (constructed before 12/9//)  3. Existing large area s dry-to-dry only, 140 ≤ x = transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,8	cation form that it is:  source  gal/yr l/yr r 991)  source  ≤ 2,100 gal/yr 1,800 gal/yr 1,800 gal/yr 191)	dry-to-dry only transfer only, x both types, x < (constructed on dry-to-dry only transfer only, 2 both types, 140	Drop store/out of area source , x < 140 gal/yr 140 gal/yr 140 gal/yr 140 gal/yr 140 c after 12/9/91) area source , $140 \le x \le 2,100$ gal/yr $\le x \le 1,800$ gal/yr	of business/pet	troleum
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140 gal/yr (constructed before 12/9/)  3. Existing large area s dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,8 (constructed before 12/9/)  5. This is a correct facility of the property of the prop	cation form that it is:  source  gal/yr 1/yr r 91)  source  ≤ 2,100 gal/yr 1,800 gal/yr 100 gal/yr 91)  ty classification the appropriate classific	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140 (constructed or $\Box$ Y $\Box$ N	Drop store/out of area source  , x < 140 gal/yr  140 gal/yr  140 gal/yr  1 or after 12/9/91)  area source  , $140 \le x \le 2,100$ gal/yr $\le x \le 1,800$ gal/yr  1 or after 12/9/91)  Can not determine	of business/pet	troleum
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140 gal/yr (constructed before 12/9//)  3. Existing large area s dry-to-dry only, 140 ≤ x gal/yr transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,8 (constructed before 12/9//)  5. This is a correct facility of the property of t	cation form that it is:  source  gal/yr l/yr r 91)  ource  ≤ 2,100 gal/yr 1,800 gal/yr 100 gal/yr coo gal/yr coo gal/yr ty classification the appropriate classification gualified for a ge	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140 (constructed or PY DN cation: neral permit as n	Drop store/out of area source  , x < 140 gal/yr  140 gal/yr  140 gal/yr  140 gal/yr  1 or after 12/9/91)  area source  , 140 $\leq$ x $\leq$ 2,100 gal/yr $\leq$ x $\leq$ 1,800 gal/yr  or after 12/9/91) $\Box$ Can not determinable	of business/pet	troleum
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140 gal/yr (constructed before 12/9//)  3. Existing large area s dry-to-dry only, 140 ≤ x gal/yr transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,8 (constructed before 12/9//)  5. This is a correct facility of the property of t	cation form that it is:  source  gal/yr 1/yr r 91)  source  ≤ 2,100 gal/yr 1,800 gal/yr 100 gal/yr 91)  ty classification the appropriate classific	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140 (constructed or PY DN cation: neral permit as n	Drop store/out of area source  , x < 140 gal/yr  140 gal/yr  140 gal/yr  140 gal/yr  1 or after 12/9/91)  area source  , 140 $\leq$ x $\leq$ 2,100 gal/yr $\leq$ x $\leq$ 1,800 gal/yr  or after 12/9/91) $\Box$ Can not determinable	of business/pet	troleum
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140 gal/yr (constructed before 12/9/yr (constructed before 12/9/yr transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,8 (constructed before 12/9/yr 5. This is a correct facility of the property of	cation form that it is:  source  gal/yr l/yr r 91)  source  < 2,100 gal/yr 1,800 gal/yr 00 gal/yr 91)  ty classification  the appropriate classification gaility qualified for a general gality exceeds above line	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140 (constructed or DY DN cation: neral permit as not elimits and is not elimits and is not elimits.	Drop store/out of area source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 300 \text{ gal/yr}$	of business/pet	
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140 gal/yr (constructed before 12/9/  3. Existing large area s dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,8 (constructed before 12/9/  5. This is a correct facility of perform the state of t	cation form that it is:  source gal/yr 1/yr r 991)  ource ≤ 2,100 gal/yr 1,800 gal/yr 200 gal/yr 201  ty classification  the appropriate classification  the appropriate classification generally qualified for a generally exceeds above limits of the chloroethylene (perc) processing the control of the contro	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140 (constructed or DY DN cation: neral permit as not elimits and is not elimits and is not elimits.	Drop store/out of area source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 300 \text{ gal/yr}$	of business/pet	
Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140 gal/yr (constructed before 12/9/2)  3. Existing large area s dry-to-dry only, 140 ≤ x stransfer only, 200 ≤ x ≤ 12 both types, 140 ≤ x ≤ 1,8 (constructed before 12/9/2)  5. This is a correct facility of the property of the pr	cation form that it is:  source gal/yr 1/yr r 991)  ource ≤ 2,100 gal/yr 1,800 gal/yr 200 gal/yr 201  ty classification  the appropriate classification  the appropriate classification generally qualified for a generally exceeds above limits of the chloroethylene (perc) processing the control of the contro	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140 (constructed or DY DN cation: neral permit as not elimits and is not elimits and is not elimits.	Drop store/out of area source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 300 \text{ gal/yr}$	of business/pet	

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
Storing perchloroethylene in tightly sealed and impervious containers?	OY ON ON/A
2. Examining the containers for leakage?	□Y □N □N/A
3. Closing and securing machine doors except during loading/unloading?	DY DN
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	<b>7.</b>
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber muinstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser
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?	DY DN
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?	OY ON ON/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?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON

В.	Has the responsible official of an existing large or new large area source also:	<b>,</b>
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?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	DY ON ON/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?	OY ON ON/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?	OY ON ON/A
<u>_</u>		OY ON ON/A
<u>_</u>	Routed airflow to the carbon adsorber (if used) at all times?  ART V: RECORDKEEPING REQUIREMENTS	OY ON ON/A
P.		OY ON ON/A
Р./ Н (с	ART V: RECORDKEEPING REQUIREMENTS as the responsible official:	OY ON ON/A
P./ (c)	ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: heck appropriate boxes)	
P./ (c) 1. 2.	ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?	
P./ (c) 1. 2.	ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?	
P./ (c) 1. 2.	ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:	
P/2 H (c: 1. 2. 3.	ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	
P2 H (cc 1. 2. 3.	ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	
P2 H (cc 1. 2. 3. 4. 5.	ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for applicable direct reading instruments)	□Y □N □Y □N □Y □N □N/A □Y □N □N/A □Y □N □N/A
P.Z. H. (c) 1. 2. 3. 4. 5. 6.	ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for applicable direct reading instruments)  Maintained exhaust duct monitoring data on perc concentrations?	□Y □N □Y □N □N/A

□Y □N □N/A

8. Maintained compliance plan, if applicable?

PART	VI: LEAK DETECTION AND R	REPAIRS		
1. Doe	s the responsible official conduct a	weekly (for small sources,	bi-weekly) leak detection a	nd repair
insp	ection?			DY DN
2. Has	the facility maintained a leak log?			NO YO
3. Does	s the responsible official check the f	following areas for leaks?		
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	□Y □N □N/A
1	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	DY ON ON/A	Diverter valves	DY ON ON/A
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	□Y □N □N/A
	Water separators	DY ON ON/A		
4. Whi	ich method of detection is used by the	he responsible official?	,	
	Visual examination (condensed so	olvent on exterior surfaces	)	
	Physical detection (airflow felt thr	rough gaskets)		
	Odor (noticeable perc odor)			
	Use of direct-reading instrumenta	tion (FID/PID/calorimetric	c tubes)	
	Halogen leak detector			· 🗅
	If using direct-reading instr	umentation, is the equipm	ment:	□N/A
	a. Capable of detecting p	perc vapor concentrations	in a range of 0-500 ppm?	OY ON
	b. Calibrated against a significant point (PID/FID only)?	tandard gas prior to and a	fter each use	OY ON
	c. Inspected for leaks an	d obvious signs of wear or	n a weekly basis?	OY □N
	d. Kept in a clean and se	ecure area when not in use	· ·	QY QN.
	e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	OY ON
				Į.
	•			
	ROGER ZH	V	9/29/	, 98
-	Inspector's Name (Please Prin		Date of Inspe	ection
	Deith	u~	1 YE	AR_
	Inspector's Signature		Approximate Date of	Next Inspection

ENVIRO	NMENTAL PROT	INSPECTION RE		SBOROUGH (	COUNTY	
FACILITY: Hampton (				PAGE	1 OF	1
FACILITY ADDRESS:	5317 Gunn H	wy		CITY: Tan PHONE: (	mpa 813) 264-299	0
MAILING ADDRESS:	Same		CITY: Tampa		ZIP: 33624	
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	N TYPE:	STAT	US:
Sep 29, 1998	8:30	10:15	non-C	DS	In Comp	liance
NEDS NUMBER: 5710	040					
SOURCE DESCRIPTION	N: Perc Dry	Cleaner				
CONTACT(S): Sigf	redo Delgado		,			
I called Mr. Delgado fee for 1997. Today I (\$50.00 + 50% penalty	stopped by th	is facility to	drop off the n	otice and fe	ee payment i	for \$75.00
,						
					,	
	•					
						-
			•			,
				·		
						19-mg
						6-4
INSPECTED BY:	Roger Z	hu		DA	TE: Sep 29	, 1998
						<b>-</b> -

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## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 13:50 TIME OUT: 15:6	AIRS ID#: 571040
TYPE OF FACILITY: PERC DRY CLEANE	R
FACILITY NAME: HAMPTON CLEANET	25 DATE: 5/19/0-0
FACILITY LOCATION: 5317 GUNN HWY	
Thinph FL 336	24
RESPONSIBLE OFFICIAL: SIGFREDO DELGADO	
RESPONSIBLE OFFICIAL:	PHONE NUMBER COTT
Based on the results of the compliance requirements evalual compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	•
	30
	D M
	Bure
·	
<u> </u>	le So
•	5 2100 Air Monitorin
	es orin
	<u> </u>
	· · · · · · · · · · · · · · · · · · ·
COMMENTS:	
	•
	· . •
The Annual Compliance Certification form has been properly certification	<u> </u>
DATE OF NEXT INSPECTION:	YEAR
(A <sub>1</sub>	pproximate)
INSPECTION CONDUCTED BY:	6er ZHU
	lease Print)
INSPECTOR'S SIGNATURE: Noger 80	PHONE NUMBER: (813) 272-553 0
Page /	of Revised 10/96
1 ugc	<u></u> -

### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST



TYPE OF INSPECTION:

ANNUAL

×

COMPLAINT/DISCOVERY

RE-INSPECTION □
AIRS ID#: 571040 DATE: 5/19/00 TIME IN: 13:50 TIME OUT: 15:00  FACILITY NAME: HAMPTON CLEANERS
FACTUTY LOCATION: 5317 GUNN HWY
FACILITY LOCATION: 5317 GUNN HWY  TAMPA, FL 33624
516FLEDD DELGADO
RESPONSIBLE OFFICIAL: SIGFREDO DELGADO PHONE: (813) 264 - 2990  CONTACT NAME: PHONE: SAME
PART I: NOTIFICATION
(check appropriate box)
1. New facility notified DARM 30 days prior to startup
2. Facility failed to notify DARM to use general permit
PART II: CLASSIFICATION
Facility indicated on notification form that it is:  (check appropriate box)  □ No notification form □ Drop store/out of business/petroleum □ A.
1. Existing small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 200 gal/yr transfer only, x < 200 gal/yr both types, x < 140 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)
1
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
dry-to-dry only, $140 \le x \le 2,100$ gal/yr dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
dry-to-dry only, $140 \le x \le 2,100$ gal/yr dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ ) (constructed on or after $12/9/91$ )

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN **X**N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN XINA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? $\mathbf{M} \square \mathbf{M}$ 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? $\mathbf{M}\mathbf{Y} \square \mathbf{N} \square \mathbf{N}/\mathbf{A}$ 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? MY ON ON/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) MD YM 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? XY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the XY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated MD Y condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the XY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? **Ø**Y □N

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	XY	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	אם	DN/A
	Is the temperature differential equal to or greater than 20° F?	PY	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?	ΠY	ПИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	QY	ПN	□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?	ΟY	ŮИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΠN	□N/A
6,	Pouted airflow to the carbon adsorber (if used) at all times?	_ QY	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	ØY □N					
2. Maintained rolling monthly averages of perc consumption?	N□ Y <b>Z</b>					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN DANA					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ANA					
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON <b>V</b> N/A					
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN <b>M</b> N/A					
6. Maintained startup/shutdown/malfunction plan?	XY ON					
7. Maintained deviation reports?	OY ON ANA					
Problem corrected?	DY DN <b>X</b> IN/A					
8. Maintained compliance plan, if applicable?	ANA NO YO					

PART VI: LEAK DETECTION AND REPAIRS								
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair								
inspection?			ØYY □N					
2. Has the facility maintained a leak log?			ALY □N					
3. Does the responsible official check the	following areas for leaks?	•	·					
Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	MY ON ON/A					
Door gaskets and seating	ZY ON ON/A	Stills	MY ON ON/A					
Filter gaskets and seating	AND NO YA	Exhaust dampers	MY ON ON/A					
Pumps	AY ON ON/A	Diverter valves	<b>A</b> Y □N □N/A					
Solvent tanks and containers	AND ND Y	Cartridge filter housings	₩Y □N □N/A					
Water separators	XY ON ON/A							
4. Which method of detection is used by t	he responsible official?	1111						
Visual examination (condensed s	olvent on exterior surfaces)		×					
Physical detection (airflow felt th	rough gaskets)	·	<b>X</b> 2					
Odor (noticeable perc odor)			<b>≱</b>					
Use of direct-reading instrumenta	ation (FID/PID/calorimetric	tubes)	<u> </u>					
Halogen leak detector	•							
If using direct-reading instr	umentation, is the equipn	nent:	XN/A					
a. Capable of detecting	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? □Y □N							
b. Calibrated against a (PID/FID only)?	standard gas prior to and af	iter each use	OY ON					
c. Inspected for leaks an	nd obvious signs of wear on	a weekly basis?	OY ON					
d. Kept in a clean and s	secure area when not in use	?	OY ON					
e. Verified for accuracy	by use of duplicate sample	s (calorimetric only)?	OY ON					
		•						
		•						
ROBER ZH	<b>-</b> ∪	5/19	100					
Inspector's Name (Please Pri	int)	Date of Insp	ection					
Roser Bl	<u> </u>	1. 40	EAR					
Inspector's Signature	,	Approximate Date of	Next Inspection					

### INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY FACILITY: Hampton Cleaners PAGE OF FACILITY ADDRESS: 5317 Gunn Hwy... CITY: Tampa PHONE: (813) 264-2990 MAILING ADDRESS: Same CITY: Tampa FLA ZIP: 33624 STATUS: TIME IN: INSPECTION TYPE: INSPECTION DATE: TIME OUT: 13:50 15:00 non-CDS In Compliance May 19, 2000 NEDS NUMBER: 571040 SOURCE DESCRIPTION: Perc Dry Cleaner CONTACT(S): Sigfredo Delgado Today's visit was to conduct the annual inspection. The recordkeeping is good. The leak log and the temperature log have been recorded consistently on a weekly basis. The perc usage was 260 gallons for the past 12 months. No leaks or odors were noticed today. The machine is well maintained and the facility is clean.

INSPECTED BY: Roger Zhu DATE: May 19, 2000

AIRS ID#: 57 1040

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM MAY 22 2000

<u>.</u>							
FACILITY NAME:	HAMPTON	cu	PANET	25	,	EPPATE	19/00
FACTI TTV I OCATION:	5317 G	UNN	HWY		All	MANAG	ENENI
ACHITI LOCATION.	TAMPA	FL.	336	24			
							·
Annual Reporting Period:	May 27	<u></u>	19	99 to _	May	19	20_0(
Based on each term or condit 52-213.300, Florida Adminis	_	_	•	-	<u> </u>	K.	EP Rule
If NO, complete the following					•	Y.	
#1. Term or condition of the	general permit that	has not be	en in contin	ous complian	ce during the	reporting per	iod stated above:
Exact period of non-complian	nce: from				to		
Action(s) taken to achieve co	ompliance:			• .			
Method used to demonstrate	compliance:						
#2. Term or condition of the	egeneral permit that	t has not b	een in contin	uous compliar	nce during the	reporting pe	riod stated above:
Exact period of non-complia	nce: from			· · · · · · · · · · · · · · · · · · ·	 to	• .	·
Action(s) taken to achieve $\propto$	*			, *			
Method used to demonstrate	compliance:					_	r .
As the responsible official, I made in this notification are upon rolling averages of pur year for transfer or combinate RESPONSIBLE OFFICIA	e true, accurate and rchase receipts, doe ation facilities.	complete. es not exce	Further, my ed 2,100 gal	annual consu	imption of per	facilities or	ne solvent, based

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

### STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

TWIN TOWERS OFFICE BUILDING 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400 RETURNED TO SENDER

550304 MS**5510**  REASON CHECKED

REASON CHECKED

Refused

Attempted Not Known

Insufficient Address

No Such Street

DO NOT REMAIL IN THIS ENVELOPE

AIRS ID 0571040

L.E.L.O. CLEANER CORP SIGFREDO DELGADO JR 8639 N HIMES TAMPA FL 33614 **CERTIFIED** 

MAIL

ECENES HOOME SOURCE

SIGFREON DELCADOJA HAMPTON CLEANERS 5317 GUNN HWY TAMPA, FL 33624 RECEIVED

Bureau of Air Monitoring & Mobile Sources

0	. <b>Y</b>	J	
your RETURN ADDRESS	6. Signature: (Addressee or Agent)	and fee is	
JRN /	5. Received By: (Print Name)	8. Addresse	e's Address (Only if requested
ğ		7. Date of De	elivery
꾪	TAMPA FL 33614	☐ Return Re	ceipt for Merchandise   COD
SS	8639 N HIMES	☐ Express	Mail Insured
8	SIGEREDO DEL GADO IR	☐ Registere	ed .X Certified
Ē	L.E.L.O. CLEANER CORP	4b. Service	Туре
completed on	3. Article Addressed to:  `AIRS ID 0571040	4a. Article N Z 333	-6.13-6/8
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 card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and delivered.	e does not	I also wish to receive the following services (for an extra fee):  1.
ļ	Fold at line over top of envelope to		

RECEIVED

FEB 2 6 1998
Bureau of Air Monitoring

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 0571040

L.E.L.O. CLEANER CORP

SIGFREDO DELGADO JR

DIL

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

PS Form 3800, April 1995

Special Delivery Fee

AIRS ID 0571040

<b>3</b> (	P 265 30	12 178	
	US Postal Service Receipt for Cer No Insurance Coverage		
	AIRS L.E.L.O. CLEANER CO SIGFREDO DELGADO 8639 N HIMES TAMPA FL 33614		
	Postage	\$	
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
1995	Return Receipt Showing to Whom & Date Delivered		
April	Return Receipt Showing to Whom, Date, & Addressee's Address		
800,	TOTAL Postage & Fees	\$	
E E	Postmark or Date		
PS Form <b>3800</b> , April 1995	2/14/97	7	

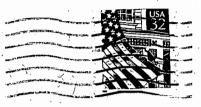
on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write 'Return Receipt Requested' on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and delivered.	o can return this e does not e number.	raiso wish to refollowing service extra fee):  1.  Address 2.  Restrict Consult postma	es (for an see's Address ed Delivery	eipt Service.
ls your RETURN ADDRESS completed o	AIRS ID#: 0571040 L.E.L.O. CLEANER CORP SIGFREDO DELGADO JR 8639 N HIMES TAMPA FL 33614  5. Received By: (Print Name)  6. Signature: (Addressée of Adent)  X	4b. Service Registere  Express I Return Rec	Fype ad Mail ceipt for Merchandis elivery - 2 (o b's Address (Only paid)	Certified Insured COD Trequested	Thank you for using Return Receipt
(:)	PS Form <b>381(1</b> ,/December 1994		Domestic Ref	ium neceipt	

Hampton CLEANERS

5317 Gunn Hwy. Tampa, FL 33624



Latin late Handle Land Handle Hannel



Title V Ain General Renunte Receipts Po. Box 3010 TALLA MASSE, FL 32315-3070

THE POPTION AGICT DE AS

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

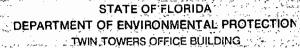
<u>/でいるひ。</u>

3755 ZZI334715

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 \$ 75.00

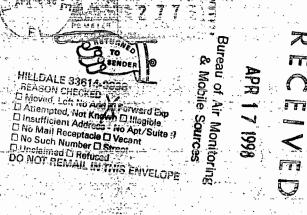
For Government use only Org.: 37550101000 EO: BI CO Fund: 20-2-035001 Obj.: 002273



2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

### OBRIBLED ....





L.E.L.O. CLEANER CORP SIGFREDO DELGADO JR

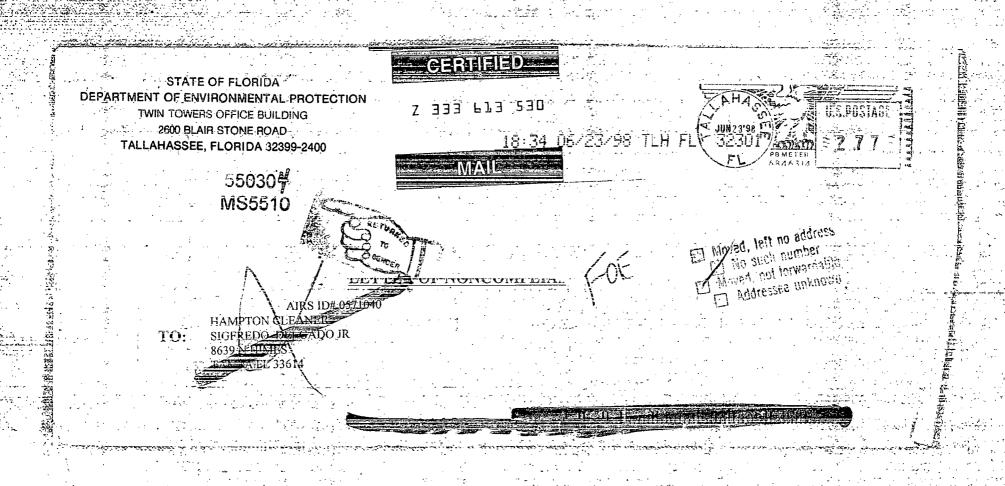
8639 N HIMES

-TAMPA FL 336:4.

### **BEST AVAILABLE COPY**

·	er flue retniu address over tob of envelope fo	SERVICE TO THE SERVICE OF THE SERVIC
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 retuced to your.  Attach this form to the front of the mailpiece, or on the back if space does no permit.  Write "Return Receipt Requested" on the mallpiece below the article numbe.  The Return Receipt will show to whom the article was delivered and the dat delivered.	of ↑ Addressee's Address
IN ADDRESS completed	AIRS ID# 0574 QUEAN STANDARD SIGNARD S	Ticle-Number  33 3 6   3   0 3  INTOGEN YER OG  GISTER EN
II RETUR		Iressee's Address (Cnly if requested fee is paid)
		Domestic Return Receipt

#### **BEST AVAILABLE COPY**



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US Postal Service

### **Receipt for Certified Mail**

No Insurance Coverage Provided

AIRS ID# 0571040 HAMPTON CLEANER SIGFREDO DELGADO JR

**8639 N HIMES TAMPA FL 33614** 

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

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)						
ᄗ			· <u></u>	T. Dr. Warn	. 47.1		
55	OFF	101	AL	, <u>U</u>	SE		
7361	Postage	\$					
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9000	Return Receipt Fee (Endorsement Required)				Here		
	Restricted Delivery Fee (Endorsement Required)						
1670							
7000	HAMPTON CLEANER  Sti 5317 GUNN HWY  TAMPA FL 33624						
	PS Form 3800, May 2000	en at nor da sin a t <sub>er</sub> ensis	15. V3	See R	everse for Instructions		

CCNOCKNOCKNOCKNOCKNOCKNOCKNOCKNOCKNOCKNO						
PLACE STICKER AT TOP OF ENVELOPE  10 THE RIGHT OF RETURN ADDRESS.	COMPLETE THIS SECTION ON DELIVERY					
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>AIRS ID # 0571040001AG</li> <li>IGFREDO DELGADO JR</li> </ul>	A. Received by (Please Print Clearly)  C. Signature  Agent  Addressee  D. Is delivery address different from item 1:  Yes  If YES, enterties of Air Monitoring  Mobile Sources					
AMPTON CLEANER 317 GUNN HWY AMPA FL 33624	3. Service Type Certified Mail					
2. Article Number (Copy from service label) 736/5524						
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789					





#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

403379

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 # 0571040

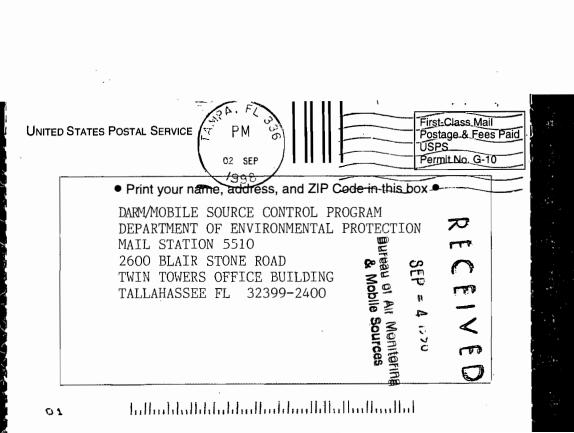
HAMPTON CLEANER SIGFREDO DELGADO JR 5317 GUNN HWY TAMPA FL 33624

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

*j* .

•	P 174 OS	2 598	
	US Postal Service		
	Receipt for Cer No Insurance Coverage	Provided.	
	Do not use for Internation Sent to L.E.L.O. CLEANE	RS CORP	
	Street & Number 8639 N. HIMES	J.	
	Post Office, State, & ZIP Cod TAMPA FL 33614	le	,
·	Postage	\$	
	Certified Fee		
	Special Delivery Fee		
. 9	Restricted Delivery Fee		
1 1995	Return Receipt Showing to Whom & Date Delivered		
April	Return Receipt Showing to Whorn, Date, & Addressee's Address		
800	TOTAL Postage & Fees	\$	
PS Form <b>3800</b>	Postmark or Date SIGFREDO DELGADO AUG. 28, 1998	) JR	

3. Article Addressed to: #657/040	4a. Article N	Consult postmaster for fee. umber	
HAMPTON CLEANERS / L.E.L.O SIGFREDO DELGADO JR 5317 GUNN HIGHWAY TAMPA FL 33624	P174-05 4b. Service 7 Registere Express I Return Rec 7. Date of De	Type ed 🎇 Certified Mail 🔲 Insured ceipt for Merchandise 🔲 COD	
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  And Addressee of Agent)		8. Addressee's Address (Only if requested and fee is paid)	



#### **BEST AVAILABLE COPY**



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

3231383070

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 0390056

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

AIRS ID # 0571040

Do NOT Remove Label

HAMPTON CLEANER SIGFREDO DELGADO JR 12022 MIDDLEBURY DRIVE TAMPA FL 33625

TOTAL AMOUNT DUE: \$50.00 Bureau of Air N FOR GOVERNMENT USE ONLY Org: \$550101000 EO: BI Fund: 20-2-035001 Obj.: 002273