0571048



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 20, 1996

Mr. Monte J. Leedy President The Dry Cleaner 4053 South Dale Mabry Tampa, Florida 33611

Dear Mr. Leedy:

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 is subject to the requirements of the Title V general permit.

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

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

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

Sincerely,

Dotty Diltz/, Chief

Bureau of Air Monitoring

and Mobile Sources

/DD

cc: Ms. Liz Deken, Hillsborough County

#0571048

P 14

1. (c) should be marked

P.15

4. Should not be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

<u> </u>	
1. Facility Owner/Company Name (Name of corporation, agency, or individual)	lual owner):
FERY & MURDLY TIME	
2. Site Name (For example, plant name or number):	
THE DOU CLEANED	
THE DRY C/EANER 3. Hazardous Waste Generator Identification Number:	
FLD 982144339	•
1 A Legalita Legation:	
Street Address: 4053 S. DALE MAKRY City: TAMPA County: H. Ils boungh	Zip Code: 336//
777 17 17	
5. Facility Identification Number (DEP Use):	
0571048	
Responsible Official	
6. Name and Title of Responsible Official:	
MONTE J, LEEDY - President 7. Responsible Official Mailing Address: Organization/Firm: Street Address: SAME As Above City:	
7. Responsible Official Mailing Address:	•
Street Address: SAME As Above	
City: County:	Zip Code:
8. Responsible Official Telephone Number:	
Telephone: $(8)3) 83/ - 72 93$ Fax: ()	-
Facility Contact (If different from Responsible O	fficial)
9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address:	
Street Address:	
City: County:	Zip Code:
LL Facility Contact Talanham Number	
11. Facility Contact Telephone Number: Telephone: () - Fax: ()	•

NA

RECEIVED

FAUG 2 6 1230

DEP Form No. 62-213.900(2)

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Bureau of Ar Monitoring
& Mobile Sources

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	1.5	(21 MAY 9=	,	1.7					
(1) w/ ref. condenser	1	04 MAY-90							
(2) w/ carbon adsorber		 							
(3) w/ no controls									
Washer Unit							1.50		
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls				_					
Dryer Unit		al captión.	e la	ا زید	kuloji nigardiya, D		4		Kajanta
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	:							alangi jida arr	
(10) w/ ref. condenser	<u> </u>			_	1				
(11) w/carbon adsorber				-					
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 montrol of the control	are r quant gallo	equired to be ity of perchlo ons ow many? [_	installed [_ oroethylene (perc)	purchased in			nths?	
•	, tiiui	1 12 months:	New owner:		New store	: [] Did	not k	eep records:	[]

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 What control technology is required on machines (Indicate with an "X".) 	pursuant to section (5) of F	Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser	LXL
New small area source Refrigerated condenser []		
New large area source Refrigerated condenser []		
7		
5. A facility which contains non-exempt emissions to Rule 62-213.300, F.A.C. Verify that all steam an exemption criteria or that no such units exist on-site	d hot water generating unit	
All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by n during which propane or fuel oil containing no more	atural gas except for period	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site		
Equipment Monitoring a	and Recordkeeping Inform	nation
Check all logs which are required to be kept on-site	in accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent purchases		[*]
(b) Leak detection inspection and repair		[ێ]
(c) Refrigerated condenser temperature monitoring		
(d) Carbon adsorber exhaust perc concentration mor	nitoring	
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction plan		

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Surrender of Existing Air Permit(s)

Please indicat	e 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)
[X]	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statemeni maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification. White 1

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

BAYSE WORL

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 0905	TIME OUT: \\D	30 AIRS ID#: 05	71048
TYPE OF FACILITY:	RC DRY CLEAR	UER .	
FACILITY NAME:	R Dry CLEAN		DATE:
FACILITY LOCATION:		MABRY	
	1 Ampa, to 33		817 5- 2287
RESPONSIBLE OFFICIAL:	Monte LCEDY	PHONE NUMBER:	813-831-7283
	ne compliance requirements eva ule 62-213.300, Florida Admini	luated during this inspection, the faci strative Code (F.A.C.).	lity is found to be in
Based on the results of the discrepancies were noted	•	luated during this inspection, the follo	owing compliance
COMPLIANCE REQU	TREMENT/PROBLEM	FOLLOW-UP ACTIO	ON REQUIRED
PERMIT APPLICATI AREA SOUME, PERC INDICATED > 140	USAGE RECORDS	WITH DEP TALL	
NO TEMPERATURE	RELORDS BEING	START KEEPING	TEMP RECORDS
	•		
COMMENTS: LEFT ANNUAL CE R.O. TO SIGN 'S	RETURN.	m with on-site A	FRS OWNEL FOR
The Annual Compliance Certific	N:	tified and submitted to the inspector. Lyk Approximate)	YES NO
INSPECTION CONDUCTED	BY: LEROY SH	Please Print)	
INSPECTOR'S SIGNATURE:	77. Shu	•	813-277-5530

Page___of___.

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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X	PLAINT/DISCOVERY RE-INSPECTION								
TIME IN: 13:30 TIME OUT: 15:15 TYPE OF FACILITY: PERC DRY CLEANER									
FACILITY NAME: GREATER TAMPA C FACILITY LOCATION: 8408 N. ARMENIA	CLEANERS DATE 2/1/00								
FACILITY LOCATION: 8408 N. ARMENIA AVE TAMPA, FL 33604									
RESPONSIBLE OFFICIAL: QUOC KHANH NGUYEN PHONE NUMBER: (8/3) 933-9112									
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 evaluadiscrepancies were noted:	ated during this inspection, the following compliance								
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED								
·									
· · · · · · · · · · · · · · · · · · ·									
· · ·									
· · · · · · · · · · · · · · · · · · ·									
COMMENTS:	<u> </u>								
	<u> </u>								
The Annual Compliance Certification form has been properly certification	· · · · · · · · · · · · · · · · · · ·								
DATE OF NEXT INSPECTION: (An	Proximate)								
INSPECTION CONDUCTED BY:	GER ZHU ease Print)								
INSPECTOR'S SIGNATURE: Pose Bh	PHONE NUMBER: (813) 272-5530								

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Revised 10/96

AIRS ID#: 571148

HUC

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: GREATER -	TAMPA CLEANERS U. ARMENIA AVE , FL 33604	_DATE: _Z/1/0
FACILITY LOCATION: 8408	U. ARMENIA AVE	
TAMPA	, FL 33604	
Annual Reporting Period:	ν 22 $_{19}99$ TO $2/1$	20 00
	V general air permit, my facility has remained in compliance. A.C.), during the period covered by this statement.	
If NO, complete the following:		
#1. Term or condition of the general permit	that has not been in continuous compliance during the repo	rting period stated above:
		<u>. </u>
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:	· · · · · · · · · · · · · · · · · · ·	
Method used to demonstrate compliance:		·
#2. Term or condition of the general permit	that has not been in continuous compliance during the repo	orting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		<u>.</u>
made in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	based on information and belief formed after reasonable in and complete. Further, my annual consumption of perchlor does not exceed 2,100 gallons per year for dry-to dry facility.	roethylene solvent, based

^{*}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/DIS	SCOVERY
AIRS ID#: 571148 DA	ATE: 2/1/00 EATER TAM	TIME IN: 13:30 TO	IME OUT: 15:15
FACILITY LOCATION: 84	08 N. ARM	ENIA AVE	
RESPONSIBLE OFFICIAL : CONTACT NAME:	SAME	PHONE: (813))933-911Z SAWE
PART I: NOTIFICATION		·	
(check appropriate box) 1. New facility notified DARM 30 2. Facility failed to notify DARM	· ·		Þ.
PART II: CLASSIFICATION			
	•	· ·	
Facility indicated on notification (check appropriate box)	form that it is:	☐ No notification☐ Drop store/out	of business/petroleum
Facility indicated on notification	□ 2. N dry- tran: both	•	
Facility indicated on notification (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	2. N dry- trans both (con 4. N 0 gal/yr gal/yr trans	Drop store/out lew small area source to-dry only, $x < 140$ gal/yr sfer only, $x < 200$ gal/yr types, $x < 140$ gal/yr	of business/petroleum
Facility indicated on notification (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 ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal/yr	2. N dry- trans both (con 4. N 0 gal/yr dry- gal/yr trans l/yr both (con	In Drop store/out If we small area source to-dry only, $x < 140$ gal/yr sfer only, $x < 200$ gal/yr types, $x < 140$ gal/yr structed on or after $12/9/91$) If we large area source to-dry only, $140 \le x \le 2,100$ gal/yr types, $140 \le x \le 1,800$ gal/yr structed on or after $12/9/91$)	of business/petroleum
Facility indicated on notification (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 ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility class If no, please check the ap	dry- trans both (con 4. N 0 gal/yr dry- gal/yr trans l/yr both (con sification DY opropriate classifications qualified for a general	□ Drop store/out New small area source to-dry only, $x < 140$ gal/yr sfer only, $x < 200$ gal/yr types, $x < 140$ gal/yr structed on or after 12/9/91) New large area source to-dry only, $140 \le x \le 2,100$ gal sfer only, $200 \le x \le 1,800$ gal/yr types, $140 \le x \le 1,800$ gal/yr structed on or after 12/9/91) □ N □ Can not determ	of business/petroleum

Is the responsible official of the dry cleaning facility: (check appropriate boxes) □Y □N **⊠**N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN MN/A 2. Examining the containers for leakage? KOY DN 3. Closing and securing machine doors except during loading/unloading? 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 DY DN XINA 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? MY 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 MY 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? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DAY ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after MO YA verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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?	ŻΥ	מם	-
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПИ	DN/A>
	Is the temperature differential equal to or greater than 20° F?	DY	DN	□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?	\Box Y	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	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,	٠		
	or expansion; and downstream from no other inlet?	ΠY	ΠИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□и	□N/A
6.	Routed 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)	
1. Maintained receipts for perc purchased?	ØY □N
2. Maintained rolling monthly averages of perc consumption?	ØY □N
3. Maintained leak detection inspection and repair reports for the following:	•
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON MANA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	KAY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	où on M n/a
5. Maintained exhaust duct monitoring data on perc concentrations?	□Y □N Ä N/A
6. Maintained startup/shutdown/malfunction plan?	ØY ON
7. Maintained deviation reports?	DY DN S (N/A
Problem corrected?	DY DN MANA
8. Maintained compliance plan, if applicable?	OY ON SANA

P.A	ART VI: LEAK DETECTION AND R	EPAIRS						
I.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?			MY □N				
2.	Has the facility maintained a leak log?			X Y □N				
3.	Does the responsible official check the	following areas for leaks?						
	Hose connections, fittings, couplings, and valves	XY ON ON/A	Muck cookers	MY ON ON/A				
	Door gaskets and seating	XY ON ON/A	Stills	AND ND YA				
	Filter gaskets and seating	MY ON ONA	Exhaust dampers	XY ON ON/A				
	Pumps	MY ON ONA	Diverter valves	MY ON ON/A				
	Solvent tanks and containers '	AINO NO YK	Cartridge filter housings	AND NO YA				
	Water separators	Y ON ON/A						
4.	Which method of detection is used by the	he responsible official?						
	Visual examination (condensed se	olvent on exterior surfaces)) 4				
	Physical detection (airflow felt the	rough gaskets)		X				
	Odor (noticeable perc odor)			y 1				
	Use of direct-reading instrumenta	tion (FID/PID/calorimetri	c tubes)					
	Halogen leak detector							
	If using direct-reading instr	umentation, is the equip	ment:	M/A				
	a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	OY ON				
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and a	fter each use	OY ON				
	c. Inspected for leaks ar	nd obvious signs of wear or	n a weekly basis?	OY ON				
	d. Kept in a clean and s	ecure area when not in use	e?	□Y □N				
	e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	OY ON				
-								
	10/00 TIL		2/1/	20				
_	LOGER ZHO Inspector's Name (Please Pri		Date of Inspe					
	inspector's Name (Flease Ph	nt)	-					
	Page - Mag		i Ye	AR				

Revised 8/11/97

Approximate Date of Next Inspection

Inspector's Signature

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY								
FACILITY: Greater Ta	FACILITY: Greater Tampa Cleaners PAGE 1 OF 1							1
FACILITY ADDRESS: 8408 N. Armenia Ave CITY: Tampa PHONE: (813) 933-9112							2	
MAILING ADDRESS:	Same		CITY: Tampa	FLA	4	ZIP:	33604	
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	N TYPE:	TYPE: STATUS:			US:
Feb 1, 2000	13:30	15:15	non-C	DS		In	Comp	liance
NEDS NUMBER: 571148								
SOURCE DESCRIPTION: Perc Dry Cleaner								
CONTACT(S): Quo	oc Khanh Nguye	n						

Today's visit was to conduct the annual inspection.

Mr. Nguyen keeps good records. Both the temperature and leak inspections have been logged on a weekly basis. The perc usage was 175 gallons for the past 12-month comparing to 125 gallons in the previous 12-month rolling total. Mr. Nguyen told me that he has been doing the wholesale business in addition to the walk-in that might be the reason for a such big jump on perc consumption.

I told Mr. Nguyen that this facility's classification falls into a "new large area source" based on the past 12 months perc usage which was greater than 140 gallons. Also, I reminded him that he needs to keep what he's been already doing the recordkeeping on a weekly basis in order to meet the recordkeeping requirement for a Large Area Source.

The operation in the facility looks very busy. The machine was running during my inspection. No odors or leaks were noticed.

The repair log indicated that the gasket for the still was replaced on September 29, 1999.

	•			
INSPECTED BY:	Roger Zhu		DATE:	Feb 1, 2000

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL \(\sum_{\text{N}} \) COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 8:00 TIME OUT: 9:3	O AIRS ID#: 571048
TYPE OF FACILITY: PERC DRY CLEANER	
FACILITY NAME: THE DRY CLEANERS	DATE: 12/16/98
FACILITY LOCATION: 4053 S. DALE MAB	RY
TAMPA, FL 33611	
RESPONSIBLE OFFICIAL: MONTE LEEDY	PHONE NUMBER: (813) 831-7283
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administra	
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
	JAN 1 3 1999
	Bureau of Air Monitoring & Mobile Sources
	
· · · · · · · · · · · · · · · · · · ·	
•	
COMMENTS:	
1 DION STOLE A	ut V
A DROP STORE OF	
The Annual Compliance Certification form has been properly cert	ified and submitted to the inspector. YES NO NO
	·/ <u> </u>
(A	pproximate)
	OGER ZHU
(P	Please Print) / 0121272 - 5530
INSPECTOR'S SIGNATURE: Logues	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	M M	COMPLAINT/DISC	OVERY 🗆
AIRS ID#: 571048 FACILITY NAME:	THE DRY CL	EANER	5	ie out: <u>9-30</u>
FACILITY LOCATION: _	4053 S J			
RESPONSIBLE OFFICIAL				831-7283 SAME
PART I: NOTIFICATION		· ·	· · · · · · · · · · · · · · · · · · ·	
(check appropriate box) 1. New facility notified DAF 2. Facility failed to notify D.	• •	_	N/A	
PART II: CLASSIFICATI	ON			
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 (constructed before 12/9/9	ource gal/yr /yr	2. New small a dry-to-dry only, transfer only, x both types, x < (constructed on	x < 140 gal/yr < 200 gal/yr	
fac	\$\frac{2}{2},100 \text{ gal/yr}\$ \$800 \text{ gal/yr}\$ \$\text{00 gal/yr}\$ \$\text{01}\$	transfer only, 20 both types, 140 (constructed on Y N tion:	$140 \le x \le 2,100 \text{ gal/yr}$ $90 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after 12/9/91) \square Can not determine	
la la	Linny exceeds above him	is and is not all	zioie ioi a general bem	

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

B. Has the responsible official of an existing large or new large area source also:	_
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	אם עם
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?	□Y □N □N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,	
or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	□Y □N □N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	DY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	□Y □N
2. Maintained rolling monthly averages of perc consumption?	$\Box Y \Box N$
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or,	□Y □N □N/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	□Y □N □N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	NC YC
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	OY ON ONA
8. Maintained compliance plan, if applicable?	OY ON ON/A

PART	VI: LEAK DETECTION AND F	REPAIRS					
1. Do	es the responsible official conduct a	weekly (for	small sources, b	oi-weekly) leak detection as	nd repa	ur	
ins	pection?				□у∕	. DN	
2. Ha	s the facility maintained a leak log?			,	ΔY	ΠN	
3. Do	es the responsible official check the	following a	reas for leaks?				
	Hose connections, fittings,		_		_	_	
	couplings, and valves	OY ON	□N/A	Muck cookers	ΠY		√A.
	Door gaskets and seating	□Y · □N	□N/A	Stills	ПY	מם מם	Į/A
	Filter gaskets and seating	OY ON	□N/A	Exhaust dampers	ΟY	חם אם	J/A
	Pumps	OY ON	□N/A	Diverter valves	ΩY	מם אם	J/A
	Solvent tanks and containers	QY ON	□N/A	Cartridge filter housings	ΟY	מם מם	I/A
	Water separators	OY ON	.□X/A				
4. WI	nich method of detection is used by the	ne responsit	ole official?				
	Visual examination (condensed so	olvent øn ex	terior surfaces)				
	Physical detection (airflow felt thr	ough gaske	ets)				
	Odor (noticeable perc odor)				<u> </u>		
	Use of direct-reading instrumenta	tion (FID/P	ID/calorimetric	tubes)			
	Halogen leak detector						
	If using direct-reading instru	umentation	, is the equipm	ent:		4	
	a. Capable of detecting p	erc vapor c	concentrations in	a range of 0-500 ppm?	ΩY	ΩΝ	
	b. Calibrated against a s	tandard gas	prior to and aft	er each use			
:	(PID/FID only)?				ΠY		
	c. Inspected for leaks an	d obvious si	igns of wear on	a weekly basis?	ПY	□N	
	d. Kept in a clean and se				ΠY	ПИ	
	e. Verified for accuracy	by use of du	iplicate samples	(calorimetric only)?	ΠY	ПN	
	•		·	· · · · · · · · · · · · · · · · · · ·			
	ROGER ZHU	,		12/16/9	18		
	Inspector's Name (Please Prin	ıt)		Date of Inspe	ction	-	
	RosuM	·		N/A			,
	Inspector's Signature			Approximate Date of	Next Ir	spection	<u> </u>

	* 12 × 3		7. C			
ENVIRO	NMENTAL PROT	INSPECTION REI		BOROUGH C	COUNTY	
FACILITY: The Dry C				PAGE	1 OF	1
FACILITY ADDRESS:	4053 S. Dale	Mabry		CITY: Tan PHONE: (npa 813) 831-728:	3
MAILING ADDRESS:	Same		CITY: Tampa	FLA	ZIP: 33611	•
INSPECTION DATE: Dec 16, 1998	TIME IN: 8:00	TIME OUT: 9:30	INSPECTION non-C		STAT	US:
NEDS NUMBER: 5	71048					
SOURCE DESCRIPTION	DN: Perc Dry	Cleaner				
CONTACT(S): Mo	nte Leedy	-				
1998. The machine vownership), located on				Conte Clean	ers & Laund	dry (same
INSPECTED BY:	Roger Zhu	~		DA	TE: Dec 16	1998
INSTECTED D1.	Roger Ziiu			JA	11. Dec 10	,1770

atta asti u

AIRS 10#: 57 1048

discretion of the responsible official to use this form.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: THE DRY	CLEANERS		DATE: 3/31/97
FACILITY LOCATION: 4053 S	DALE MABLY		1
7420	23/11		
	x, FL 33611		-
Annual Reporting Period: 550	19 <u>96</u> то	3/31	19
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A.	- · · · · · · · · · · · · · · · · · · ·	77	
If NO, complete the following:			
#1. Term or condition of the general permit that	at has not been in continuous compliance	e during the report	ing period stated above:
Exact period of non-compliance: from	to	· o	· .
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
#2. Term or condition of the general permit the	at has not been in continuous complianc	e during the report	ting period stated above:
Exact period of non-compliance: from	to		
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			· · · · · · · · · · · · · · · · · · ·
As the responsible official, I hereby certify, bas made in this notification are true, accurate and upon rolling averages of purchase receipts, doe year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name	l complete. Further, my annual consum	ption of perchloro	ethylene solvent, based
*This form is made available to you as an aid in	n order to meet your annual compliance	certification requi	rements. It is at the

EPC of HC

APR 16 1997

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	X	COMPLAINT/DISCO	OVERY			
AIRS 10#:(7571048			N: 0905 TIM	E OUT: _	030		
FACILITY NAME: THE	DRY CLEAR	vi72_					
FACILITY LOCATION: 4053 S. DALE MABRY							
	TAMPA, FI	- 33611					
,							
PART I: NOTIFICATION							
(check appropriate box)					~		
Existing facility notified DAI	•				X		
2. New facility notified DARM		-			D .		
3. Facility failed to notify DAR	M to use general permi	it —					
PART II: CLASSIFICATION							
Facility indicated on notification (check appropriate box)	on form that it is:						
					ļ		
A. 1. Existing small area sour 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)	r /` d ti b	. New small a try-to-dry only, ransfer only, x oth types, x<14 constructed on	x<140 gal/yr 200 gal/yr				
1. Existing small area sour dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr	ti b ce	ry-to-dry only, ransfer only, x oth types, x < 14 constructed on New large a ry-to-dry only, ransfer only, 20 oth types, 140 <	x<140 gal/yr 200 gal/yr 0 gal/yr or after 12/9/91)	<u>.</u>			
1. Existing small area sour 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 sourdry-to-dry only, 140 <x<2, 10="" 140<x<1,800="" 200<x<1,800="" both="" gal="" gal<="" only,="" td="" transfer="" types,=""><td>r d ti b (() ce □ 4 (0) gal/yr d gal/yr ti /yr b</td><td>ry-to-dry only, ransfer only, x oth types, x < 14 constructed on New large a ry-to-dry only, ransfer only, 20 oth types, 140 <</td><td>x<140 gal/yr 200 gal/yr 0 gal/yr or after 12/9/91) rea source 140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br="">5x<1,800 gal/yr</x<1,800></x<2,></td><td></td><td></td></x<2,>	r d ti b (() ce □ 4 (0) gal/yr d gal/yr ti /yr b	ry-to-dry only, ransfer only, x oth types, x < 14 constructed on New large a ry-to-dry only, ransfer only, 20 oth types, 140 <	x<140 gal/yr 200 gal/yr 0 gal/yr or after 12/9/91) rea source 140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br="">5x<1,800 gal/yr</x<1,800></x<2,>				
 Existing small area sour 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) Existing large area sourdry-to-dry only, 140<x<2, (constructed="" 10="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" gal="" li="" only,="" to="" transfer="" types,=""> </x<2,>	t d ti b (ce	ry-to-dry only, ransfer only, x oth types, x < 14 constructed on New large a dry-to-dry only, ransfer only, 20 oth types, 140 constructed on	x<140 gal/yr 200 gal/yr 0 gal/yr or after 12/9/91) rea source 140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br="">5x<1,800 gal/yr</x<1,800></x<2,>				
1. Existing small area sour 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 sourdry-to-dry only, 140 <x<2, (constructed="" 10="" 12="" 200<x<1,800="" 9="" 91)="" a="" appropriate="" before="" check="" classification,="" correct="" facility="" gal="" is="" only,="" please="" qualification.<="" td="" the="" this="" transfer="" yr=""><td>t d ti b (ce</td><td>ry-to-dry only, ransfer only, x oth types, x < 14 constructed on New large a ry-to-dry only, ransfer only, 20 oth types, 140 constructed on</td><td>x<140 gal/yr 200 gal/yr 0 gal/yr or after 12/9/91) rea source 140<x<2, 00<x<1,800="" 100="" 12="" 6x<1,800="" 9="" 91)<="" after="" gal="" or="" td="" yr=""><td></td><td></td></x<2,></td></x<2,>	t d ti b (ce	ry-to-dry only, ransfer only, x oth types, x < 14 constructed on New large a ry-to-dry only, ransfer only, 20 oth types, 140 constructed on	x<140 gal/yr 200 gal/yr 0 gal/yr or after 12/9/91) rea source 140 <x<2, 00<x<1,800="" 100="" 12="" 6x<1,800="" 9="" 91)<="" 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?	אמ אם אם
2. Examining the containers for leakage?	OY ON 🔀 🕪
3. Closing and securing machine doors except during loading/unloading?	MY ON '
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	XY ON
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON TOWA
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 eithe condenser or a carbon adsorber (complete A and B below). Carbon adsorber minstalled 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?	MD AX
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	MA CIN CIN/V
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	XY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	DY XV
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	DY DN UNK
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY X N

and an			l l
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.	70 0	,
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	1580 N	
Is the temperature differential equal to or greater than 20° F?	\Box Y	ΩИ	UNK
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	□N	□N/A
Is the perc concentration equal to or less than 100 ppm?	ΠY	ПΝ	
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	□и	
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΔY	ПN	□N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ΠN	□N/A
PART V: RECORDKEEPING REQUIREMENTS	_		
Has the responsible official: (check appropriate boxes)			
Has the responsible official:	XY	□и	
Has the responsible official: (check appropriate boxes)	XQY XQY		
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?		ПΝ	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?		ПΝ	XN o
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:		ON	Mu/s
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. 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	QY QY		\$61/A \$21/A
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. 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?	QY QY		双 c/。
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. 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? 4. Maintained calibration data? (for direct reading instruments only)		MM ON ON ON ON	Mu
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. 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? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations?		MM ON ON ON ON	Mu
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. 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? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan?		0 N O N O N O N O N O N O N O N	DOWA DOWA
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. 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? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports?		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DOWA DOWA
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. 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? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ANA ANA ANA
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. 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? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	OY OY OY OY OY OY OY OY OY	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ANA ANA ANA

		•				
2. W	hich method of detection is used by the	respor	nsible offi	cial?		
	Visual examination (condensed so	lvent on	exterior	surfaces)	×,	
	Physical detection (airflow felt thr	ough ga	skets)	•	%	
	Odor (noticeable perc odor)			•	Þ<	
ļ	Use of direct-reading instrumental	tion (FII	D/PID/cal	orimetric tubes)		NONE
	If using direct-reading instrume	ntation,	is the eq	uipment:		
	 a. Capable of detecting p 	erc vapo	or concen	trations in a range of 0-500 ppm?	ПY	□N
	b. Calibrated against a st (PID/FID only)?	andard (gas prior	to and after each use	ΠY	□N
	c. Inspected for leaks and	d obviou	s signs of	wear on a weekly basis?	ΠY	ПИ
	d. Kept in a clean and se	cure are	a when n	ot in use?	ΠY	□N
	e. Verified for accuracy b	y use of	duplicat	e samples (calorimetric only)?	ΠY	ДИ
3. Has the facility maintained a leak log?						MANANO
4. Do	es the responsible official check the f	ollowing	g areas fo	r leaks?		
	Hose connections, fittings, couplings, and valves	XY	ПN	Muck cookers	X X	□N
	Door gaskets and seating	ÞΥ	□и	Stills	M Y	□N
	Filter gaskets and seating	ÞΥ	□N	Exhaust dampers	B Ŷ	□N
	Pumps	P Y	□и	Diverter valves	N Y	ПN
	Solvent tanks and containers	⊠Y	ΠN	Cartridge filter housings	TORY	ПN
	Water separators	Ç 3 ¥Y	ΠN			
*	Nowre LEEDY Name of Responsible Officia	I		1		
	LERON SHELT	Coc		3/31/9-	7	

Name of Responsible Official

LERON SHELLOW

Inspector's Name (Please Print)

Inspector's Signature

Approximate Date of Next Inspection

NOT AVAILABLE.

CONDUCTED INSPECTION WITH PATTI STREAM AND MICHELLE WARNER.

ADDITIONAL SITE INFORMATION:

MACHINE: METRO SERIES 35-45 MODEL P45M

SGRIAL # 9172

PERC USAGE RECORDS 1/23/96 - 12/17/96 = 170 GALLONS MACHINE WAS OPERATING. NO ODORS NOTED.

TRIED TO HELP EMPLOYEE IDENTIFY APPROPRIATE
TEMP GAUGE FOR TEMP READINGS.

NO PERC STORED ON SITE.
FILTER BARRELS STORED & SEALGO. SAFETY
KLEEN PICKS UP,

1/23/96-12/17/96 = 170 GALS (10} 20 gallon purchesso)



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING



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

TOTAL AMOUNT DUE: \$50.00

303461

Do NOT Remove Label

AIRS ID 0571048

LEEDY & MURPHY INC MONTE J LEEDY 4053 S DALE MABRY **TAMPA FL 33611**

FOR GOVERNMENT USE OF LY Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

 $\sqrt{}$

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	40	EEDY & MURPHY INC IONTE J LEEDY 1953 S DALE MABRY AMPA FL 33611 Do <u>NO</u> T	AIRS II	D 0571048		_	FEB 2 6 1996	CEIVED
Annual Reporting Period:	JAN 1		_19 _98 _	то	Dec	3/	19	98
Based on each term or condition of the Based on each term or condition	strative Code (F.A.	C.), during the period	d covered	l by this state	ment. YI	es C	NO	ve:
Exact period of non-compliant Action(s) taken to achieve condethod used to demonstrate	ompliance:	, .		to		· · · · · · · · · · · · · · · · · · ·		
#2. Term or condition of the	general permit tha	at has not been in cor	ntinuous o	compliance d	uring the repo	rting period s	tated abor	ve:
Exact period of non-compliant Action(s) taken to achieve co	mpliance:			to				
As the responsible official, I he notification are true, accurate does not exceed 2,100 gallons p	and complete. Furt	her, my annual consur	nption of	perchloroethy	lene solvent, bo	ised upon purc		
RESPONSIBLE OFFICIAL		T. LEEDY (Please Print)	— —	Mal_{s_i}	gnature J		2/20/1 Date	; <u>?}</u>

^{*}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	Z C	COMPLAINT/DISCOVERY	
AIRS ID#: 57/047 D	, ,		9/10" TIME OUT	:9:30
FACILITY NAME:T_lz	e bry Cle	aner		
FACILITY LOCATION:	4253 5,	Dele	Maling	
	Tumpa,	FL	33611	
RESPONSIBLE OFFICIAL:	monte.	Leerly F	PHONE: <u>831-7</u>	28-3
CONTACT NAME:	<u>[</u> (// O	PHONE:	//
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 3			N,A,	_
2. Facility failed to notify DARM	to use general permit			
PART II: CLASSIFICATION				
PART II: CLASSIFICATION Facility indicated on notification	ı form that it is:		☐ No notification form	/
	ı form that it is:		☐ No notification form ☐ Drop store/out of business	/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source	2. 1	New small are:	☐ Drop store/out of business. a source ☐	/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	e 🗆 2. 1 dry-	New small are: to-dry only, x	☐ Drop store/out of business. a source ☐ < 140 gal/yr	/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source	2. I dry- tran	New small are:	☐ Drop store/out of business. a source ☐ < 140 gal/yr 200 gal/yr	/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	e 🗆 2. I dry- tran both	New small are: to-dry only, x s sfer only, x < 2	Drop store/out of business. a source < 140 gal/yr 200 gal/yr) gal/yr	/petroleum
Facility indicated on notification (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	2. I dry-tran both (con gal/yr tran both dry-	New small are: to-dry only, x < 2 sfer only, x < 140 astructed on or New large area to-dry only, 14 sfer only, 200	Drop store/out of business. a source $< 140 \text{ gal/yr}$ $= 200 \text{ gal/yr}$ $= 30 \text{ gal/yr}$ $= 30 \text{ gal/yr}$ after $12/9/91$) a source $= 30 \le x \le 2,100 \text{ gal/yr}$ $= 30 \le x \le 1,800 \text{ gal/yr}$	/petroleum
Facility indicated on notification (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 ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal	dry- tran both (con both gal/yr gal/yr tran l/yr both (con	New small are: to-dry only, x < 2 types, x < 140 astructed on or New large area to-dry only, 14 sfer only, 200 a types, 140 < x astructed on or	Drop store/out of business. a source $< 140 \text{ gal/yr}$ $= 200 \text{ gal/yr}$ $= 30 \text{ gal/yr}$ $= 30 \text{ gal/yr}$ after $12/9/91$) a source $= 30 \le x \le 2,100 \text{ gal/yr}$ $= 30 \le x \le 1,800 \text{ gal/yr}$	/petroleum
Facility indicated on notification (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 ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal (constructed before 12/9/91) 5. This is a correct facility class If no, please check the ap	dry- tran both (con 2. I dry- tran both (con 3. I dry- gal/yr dry- gal/yr l/yr both (con 3. I dry- gal/yr dry- gal/yr both (con 3. I dry- gal/yr both (con 3. I dry- gal/yr both (con	New small are: to-dry only, x < 2 sfer only, x < 1 types, x < 140 astructed on or New large area to-dry only, 14 sfer only, 200 a types, 140 < x astructed on or	Drop store/out of business. a source	/petroleum

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

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?	MY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON DANA
	Is the temperature differential equal to or greater than 20° F?	OY ON DINA
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 XIN/A
	Is the perc concentration equal to or less than 100 ppm?	AVID AD AD
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 ONA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON MANA
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON DINA

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

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					ir
inspection?				XX	□N
2. Has the facility maintained a leak log	?			ÒX	ПN
3. Does the responsible official check the	following areas	s for lcaks?		,	
Hose connections, fittings, couplings, and valves	ם אם עלק	N/A	Muck cookers	ĎΥ (⊃N □N/A
Door gaskets and seating	gw on o	N/A	Stills	ŻΥ	□N/A
Filter gaskets and seating	מא מא ם	N/A	Exhaust dampers	ĎΥ C	⊃N □N/A
Pumps	ם אם צים	N/A	Diverter valves	ATY (⊃N □N/A
Solvent tanks and containers	DY ON O	N/A	Cartridge filter housings		ANDE NC
Water separators	ם אם צעל	N/A			
4. Which method of detection is used by	the responsible (official?			
Visual examination (condensed s	solvent on exteri	or surfaces)		A A A	
Physical detection (airflow felt through gaskets)					
Odor (noticeable perc odor)					
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
Halogen leak detector					
If using direct-reading instrumentation, is the equipment:					.
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					אכ
b. Calibrated against a (PID/FID only)?	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				
c. Inspected for leaks as	nd obvious signs	of wear on a	weekly basis?		אכ
d. Kept in a clean and s	ecure area wher	not in use?	•		אב
e. Verified for accuracy	by use of duplic	ate samples	(calorimetric only)?		אב
Bruce M. King 11/5/97					
Inspector's Name (Please Print) Date of Inspection					
Inspector's Signature		-	Approximate Date of N	Jext Ins	pection

all records were conent and available for review.

6 3	571048	
AIRS ID#:	911040	

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT

FACILITY LOCATION: 40.53 S. DALE MADOY Annual Reporting Period: 19 77 TO MAY 19 Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300. Florida Administrative Code (F.A.C.), during the period covered by this statement VES NO If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above Exact period of non-compliance: from 40 Action(s) taken to achieve compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above 10 Exact period of non-compliance: from 40 Exact period of non-compliance: from 40 Action(s) taken to achieve compliance: Method used to demonstrate compliance:	AINNUA	L COMPLIANCE		mrokiji	<u> </u>	
Annual Reporting Period:	FACILITY NAME: THE DR	Y CLEANE	R	Ole Sold Morie		4AY 1,98
Annual Reporting Period:	FACILITY LOCATION: 4053	S. DALE	MABRY	Ces Othis		<u> </u>
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300. Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above. Exact period of non-compliance: from to Action(s) taken to achieve compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above. #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above. #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above. #2. Action(s) taken to achieve compliance: Method used to demonstrate c	TAMPA, Flo	2.5A 33	6//			
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RESPONSIBLE OFFICIAL: Name (Please Print) New York (Please Print) New York (Please Print) New York (Please Print)	made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Further	, my annual consum	ption of perchlor dry-to dry facili	oethylene so	livent, based gallons per

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

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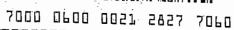
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DRYC053 336113019 101 22 06/14/01 NOTIFY SENDER OF NEW ADDRESS :THE DRY CLEANER PO BOX 18004 TAMPA FL 33679-8004

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THE DRY CLEANER		4b. Service		
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P 265 302 175 US Postal Service **Receipt for Certified Mail** No Insurance Coverage Provided. AIRS ID#: 0571048 LEEDY & MURPHY INC MONTE J LEEDY 4053 S DALE MABRY **TAMPA FL 33611** Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees Postmark or Date 2/14/97

on the reverse side?	Of Odolonuo to dot Jono out to 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 can return this e does not e number.	1 also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	
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pril 1995	Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom,		
800, A	Date, & Addressee's Address TOTAL Postage & Fees	\$	
PS Form 3800 , April 1995	Postmark or Date		

n 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 card to you. Attach this form to the front of the mailpiece, or on the back if spi permit. Write 'Return Receipt Requested' on the mailpiece below the article Return Receipt will show to whom the article was delivered adelivered.	ace does not 1. Addressee's Address cle number. 2. Restricted Delivery
s your RETURN ADDRESS completed on	3. Article Addressed to: AIRS ID 0571048 LEEDY & MURPHY INC MONTE J LEEDY 4053 S DALE MABRY TAMPA FL 33611	4a. Article Number 2333-6/3-6/9 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery
	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	8. Addressee's Address (Only if requested and fee is paid)
-	PS Form 3811 , December 1994	Domestic Return Receipt

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0362344

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

TOTAL AMOUNT DUE: \$50.50099

Do NOT Remove Label

AIRS ID # 0571048

THE DRY CLEANER MONTE J LEEDY 4053 S DALE MABRY TAMPA FL 33611

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 Z 333 660 742 6 6

US Postal Service Receipt for Certified Mail No Insurance Coverage Provided

AIRS ID #.0571048

THE DRY CLEANER MONTE J LEEDY 4053 S DALE MABRY TAMPA FL 33611

Postage		\$
Certified	Fee	
Special (Delivery Fee	
	d Delivery Fee	
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TOTAL	Postage & Fees	\$
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rsesi	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 card to you. Attach this form to the front of the mailpiece, or on the services.	I also wish to re following service extra fee):	I also wish to receive the following services (for an	
on the re	 permit Write *Return Receipt Requested* on the mailpiece The Return Receipt will show to whom the article w delivered. 			•
IN ADDRESS completed	AIRS ID # THE DRY:CLEANER MONTE:ULEEDY 4053 S DALE MABRY TAMPA FL 33611	0571048	icle Number 33360 rvice Type gistered press Mail um Receipt for Merchandia e of Delivery	Certified Insured
s your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X/ Sushing Hasi		ressee's Address (Only fee is paid)	<i>if requested</i> i
· /	PS Form 3811 , December 1994	<u>'</u>	Domestic Re	turn Receipt