

## Department of Environmental Protection

0571045

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

Virginia B. Wetherell Secretary

August 28, 1996

Mr. Frank L. Davis President Crispy Cleaners, Inc. 4036 North Armenia Avenue Tampa, Florida 33607

Dear Mr. Davis:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 26, 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

Bureau of Air Monitoring

and Mobile Sources

/DD

cc: Ms. Liz Deken, Hillsborough County

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



### Department of **Environmental Protection**

leb Bush Governor

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

David B. Struhs Secretary

June 22, 2001

Mr. Frank L. Davis Crispy Cleaners, Inc. 4036 North Armenia Avenue Tampa, Florida 33607

Dear Mr. Davis:

Thank you for your submittal of the Perchloroethylene Dry Cleaner Air General Permit Notification Form. The Department received your submittal on June 18.

In reviewing your submittal, it was noted that Crispy Cleaners, Inc. elected to surrender its existing Title V air general permit (AIRS ID 0571045). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

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

If you no longer wish to operate as a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring

and Mobile Sources

SB/

Enclosure

cc: Mr. Thomas Shelton, Hillsborough County

"More Protection, Less Process"



AIR MANAGEMENT

Crispy Cleaners 4036 N. Armenia Ave. Tampa, F1 33607

Dear Mr. Bruce King,

I am writing you in regards to your visit to Crispy Cleaners located at 4036 N. Armenia Avenue. As we discussed, I have now changed my filters and with the new machine being installed on December 17, 1996, we have used 30 gallons of perk as of April 10, 1997. I am therefore requesting a change to small quantity generator. I will not use more than 100 gallons for all of 1997. Air permit #571045

Thank you,

Frank Davis, owner

(813) 876-0241

	#0571045
	Crispy Cleaners, Inc.
p./3	7 need firm
P.14	1. (a) add dates for date machine
	control device installed
p.15	3. Should be new large area source 4. Should be new large area source
	Wrefrig. con. 5.(f) required
	·
. '	·

#### Perchloroethylene Dry Cleaning Facility Notification

AUG: 8 1995

Facility Name and Location

Hazardous Wasto

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	CASPA C) DAARAC FAIC.
2.	Site Name (For example, plant name or number):
	U621 1) Damenia N. A
3.	4036 N DAMONIA AVE FAMPA F1. 33607.  Hazardous Waste Generator Identification Number:
_	FLD. 05350 33/4.
4.	Facility Location: Street Address: 4036 Anmonia
	City: +Ampa County: Hill Zip Code: 33607.
5	Facility Identification Number (DEP Use):
٥.	0571045
	Responsible Official
6.	Name and Title of Responsible Official:
	FRANK L. Davis Brus.  Responsible Official Mailing Address:
(7.)	
	Organization/Firms Street Address: 10 2 2 mel 1000 5 t
	City: SeFFMen. Fl. County: Hill Zip Code: 33504
8.	Responsible Official Telephone Number:
	Telephone: (8/3) 689 - 6402 Fax: ( ) -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -

RECEIVED

AUG 2 6 1996

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Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
		Initially	Device	1	Initially	Device		Initially	Device
Type of Machine		Purchased	Installed	lD	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dec to Dec Unit	N	en mach	ع کے مہر	PT	96 7	Jostuled Instaled	Tu/	oct .	
Dry-to-Dry Unit		Now	mochin	<u> </u>	1060	Irstalock	<b>/</b> .	Sept	96
(1) w/ ref. condenser	V		_						<u> </u>
(2) w/ carbon adsorber (3) w/ no controls		1	1	ļ					
					<u> </u>				<u></u>
Washer Unit		The state of the s					. '		
(4) w/ ref. condenser									_
(5) w/ carbon adsorber									
(6) w/ no controls	6.5.35	e e al'alie : e			<u> </u>				
Dryer Unit	5 - 42		1	* .	i e e s	* 1. 1 <u>                                 </u>			g eskilytet et. T
(7) w/ ref. condenser									
(8) w/ carbon adsorber						_		-	-
(9) w/ no controls		r randr.		<u>.</u>	l de residencia	1			
Reclaimer Unit	7775.4	. juda istoplatika H	traditi ka sa sa sa I		Tell state			<u>alike di Jawa.</u> T	<u>ta, ela libuñalla e</u> T
(10) w/ ref. condenser						_		-	
(11) w/carbon adsorber				-		_			<u> </u>
(12) w/ no controls				<u> </u>				<u></u>	
(b) Control devices are (c) No control devices  2.(a) What was the total of [200]	are re	equired to be	installed [_		_ ل	n the latest 12			
(b) If less than I2 mont Check why it is less					_] New store	:: [] Did	not k	eep records:	<u>[]</u>
What is the facility's so (Indicate with an "X".					nitions foun	d in section (3	3) of	Part II?	
Existing small ar	ea so	urce []	Ne	w sm	nall area sour	rce []			
Existing large are	ea sou	irce	Ne	w lar	ge area sour	ce []			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

new

(Indicate with an "X".)						
Existing large area source  Carbon adsorber  Refrigerated condenser						
New small area source Refrigerated condenser []						
New large area source Refrigerated condenser						
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:						
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.						
All steam and hot water generating units exempt No such units on-site						
Equipment Monitoring and Recordkeeping Information						
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:						
(a) Purchase receipts and solvent purchases						
(b) Leak detection inspection and repair						
(c) Refrigerated condenser temperature monitoring						
(d) Carbon adsorber exhaust perc concentration monitoring						
(e) Instrument calibration						

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

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

Please indicate with an "X" the appropriate selection:							
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
No air permits currently exist for the operation of the facility indicated in this notification form.							
	Responsible Official Certification						
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.							
I will pron	mptly notify the Department of any changes to the information contained in this notification.						
Fra	wh f. Dan 8.1.96.						
Signature	Date						

#### BEST AVAILABLE COPY

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

 V			
	D. F.	D. 100000000	

YPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:30 TIME OUT: 11:5	30 AIRS ID#: 0571045
TYPE OF FACILITY: Dry Clarger (perc)	·
FACILITY NAME: Cristy Cleaner	DATE: 7/25/97
FACILITY LOCATION: 4036 Armenis Ave	
Tamps F1 37607	,
RESPONSIBLE OFFICIAL: Frank Davis	PHONE NUMBER: (813) 876 - 02 41
Based on the results of the compliance requirements compliance with DEP Rule 62-213.300, Florida Adn	evaluated during this inspection, the facility is found to be in ninistrative Code (F.A.C.).
Based on the results of the compliance requirements discrepancies were noted:	evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	M FOLLOW-UP ACTION REQUIRED
	•••
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
	·
	·
COMMENTS:	
COMMENTS: Now machine Good hos	se keaping
The Annual Compliance Certification form has been properly	y certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 3/2.5/3	(Approximate)
	• • • •
INSPECTION CONDUCTED BY: Janes C	(Please Print)
INSPECTION CONDUCTED BY: Janes Co INSPECTOR'S SIGNATURE: Qe O Holb	PHONE NUMBER: (373) 272 - 5530

Page / of /.

Revised 10/96

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

258968

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

RECEIVED MAIL ROOM

**TOTAL AMOUNT DUE: \$50.00** 

JAN 24 97

Do NOT Remove Label

AIRS ID# 0571045

CRISPY CLEANERS FRANK L DAVIS 1022 MELROSE STREET SEFFNER FL 33584 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	AD COMPLAINT/DISCO	OVERY
,	RE-INSPECTION	1 🗆	
		TIME IN: 10530 TIM	
FACILITY NAME:	12 Cleaners	, Inc.	
FACILITY LOCATION:	4036 Armen	is Ava Taype F1	33607
PART I: NOTIFICATION			
(check appropriate box)			
1. Existing facility notified DAR	M by 9/1/96		
2. New facility notified DARM 3	0 days prior to start	up	0.
3. Facility failed to notify DARN	I to use general per	nit	۵
PART II: CLASSIFICATION			
Facility indicated on notificatio (check appropriate box)	n form that it 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)	e . 🗅	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, 140 <x<2, 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" galy(constructed="" galyboth="" only,="" td="" transfer="" types,=""><td>) gal/yr al/yr</td><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,>	) gal/yr al/yr	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 classific	ation	NO YO	
If no, please check the appropria	ite classification: 💥	see notes en information	sheet
☐ facility qualifie	d for a general pern	nit as number above not eligible for a general permit	
B. The total quantity of perchlor facility was 255 gallons.	oethylene (perc) pu	rchased within the preceding 12 month	s by this dry cleaning

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

В.	Has the responsible official of an existing large or new large area source also:	<u>-</u>	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	MO AG	
	Is the temperature differential equal to or greater than 20° F?	ND YO	
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON	ON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON	
	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?	NIA OY ON	
	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON	<b>⊡</b> N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПА ПИ	©M/A

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?	□Y 12H
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	אם עם
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	(DY DN
4. Maintained calibration data? for direct reading instruments only)	OY 191 ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	אם צם
6. Maintained startup/shutdown/malfunction plan?	OY ON
7. Maintained deviation reports?  No deviations	DY ON
Problem corrected?	ОУ ОИ
8. Maintained compliance plan, if applicable?	. OY ON ON/A

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

2. Which method of detection is used	by the respon	nsible offic	ial?		
Visual examination (condense					
Physical detection (airflow fe	<b>-</b>				
Odor (noticeable perc odor)					
Use of direct-reading instrum	entation (FII	D/PID/calo	rimetric tubes)	TQ.	
If using direct-reading instr	umentation,	, is the equ	ipment:		
<ol> <li>Capable of detection</li> </ol>	ng perc vape	or concentr	ations in a range of 0-500 ppm?	□Y ®N	
b. Calibrated agains (PID/FID only)?	t a standard	gas prior to	and after each use	oy œŃ	
c. Inspected for leak	s and obviou	s signs of	wear on a weekly basis?	DY ON	
d. Kept in a clean ar	nd secure are	a when no	t in use?	OY ON	
e. Verified for accur	acy by use of	f duplicate	samples (calorimetric only)?	DY ON	
3. Has the facility maintained a leak lo	og?			DY ON	
4. Does the responsible official check the following areas for leaks?					
Hose connections, fittings,					
couplings, and valves	ŒΎ	ΠИ	Muck cookers AIA	OY ON	
Door gaskets and seating	gá	ПΝ	Stills ~A	OY ON	
Filter gaskets and seating	۵Ý	ПИ	Exhaust dampers MA	OY ON	
Pumps	ΞÝ	□и	Diverter valves ~ 1A	OY ON	
Solvent tanks and containers	ФÝ	ПΝ	Cartridge filter housings	oy on	
Water separators	ØÝ	ПИ			
E ( D )					
Name of Responsible Of	ficial				
	1.71		2/ 5/0-		
Inspector's Name (Please	Print)	<del></del>	3/25/97 Date of Inspe	ction	
			•		
Jamestaria Simonus			3/25/98	Navt Increation	

Crispy Cleaners

- · Machine was operating at time of inspection.
- · 1996 consumption was 255 gallons, however a new unit was installed on 12/20/86. Since that time, no additional per has had to be added, there fore at the young rate, this facility may qualify to become a "New small ever source".
- · fermit application was submitted with a note that the new machine would soon be installed. Tallahassee (DET) sent app. package back and asked him to submit after installation was complete. This provides a "stay area" in facility's source type.
- · Machine into Marvel Closed Loop 45# Capacity Model & CH 45R Construction date - late '55, early '96.
- · System has two large filters contained within their own laskage containment pan. One filter remains in "desin status L'(leaves drain open) Drain system is algosifical)

  of 5-gallon buckets of pera stored in delivery containers,
- and are placed in machine's containment pan.
- · Leak detector (HL 1340) has not had any calibration checks. Informed R.O. that he should obtain the menual on this dovice to ensure it was properly checked periodically.
- · Informed R.O. that he should closely monitor his consumption for rolling 12 ments in that when he goes below 140 sallors, he should submit a request to DEP to change his classification from "3" to "2" - see 2nd bellet above,

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

FACILITY NAME: Coipy Cleiners 1 Inc.	DATE: 36.5/87
FACILITY NAME: Coipy Cleiners , Inc.  FACILITY LOCATION: 4036 Armenia Are, Tapa, F1	33607
Annual Reporting Period: 3/25 \$ 1956 TO 8	19 <i>5</i> °7
Based on each term or condition of the Title V general air permit, my facility has remained in con-	
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	YES UNO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the	ne reporting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the	he reporting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonate made in this notification are true, accurate and complete. Further, my annual consumption of perupon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry year for transfer or combination facilities.	erchloroethylene solvent, based
RESPONSIBLE OFFICIAL: FRANK L. Davis Front L. D. Signatur	225 97 e Date

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

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

TYPE OF INSPECTION:	ANNUAL X	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 11=30		5 AIRS ID#:_	571045
TYPE OF FACILITY:		INER_	
FACILITY NAME:	CRISPY CLEANE		DATE: 3/11/98
FACILITY LOCATION:	4036 N. ARMENI	A AVE	
	TAMPA, FL 336	07	
RESPONSIBLE OFFICIAL:	FRAUK DAVIS	PHONE NUMBE	R. (813)876-0241
	of the compliance requirements evalu Rule 62-213.300, Florida Administ		facility is found to be in
Based on the results o	f the compliance requirements evaluted:	ated during this inspection, the	following compliance
COMPLIANCE REC	UIREMENT/PROBLEM	FOLLOW-UP AC	TION REQUIRED
		·	Bur m
			APR PR
			APR 1 3
			VED Monitoring
			B F
			<u> </u>
			•
COMMENTS:			
COMMENTS.			
he Annual Compliance Certific	cation form has been properly certifi		or. YES NO NO
ATE OF NEXT INSPECTIO	ON:	YEAR	
	(Apr	proximate)	
NSPECTION CONDUCTED	BY:	GER ZHU	
		ase Print)	R: (813)272-5530
NSPECTOR'S SIGNATURE	: / Coly / 3) 100	PHONE NUMBER	R:
	Page 0	£ĺ.	Revised 10/96

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

 $\sqrt{300136}$ 

- 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 6 98

Do NOT Remove Label

AIRS ID#0571045

CRISPY CLEANERS INC FRANK L DAVIS 1022 MELROSE STREET SEFFNER FL 33584 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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

AIRS ID#0571045

CRISPY CLEANERS INC
FRANK L DAVIS
1022 MELROSE STREET
SEFFNER FL 33584

Do NOT Remove Label

· ·	. DO <u>110</u>	71 Kemove 1	Lanei			
Annual Reporting Period:	Jan 1	19 <i>9<b>7</b></i>	то	Jan	/	_19 <u>9</u> &
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	• .				DEP Rule	
If NO, complete the following:						
#1. Term or condition of the general permit	t that has not been in c	ontinuous co	ompliance duri	ng the reporting pe	riod stated	above:
Exact period of non-compliance: from			to			
Action(s) taken to achieve compliance:						
Method used to demonstrate compliance:						
#2. Term or condition of the general permit	that has not been in c	ontinuous co				above:
Exact period of non-compliance: from	<u> </u>		. to	ECEIV	ED	
Action(s) taken to achieve compliance:		,		JAN 2 1 19	98	
Method used to demonstrate compliance:	· ·			Bureau of Air Mo & Mobile Sour		
As the responsible official, I hereby certify, bas notification are true, accurate and complete. F does not exceed 2,100 gallons per year for dry-t	further, my annual cons	umption of p	erchloroethylen	e solvent, based upor	purchase i	
RESPONSIBLE OFFICIAL: FRANCE	me (Please Print)	<u></u>	Frank	Z-Llan ature	<u> </u>	<u>298.</u> e

<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

	COMPLIANCE	INSPECTIO	N CHECKLIST	Wireal P	多一个
TYPE OF INSPECTION:	ANNUAL	Æ	COMPLAIN	T/DISCONERY	
· 	RE-INSPECTIO	D NC		e Sour	, 1938 K
AIRS ID#: 57/045  FACILITY NAME:	DATE: 3/11/9	78 TE	ME IN: 11:30	_ TIME OUT	R=15
FACILITY NAME:	KISPY C	-LUANC			
FACILITY LOCATION:	1036 N. AR	LMENIA	AVE		
	AMPA, A				
RESPONSIBLE OFFICIAL :	FRANK D	AU15	phone: ( S	13)876-	<b>e</b> 24/
CONTACT NAME:	SAME	<del>-</del>	PHONE:	SAMI	<u>e</u>
PART I: NOTIFICATION					
(check appropriate box)					
New facility notified DARM	30 days prior to star	tup	NA		
2. Facility failed to notify DARI	M to use general per	mit			
PART II: CLASSIFICATION	,				
Facility indicated on notification (check appropriate box)	on form that it is:		☐ No notificate ☐ Drop store/e	tion form out of business/	petroleum
A.  1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)		dry-to-dry of transfer only both types,	all area source nly, x < 140 gal/yr v, x < 200 gal/yr x < 140 gal/yr on or after 12/9/91)		: .
3. Existing large area source dry-to-dry only, $140 \le x \le 2,1$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$ )	l00 gai/yr ) gai/yr al/yr	dry-to-dry of transfer only both types, l	ge area source nly, $140 \le x \le 2,100$ $x, 200 \le x \le 1,800$ gal/y on or after $12/9/91$ )	al/yr yr	
5. This is a correct facility cla	ssification	XY ON	I □Can not dete	rmine	
	ppropriate classifica y qualified for a gene y exceeds above limit	eral permit a		above l permit	

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 112 gallons.

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, reciaimer, and dryer machines on a weekly basis?	<b>∀</b> Y	םא	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	QΥ	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	QY	ПИ	□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?	ΩY	□N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΠN	□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?	QΥ.	מם	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	מם.	□N/A
6.	Pouted airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	□N/A
_			_	

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
I. Maintained receipts for perc purchased?	Δίγ □N					
2. Maintained rolling monthly averages of perc consumption?	AY DH					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or;	AM <b>Ø</b> ND YD					
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 PON/A					
4. Maintained calibration data? (for applicable direct reading instruments)	אוא או עם אם אם					
5. Maintained exhaust duct monitoring data on perc concentrations?	avada no yo					
6. Maintained startup/shutdown/malfunction plan?						
7. Maintained deviation reports?						
Problem corrected?	OY ON PON/A					
8. Maintained compliance plan, if applicable?	OY ON YNA					

INSPECTION REPORT FORM							
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY							
	FACILITY: Crispy Cleaners PAGE 1 OF 1						1
FACILITY ADDRESS:	4036 N. Armo	enia Ave.		CITY: Ta	ımpa		
	PHONE: (813) 876-0241						
MAILING ADDRESS: Same CITY: Tampa FLA ZIP: 33607							
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	N TYPE:	STATUS:		JS:
Mar 11, 1998	11:30	12:15	non-CDS In Complianc			iance	
NEDS NUMBER: 571045							
SOURCE DESCRIPTION: Perc Dry Cleaner							
CONTACT(S): Fran	ık Davis						

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. Davis record keeping is in good shape. His perc purchase receipts and the average monthly rolling total indicated that he has purchased 115 gallons of perc over last 12 months. Mr. Davis asked if his classification can be changed from "New large area source" to "New small area source" based on the perc consumption below 140 gallons (Note: the total quantity of perc consumption of 225 gallons noted in the last inspection was for 1996 and the machine was installed on 12/20/96). I told Mr. Davis that only difference between the classification "2" and "3" is to maintain the record keeping on weekly or bi-weekly basis and he should submit a request to FDEP in Tallahassee to change his classification.

INSPECTED BY: Roger Zhu DATE: Mar 11,1998

AIRS ID#: 571045

pro

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

				_
FACILITY NAME:	CRISPY CLEA 4036 N. ARMER TAMPS, FL'3	NERS	DATE	: 4/22/99
FACILITY LOCATION:	4036 N. ARMEN	UIA AVE		
	TAMPA, FL'3	3607		
:				
Annual Reporting Period:	Jan 12	19 <u>9</u> 8 to	Apr 22	19 99
•	tion of the Title V general air peristrative Code (F.A.C.), during the		\ <u>-</u> _1	DEP Rule
If NO, complete the following	ng:			
#1. Term or condition of the	e general permit that has not been	in continuous complianc	e during the reporting per	riod stated above:
			RECE	IVED
Exact period of non-complia	nce: from	t	0	
Action(s) taken to achieve co	ompliance:		MAY 1	7 1999
Method used to demonstrate	compliance:			ir Monitoring Sources
#2. Term or condition of the	e general permit that has not been	in continuous complianc	e during the reporting pe	riod stated above:
Exact period of non-complia	unce: from	to		
Action(s) taken to achieve co	ompliance:			
Method used to demonstrate	compliance:	·		
made in this notification are	hereby certify, based on informate true, accurate and complete. Furchase receipts, does not exceed 2 ation facilities.	rther, my annual consum	ption of perchloroethyler	ie solvent, based
RESPONSIBLE OFFICIA	L: FRANK L. Da Name (Please Print)	vii 7re	wh J-Dain Signature	9.22-99 Date

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

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

TYPE OF INSPECTION: ANNUAL X COM	PLAINT/DISCOVERY RE-INSPECTION					
TIME IN: 13-00 TIME OUT: 15  TYPE OF FACILITY: PERC DRY CLEANER						
TYPE OF FACILITY: PERC DRY CLEANER  FACILITY NAME: CLISPY CLEANERS  FACILITY LOCATION: 4036 N. ARMENIA  TAMPA, FL 33607	DATE: 4/22/99 AVE					
. بد لحسب می دورست	PHONE NUMBER: (8/3)876-024					
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 evalu discrepancies were noted:						
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED					
<del></del>						
COMMENTS:	·					
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES NO  DATE OF NEXT INSPECTION:						
INSPECTION CONDUCTED BY:	oproximate) OBER ZHU					
INSPECTOR'S SIGNATURE: Rose M	lease Print)  PHONE NUMBER: (813) 272-5530					

Page of .

Revised 10/96

#### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	Ø COMPLAINT/DISCOVERY □ ON □
AIRS ID#: 57/045 DATE: 4/22/ FACILITY NAME: CRISPY CL	199 TIME IN: 13:00 TIME OUT: 15:00 -EANERS
FACILITY LOCATION: 4036. N. 1	ARMENIA AVE =L 33607
RESPONSIBLE OFFICIAL: FRANK T	EANERS  ARMENIA AVE  =L 33607  PAVIS PHONE: (813)876-0241  PHONE: SAME
PART I: NOTIFICATION	RECEIVED
(check appropriate box)  1. New facility notified DARM 30 days prior to sta  2. Facility failed to notify DARM to use general pe	Bureau of Air Monitoring
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	□ 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)
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	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
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)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	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)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
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)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classification gaily qualified for a get	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)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)  AY  □N □Can not determine

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) □Y □N MN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN SIN/A 2. Examining the containers for leakage? ØY □N 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN XXN/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) MU Y 1. Equipped all machines with the appropriate vent controls? MY ON ON/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 MAY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated KOY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the MY ON ONIA condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after 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?	×	ПN	
2.	Measured and recorded the washer exhaust temperature at the condensor inlet and outlet weekly?	ΩY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПΥ	ON	ON/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?	$\Box$ Y	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ΠN	□N/A
4.	perc concentrations is at least 8 duct diameters downstream of any bend, contraction,			
	or expansion; is at least 2 duct diameters apstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΠY	□N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	DY DN					
2. Maintained rolling monthly averages of perc consumption?	<b>¤</b> Y □N					
3. Maintained leak detection inspection and repair reports for the following:	·					
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN DAN/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?	DY DN ØN/A					
4. Maintained calibration data? (for applicable direct reading instruments)	A/NEK NO YO					
5. Maintained exhaust duct monitoring data on perc concentrations? □Y □N ▼N						
6. Maintained startup/shutdown/malfunction plan?						
7. Maintained deviation reports?						
Problem corrected?	OY ON DINA					
8. Maintained compliance plan, if applicable?	DY DN \$AN/A					

PA	RT VI: LEAK DETECTION AND	REPAIRS			
1.	Does the responsible official conduct a	weekly (for	small sour	ces, bi-weekly) leak detection ar	nd repair
	inspection?				X □N
2.	Has the facility maintained a leak log?	•			ØY □N
3.	Does the responsible official check the	following a	reas for lead	ks?	
	Hose connections, fittings, couplings, and valves	<b>∀</b> Y □N	□N/A	Muck cookers	YY ON ON/A
	Door gaskets and seating	<b>Ø</b> Y □N	□N/A	Stills	MAY ON ON/A
	Filter gaskets and seating	<b>¼</b> Y □N	□N/A	Exhaust dampers	YY ON ON/A
	Pumps	ØY □N	□N/A	Diverter valves	XY ON ON/A
	Solvent tanks and containers	N PIN	□N/A	Cartridge filter housings	YY ON ON/A
	Water separators	May □N	□N/A		
4.	Which method of detection is used by	the responsib	ole official?	,	
	Visual examination (condensed s	solvent on ex	terior surfa	aces)	<b>\$</b> 4
	Physical detection (airflow felt the	nrough gaske	ts)		\$4
	Odor (noticeable perc odor)				<b>₽</b>
	Use of direct-reading instrument	ation (FID/P	ID/calorim	etric tubes)	
	Halogen leak detector				
	If using direct-reading inst	rumentation	, is the equ	aipment:	\$N/A
	a. Capable of detecting	perc vapor c	oncentratio	ons in a range of 0-500 ppm?	□Y □N
	b. Calibrated against a (PID/FID only)?	standard gas	prior to an	nd after each use	OY ON
	c. Inspected for leaks a	nd obvious si	ions of wea	r on a weekly hasis?	OY ON
	d. Kept in a clean and		_	•	DY DN
				nples (calorimetric only)?	
	5	, v, 200 <b>0</b> 1 22	· • • • • • • • • • • • • • • • • • • •		
		<del></del>			
	ROGER ZI	40		4/22	199
	Inspector's Name (Please Pri	int)		Date of Inspe	ction
	0 04 04			1 40	AR

Approximate Date of Next Inspection

Inspector's Signature

		INSPECTION RE	PORT FORM				
ENVIRO	NMENTAL PROT			SBOROUGH (	COUNT	Ϋ́	
FACILITY: Crispy Cl	eaners			PAGE	1	OF	1
FACILITY ADDRESS	4036 N. Armo	enia Ave.		CITY: Tar PHONE: (		376-024	1
MAILING ADDRESS:	Same		CITY: Tampa			33607	
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	N TYPE:		STAT	US:
Apr 22, 1999	13:00	15:00	non-C	DS	I	n Comp	liance
NEDS NUMBER: 5	71045	-					
SOURCE DESCRIPTION	ON: Perc Dry	Cleaner					
CONTACT(S): Fra	nk Davis						
The machine was in The record keeping consistently. The permonths. Mr. Davis disorder the copies from Follow-up on 4/23/99 that the actual perc us	is in good share log indicate dn't have the p the supplier for	tipe. The leak d a total of 14 erc purchase reme to verify the total me today	log and tem gallons of eceipts with he quantities of that he got the	perature lo perc being im during to of the perc to the receipts.	g used my visusage.	l for th sit. He	e past 12 said he'll
that the actual perc usage was 135 gallons according the purchase receipts.  INSPECTED BY: Roger Zhu DATE: Apr 23, 1999							



### Department of Environmental Protection

Jeb Bush Governor Marjory Stoneman Douglas Building 3900 Commonwealth Boulevard Tallahassee, Florida 32399-3000

David B. Struhs Secretary

March 2, 2000

Crispy Cleaners 4036 N. Armenia Ave. Tampa FL, 33607

RE: Worthless Check REC: # 007794

#### To Whom It May Concern:

You are hereby notified that your check #8032 issued to you on January 1,2000 drawn on Manufacturers Bank of Florida, and made payable to Department of Environmental Protection has been returned to us as "INSUFFICIENT FUNDS". Pursuant to Chapter 215.34 FS, you have seven (7) days from receipt of this notice to tender payment in the full amount of \$50.00 plus a service fee of \$15.00 or 5%, whichever is greater. The amount due being \$65.00. Unless this amount is paid in full within the time specified above, the holder of such check may turn over the dishonored check and all other available information relating to this incident to the State Attorney for criminal prosecution.

Please return this letter and a Cashier's Check or Money Order payable to the Department of Environmental Protection in the amount of \$65.00 to the Bureau of Finance & Accounting, P.O. Box 3070, Tallahassee, Florida 32315. As soon as we receive your remittance, your dishonored check will be returned. If you have any questions please contact me at (850) 488-2400. Thank You.

Sincerely,

Ann R. Sullivan

Accounting Services Supervisor

Receipts Section

Bureau of Finance and Accounting

Lull

AS/BF

cc: Legal Counsel Cashier Reading File John Holthom

ECE 2000

MAR 0 6 2000

BUREAU OF AIR REGULATION



# Department of Environmental Protection

Jeb Bush Governor Marjory Stoneman Douglas Building 3900 Commonwealth Boulevard Tallahassee, Florida 32399-3000

David B. Struhs Secretary

March 23, 2000

Crispy Cleaners 4036 N. Armenia Ave. Tampa, FL. 33607

RE: Remittance Receipt

REC: #007794

To whom it may concern:

RECTED

MAR 2 4 2000

BUREAU OF AIR REGULATION

This will acknowledge receipt of and thank you for your remittance covering your returned check #8032 issued on January 1, 2000 in the amount of \$50.00. Your dishonored check is enclosed for your records.

Thank you for your cooperation in this matter.

Sincerely,

Ann R. Sullivan

Accounting Services Supervisor

Receipts Section

Bureau of Finance and Accounting

AS/cl Enclosure Reading File

John Holthom

"More Protection, Less Process"

Printed on recycled paper.

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

TYPE OF INSPECTION: ANNUAL 🔀 COM	PLAINT/DISCOVERY RE-INSPECTION				
TIME IN: 9:30 TIME OUT: 10:3  TYPE OF FACILITY: PERC DRY CLEANE.	AII& ID#				
FACILITY NAME: CRISPY CLEANERS FACILITY LOCATION: 4036 N. ARMENIA TAMPA, FL 3366	DATE: 3/30/00				
RESPONSIBLE OFFICIAL: FRANK DAVIS	PHONE NUMBER: (813) 876-0241				
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra					
Based on the results of the compliance requirements evaluadiscrepancies were noted:					
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED				
-•	*				
	Par II				
	E MODILE S. A. A.				
	omitoring omitoring				
COMMENTS:					
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES NO  DATE OF NEXT INSPECTION:					
INSPECTION CONDUCTED BY: Lo	oproximate)  GER ZHU  lease Print)				
INSPECTOR'S SIGNATURE: Logerson	PHONE NUMBER: (813) 272-5530				

Revised 10/96

#### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ANNUAL

TYPE OF INSPECTION:

×

COMPLAINT/DISCOVERY

RE-INSPECTION	
AIRS ID#: 571045 DATE: 3/30/	00 TIME IN: 9:30 TIME OUT: 10:30
FACILITY NAME: CRISPY CLE	<u>-</u>
FACILITY LOCATION:	RMENIA AVE
TAMPA, 1	
RESPONSIBLE OFFICIAL: FRANK D	PHONE: (8/3) 876-0241  PHONE: SAME
CONTACT NAME: SAME	PHONE: SAME
PART I: NOTIFICATION	
(check appropriate box)	·
1. New facility notified DARM 30 days prior to star	tup 🥦
2. Facility failed to notify DARM to use general per	mit 🗆
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	□ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
1. Existing small area source □	2. New small area source □
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	dry-to-dry only, x < 140 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)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification	MY □N □Can not determine
, , , , , , , , , , , , , , , , , , , ,	cation: neral permit as number above nits 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 sealed and impervious containers?	DY DN <b>X</b> N/A
2. Examining the containers for leakage?	DY DN MANA
3. Closing and securing machine doors except during loading/unloading?	NO Y
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	<b>M</b> y On On/a
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON TANA
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	***
If classification 1 has been checked, no controls are required. Proceed to Part V.	
If classification 2 has been checked, the machine should be equipped with a refrig (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either 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?	À TYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ØY □N □N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OCY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ØYY □N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	MY ON ONA
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ØNY □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	מם	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY	ПΝ	ON/A_
	Is the temperature differential equal to or greater than 20° F?	ΩY	DW	ÚN/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?	ΟY	ПM	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	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 abstream from any bend, contraction, or expansion; and downstream from no other inlet?	□∨	ПΝ	□N/A
-		— <u>*</u> ;;		
٥.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ŪΥ	ΠN	□N/A

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) MU YK 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? MO AN 3. Maintained leak detection inspection and repair reports for the following: ANA NO YO 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 DINA and parts installed w/in 5 days of receipt? DY DN MINA 4. Maintained calibration data? (for applicable direct reading instruments) DY ON MINA 5. Maintained exhaust duct monitoring data on perc concentrations? XXY □N 6. Maintained startup/shutdown/malfunction plan? AVA D NO YO 7. Maintained deviation reports? AVA D YO Problem corrected? DY DN \$\frac{1}{2}N/A 8. Maintained compliance plan, if applicable?

PA	PART VI: LEAK DETECTION AND REPAIRS					
1.	Does the responsible official conduct a v	weekly (for small source	es, bi-weekly) leak detection an	d repair		
	inspection?			X(Y □N		
2.	Has the facility maintained a leak log?			ØYY □N		
3.	Does the responsible official check the f	following areas for leak	s?			
	Hose connections, fittings, couplings, and valves	XY ON ON/A	Muck cookers	אימם מם אאַ		
	Door gaskets and seating	ØY □N □N/A	Stills	MY □N □N/A		
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	אואם אם צאל		
	Pumps	AND ND YA	Diverter valves	ØY □N □N/A		
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	XY ON ON/A		
	Water separators	MY ON ON/A		·		
4.	Which method of detection is used by t	he responsible official?		i.e		
	Visual examination (condensed s	olvent on exterior surfa	ces)	<b>9</b> 4		
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector					
	If using direct-reading instr	umentation, is the equ	ipment:	<b>X</b> N/A		
	a. Capable of detecting	perc vapor concentration	ons in a range of 0-500 ppm?	אם צם,		
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					
	c. Inspected for leaks and obvious signs of wear on a weekly basis?					
	d. Kept in a clean and secure area when not in use?					
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?					
<u> </u>		<u> </u>	<del></del>			
	·					
	ROGER ZHO	.)	3/30	100		
_		<del></del>		-		

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

Deviced 8/11/0

AIRS ID#: 57/045

Her

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

FACILITY NAME: CLISPY FACILITY LOCATION: 4036 TAMPA	CLEANERS	DATE	: 3/30/00
FACILITY LOCATION: 4036	U. ARMENIA SU	'E	
TAMPA	, FL 33607		
	·		
Annual Reporting Period:	23 19 <u>99</u> TO	Mar 30	200
Based on each term or condition of the Title V	general air permit, my facility has	remained in compliance with I	DEP Rule
62-213.300, Florida Administrative Code (F.A	a.C.), during the period covered by	this statement. TYES	$\square_{\mathrm{NO}}$
If NO, complete the following:	,		
#1. Term or condition of the general permit the	hat has not been in continuous com	nliance during the reporting pe	riod stated above:
7. Tum of conduction of the gondan permit of		brance crawle are reberrand be	
Tours and of an association from			
Exact period of non-compliance: from	<del> </del>	to	
Action(s) taken to achieve compliance:		•	
Method used to demonstrate compliance:	<u></u> .	<u> </u>	
	•	· · · · · ·	•
#2. Term or condition of the general permit t	hat has not been in continuous con	pliance during the reporting po	eriod stated above:
		•	
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			;
		•	<del></del> .
As the responsible official, I hereby certify, b			
made in this notification are true, accurate a upon rolling averages of purchase receipts, a			
year for transfer or combination facilities.	h 1 0 .	$\gamma$ $\gamma$ $\gamma$ $\gamma$	2/1/
RESPONSIBLE OFFICIAL: FRAM	ne (Please Print)	Fran J. Van	
Nam	ie (Ficase Fillit)	Digitaldic	Date

	i	ì
Page	of	<u> </u>

<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.

ENVIRO	NMENTAL PROT	INSPECTION REI		SBOROUGH (	COUNTY	
FACILITY: Crispy Cle	aners			PAGE	1 OF	1
FACILITY ADDRESS:	4036 N. Arme	enia Ave.		CITY: Tai PHONE: (	mpa (813) 876-024	1
MAILING ADDRESS:	Same		CITY: Tampa	FLA	ZIP: 33607	
INSPECTION DATE: Mar 30, 2000	TIME IN: 9:30	TIME OUT: 10:30	INSPECTIO non-C		STAT In Comp	
NEDS NUMBER: 5'	71045					
SOURCE DESCRIPTION	N: Perc Dry	Cleaner				
CONTACT(S): Fran	ık Davis				·	
Today's visit was to on the machine was in one of the Mr. Davis keeps verweekly basis. The perthe purchase receipts.	peration today y good record	. No leaks or s. The tempe	odors were no rature and lea	ak logs hav		ll ll
					. 47	:
						·
·						
·						·
			•			
			•			
	•					l
		•				
INSPECTED BY:	Roger Zhu			DA	TE: Mar 30	), 2000

4036 - Athan F 133607



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

hallanlıkalışlırınlıklıklırı — hallaklırıllıklırıl

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

401441

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

CRISPY CLEANERS INC FRANK L DAVIS 1022 MELROSE STREET SEFFNER FL 33584

AIRS ID # 0571045

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

) Commence of the commence of	
SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  C. Signature  Agent  Addressee  D. Is delivery address wiferent from trees ?
Article Addressed to:	D. Is delivery address different from teath?  If YES, enter delivery address below.
10 AIRS ID # 0571045001AG FRANK L DAVIS CRISPY CLEANERS INC	JUN 1 2 2001
1022 MELROSE STREET	3. Service Type 33584
SEFFNER FL 33584	Certified Mail Express Mail
<b>}</b>	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)  2. Article Number (Copy from service label)	0600 0021 28277053
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789

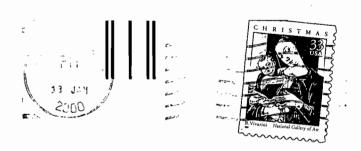
*f* ...

F 1	Receipt for Cer No Insurance Coverage Do not use for Internation RISPY CLEANERS IN RANK L DAVIS 022 MELROSE STRE EFFNER FL 33584	Provided. anal Mail (See reverse) AIRS ID # 05716 NC	045		
	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	\$			
Form <b>3800</b>	Postmark or Date			•	
PS Forr				•	

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	the suppose of the su				_
rse 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.	I also wish to receive the following services (for an extra fee):		9	
reverse	Attach this form to the front of the mailpiece, or on the back if space permit. Block "Return Receipt Regulated" on the mailpiece below the article.	1. Addressee's Address		Servic	
ţ			2.   Restricted Delivery  Consult postmaster for for		
5	3. Article Addressed to:	Consult postmaster for fee.  4a. Article Number		Ster for fee.	eceipt
JRN ADDRESS completed	AIRS ID # 0571045  CRISPY CLEANERS INC FRANK L DAVIS 1022 MELROSE STREET SEFFNER FL 33584  5. Received By: (Print Name)	4b. Service 1 Registere Express I Return Rec	S > (e 60 . Type ad Mail Delipt for Merchandise	Certified Insured	you for using Return R
s your <u>RETURN</u>	6. Signature: (Addressee or Agent)	and fee is		ii requesieu 	Thank
<u>~</u>	PS Form <b>3811</b> , December 1994	Domestic Return Receipt			

Crisp. Cleaner 4036 NAMERIC TAMPL F 133607



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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0391264

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

## TOTAL AMOUNT DUE: 550.00

Do NOT Remove Label

AIRS ID # 0571045

CRISPY CLEANERS INC FRANK L DAVIS 1022 MELROSE STREET SEFFNER FL 33584 OPAN 2 1 2000

S50

Wreau of Air Monitoring

Mobile Sources

m

JAN 19 00

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

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

035.9993

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

TOTAL AMO	OUNT DUE: \$	50.00 REC
AIRS ID # 0571045  CRISPY CLEANERS INC FRANK L DAVIS 1022 MELROSE STREET SEFFNER FL 33584	RECEIVED MAIL ROOM MAR - 9 99	OFOR COVERNMENT USE ONLY Sorg.: 3755010 1000 EO: B1 Stund: 20-2-035001 Rebj.: 002273