



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

December 30, 1996

Mr. Sudhir Patel  
Norgetown Cleaners  
4336 South Manhattan Avenue  
Tampa, Florida 33611

Re: Facility I.D. No. 0571061

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 29, 1996.

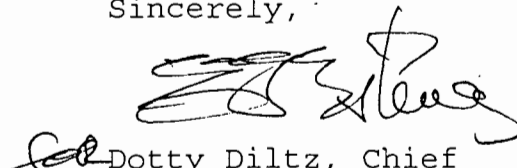
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,

  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Mr. Thomas Shelton, Hillsborough County

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

# 0571061

9-18 Spoke to Norgetown  
Cleaners - Sudhir  
Patel is in charge  
of all operation of  
the facility at all  
times.

P.14

1.(a) fill in - Mr. Patel informed  
me that his machine  
was purchased before  
Dec. 8, 1991

P.15

(a), (b), + (f) should  
be marked

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

|   |
|---|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):<br><i>NORGETOWN CLEANERS.</i>                                |
| 2. Site Name (For example, plant name or number):<br><i>NORGETOWN CLEANERS.</i>   |
| 3. Hazardous Waste Generator Identification Number:<br><i>—</i>   |
| 4. Facility Location:<br>Street Address: <i>H336 S. MANHATTAN AVE.</i><br>City: <i>TAMPA</i> County: <i>HILLSBOROUGH</i> Zip Code: <i>33611</i> |
| 5. Facility Identification Number (DEP Use):<br><i>0571061</i>  |

## Responsible Official

|   |
|---|
| 6. Name and Title of Responsible Official:<br><i>SUDHIR PATEL (MGR.)</i>  |
| 7. Responsible Official Mailing Address:<br>Organization/Firm:<br>Street Address: <i>SAME AS ABOVE</i><br>City: County: Zip Code: |
| 8. Responsible Official Telephone Number:<br>Telephone: <i>(813) 831-9553</i> Fax: ( ) <i>—</i>                                   |

## Facility Contact (If different from Responsible Official)

|   |
|---|
| 9. Name and Title of Facility Contact (For example, plant manager):                                 |
| 10. Facility Contact Address:<br><i>SAME AS ABOVE</i><br>Street Address:<br>City: County: Zip Code: |
| 11. Facility Contact Telephone Number:<br>Telephone: ( ) - Fax: ( ) -                               |

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AUG 29 1996

### 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 |
|------------------------|----|----------------------------------|-------------------------------|-----------|----------------------------------|-------------------------------|-----------|----------------------------------|-------------------------------|
| <i>Example</i>         |    | <i>#1 03-OCT-93</i>              | <i>12-NOV-93</i>              | <i>#2</i> | <i>08-DEC-91</i>                 |                               | <i>#3</i> | <i>02-MAR-92</i>                 | <i>02-MAR-92</i>              |
| <b>Dry-to-Dry Unit</b> |    |                                  |                               |           |                                  |                               |           |                                  |                               |
| (1) w/ ref. condenser  |    |                                  |                               |           |                                  |                               |           |                                  |                               |
| (2) w/ carbon adsorber |    |                                  |                               |           |                                  |                               |           |                                  |                               |
| (3) w/ no controls     |    |                                  |                               |           |                                  |                               |           |                                  |                               |
| <b>Washer Unit</b>     |    |                                  |                               |           |                                  |                               |           |                                  |                               |
| (4) w/ ref. condenser  |    |                                  |                               |           |                                  |                               |           |                                  |                               |
| (5) w/ carbon adsorber |    |                                  |                               |           |                                  |                               |           |                                  |                               |
| (6) w/ no controls     |    |                                  |                               |           |                                  |                               |           |                                  |                               |
| <b>Dryer Unit</b>      |    |                                  |                               |           |                                  |                               |           |                                  |                               |
| (7) w/ ref. condenser  |    |                                  |                               |           |                                  |                               |           |                                  |                               |
| (8) w/ carbon adsorber |    |                                  |                               |           |                                  |                               |           |                                  |                               |
| (9) w/ no controls     |    |                                  |                               |           |                                  |                               |           |                                  |                               |
| <b>Reclaimer Unit</b>  |    |                                  |                               |           |                                  |                               |           |                                  |                               |
| (10) w/ ref. condenser |    |                                  |                               |           |                                  |                               |           |                                  |                               |
| (11) w/carbon adsorber |    |                                  |                               |           |                                  |                               |           |                                  |                               |
| (12) w/ no controls    |    |                                  |                               |           |                                  |                               |           |                                  |                               |

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

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

90 gallons

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

Check why it is less than 12 months: New owner:  New store:  Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

All steam and hot water generating units exempt

No such units on-site

### Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

### Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

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

### Responsible Official Certification

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

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

Sudhir Patel  
Signature

8-26-96  
Date

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



**TYPE OF INSPECTION:** ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 8<sup>th</sup> 0945 TIME OUT: 1100 AIRS ID#: 0571061  
 TYPE OF FACILITY: PERC Dry Cleaner  
 FACILITY NAME: Norwegian Cleaners DATE: 6/23/87  
 FACILITY LOCATION: 4336 South Manhattan Ave  
Tampa, FL 33611  
 RESPONSIBLE OFFICIAL: Sudhir Patel PHONE NUMBER: (813) 831-8553

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

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED   |
|--------------------------------|---|
| NO RECORD KEEPING              | Begin keeping records as required and verify at next annual inspection. |
|                                |   |
|                                |   |
|                                |   |
|                                |   |
|                                |   |
|                                |   |

COMMENTS: Mr. Patel It was somewhat difficult to explain to Mr. Patel the purpose of the inspection, and the requirements of the permits. Provided him with another copy of Terms/Conditions, with highlighted areas specific to his facility.

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

DATE OF NEXT INSPECTION: ~1 year (Approximate)

INSPECTION CONDUCTED BY: James O. Holtan (Please Print)

INSPECTOR'S SIGNATURE: James O. Holtan PHONE NUMBER: (813) 272-5530

Bureau of Waste Cleanup

JAN 7 1997

Hazardous Waste  
Cleanup Section

Please correct  
the items identified  
and mail to:

Return completed form to:

Florida Department of Environmental Protection  
Bureau of Air Monitoring and Mobile Sources  
Mail Station 5510  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

For assistance, call Small Business Assistance Program  
(800) 722-7457

You must re-sign the form  
on page 16 of 16 and date  
it the day corrections  
were made. If you  
have any question contact:



Environmental Protection Commission  
of Hillsborough County

Bruce M. King, QEP  
Engineer  
Air Management Division

1410 N. 21st Street  
Tampa, Florida 33605

Telephone:  
(813) 272-5530  
Fax: (813) 272-5605



9-18 # 0571061  
Spoke to Norgetown  
Cleaners - Sudhir  
Patel is in charge  
of all operation of  
the facility at all  
times.

ion Hills

|   |  |                |
|---|--|----------------|
| 1. Facility                               |  | er):           |
| 2. Site                                   | P.14   |                |
| 3. Ha                                     | 1.(a) fill in - Mr. Patel informed me that his machine was purchased before Dec. 8, 1991 |                |
| 4. F                                      |  | AVE.           |
| 5.  | P.15<br>(a), (b), + (f) should be marked   | ip Code: 33611 |
| 6.  | J.U.V.   | 571061         |
| 7. Responsible Official Mailing Address:  |  |                |
| Organization/Firm:                        | SAME AS ABOVE  |                |
| Street Address:                           |  |                |
| City:                                     | County:  | Zip Code:      |
| 8. Responsible Official Telephone Number: |  |                |
| Telephone:                                | (813) 831-9553   | Fax: ( )       |

Facility Contact (If different from Responsible Official)

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

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AUG 29 1995

Perchloroethylene Dry Cleaning Facility Notification

JAN 7 RECD 1997

Facility Name and Location

Hazardous Waste Cleanup Section

|  |                        |
|--|------------------------|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):           | NORGETOWN CLEANERS.    |
| 2. Site Name (For example, plant name or number):  | NORGETOWN CLEANERS.    |
| 3. Hazardous Waste Generator Identification Number:  | —                      |
| 4. Facility Location:<br>Street Address:<br>City: Tampa County: Hillsborough Zip Code: 33611 | 4336 S. MANHATTAN AVE. |
| 5. Facility Identification Number (DEP Use):   | 0571061                |

Responsible Official

|  |                     |
|--|---------------------|
| 6. Name and Title of Responsible Official:   | SUDHIR PATEL (MGR.) |
| 7. Responsible Official Mailing Address:<br>Organization/Firm:<br>Street Address:<br>City: County: Zip Code: | SAME AS ABOVE       |
| 8. Responsible Official Telephone Number:<br>Telephone: (813) 831-9553 Fax: ( )                              | —                   |

Facility Contact (If different from Responsible Official)

|  |                                       |
|--|---------------------------------------|
| 9. Name and Title of Facility Contact (For example, plant manager):                                  | Sudhir Patel                          |
| 10. Facility Contact Address:<br>Street Address:<br>City: Tampa County: Hillsborough Zip Code: 33611 | SAME AS ABOVE<br>4336 S Manhattan Ave |
| 11. Facility Contact Telephone Number:<br>Telephone: (813) 831-9553 Fax: ( )                         | —                                     |

RECEIVED

AUG 29 1995

Bureau of Air 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 |
|------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|
| <i>Example</i>         |    |                                  |                               |    |                                  |                               |    |                                  |                               |
|                        | #1 | 03-OCT-93                        | 12-NOV-93                     | #2 | 08-DEC-91                        |                               | #3 | 02-MAR-92                        | 02-MAR-92                     |
| <b>Dry-to-Dry Unit</b> |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (1) w/ ref. condenser  |    | 12/91                            |                               |    |                                  |                               |    |                                  |                               |
| (2) w/ carbon adsorber |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (3) w/ no controls     |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| <b>Washer Unit</b>     |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (4) w/ ref. condenser  |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (5) w/ carbon adsorber |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (6) w/ no controls     |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| <b>Dryer Unit</b>      |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (7) w/ ref. condenser  |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (8) w/ carbon adsorber |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (9) w/ no controls     |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| <b>Reclaimer Unit</b>  |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (10) w/ ref. condenser |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (11) w/carbon adsorber |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (12) w/ no controls    |    |                                  |                               |    |                                  |                               |    |                                  |                               |

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

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

90 gallons

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

Check why it is less than 12 months: New owner:  New store:  Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

All steam and hot water generating units exempt

No such units on-site

### Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

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

Please indicate with an "X" the appropriate selection:

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

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

**Responsible Official Certification**

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

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

Sudhir Patel  
Signature

8-26-96  
Date

AIRS ID#: 0571061

*ACE*

Revised 10/10/96

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

FACILITY NAME: NORGETOWN CLEANERS. DATE: 6-23-97  
 FACILITY LOCATION: 4336, MANHATTAN AVE  
TAMPA FL - 33611

Annual Reporting Period: 10/1 19 96 TO 6/23 19 97

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:

WE KEEPING RECORDS.

Exact period of non-compliance: from 10-1-96 to 6-23-97.

Action(s) taken to achieve compliance: KEEP RECORDS.

Method used to demonstrate compliance: NEXT ROUTE INSPECTION

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

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JUL 14 1997

Bureau of Air Monitoring  
& Mobile Sources

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

RESPONSIBLE OFFICIAL: SIDHIR PATEL Sidhir Patel 6-23-97  
 Name (Please Print) Signature Date

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



# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID#: 0571061 DATE: 6/23/97 TIME IN: 0945 TIME OUT: 1100  
 FACILITY NAME: Norsetown Cleaners  
 FACILITY LOCATION: 4336 South Manhattan Avenue  
Tampa, FL 33611

### PART I: NOTIFICATION

(check appropriate box)

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

### PART II: CLASSIFICATION

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

A.

|   |                                     |   |                          |
|---|-------------------------------------|---|--------------------------|
| 1. Existing small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91)                         | <input checked="" type="checkbox"/> | 2. New small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91)                         | <input type="checkbox"/> |
| 3. Existing large area source<br>dry-to-dry only, $140 < x < 2,100$ gal/yr<br>transfer only, $200 < x < 1,800$ gal/yr<br>both types, $140 < x < 1,800$ gal/yr<br>(constructed before 12/9/91) | <input type="checkbox"/>            | 4. New large area source<br>dry-to-dry only, $140 < x < 2,100$ gal/yr<br>transfer only, $200 < x < 1,800$ gal/yr<br>both types, $140 < x < 1,800$ gal/yr<br>(constructed on or after 12/9/91) | <input type="checkbox"/> |

This is a correct facility classification   N

If no, please check the appropriate classification:

facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 100 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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



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

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

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly leak detection and repair inspection?  Y  N

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

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

If using direct-reading instrumentation, is the equipment:

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

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

4. Does the responsible official check the following areas for leaks?

- |   |  |                           |  |
|---|--|---------------------------|--|
| Hose connections, fittings, couplings, and valves | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Muck cookers              | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| Door gaskets and seating                          | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Stills                    | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| Filter gaskets and seating                        | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Exhaust dampers           | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| Pumps   | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Diverter valves           | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| Solvent tanks and containers                      | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Cartridge filter housings | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| Water separators                                  | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |                           |  |

Sudhir Patel

Name of Responsible Official

James O. Holtan

Inspector's Name (Please Print)

6/23/97 / 6/25/97

Date of Inspection

James O. Holtan

Inspector's Signature

~1 year

Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION: Norgetown Cleaners**

- This facility has a perc dry-to-dry machine, model Jensen 353, S/N 03-60-156. Capacity is 35#, and unit construction was in the year 1990.
- R.O. has not been keeping running total of perc consumption, and his 1996 purchase receipts were at home at the time of this inspection. He was instructed to fax copies of the receipts from June - December, 1996 to me for consumption verifications. 1997 receipts were at store, and January - May consumption was 60 gallons. Mr. Patel was instructed to make sure that copies of the receipts are kept at the store at all times.
- Leak inspection records have not been kept. Mr. Patel was unsure of what he was supposed to be doing, so I provided a sample copy of a leak inspection record form and a perc consumption record form Mr. Patel, via US Mail later in the day.
- Received via facsimile transmission from Norgetown on 6/25/97 were the copies of the purchase receipts of perc purchases that occurred between June, 1996 - December, 1996, inclusive. An additional 40 gallons was determined from these records.

✓

**T LE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

**TYPE OF INSPECTION:** ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 9:30 TIME OUT: 10:30 AIRS ID#: 0571061  
 TYPE OF FACILITY: Dry Cleaner  
 FACILITY NAME: Norjetown Cleaners DATE: 12-4-97  
 FACILITY LOCATION: 4336 S. Manhattan Ave, Tampa, FL 33611  
 RESPONSIBLE OFFICIAL: Sudhir Patel PHONE NUMBER: (813) 831-9553

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

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

| COMPLIANCE REQUIREMENT/PROBLEM                            | FOLLOW-UP ACTION REQUIRED  |
|---|--|
| <i>no records being kept</i>                              | <i>informed RO the need for records and demonstrated procedures to inspect dry cleaner</i> |
| <i>bi-weekly inspections not being conducted</i>          | <i>informed to inspect per dry cleaner bi-weekly</i>                                       |
| <i>bi-weekly temperature measurements not being taken</i> | <i>informed to take and log condenser temperatures bi-weekly.</i>                          |
|   |  |
|   |  |
|   |  |

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO  N/A

DATE OF NEXT INSPECTION: 45 days  
(Approximate)

INSPECTION CONDUCTED BY: Bruce M King  
(Please Print)

INSPECTOR'S SIGNATURE: Bruce M King PHONE NUMBER: (813) 272-5530

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0571061 DATE: 12/4/97 TIME IN: 9:30 TIME OUT: 10:30  
FACILITY NAME: Norgentum Cleaners  
FACILITY LOCATION: 4336 S. Manhattan Ave  
Tampa, FL 33611  
RESPONSIBLE OFFICIAL: Sudhir Patel PHONE: \_\_\_\_\_  
CONTACT NAME: Sudhir Patel PHONE: (813) 831-9553

### PART I: NOTIFICATION

(check appropriate box)

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

### PART II: CLASSIFICATION

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

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

A.

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



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



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



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



5. This is a correct facility classification



Y

N

Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 130 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
 (check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks? **NO RECORDS**
- |   |  |                           |  |
|---|--|---------------------------|--|
| Hose connections, fittings, couplings, and valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |  |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:**  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

Bruce King  
Inspector's Name (Please Print)

12-4-97  
Date of Inspection

CLS for BMK  
Inspector's Signature

45 DAYS  
Approximate Date of Next Inspection



**ADDITIONAL SITE INFORMATION:**

A large, empty rectangular box with a double-line border, occupying most of the page below the header. It is intended for providing additional site information.

acc ✓

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

RECEIVED  
FEB 16 1998  
Bureau of Air Monitoring  
& Mobile Sources

|   |
|---|
| AIRS ID#0571061   |
| NORGE TOWN CLEANERS<br>SUDHIR PATEL<br>4336 S MANHATTAN AVE<br>TAMPA FL 33611 |

Do NOT Remove Label

Annual Reporting Period: 1/1 1997 TO 12/31 1997

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

If NO, complete the following:

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

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

RESPONSIBLE OFFICIAL: SUDHIR PATEL Sudhir Patel 2-10-98  
Name (Please Print) Signature Date

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

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

*all*

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID#: C571061 DATE: 1/15/97 TIME IN: 11:15 TIME OUT: 11:45  
 FACILITY NAME: Norjettown Cleaners  
 FACILITY LOCATION: 4336 S. Manhattan Ave.  
Tampa, FL 33611  
 RESPONSIBLE OFFICIAL: Sudhin Patel PHONE: (813) 831-9553  
 CONTACT NAME: Same PHONE: ↑

**PART I: NOTIFICATION**

(check appropriate box)

1. New facility notified DARM 30 days prior to startup  *N/A*

2. Facility failed to notify DARM to use general permit

**PART II: CLASSIFICATION**

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

A.

|  |  |
|--|--|
| 1. Existing small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91) <input checked="" type="checkbox"/>                                | 2. New small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91) <input type="checkbox"/>   |
| 3. Existing large area source<br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed before 12/9/91) <input type="checkbox"/> | 4. New large area source<br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed on or after 12/9/91) <input type="checkbox"/> |

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

If no, please check the appropriate classification:  
 facility qualified for a general permit as number 1 above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 100 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

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

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

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

- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A            |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A            |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A            |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |

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

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

Bruce M. King  
Inspector's Name (Please Print)

1/15/98  
Date of Inspection

Bruce M. King  
Inspector's Signature

9 mo.  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Inspection leaks recorded properly.

Jensen 1990 (manufactured)

Temperature measurements not required by rule.

Provided Mr. Patel the FOEP Dry Cleaners Compliance Calendar for 1998.

No problems noted during this visit

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

*acc*  
RE-INSPECTION

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY

TIME IN: 11:15 TIME OUT: 11:45 AIRS ID#: 0571061  
 TYPE OF FACILITY: Dry Cleaner  
 FACILITY NAME: Nalgotown Cleaners DATE: 6/15/98  
 FACILITY LOCATION: 4336 S. Manhattan Ave  
Tampa, FL 33611  
 RESPONSIBLE OFFICIAL: Sudhin Patel PHONE NUMBER: 813-831-9553

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

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|--------------------------------|---------------------------|
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |

COMMENTS: \_\_\_\_\_

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO  *N/A*

DATE OF NEXT INSPECTION: 9 months  
(Approximate)

INSPECTION CONDUCTED BY: Bruce M. King  
(Please Print)

INSPECTOR'S SIGNATURE: Bruce M King PHONE NUMBER: 713-272-5530



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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 9:00 TIME OUT: 11:30 AIRS ID#: 571061  
 TYPE OF FACILITY: PERC DRY CLEANER  
 FACILITY NAME: NORGETOWN CLEANERS DATE: 1/11/99  
 FACILITY LOCATION: 4336 S. MANHATTAN AVE  
TAMPA, FL 33611  
 RESPONSIBLE OFFICIAL: SUDHIR PATEL PHONE NUMBER: (813) 831-9553

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

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|--------------------------------|---------------------------|
|                                |                           |
|                                |                           |
|                                |                           |
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|                                |                           |

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COMMENTS: \_\_\_\_\_

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

DATE OF NEXT INSPECTION: 1 YEAR  
 (Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU  
 (Please Print)

INSPECTOR'S SIGNATURE: Roger Zhu PHONE NUMBER: (813) 272-5530

Acc

AIRS ID#: 571061

Revised 10/10/96

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

FACILITY NAME: NORGETOWN CLEANERS DATE: 1/11/99  
 FACILITY LOCATION: 4336 S. MANHATTAN AVE  
TAMPA, FL 33611

Annual Reporting Period: Feb 10 1998 TO Jan 11 1999

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

If NO, complete the following:

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
 Action(s) taken to achieve compliance: \_\_\_\_\_  
 Method used to demonstrate compliance: \_\_\_\_\_

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
 Action(s) taken to achieve compliance: \_\_\_\_\_  
 Method used to demonstrate compliance: \_\_\_\_\_

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

RESPONSIBLE OFFICIAL: SUDHIR PATEL Sudhir Patel 1-11-99  
 Name (Please Print) Signature Date

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

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID#: 571061 DATE: 1/11/99 TIME IN: 9:00 TIME OUT: 11:30  
 FACILITY NAME: NORGETOWN CLEANERS  
 FACILITY LOCATION: 4336 S. MANHATTAN AVE  
TAMPA, FL 33611  
 RESPONSIBLE OFFICIAL: SUDHIR PATEL PHONE: (813) 831-9553  
 CONTACT NAME: SAME PHONE: SAME

### PART I: NOTIFICATION

(check appropriate box)

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

### PART II: CLASSIFICATION

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

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

A.

- |   |  |
|---|--|
| <p>1. Existing small area source <input checked="" type="checkbox"/><br/>                 dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>                 transfer only, <math>x &lt; 200</math> gal/yr<br/>                 both types, <math>x &lt; 140</math> gal/yr<br/>                 (constructed before 12/9/91)</p> <p>3. Existing large area source <input type="checkbox"/><br/>                 dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>                 transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>                 both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>                 (constructed before 12/9/91)</p> <p>5. This is a correct facility classification <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can not determine</p> | <p>2. New small area source <input type="checkbox"/><br/>                 dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>                 transfer only, <math>x &lt; 200</math> gal/yr<br/>                 both types, <math>x &lt; 140</math> gal/yr<br/>                 (constructed on or after 12/9/91)</p> <p>4. New large area source <input type="checkbox"/><br/>                 dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>                 transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>                 both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>                 (constructed on or after 12/9/91)</p> |
|---|--|

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If no, please check the appropriate classification:

- facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 76.8 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

ROGER ZHU

Inspector's Name (Please Print)

1/11/99

Date of Inspection

*Roger Zhu*

Inspector's Signature

1 YEAR

Approximate Date of Next Inspection

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

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

INSPECTION REPORT FORM  
 ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

|  |                  |                    |                                      |                          |
|--|------------------|--------------------|--------------------------------------|--------------------------|
| FACILITY: Norgetown Cleaners             |                  |                    | PAGE 1 OF 1                          |                          |
| FACILITY ADDRESS: 4336 S. Manhattan Ave. |                  |                    | CITY: Tampa<br>PHONE: (813) 831-9553 |                          |
| MAILING ADDRESS: Same                    |                  | CITY: Tampa        | FLA                                  | ZIP: 33611               |
| INSPECTION DATE:<br>Jan 11, 1999         | TIME IN:<br>9:00 | TIME OUT:<br>11:30 | INSPECTION TYPE:<br>non-CDS          | STATUS:<br>In Compliance |
| NEDS NUMBER: 571061                      |                  |                    |                                      |                          |
| SOURCE DESCRIPTION: Perc Dry Cleaner     |                  |                    |                                      |                          |
| CONTACT(S): Sudhir Patel                 |                  |                    |                                      |                          |

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 not in operation during my visit. However, I saw the machine door was left open which should be closed except loading/unloading by the rule. The RO, Mr. Patel, said he'll make sure of that from now on, after I explained the rule to him.  
 The record keeping is OK. Mr. Patel showed me his self-inspection logs based on a weekly basis. Also, his perc purchase receipts and the rolling total indicated he has purchased 76.8 gallons over the last twelve months.

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|                         |                    |
|-------------------------|--------------------|
| INSPECTED BY: Roger Zhu | DATE: Jan 11, 1999 |
|-------------------------|--------------------|

**T LE V AIR QUALITY GENERAL P MIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 11:15 TIME OUT: 11:45 AIRS ID#: 0571061  
 TYPE OF FACILITY: Dry Cleaner  
 FACILITY NAME: Nalgaten Cleaners DATE: 1/15/98  
 FACILITY LOCATION: 4336 S. Manhattan Ave  
Tampa, FL 33611  
 RESPONSIBLE OFFICIAL: Sudhin Patel PHONE NUMBER: 813-831-9553

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

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|--------------------------------|---------------------------|
|                                |                           |
|                                |                           |
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COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO  N/A

DATE OF NEXT INSPECTION: 9 months  
 (Approximate)

INSPECTION CONDUCTED BY: Bruce M. King  
 (Please Print)

INSPECTOR'S SIGNATURE: Bruce M King PHONE NUMBER: 713-272-5530



# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:      ANNUAL                            COMPLAINT/DISCOVERY        
    RE-INSPECTION     

|                       |   |        |                |          |       |           |       |
|-----------------------|---|--------|----------------|----------|-------|-----------|-------|
| AIRS ID#:             | 0571061                                   | DATE:  | 1/15/97        | TIME IN: | 11:15 | TIME OUT: | 11:45 |
| FACILITY NAME:        | Norgetown Cleaners                        |        |                |          |       |           |       |
| FACILITY LOCATION:    | 4336 S. Manhattan Ave.<br>Tampa, FL 33611 |        |                |          |       |           |       |
| RESPONSIBLE OFFICIAL: | Sudhir Patel                              | PHONE: | (813) 831-9553 |          |       |           |       |
| CONTACT NAME:         | Same ↑                                    | PHONE: | ↑              |          |       |           |       |

|   |                              |
|---|------------------------------|
| <b>PART I: NOTIFICATION</b>                             |                              |
| (check appropriate box)                                 |                              |
| 1. New facility notified DARM 30 days prior to startup  | N/A <input type="checkbox"/> |
| 2. Facility failed to notify DARM to use general permit | <input type="checkbox"/>     |

|  |  |
|--|--|
| <b>PART II: CLASSIFICATION</b>   |  |
| Facility indicated on notification form that it is:<br>(check appropriate box)   | <input type="checkbox"/> No notification form<br><input type="checkbox"/> Drop store/out of business/petroleum   |
| A.   |  |
| 1. Existing small area source <input checked="" type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91)                                | 2. New small area source <input type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91)   |
| 3. Existing large area source <input type="checkbox"/><br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed before 12/9/91) | 4. New large area source <input type="checkbox"/><br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed on or after 12/9/91) |
| 5. This is a correct facility classification   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can not determine  |
| If no, please check the appropriate classification:  |  |
| <input type="checkbox"/> facility qualified for a general permit as number <u>1</u> above<br><input type="checkbox"/> facility exceeds above limits and is not eligible for a general permit   |  |
| B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was <u>Perinsport</u> gallons.  |  |

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

ADDITIONAL SITE INFORMATION:

Inspection leaks recorded properly.

Jensen 1990 (manufactured)

Temperature measurements not required by rule.

Provided Mr. Patel the FOEP Dry Cleaner Compliance Calendar for 1998.

No problems noted during this visit

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A            |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Still                     | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A            |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A            |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:**  N/A
- Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
  - Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
  - Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
  - Kept in a clean and secure area when not in use?  Y  N
  - Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

Bruce M. King  
Inspector's Name (Please Print)

Bruce M. King  
Inspector's Signature

1/15/98  
Date of Inspection

9 mo.  
Approximate Date of Next Inspection

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 9:30 TIME OUT: 10:30 AIRS ID#: 0571061  
 TYPE OF FACILITY: Dry Cleaner  
 FACILITY NAME: Noragetown Cleaners DATE: 12-4-97  
 FACILITY LOCATION: 4336 S. Manhattan Ave, Tampa, FL 33611  
 RESPONSIBLE OFFICIAL: Sudhir Patel PHONE NUMBER: (813) 831-9553

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

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

| COMPLIANCE REQUIREMENT/PROBLEM                            | FOLLOW-UP ACTION REQUIRED   |
|---|---|
| <i>no records being kept</i>                              | <i>Informed RO the need for records and demonstrated procedures to inspect drycleaner</i> |
| <i>bi-weekly inspections not being conducted</i>          | <i>informed to inspect per dry cleaner Bi-weekly</i>                                      |
| <i>bi-weekly temperature measurements not being taken</i> | <i>informed to take and log condenser temperatures bi-weekly</i>                          |
|   |   |
|   |   |
|   |   |

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO  N/A

DATE OF NEXT INSPECTION: 45 days  
(Approximate)

INSPECTION CONDUCTED BY: Bruce Mc King  
(Please Print)

INSPECTOR'S SIGNATURE: Bruce Mc King PHONE NUMBER: (813) 272-5530

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0571061 DATE: 12/4/97 TIME IN: 9:30 TIME OUT: 10:30  
FACILITY NAME: Norgeston Cleaners  
FACILITY LOCATION: 4336 S. Manhattan Ave  
Tampa, FL 33611  
RESPONSIBLE OFFICIAL: Sudhir Patel PHONE: \_\_\_\_\_  
CONTACT NAME: Sudhir Patel PHONE: (813) 831-9553

**PART I: NOTIFICATION**

(check appropriate box)

1. New facility notified DARM 30 days prior to startup

2. Facility failed to notify DARM to use general permit

**PART II: CLASSIFICATION**

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

No notification form  
 Drop store/out of business/petroleum

A.

|   |                                     |   |                          |
|---|-------------------------------------|---|--------------------------|
| 1. Existing small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91)   | <input checked="" type="checkbox"/> | 2. New small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91)   | <input type="checkbox"/> |
| 3. Existing large area source<br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed before 12/9/91) | <input type="checkbox"/>            | 4. New large area source<br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed on or after 12/9/91) | <input type="checkbox"/> |

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

If no, please check the appropriate classification:  
 facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 130 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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



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

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

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
 (check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks? **NO RECORDS**
- |   |  |                           |  |
|---|--|---------------------------|--|
| Hose connections, fittings, couplings, and valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |  |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:**  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

Bruce King  
Inspector's Name (Please Print)

12-4-97  
Date of Inspection

TKS for BMK  
Inspector's Signature

45 DAYS  
Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**

[Empty rectangular box for additional site information]

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

**TYPE OF INSPECTION:** ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 9:45 AM TIME OUT: 10:15 AM AIRS ID#: 0571061  
 TYPE OF FACILITY: Norgetown cleaners Perc Dry cleaners  
 FACILITY NAME: Norgetown cleaners DATE: 1-28-2000  
 FACILITY LOCATION: 4336 S. Manhattan Ave  
 RESPONSIBLE OFFICIAL: Sudhir Patel PHONE NUMBER: (813) 831-9553

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

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|--------------------------------|---------------------------|
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |

**RECEIVED**  
 FEB 11 2000  
 Bureau of Air Monitoring  
 & Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: 1 years  
 (Approximate)

INSPECTION CONDUCTED BY: Uhammad Nozari  
 (Please Print)

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

AIRS ID#: 0571061

Revised 10/10/96

*Acc*

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

|   |                        |
|---|------------------------|
| FACILITY NAME: <u>NORGTOWN cleaners</u>         | DATE: <u>1-28-2000</u> |
| FACILITY LOCATION: <u>4336 S. Manhattan Ave</u> |                        |
| <u>Tampa, FL 33611</u>                          |                        |

Annual Reporting Period: Jan 11, 1999 TO Jan 28, 2000

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

If NO, complete the following:

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

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

RESPONSIBLE OFFICIAL: SUDHIR PATEL *Sudhir Patel* 1-28-00  
Name (Please Print) Signature Date

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

✓

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:    ANNUAL                        COMPLAINT/DISCOVERY      
   RE-INSPECTION                   

|   |                             |
|---|-----------------------------|
| AIRS ID#: <u>0571061</u> DATE: <u>1-28-2000</u> TIME IN: <u>9:45AM</u> TIME OUT: <u>10:15AM</u> |                             |
| FACILITY NAME: <u>Norgetown cleaners</u>  |                             |
| FACILITY LOCATION: <u>4336 S. Manhattan Ave</u><br><u>Tampa, FL 33611</u>                       |                             |
| RESPONSIBLE OFFICIAL: <u>SUDHIR Patel</u>   | PHONE: <u>(813)831-9553</u> |
| CONTACT NAME: _____   | PHONE: _____                |

### PART I: NOTIFICATION

(check appropriate box)

- |   |     |                          |
|---|-----|--------------------------|
| 1. New facility notified DARM 30 days prior to startup  | N/A | <input type="checkbox"/> |
| 2. Facility failed to notify DARM to use general permit |     | <input type="checkbox"/> |

### PART II: CLASSIFICATION

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

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

A.

- |  |  |
|--|--|
| 1. Existing small area source <input checked="" type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr.<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91)                               | 2. New small area source <input type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91)   |
| 3. Existing large area source <input type="checkbox"/><br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed before 12/9/91) | 4. New large area source <input type="checkbox"/><br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed on or after 12/9/91) |
| 5. This is a correct facility classification <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can not determine   |  |

If no, please check the appropriate classification:

- facility qualified for a general permit as number 4e5 above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 60 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

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



**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

Mohammad Nozari  
Inspector's Name (Please Print)

1-28-2000  
Date of Inspection

M. Nozari  
Inspector's Signature

1 Year  
Approximate Date of Next Inspection

INSPECTION REPORT FORM  
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

|  |                    |                      |                            |  |                          |            |
|--|--------------------|----------------------|----------------------------|--|--------------------------|------------|
| FACILITY: Norgetown Cleaners                               |                    |                      | PAGE 1                     |  | OF 1                     |            |
| FACILITY ADDRESS: 4336 South Manhattan Avenue              |                    |                      | CITY: Tampa                |  | PHONE: (813)831-9553     |            |
| MAILING ADDRESS: same                                      |                    |                      | CITY: Tampa                |  | FLA                      | ZIP: 33611 |
| INSPECTION DATE:<br>January 28, 2000                       | TIME IN:<br>9:15AM | TIME OUT:<br>10:15AM | INSPECTION TYPE:<br>Annual |  | STATUS:<br>In Compliance |            |
| NEDS NUMBER: 0571061                                       |                    |                      |                            |  |                          |            |
| SOURCE DESCRIPTION: Perchloroethylene ( Perc ) Dry Cleaner |                    |                      |                            |  |                          |            |
| CONTACT(S): Sudhir Patel                                   |                    |                      |                            |  |                          |            |

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

1. The record keeping of the Perc purchases was very good and organized.
2. The gauge temperature reading was recorded weekly and the average was 40°F
3. The vicinity around the dry cleaning machine was very clean and well maintained.
4. The Perc was loaded directly with a hookup connection. No container of perc was at the site.
5. The monthly averages for perc consumption was recorded correctly and the total for past 12 months was 60 gallons and it was verified.
6. The machine was in operation today. No leaks or odors were noticed.
7. The waste from the dry cleaning machine was properly store in the tied lid containers to be disposed in accordance with solid waste regulations.

|                                  |                           |
|----------------------------------|---------------------------|
| INSPECTED BY:<br>Mohammad Nozari | DATE:<br>January 28, 2000 |
|----------------------------------|---------------------------|



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

✓ 302637

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

**TOTAL AMOUNT DUE: \$50.00**

RECEIVED  
MAIL ROOM

FEB 13 98

Do **NOT** Remove Label

NORGE TOWN CLEANERS  
SUDHIR PATEL  
4336 S MANHATTAN AVE  
TAMPA FL 33611

AIRS ID#0571061

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258806 ✓

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

RECEIVED  
MAIL ROOM  
JAN 23 97

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

NORGE TOWN CLEANERS  
SUDHIR PATEL  
4336 S MANHATTAN AVE  
TAMPA FL 33611

AIRS ID# 0571061

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING ✓

0390850

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

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

|   |
|---|
| AIRS ID # 0571061   |
| NORGE TOWN CLEANERS<br>SUDHIR PATEL<br>4336 S MANHATTAN AVE<br>TAMPA FL 33611 |

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

JAN 11 00  
RECEIVED  
MAIL ROOM

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address  
 2.  Restricted Delivery

Consult postmaster for fee.

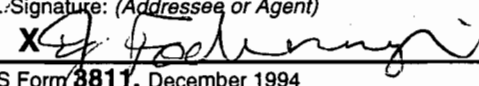
3. Article Addressed to:  
 AIRS ID 0571061  
 NORGE TOWN CLEANERS  
 SUDHIR PATEL  
 4336 S MANHATTAN AVE  
 TAMPA FL 33611

4a. Article Number  
 2333-613-620

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

7. Date of Delivery  
 014 95

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  


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

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

Domestic Return Receipt

Z 333 613 620

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

AIRS ID 0571061

NORGE TOWN CLEANERS  
 SUDHIR PATEL  
 4336 S MANHATTAN AVE  
 TAMPA FL 33611

|   |           |
|---|-----------|
| Certified Fee   |           |
| Special Delivery Fee  |           |
| Restricted Delivery Fee                                     |           |
| Return Receipt Showing to Whom & Date Delivered             |           |
| Return Receipt Showing to Whom, Date, & Addressee's Address |           |
| <b>TOTAL Postage &amp; Fees</b>                             | <b>\$</b> |
| Postmark or Date  |           |

PS Form 3800, April 1995

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0353856

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

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID # 0571061

NORGE TOWN CLEANERS  
SUDHIR PATEL  
4336 S MANHATTAN AVE  
TAMPA FL 33611

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: 81  
Fund: 20-2-035001  
Obj.: 002273

RECEIVED  
MAIL ROOM  
DEC 10 9 14 AM 1998  
Bureau of Air Monitoring  
& Mobile Sources

| COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
|--|---|
| <ul style="list-style-type: none"> <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> | <p>A. Received by (Please Print Clearly) <b>S. Patel</b>      B. Date of Delivery <b>6-8-01</b></p> <p>C. Signature <b>x S. Patel</b>      <input type="checkbox"/> Agent<br/> <input checked="" type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No (Yes, enter delivery address below)</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="text-align: center; font-size: 1.5em;">JUN 11 2001</p> <p style="text-align: right;"><i>pac</i></p> |
| <p>1. Article Addressed to:</p> <p>10                      AIRS ID # 0571061001AG<br/> SUDHIR PATEL<br/> NORGE TOWN CLEANERS<br/> 4336 S MANHATTAN AVE<br/> TAMPA FL 33611</p>   | <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail      <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered      <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail      <input type="checkbox"/> C.O.D.</p>   |
| <p>2. Article Number (Copy from service label)<br/> <b>2 210 663 197</b></p>   | <p>4. Restricted Delivery? (Extra Fee)      <input type="checkbox"/> Yes</p>  |
| <p>PS Form 3811, July 1999                      Domestic Return Receipt                      102595-99-M-1789</p>  |   |

2 210 663 197

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

10                      AIRS ID # 0571061001AG  
SUDHIR PATEL  
NORGE TOWN CLEANERS  
4336 S MANHATTAN AVE  
TAMPA FL 33611

|   |           |
|---|-----------|
| Certified Fee   |           |
| Special Delivery Fee  |           |
| Restricted Delivery Fee                                     |           |
| Return Receipt Showing to Whom & Date Delivered             |           |
| Return Receipt Showing to Whom, Date, & Addressee's Address |           |
| <b>TOTAL Postage &amp; Fees</b>                             | <b>\$</b> |
| Postmark or Date  |           |

PS Form 3800, April 1995





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

401896

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

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID # 0571061

NORGE TOWN CLEANERS  
SUDHIR PATEL  
4336 S MANHATTAN AVE  
TAMPA FL 33611

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

*1-5-01 pd*

RECEIVED  
MAIL ROOM  
JAN - 5 01