

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

November 25, 1996

Mr. Jayanti H. Patel President Majik Touch Cleaners 2314 West Linebaugh Avenue Tampa, Florida 33612

Re: Facility I.D. No. 0571069

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 5, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Ms. Liz Deken, Hillsborough County

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

Spoke to Dayanti Patel
his machine was
purchased in 1993
he uses under 100
goel of perc a year.

P.14
1 (a) add dates
1 (c) Should not be marked
2, (a) fill in - 100
3. Should be new Small
area source
P.15
H. New Small r.c. Should
be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
AHSAY M.C. D.B.A HASIK ICACH DRY CLEANORS 2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
3. Hazardous Waste Generator Identification Number:
J. Hazardous Waste Constitut Identification Number.
4. Facility Location: Street Address: 2314 W. LINERAUGH HUE.
City: Zip Code:
1 418A 11443 336B
5. Facility Identification Number (DEP Use):
0571069
Responsible Official
6. Name and Title of Responsible Official:
7. Responsible Official Mailing Address: Organization/Firm: 2314 W. hine Baugn the
7. Responsible Official Mailing Address:
Organization/Firm: 2314 W. レルビスAUGN HVE Street Address:
0.4
8. Responsible Official Telephone Number:
8. Responsible Official Telephone Number:
Telephone: (813) 935 - 6554 Fax: () -
Facility Contact (If different from Responsible Official)
racinty Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
SATANJI H. SAJEL
10. Facility Contact Address:
Street Address: 2314 W. hINEBAUGH ME
City: County: Zip Code: 3362
11. Facility Contact Telephone Number:
Telephone: (\$13)935 - 6554. Fax: () -

RECEIVED

SEP 3 1996

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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
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	٠.		· ·					* * * * * * * * * * * * * * * * * * * *	
(1) w/ ref. condenser .									T
(2) w/ carbon adsorber									
(3) w/ no controls	_								
Washer Unit	. * 3:		-14.4					ale tati ayri ir	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls	_								
Dryer Unit	11.	or and the state of the		٠.	2.344	11			halayn il.
(7) w/ ref. condenser		•							
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit			A Hartinia						
(10) w/ ref. condenser									
(11) w/carbon adsorber								•	
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the	are requanting gallo	equired to be ity of perchlons ons	installed [so	perc)	purchased in				· •]
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec ea so	t one classifi	cation only.)	ew sn	nall area sour	rce [3) of	Part II?	
Existing large are	ea soi	irce []	N€	ew lai	ge area sour	ce [

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)	ursuant to section (3) of Pa	art II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser	ال
New small area source Refrigerated condenser []		
New large area source Refrigerated condenser []		
5. A facility which contains non-exempt emissions ur to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:		
All steam and hot water generating units on-site (1) he boiler HP or less), and (2) are fired exclusively by nat during which propane or fuel oil containing no more	tural gas except for period	ls of natural gas curtailment
All steam and hot water generating units exempt No such units on-site		
Equipment Monitoring an	nd Pecordkeening Inform	nation
Check all logs which are required to be kept on-site in	• -	
(a) Purchase receipts and solvent purchases	accordance with the requ	1 —
(b) Leak detection inspection and repair		
(c) Refrigerated condenser temperature monitoring		
(d) Carbon adsorber exhaust perc concentration monit	toring	
(e) Instrument calibration	.	
(f) Start-up, shutdown, malfunction plan		
		_

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

Surrender of Existing Air Permit(s)

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1845 TIME OUT: 1240	AIRS ID#: 057/069
TYPE OF FACILITY: PERC Day Cleaner	
	DATE: 6/26/97
FACILITY NAME: Majik Touch Cleaner FACILITY LOCATION: 2314 West Linebaugh	Ave
Tamps F1 33612	1
RESPONSIBLE OFFICIAL: Jegenti Patol	PHONE NUMBER: (8/3) \$35 - 6554
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Record keeping - Incomplete records on leck inspections	R.O. is to start back performing leak inspections.
No temperature measurements - RO unsure if existing gauge is proper gauge, on if one needs to be installed.	R.O. is to verify installed payse, or have a temperature gauge. installed within 20 days.
COMMENTS:	
The Annual Compliance Certification form has been properly certif	ned and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: Either reinspect f	proximate)
INSPECTION CONDUCTED BY: James O (Ple INSPECTOR'S SIGNATURE: Jan O Holb	PHONE NUMBER: (8/3) 2.72 - 5530

AIRS ID#: 05 710069



DRY CLEANER AIR QUALITY GENERAL PERMIT JUL 1 4 1997 ANNUAL COMPLIANCE CERTIFICATION FORM

Sulfeat of Air Monitoring
FACILITY NAME: Mobile Sources DATE: Coffee
FACILITY LOCATION: 9314 W. WILLEBAGGE HUE.
THOTPH 1F1 33612
Annual Reporting Period: 1996 TO Cofe 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
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:
LICCORD REEPING
Exact period of non-compliance: from Oct. 196 to Cofe Cofe
Action(s) taken to achieve compliance: To Recur Microsure Leconomy
Method used to demonstrate compliance: North lass secrical.
#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 $C_{e} = C_{e} = $
Action(s) taken to achieve compliance: MUSTALL CONSTALL CONSTALL
Method used to demonstrate compliance: Newson Method used to demonstrate compliance: Newson 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: 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.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COMP	LAINT/DISCOVERY	RE-INSPECTION 💢
TIME IN: 005	TIME OUT: 025	AIRS ID#:	71069
TYPE OF FACILITY: PERL	C DRY CLEANER		
	JIK TOUCH CLEANE	7es	DATE: 8/27/97
FACILITY LOCATION: 2			
TACILITY EOCATION.	TAMPA 33612		
DEGRONGING S OFFICIAL	<u> </u>	PYONE NED COED	813-935-6554
RESPONSIBLE OFFICIAL:	JAYANTI PATEL	PHONE NUMBER:	012 = 103 - 60224
	the compliance requirements evaluate tule 62-213.300, Florida Administrate		cility is found to be in
Based on the results of discrepancies were note	the compliance requirements evaluated:	ed during this inspection, the fol	lowing compliance
COMPLIANCE REQU	JIREMENT/PROBLEM	FOLLOW-UP ACTI	ON REQUIRED
	e e e e e e e e e e e e e e e e e e e		
		DEC	EIVED
		NEC	EIVED
		SE	P 1 5 1997
			of Air Monitoring obile Sources
COMMENTS:		 , 	_
•			
	·		N/A
The Annual Compliance Certific	ation form has been properly certified	ed and submitted to the inspector	r. YES NO
DATE OF NEXT INSPECTIO			
		roximate)	,
INSPECTION CONDUCTED		70 N	
INSPECTOR'S SIGNATURE:	Ω α	se Print) PHONE NUMBER	.813.272-5530
	Page of	1	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<u> </u>	COMPLAINT/DISC	OVERY	
AIRS ID#: 571069 FACILITY NAME: MA.	([_	N: 1005 TIM	E OUT:	10:25
FACILITY LOCATION:	7314 LINEBAUG Tampa 330	H AVE 612			
PART I: NOTIFICATION					
(check appropriate box)					
1. Existing facility notified DA	IRM by 9/1/96				
2. New facility notified DARM	1 30 days prior to startup				<u> </u>
3. Facility failed to notify DAF	₹M to use general permit				<u> </u>
PART II: CLASSIFICATIO	N				
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 <x<2, 1<="" td=""><td>rce</td><td>to-dry only, sfer only, x- types, x<14 structed on- lew large a</td><td>or after 12/9/91)</td><td><u> </u></td><td></td></x<2,>	rce	to-dry only, sfer only, x- types, x<14 structed on- lew large a	or after 12/9/91)	<u> </u>	
transfer only, 200 <x<1,800 (constructed="" 12="" 140<x<1,800="" 9="" 91)="" a="" appropri<="" before="" both="" check="" classif="" correct="" facility="" ga="" if="" is="" no,="" please="" td="" the="" this="" types,=""><td>gal/yr trans il/yr both (constitution \squareY</td><td>sfer only, 20 types, 140- structed on</td><td>00<x<1,800 gabyr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></td><td></td><td></td></x<1,800>	gal/yr trans il/yr both (constitution \square Y	sfer only, 20 types, 140- structed on	00 <x<1,800 gabyr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800>		
		eligible for a	general permit	s by this d	lry cleaning

PART III: GENERAL CONTROL REQUIREMENTS							
Is the responsible official of the dry cleaning facility: (check appropriate boxes)							
1. Storing perchloroethylene in tightly scaled and impervious containers?	□Y □N						
2. Examining the containers for leakage?	□Y □N						
3. Closing and securing machine doors except during loading/unloading?	OY ON .						
Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	□Y □N						
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON DAVA						

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

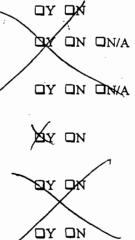
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

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

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

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

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



B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ed OY ON
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? Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction or expansion; and downstream from no other inlet?	OY ON
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	DY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1 •	OY ON
(check appropriate boxes)	מם עם מם עם
(check appropriate boxes) 1. Maintained receipts for perc purchased?	
(check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	
(check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	- □Y □N
(check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	
(check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) 	
(check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON OY ON OY ON OY ON ON/A OY ON
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? 	OY ON OY ON OY ON OY ON ON/A OY ON
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? 	OY ON OY ON OY ON OY ON ON/A OY ON OY ON OY ON
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? 	OY ON
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? 	OY ON

2. Which method of detection is used by	the respo	nsible offi	cial?		
Visual examination (condensed	solvent or	n exterior :	surfaces)		
Physical detection (airflow felt t	hrough ga	iskets)	•		
Odor (noticeable perc odor)					
Use of direct reading instrument	ation (FI	D/PID/cald	orimetric tubes)		
If using direct-reading instrun	entation	, is the eq	uipment:		
a. Capable of detecting	perc vap	or concent	rations in a range of 0-500 ppm?	OY O	N
b. Calibrated against a (PID/FID only)?	standard	gas prior	to and after each use	OY O	N
c. Inspected for leaks a	nd obviou	ıs signs of	wear on a weekly basis?		N
d. Kept in a clean and	secure are	a when no	ot in use?	OY O	N .
e. Verified for accuracy	by use o	f duplicate	samples (calorimetric only)?	OY O	N
3. Has the facility maintained a leak log?					N
4. Does the responsible official check the	followin	g areas foi	r leaks?		
Hose connections, fittings,		_			
couplings, and valves	ΠY	ПN	Muck cookers	ΠY	□N
Door gaskets and seating	ПY	□и	Stills	ΩY	□N
Filter gaskets and seating	ПY	□N	Exhaust dampers	Δλ	□N
Pumps	ПY	□N	Diverter valves	ΩY	□N
Solvent tanks and containers	ΠY	□N	Cartridge filter housing	gs 🗆Y	ПN
Water separators	ΠY	□И			
TAVANT, PA	TEI .		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	·	-
Name of Responsible Official					•
Jim Houran	0/	<u></u>			
Inspector's Name (Please Pri	nt)		Date of Ins	pection	

Approximate Date of Next Inspection

DIGONO CONTO LA PARTICIPA DE L								
INSPECTION REPORT FORM								
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY								
FACILITY: Majik Touch Cleaners PA							OF	1
TAGE 1 OF 1							1	
FACILITY ADDRESS: 2314 Linebaugh Avenue CITY: Tampa								
		511 1 1 1 01140				~		
				PHONE	E: 9	35-65	54	
MAIL DIC ADDRECC	- 1		CITII					
MAILING ADDRESS: same as above CITY: same						ZIP: 33612		
D IGDE CETOL D A FEE	TT (C D I	TIL CE OLIT	T D IGDT GOT G					
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	N TYPE	TYPE: STATUS:			ΓUS:
9/27/07	1005	1025	Eallers				,	
8/27/97 1005 1025 Follow-u							n/	a
AIR GENERAL PERMIT	NI IMBER	0571145	1069					
AIR OUNDRAL I DRIVE	NOMBEK.	03/143	, , , , ,					
SOURCE DESCRIPTION: perc dry cleaner								
·								
CONTACT(S): Jayanti P	atel							
COITIZECT(D). Juyunu I	ator							

This facility had an annual inspection performed on 6/26/97 and, at that time, the RO was unsure as to whether the dry cleaning machine had a temperature gauge installed on the exhaust of the Refrigerated Condenser (RC). The RO was instructed to verify the purpose of a specific temperature gauge and, if that gauge was not for the RO exhaust gas temperature, then ensure a gauge is installed to meet the requirements of the air quality rule pertaining to dry cleaners on the classification this facility was incorporated into, which is a "new small area source".

This inspection was to perform a follow-up to determine if the status of the gauge. The machine's "unknown" temperature gauge was not for the RC exhaust, however the RO had an additional temperature gauge installed, as was required.

Measurements have been recorded around 5°C, however the RO has only been recording these measurements on a bi-weekly schedule. I instructed the RO that the temperature measurement is required to be performed at least weekly.

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	Þ	COMPLAINT/I	DISCOVERY	
	RE-INSPECTION	и 🗆		D	
				17	
AIRS ID#: 571069	DATE: 5/5/9	78 TIME	IN: 10:0-0	TIME OUT:	11=45
FACILITY NAME: FACILITY LOCATION:	MAJIK TE	OCH C	LEAVER	TO ST	1
FACILITY LOCATION: _				S A A	
_	TAMPA,			Q (7)	
RESPONSIBLE OFFICIAL					6554
CONTACT NAME:	Same	• .	_ PHONE:	SAME	
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DAR	M 30 days prior to start	up	NL		۵
2. Facility failed to notify DA	RM to use general perm	nit .	1 - 1		۵
					
PART II: CLASSIFICATIO)N				
PART II: CLASSIFICATIO			☐ No notification		
Facility indicated on notificate (check appropriate box)			☐ No notificatio		roleum
Facility indicated on notificate (check appropriate box) A.	ation form that it is:	2 New small a	☐ Drop store/out		roleum
Facility indicated on notifical (check appropriate box) A. 1. Existing small area so	urce	2. New smali a	□ Drop store/ou		roleum
Facility indicated on notificate (check appropriate box) A.	urce :	dry-to-dry only, transfer only, x	□ Drop store/out trea source x < 140 gai/yr < 200 gal/yr		roleum
Facility indicated on notifical (check appropriate box) A. 1. Existing small area sord dry-to-dry only, x < 140 gattransfer only, x < 200 gal/y both types, x < 140 gal/yr	urce	dry-to-dry only, transfer only, x both types, x <	☐ Drop store/out trea source x < 140 gal/yr < 200 gal/yr 140 gal/yr		roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sort dry-to-dry only, x < 140 gate transfer only, x < 200 gal/y	urce	dry-to-dry only, transfer only, x both types, x <	□ Drop store/out trea source x < 140 gai/yr < 200 gal/yr		roleum
Facility indicated on notifical (check appropriate box) A. 1. Existing small area sord dry-to-dry only, x < 140 gattransfer only, x < 200 gal/y both types, x < 140 gal/yr	urce	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140	☐ Drop store/out trea source x < 140 gai/yr < 200 gai/yr 140 gai/yr or after 12/9/91)	t of business/pet	roleum
Facility indicated on notifical (check appropriate box) A. 1. Existing small area sood dry-to-dry only, x < 140 galyst both types, x < 140 galyst (constructed before 12/9/9) 3. Existing large area sood dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,80 the types, 140 ≤ x ≤ 1,80 the types, 140 ≤ x ≤ 1,80 the types.	urce	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140	□ Drop store/out Trea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91 rea source 140 ≤ x ≤ 2,100 gal/yr ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr	al/yr	roleum
Facility indicated on notifical (check appropriate box) A. 1. Existing small area sond dry-to-dry only, x < 140 gally both types, x < 140 gallyr (constructed before 12/9/9) 3. Existing large area sond dry-to-dry only, 140 \le x \le transfer only, 200 \le x \le 1,800 (constructed before 12/9/9) 5. This is a correct facility If no, please check the facility	urce	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140 (constructed on CAY DN transfer only, 20 to the types, 140 ion:	□ Drop store/out Trea source x < 140 gai/yr < 200 gal/yr 140 gai/yr or after 12/9/91 rea source 140 ≤ x ≤ 2,100 gai/yr ≤ x ≤ 1,800 gai/yr or after 12/9/91 □ Can not determinate align="block" umber align="block" ali	al/yr	troleum

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON XON/A
2. Examining the containers for leakage?	DY DN XIN/A
3. Closing and securing machine doors except during loading/unloading?	AA ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	XY ON ON/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אוא או אם אם
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 refu (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber minimalled prior to September 22, 1993	9
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	NO YÉ
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ANA NC Y
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	PAY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	M□ AĞ
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON MIN/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ATA ON

_				
В	. Has the responsible official of an existing large or new large area source also:			-
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	´_OY	ND	□N/A
	Is the temperature differential equal to or greater than 20° F?	□Y	□и	□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?	ΞY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box Y$	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	DN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПП	□N/A
	/			
P.A	RT V: RECORDKEEPING REQUIREMENTS			

Has the responsible official: (check appropriate boxes) AY DN 1. Maintained receipts for perc purchased? ND YE 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: OY ON MIN/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN WN/A and parts installed w/in 5 days of receipt? DY DN WNA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN ANA 5. Maintained exhaust duct monitoring data on perc concentrations? ØY □N 6. Maintained startup/shutdown/malfunction plan? MY ON ON/A 7. Maintained deviation reports? XY ON ON/A Problem corrected? DY DN \$6N/A 8. Maintained compliance plan, if applicable?

PART	VI: LEAK DETECTION AND F	REPAIRS					
1. Doc	s the responsible official conduct a	weekly (for	small sources, b	oi-weckly) leak detection a	nd re	pair	
insp	pection?				MY	· (□N.
2. Has	the facility maintained a leak log?			•	52 Y	· (ΩN
3. Doe	s the responsible official check the	following ar	reas for leaks?				
	Hose connections, fittings, couplings, and valves	ØY □N	□N/A	Muck cookers	ÀY	. □N	□N/A
	Door gaskets and seating	XQY □N	□N/A	Stills	V Y	ПΝ	□N/A
	Filter gaskets and seating	ØY □N	□N/A	Exhaust dampers	ďΥ	ΠN	□N/A
	Pumps	MY □N	□N/A	Diverter valves	ďΥ	ΩΝ	□N/A
	Solvent tanks and containers	ØY □N	□N/A	Cartridge filter housings	XX	ПИ	□N/A
	Water separators	OY ON	□N/A				
4. Whi	ch method of detection is used by th	e responsib	le official?				
	Visual examination (condensed so	lvent on ext	terior surfaces)		Þ		
Physical detection (airflow felt through gaskets)					M		
	Odor (noticeable perc odor)				¢ X €		
	Use of direct-reading instrumentat	ion (FID/PI	D/calorimetric t	tubes)			
	Halogen leak detector						
	If using direct-reading instru	mentation,	is the equipme	ent:	XIN/	Α	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					ΔY	ПN	
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					□Y	מם	
c. Inspected for leaks and obvious signs of wear on a weekly basis?					$\Box Y$	ΠN	
	d. Kept in a clean and sec	area wi	nen not in use?	•	ΩY	ПN	
	e. Verified for accuracy by	y use of dur	olicate samples	(calorimetric only)?	ПY	ПN	
	RUGER ZH	U		5/5/9	8		
	Inspector's Name (Please Print))		Date of Inspec	tion		
	Rut Bh			1 Ye	AR	_	
	Inchestor's Signature			Approximate Date of N	Jest I	aspect	ion

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY							
FACILITY: Majik Tou				GE	1 OF 1		
FACILITY ADDRESS: 2314 Linebaugh Ave.				CITY: PHON		npa 813) 935-6554	
MAILING ADDRESS:	Same		CITY: Tampa	F	FLA	ZIP: 33612	
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	N TYP	E:	STATUS:	
May 5, 1998	10:00	11:45	non-C	DS		In Compliance	
NEDS NUMBER: 5	71069						
SOURCE DESCRIPTION: Perc Dry Cleaner							
CONTACT(S): Jaya	nnti Patel	CONTACT(S): Jayanti 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 in operation today. No leaks or odors were noticed.

Mr. Patel's record keeping is in good shape. The temperature measurements and the leak inspections have been performed on a bi-weekly basis. The perc purchase receipts and the rolling total indicated that there was 96 gallons of perc purchased over the last 12 months.

The owners manual is kept on site which includes startup, shutdown and malfunction plan.

PKCK/LE SOURCES OUTCES

INSPECTED BY: Roger Zhu DATE: May 5, 1998

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	≱ &⊄ □	COMPLAINT/DISCO	OVERY	
AIRS ID#: <u>057/069</u>					
FACILITY NAME:	sjik Touch	Closeres			\
FACILITY LOCATION:	2314 W Line	ebaugh	Ave		
	Tamps, F1				
PART I: NOTIFICATION			·		
(check appropriate box)			GTT-04		=
1. Existing facility notified DA	RM by 9/1/96				9
2. New facility notified DARM	30 days prior to startup)			a .
3. Facility failed to notify DAR	M to use general permi	t			
		,			
PART II: CLASSIFICATION	N				
Facility indicated on notificat (check appropriate box)	ion form that it is:				
A. 1. Existing small area soundry-to-dry only, x<140 gal/y transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	r di tr bo	ansfer only, anoth types, x<	/, x<140 gal/yr x<200 gal/yr		
3. Existing large area soundry-to-dry only, 140 <x<2, (constructed="" 1="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" ga="" only,="" td="" transfer="" types,=""><td>00 gal/yr di gal/yr tr l/yr bo</td><td>ansfer only, 2 oth types, 140</td><td>area source y, 140<x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td><td></td></x<2,>	00 gal/yr di gal/yr tr l/yr bo	ansfer only, 2 oth types, 140	area source y, 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,>		
This is a correct facility classif	ication 😉	NO Y			
If no, please check the appropr	riate classification:				
11	ied for a general permit ds above limits and is no	-			
B. The total quantity of perchl facility was <u>/00</u> gallons		hased within	the preceding 12 month	ns by this dry	cleaning

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

PART III: GENERAL CONTROL REQUIREMENTS

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-yeclaimer, and dryer machines on a weekly basis? 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? 3. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? 1. Is the temperature differential equal to or greater than 20° F? 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? 1. Is the perc concentration equal to or less than 200 ppm? 4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duet diameters downstream of any bend, contraction, or expansion, is at least 2 duet diameters upstream from any bend, contraction, or expansion, and downstream from nother inter? 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? 6. Routed airflow to the carbon adsorber (if used) at all times? 1. Maintained receipts for perc purchased? 2. Maintained receipts for perc purchased? 2. Maintained receipts for perc purchased? 2. Maintained receipts for perc purchased? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? Got Arrat reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained deviation reports? 1. Problem corrected? 8. Maintained compliance plan, if applicable? 1. PART VI: LEAK DETECTION AND REPAIRS			
on dry-to-dry, reclaimer, and dryer machines on a weekly basis? 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? 2. 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? 1. Substitution of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? 1. Substitution of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a 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 downstream of any bend, contraction, or expansion, is at least 2 duct diameters downstream of any bend, contraction, or expansion, is at least 2 duct diameters upstream from any bend, contraction, or expansion, is at least 2 duct diameters upstream from any bend, contraction, or expansion, is at least 2 duct diameters upstream from any bend, contraction, or expansion, is at least 2 duct diameters upstream from any bend, contraction, or expansion, is at least 2 duct diameters upstream from any bend, contraction, or expansion, is at least 2 duct diameters upstream from any bend, contraction, or expansion, is at least 2 duct diameters upstream from any bend, contraction, or expansion, is at least 8 duct diameters downstream of any bend, contraction, or expansion, is at least 8 duct diameters downstream of any bend, contraction, or expansion, is at least 8 duct diameters downstream of any bend, contraction, or expansion, and downstream from no other interest part and upstream from any bend, contraction, or expansion, and downstream from no other interest. 2. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser colisters. 2. Maintained receipts for perc purchased? 2. Maintained exhabit duct monit	Ⅱ ΄	Has the responsible official of an existing large or new large area source also:	
inlet and outlet weekly? Is the temperature differential equal to or greater than 20° F? 3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while be machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm? 4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream or any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? 6. Routed airflow to the carbon adsorber (if used) at all times? PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained receipts for perc purchased? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained deviation reports? Problem corrected? 8. Maintained compliance plan, if applicable? PART VI: LEAK DETECTION AND REPAIRS	1.		OY ON
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm? 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 downstream from any bend, contraction, or expansion; and downstream from no other inlet? 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? 6. Routed airflow to the carbon adsorber (if used) at all times? PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained receipts for perc purchased? 2. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or, b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained deviation reports? Problem corrected? 8. Maintained compliance plan, if applicable? PART VI: LEAK DETECTION AND REPAIRS	2.		□У □И
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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 intet? 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? 6. Routed airflow to the carbon adsorber (if used) at all times? PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? Gor direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected? 8. Maintained compliance plan, if applicable? PART VI: LEAK DETECTION AND REPAIRS	3.	at the end of the final drying cycle while the machine is venting to the adsorber,	OY ON ON/A
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? 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? 6. Routed airflow to the carbon adsorber (if used) at all times? PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected? 8. Maintained compliance plan, if applicable? PART VI: LEAK DETECTION AND REPAIRS		Is the perc concentration equal to or less than 100 ppm?	OY ON
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5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected? 8. Maintained compliance plan, if applicable? PART VI: LEAK DETECTION AND REPAIRS	1. 2.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	DY BN
6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected? 8. Maintained compliance plan, if applicable? PART VI: LEAK DETECTION AND REPAIRS	1. 2.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	DY DN
7. Maintained deviation reports? Problem corrected? 8. Maintained compliance plan, if applicable? PART VI: LEAK DETECTION AND REPAIRS	1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY DN DY DN
Problem corrected? 8. Maintained compliance plan, if applicable? PART VI: LEAK DETECTION AND REPAIRS	1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only)	
8. Maintained compliance plan, if applicable? PART VI: LEAK DETECTION AND REPAIRS	1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?	OY BN OY ON OY ON BN/A OY ON (MA)
PART VI: LEAK DETECTION AND REPAIRS	1. 2. 3. 4. 5. 6.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	OY BN OY ON OY ON BN/A OY ON WA
10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. 2. 3. 4. 5. 6.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?	
10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	
	1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? Maintained compliance plan, if applicable?	

_						
2.	Which method of detection is used by	-		cial?	1 ;	
	Visual examination (condensed s	solvent on	exterior	surfaces) When personne	ष	
	Physical detection (airflow felt th	wough ga	skets)			
	Odor (noticeable perc odor)					
	Use of direct-reading instrument	ation (FIL	D/PID/cal	orimetric tubes)		
	If using direct-reading instrum	entation,	is the eq	uipment:		
	a. Capable of detecting	perc vapo	or concent	trations in a range of 0-500 ppm?		И
	b. Calibrated against a (PID/FID only)?	standard ;	gas prior	to and after each use	OY C	IN
	c. Inspected for leaks a	nd obviou	s signs of	f wear on a weekly basis?		N
	d. Kept in a clean and s	secure are	a when n	ot in use?		IN
	e. Verified for accuracy	by use of	duplicate	e samples (calorimetric only)?		IN .
3.	Has the facility maintained a leak log?			PARTIAC) <u>a</u> y c	IN
4.	Does the responsible official check the	following	_			
	Hose connections, fittings,	·	Whon	performed		
	couplings, and valves	~ ⊠ Y	ПN	Muck cookers (NA	ΩΥ	□N
	Door gaskets and seating	es y	□N .	Stills	QY	ПП
	Filter gaskets and seating	ĦΥ	□и	Exhaust dampers (NA	ΣDΥ	□и
	Pumps	T Y	□N	Diverter valves	97	ΩИ
	Solvent tanks and containers	err	ПΠ	Cartridge filter housings	CY	ПП
	Water separators	TY	ПN			
	To all Poli					
_	Name of Responsible Office	ial				
	James O Holton			6/26/87		
	Inspector's Name (Please Pr			Date of Insp	ection	
	0-0110			/		
	Inspector's Signature			Approximate Date of	Next Ins	pection
	_F 2			Lor after the		
				temp gange is	-	
				installed, it		
				applicable -> see		r

ADDITIONAL SITE INFORMATION: Majik Touch Cleaners

- This facility has a perc dry-to-dry machine, and the information is as follows: Metro 45, S/N 45-B4-446. Capacity is 45#, and unit construction date was 1993.
- There is a temperature gauge on the front of the dry cleaning machine that appears as though it may be the refrigerated condenser gauge, however the R. O. is not sure if this is the proper gauge. He indicated that the machine supplier said the machine needed a temperature gauge installed. The R.O. was instructed to verify if the existing gauge was the proper gauge and, if not, have one installed. Additionally, if one has to be installed, the R.O. is to notify the EPC for re-inspect for verification of installation.
- Records for leak inspections exist between 1/97 4/97, but not on either of the surrounding time frames back to 10/1/97. Dates on inspection records only reflected the month and year, but there was two inspections per month. This mostly depicts a bi-weekly inspection, however the R.O. was instructed to apply the date of the day the inspection, in order to adequately verify the proper timing.
- Perc supply is from Tampa Bay Cleaning Supply; Waste pick-up is by Safety Kleen.



Department of Environmental Protection

1213

V

Lawton Chiles

Governor

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

Virginia B. Wetherell Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32399-2400





(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0313388

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# 0571069

AMSAY INC JAYANTI H PATEL 2316 W LINEBAUGH AVE TAMPA FL 33612 APR 2 1 1998

Bureau of Air Monitoring
& Mobile Sources

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



Department of Environmental Protection

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

Virginia B. Wetherell
Secretary

April 2, 1998

NOTICE OF LATE PAYMENT OF ANNUAL EMISSIONS FEE VIA: CERTIFIED MAIL WITH RETURN RECEIPT

TO: User of Title V Air General Permit

Department records indicate that during calendar year 1997 you operated a facility which is a source of air pollution. You have also claimed eligibility for this facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual emissions fee, as established by the Department in Rule 62-213.205, F.A.C. You are also required, under Rule 62-213.300(2)(c)2, F.A.C., to notify the Department in writing of any change in facility status.

The annual emissions fee for your facility is \$50 for calendar year 1997. A notice of your obligation to pay the annual emissions fee was sent to you by certified mail, along with an invoice form and instructions.

As of this date, the Department has not received your annual emissions fee. Therefore, in accordance with Rule 62-213.205(1)(g), F.A.C., the Department is assessing a 50% penalty against your facility, for a total fee of \$75.00 for calendar year 1997.

Under Rule 62-213(1)(g), F.A.C., failure to timely pay the required annual emissions fee, penalty, or interest constitutes grounds for revocation of your Title V Air General Permit. If the fee and penalty are not promptly paid, the Department will revoke your facility's Title V Air General Permit and may also seek interest in accordance with Section 220.807, F.S.

To submit your \$75.00 payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Rick Butler at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your immediate attention to this matter.

Sincerely.

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

/DD

Enclosure: Invoice Form

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

RECEIVED AND THE SOURCES BUTES & MODILE SOURCES

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FOR DEPOSIT ONLY
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BARNETT BANK OF TALLAHASSEE FLORIDA STATE TREASURY CONCENTRATION ACCT. #1000004444

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	AMSAY INC. DZA MAJIK TOUCH DRY CLEANERS 01-91	49436 3043
	2314 W LINEBAUGH AVE, PH 935-6554 TAMPA, FL 33612	304969
		3/3/1988
RICAN BA	PAY TO THE ORDER OF DEPT OF EUV. PROJECT	ca \$ 500 ==
LARKE AME	Fifty	DOLLARS Description
	NationsBank NationsBank of Florida, N.A.	
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DIAN & SA	FOR	MP
GUAR		

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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TIME IN: 10:90 TIME OUT: 11:45 ARS 104: 57:069 TYPE OF FACILITY: PERC DRY CLEANER FACILITY NAME: MASIE TOUCH CLEANERS FACILITY LOCATION: 2314 LINE BANCH ME TAM PA, FL 336:12 RESPONSIBLE OFFICIAL: SAYANT PATEL 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 facility is found to be in compliance were noted: COMPLIANCE REQUIREMENT/FROBLEM FOLLOW-UP ACTION REQUIRED FOLLOW-UP ACTION REQUIRED TATE OF NEXT INSPECTION: (Approximate) (Approximate) (Approximate) (Clease Print) (Please Print) PHONE NUMBER: (313) 2.72 - 553	TYPE OF INSPECTION:	VANNUAL K	OMPLAINT/DISCOVERY	RE-INSPECTION
FACILITY NAME: MATIK TOUCH CLEANERS DATE: 5/S/GY FACILITY LOCATION: 2314 LINE BANCH AVE TAIN PA, FL 336:12 RESPONSIBLE OFFICIAL: TAYAN TI PATEL PHONE NUMBER: (813) 935-695. 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 COMPLIANCE REQUIREMENT/PROBLEM	TIME IN: 10:00	TIME OUT: // =	4.S AIRS ID#:	571069
FACILITY NAME: MATIK TOUCH CLEANERS DATE: 5/5/GY FACILITY LOCATION: 23/4 LINE BANCH AVE TANIPA, FL 33612 RESPONSIBLE OFFICIAL: 5A YAN TI PATEL PHONE NUMBER: (\$13) 935-695. 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. Fiorida 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 OMMENTS: OMMENTS:	TYPE OF FACILITY: P	ERC DRY CLEA	NER	
FACILITY LOCATION: 23/4 LINE BANCH AND TANK PA, FL 33612 RESPONSIBLE OFFICIAL: SAYANT PATEL PHONE NUMBER: (\$13) 935-655. 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 OMMENTS: De Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO ATE OF NEXT INSPECTION: (Approximate) (Approximate) (Please Print)	FACILITY NAME: M	ATIK TEUCH C	LEANERS	DATE: 5/5/98
RESPONSIBLE OFFICIAL: SAYANTI PATEL PHONE NUMBER: (\$13) 935-655. 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 OMMENTS: December 2 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	FACTITY LOCATION: 23	314 LINEBAUGH	AVE	DAIL. JISTIN
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 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 PROME NUMBER: (313) 9735-655. Based on the facility is found to be in compliance discrepancies were noted: FOLLOW-UP ACTION REQUIRED PROME NUMBER: (313) 9735-655. Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance discrepancies were noted: FOLLOW-UP ACTION REQUIRED PROME NUMBER: (313) 9735-655. Report No. Province (Approximate) (Approximate) (Approximate) (Please Print)	TACILITY EOCATION	SMIDA. FL 336	17_	
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 OMMENTS: Define Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO ATE OF NEXT INSPECTION: (Approximate) (Approximate) (Approximate) (Please Print)		AVALLE DATE		19171075-1551
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 FOLLOW-UP ACTION REQUIRED OMMENTS: De Annual Compliance Certification form has been properly certified and submitted to the inspector. YEAR (Approximate) (Approximate) (Approximate) (Please Print)	RESPONSIBLE OFFICIAL: 2	A JAN II PATEL	PHONE NUMBE	R: (813) 703 - 6934
COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED PART OF NEXT INSPECTION: (Approximate) (Approximate) (Compliance Conducted By: (Please Print) (Please Print)				facility is found to be in
DMMENTS: Le Annual Compliance Certification form has been properly certified and submitted to the inspector. ATE OF NEXT INSPECTION: (Approximate) (Approximate) (CHEASE Print) (Please Print)			duated during this inspection, the	following compliance
OMMENTS: De Annual Compliance Certification form has been properly certified and submitted to the inspector. ATE OF NEXT INSPECTION: (Approximate) (Approximate) (CERT ZHO (Please Print)	COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP AC	TION REQUIRED
OMMENTS: DE Annual Compliance Certification form has been properly certified and submitted to the inspector. ATE OF NEXT INSPECTION: (Approximate) (Approximate) (CERT ZHO (Please Print)			Sured Nobile Sold	CRIANIE SIGNATURE
ATE OF NEXT INSPECTION: (Approximate) RECION CONDUCTED BY: (Please Print)		·		· · · · · · · · · · · · · · · · · · ·
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ATE OF NEXT INSPECTION: (Approximate) (SPECTION CONDUCTED BY: (Please Print)	OMMENTS:		· · · · · · · · · · · · · · · · · · ·	
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ATE OF NEXT INSPECTION: (Approximate) (SPECTION CONDUCTED BY: (Please Print)	ne Annual Compliance Cerufic	ation form has been properly certi	ified and submitted to the inspecto	or. YES NO A
(Approximate) Computed By: Comp	•	j		
SPECTION CONDUCTED BY: RCGER ZHU (Please Print)	ALE OF NEXT INSPECTION			
(Please Print)		120		
	SPECTION CONDUCTED I):		
	SPECTOR'S SIGNATURE:			(83)272-5530
Decree of 10		7	of	Revised 10/96

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL \bigcirc COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 2:20 PM TIME OUT: 3:30	Pm AIRS 1D#: 0571069
TYPE OF FACILITY: Perc Dry clean	
FACILITY NAME: Maty K Touch Clean	e-s DATE: 6-17-99
FACILITY LOCATION: 2314 Line bough	Aus
Tampa, 51 376)	2
RESPONSIBLE OFFICIAL: SAY ANTI POLE	PHONE NUMBER: (813) 935 -6554
Based on the results of the compliance requirements evalu compliance with DEP Rule 62-213.300, Florida Administr	mtive Code (F. A. C.)
Based on the results of the compliance requirements evalu discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	5 1999 Air Monitoring le Sources
	\$ or no
·	
COMMENTS:	
The Annual Compliance Certification form has been properly certification form has been properly certification.	-
DATE OF NEXT INSPECTION:	oproximate)
INSPECTION CONDUCTED BY: M. NOZari	ease Print)
INSPECTOR'S SIGNATURE: Manageria	PHONE NUMBER: (813) 272-5536
Page	of \ Revised 10/96

pc

AIRS ID#: <u>057/069</u>

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: 7 2 15 MASIK	Touch cleaners D	ATE: 6/17/99.
FACILITY LOCATION: 2314 Line Bau		/ /
Tampa, 1-13		
<u> </u>		
Annual Reporting Period: 5/5/	19 <u>98</u> то <u>6/17/</u>	19_99
Based on each term or condition of the Title V general air p 62-213.300, Florida Administrative Code (F.A.C.), during	·/	ith DEP Rule © NO. Mo of
If NO, complete the following:		of Air
#1. Term or condition of the general permit that has not be	een in continuous compliance during the reporting	g period stated above:
Exact period of non-compliance: from	to	ng 💍
Action(s) taken to achieve compliance:		,
Method used to demonstrate compliance:		
#2. Term or condition of the general permit that has not be	een in continuous compliance during the reportin	g 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 informade in this notification are true, accurate and complete. upon rolling averages of purchase receipts, does not excee year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Prin	Further, my annual consumption of perchloroeth ed 2,100 gallons per year for dry-to dry facilities	ylene solvent, based

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	COM LIMICE IN	SI ECTION C	deckers i	& EL
TYPE OF INSPECTION:	ANNUAL	Ø₹	COMPLAINT/DISCO	VERY D
	RE-INSPECTION			le Si Ni
			COMPLAINT/DISCO	OUIC *
AIRS 10#: 657 1069	DATE 6-12-	99 mm		U /
				001: <u>3.50 P</u>
FACILITY NAME: NA	sik Touch	Clean	es	
FACILITY LOCATION: 2	314 Gneb	raugh	AND	
II	impa, 71			
RESPONSIBLE OFFICIAL :	• •			5-6554
CONTACT NAME: Sa	- ,	•		
CONTACT NAME:	ne		PHONE: Sune	
	.			
PART I: NOTIFICATION				
(check appropriate box)		٠.	<u>.</u> .	
1. New facility notified DARM	I 30 days prior to starti	ıp	NIA	- :
2. Facility failed to notify DAF	CM to use general pern	nit	, , , ,	
PART II: CLASSIFICATIO	N			
Facility indicated on notificat	ion form that it is:	V	☐ No notification form	n
(check appropriate box)			☐ Drop store/out of bu	
A.		2 No		7 27
1. Existing small area sou dry-to-dry only, x < 140 gal		New small a dry-to-dry only,		(†
transfer only, x < 200 gal/yr	•	transfer only, x		
both types, x < 140 gal/yr	1	both types, x <	140 gal/yr	
(constructed before 12/9/91)		(constructed on	or after 12/9/91)	
3. Existing large area sou	rce 🗆	4. New large a	rea source	
dry-to-dry only, $140 \le x \le 2$		• •	$140 \le x \le 2,100 \text{ gal/yr}$	
transfer only, $200 \le x \le 1.8$	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$			
both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) (constructed on or after $12/9/91$)				
(constructed before 12/9/91)	(constructed on	or aner 12/9/91)	·
5. This is a correct facility of	classification	N□ Y	□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 180 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? A/ND NC 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at □N □N/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN EN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?		מנ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?		ם אנ	N/A
	Is the temperature differential equal to or greater than 20° F?	DY C	ם אם	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?		ם אנ	N/A
	Is the perc concentration equal to or less than 100 ppm?	ΔY C	ם אם	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?	OY C	מכ	N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?		מב	IN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?		ם אם	N/A

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

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?			DAY ON		
2. Has the facility maintained a leak log?			M□ N		
3. Does the responsible official check the	following areas for leaks?	?	,		
Hose connections, fittings, couplings, and valves	Фy, □N □N/A	Muck cookers	DY ON ON/A		
Door gaskets and seating	DY ON ON/A	Stills	MY ON ON/A		
Filter gaskets and seating	אואם אם עצע	Exhaust dampers	DY ON ON/A		
Pumps	DY ON ON/A	Diverter valves	ZY ÓN ON/A		
Solvent tanks and containers	אורם אם צעם ,	Cartridge filter housings	DY ON ON/A		
Water separators	DY ON ON/A				
4. Which method of detection is used by	the responsible official?		: /		
Visual examination (condensed	solvent on exterior surface	s)	D		
Physical detection (airflow felt the	hrough gaskets)				
Odor (noticeable perc odor)					
Use of direct-reading instrument					
Halogen leak detector					
If using direct-reading inst	DAY/A				
a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	□Y □N		
b. Calibrated against a (PID/FID only)?	DY MY				
c. Inspected for leaks a	nd obvious signs of wear of	on a weekly basis?	DY CM		
d. Kept in a clean and	DY DAY				
e. Verified for accuracy	DY DAY				
		6.0			
Inspector's Name (Please Pr		6-17/99			
Inspector's Name (Please Pr	int)	Date of Inspe	ection		
M Nodaa	·	1 year	V		
Inspector's Signature		Approximate Date of			

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY						
FACILITY: Majik Touch	n Cleaners			PAGE	1 OF 1	
FACILITY ADDRESS:	2314 Linebough	n Avenue		CITY: Ta PHONE: (mpa 813)435-6554	
MAILING ADDRESS: S	Same		CITY: Tampa	FLA	ZIP: 33612	
INSPECTION DATE: June 17, 1999	TIME IN: 2:20 PM	TIME OUT: 3:20 PM	INSPECTION Annua	I .	STATUS: In Compliance	
NEDS NUMBER: 57106	59			I	*	
SOURCE DESCRIPTIO	N: Perchloroeth	nylene (Perc) D	ry Cleaner			
CONTACT(S): Jayanti P	Patel	,				
SOURCE DESCRIPTION: Perchloroethylene (Perc) Dry Cleaner CONTACT(S): Jayanti 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. 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 180 gallons and it was verified. 6. The machines were in operation today. No leaks or odors were noticed. 7. The waste from the dry cleaning machine was properly store in the tied lid containers to be disposed in accordance with regulations.						
INSPECTED BY: Mohammad Nozari					DATE: June 17,1999	
WIOHAIHHIAU NUZAH		-				

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMP	LAINT/DISCOVERY RE-INSPECTION
TIME IN: 4:00 TIME OUT: 10:00 TYPE OF FACILITY: PERC DRY CLEANE,	
FACILITY NAME: MAJIK TOUCH CLE FACILITY LOCATION: 2314 LINEBAUGH TAMPA, FL 33	AVERS DATE: 6/21/00
RESPONSIBLE OFFICIAL: JAYANTI PATEL	PHONE NUMBER: (8/3) 935 - 6554
Based on the results of the compliance requirements evaluat compliance with DEP Rule 62-213.300, Florida Administration	- · · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaluate discrepancies were noted:	•
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	
•	P F C
	Cau of Air
	Sources Monitoring
COMMENTS:	
· .	
The Annual Compliance Certification form has been properly certification form has been properly certification.	ied and submitted to the inspector. YES NO
INSPECTION CONDUCTED BY: (App	proximate) SEL ZHU
INSPECTOR'S SIGNATURE: Cognition	PHONE NUMBER: (8/3) 272-553 C

Page / of /

Revised 10/96

Desticad	10/10/96
KEVISEO	10/10/96

AIRS ID#: ____571069



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: MAJIK -	TOUCH	CLEAI	VERS		DATE:	6/21/00
FACILITY NAME: MAJIK - FACILITY LOCATION: 2314 TAM PA	LINEBA	UGH	AVE			
TAM PA	, FL	336	12			
·			•			
Annual Reporting Period:	e 18	19_	99 то ₋	June	21	20
Based on each term or condition of the Title	V general air n	ermit my fa	rility has rem	rained in compl	liane with D	FD Dula
52-213.300, Florida Administrative Code (F.	-				_	□ _{NO}
If NO, complete the following:					٠	
#1. Term or condition of the general permit	that has not bee	n in contin	ous complia	nce during the	reporting peri	od stated above:
						•
Exact period of non-compliance: from	٠ .			_to		
Action(s) taken to achieve compliance:		<u>-</u>	•			· <u></u>
Method used to demonstrate compliance:	, ,	Ť .		j"		
		,				
#2. Term or condition of the general permit	that has not be	en in contin	uous complia	ince during the	reporting per	iod stated above:
			•			
Exact period of non-compliance: from				to	•	
Action(s) taken to achieve compliance:						
Method used to demonstrate compliance:						
ivietnou used to demonstrate comphanice.	•		•	•		į į
						_ .

Page	of .
B	

^{*}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:	RE-INSPECTION		COMPLAINITH	SCOVERY	u ·
AIRS ID#: 571069 D.				IME OUT: _	10:00
FACILITY NAME: MA	JIK TOUC	H CLEA/	vees		
FACILITY LOCATION: 23	314 LINEB	AUGH A	NE		
	smpa, 1	FL 330	612		
RESPONSIBLE OFFICIAL :	JAYANTI	PATEL	PHONE:	3) 935-	6554
CONTACT NAME:	SAME		PHONE:	SAME	
				**	
PART I: NOTIFICATION				•	
(check appropriate box)					
1. New facility notified DARM 3	0 days prior to start	tup)
2. Facility failed to notify DARN	A to use general per	mit	$\mathcal{L} = \mathcal{L} \mathcal{L}$		۵
		1			
PART II: CLASSIFICATION		, moran un u u manana sens en par des seus ses emperats est			
Facility indicated on notification	on form that it is:		☐ No notification	n form	
(check appropriate box)			☐ Drop store/ou	t of business/pe	etroleum
A				~~·	
1. Existing small area source	e 🗆	2. New small		>	
dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr	·	transfer only, x	, x < 140 gal/yr		
both types, x < 140 gal/yr		both types, x <	-		
(constructed before 12/9/91)			or after 12/9/91)		
		(•		•
3. Existing large area source		4. New large		. 🗖	
dry-to-dry only, $140 \le x \le 2$,	•		$140 \le x \le 2,100$ §		•
transfer only, $200 \le x \le 1,80$			$0.00 \le x \le 1,800 \text{ gal}$		
both types, $140 \le x \le 1,800$ g	gal/yr	• •	$0 \le x \le 1,800 \text{ gal/yr}$		
(constructed before 12/9/91)		(constructed or	or after 12/9/91)		•
5. This is a correct facility cl	assification	X DN	□Can not deter	mine	
If no, please check the	appropriate classific	ation:	_		
	ty qualified for a ge		number	above	
l Tacili	ty exceeds above lin	nits and is not el	igible for a general	permit	
B. The total quantity of perchlo facility was [36.5] gallons.	proethylene (perc) p				ry cleaning

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON MANIA
2. Examining the containers for leakage?	ANA NO YO
3. Closing and securing machine doors except during loading/unloading?	MOY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON MANA
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אוא א אם צם
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	7.
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber muinstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	≱ Y □N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AND NO YK
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	A'NO NO YA
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?	X Y ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after	MY UN

В.	Has the responsible official of an existing large or new large area source also:		2
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY DX	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	אם צם	□N/A
	Is the temperature differential equal to or greater than 20° F?	MO AD	□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?	ОУ ОИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duet diameters downstream of any bend, contraction, or expansion; is at least 2 duet diameters upstream from any bend, contraction,		· · .
	or expansion; and downstream from no other inlet?	OY ON	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser cells?	מם צם	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN	□N/A

Has the responsible official: (check appropriate boxes) YY ON 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: OY ON MINA a. documentation of leaks repaired w/in 24 hrs? or, b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? DY DN **X**N/A DY DN MN/A 4. Maintained calibration data? for applicable direct reading instruments) DY DN ANA 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? MD YKK

OY ON **X**ANA

DY ON XINA

PART V: RECORDKEEPING REQUIREMENTS

7. Maintained deviation reports?

Problem corrected?

8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS

							
l.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?	ATA DN					
2.	Has the facility maintained a leak log?	MD AM					
3.	Does the responsible official check the following areas for leaks?						
	Hose connections, fittings,						
	couplings, and valves AY ON ON/A Muck cookers	A'NO NO YA					
ľ	Door gaskets and seating XY ON ON/A Stills	AND ND YK					
	Filter gaskets and seating XY ON ON/A Exhaust dampers	AND ND YK					
	Pumps Diverter valves	AVU UU YX					
	Solvent tanks and containers XY ON ON/A Cartridge filter housings	XYY ON ONA					
	Water separators						
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	0					
	If using direct-reading instrumentation, is the equipment:	XN/A					
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	OY ON					
	b. Calibrated against a standard gas prior to and after each use						
	(PID/FID only)?	OY ON					
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	NO YO					
	d. Kept in a clean and secure area when not in use?	DY DN					
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	OY ON					
}							

LOGER ZHU	6/21/00
nspector's Name (Please Print)	Date of Inspection
loger Bhu	IYEAR

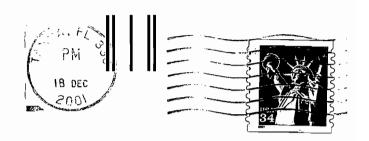
Inspector's Signature

Approximate Date of Next Inspection

ENVIRO	NMENTAL PROT	INSPECTION RE ECTION COMM		SBOROUGH (COUNTY
FACILITY: Majik Tou				PAGE	1 OF 1
FACILITY ADDRESS:	2314 Linebaug	gh Ave.		CITY: Tar PHONE: (npa 813) 935-6554
MAILING ADDRESS:	Same		CITY: Tampa		ZIP: 33612
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO		STATUS:
June 21, 2000	9:00	10:00	non-C	DS	In Compliance
	71069				
SOURCE DESCRIPTION	N: Perc Dry	Cleaner			
CONTACT(S): Jaya	anti Patel		,		
Today's visit was to o	onduct the anr	nual inspection	n.		
The machine was in o	peration today	. No leaks or	odors were no	ticed.	
The facility is very cl	-				
The recordkeeping is				ccording to	the purchase receipts
The owner's manual	-	_	-	_	_
	-				
	•				,
• •					
·					
			1		
INSPECTED BY:	Roger Zhu			DA	ΓE: June 21, 2000

MAJIK TOUCH DRY CLEANERS

PH. 935-6554 2314 W. LINEBAUGH AVE. TAMPA, FL 33612



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

32315+3070 99

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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

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AIRS ID # 0571069
MAJIK TOUCH DRY CLEANERS
JAYANTI H PATEL
2314 W LINEBAUGH AVE
TAMPA FL
33612

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 10 AIRS ID # 0571069001AG JAYANTI H PATEL MAJIK TOUCH DRY CLEANERS 2314 W LINEBAUGH AVE TAMPA FL 33612 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type Certified Mail
2. Article Number (Copy from service label) 7000 0530 0030 9372 9	1781
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0250	Re 10 JAYANTI H P.	AIRS ID # 0571069 ATEL	mallei	, 9			
7000	Sir. MAJIK TOUCH DRY CLEANERS 2314 W LINEBAUGH AVE Cit. TAMPA FL 33612 PS Control of the contro						
		:IN/72000	eenasuusenoidiisiii	IE TOILS			

PLEASE NOTE TIME

CORRECT NAME & ADRESS

AMJAY INC

JAYANTI H. PATEL

2314 W. LINESAUGH AUC

TAMPA, FL. 33612.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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AMSAY INC JAYANTI H PATEL 2316 W LINEBAUGH AVE TAMPA FL 33612 MAIL ROOM

FOR GOVERNMENT USE ONLY

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

Fund: 20-2-0350 Obj.: 002273

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AIRS ID # 0571069 MAJIK TOUCH DRY CLEANERS JAYANTI H PATEL 2316 W LINEBAUGH AVE TAMPA FL 33612

FOR GOVERNMENT USE ONLY (Corp.: 37550101000 EO: BD)
Fund: 20-2-035001
Obj.: 002273

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Z 333 613 692 US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID# 0571069 AMSAY INC JAYANTI H PATEL 2316 W LINEBAUGH AVE **TAMPA FL 33612** Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address Form **3800**, TOTAL Postage & Fees Postmark or Date S

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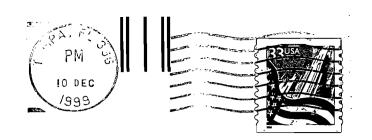
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DARM/MOBILE SOURCE CONTROL PROJECT MODILE SOURCES
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TALLAHASSEE, FLORIDA 32399-2400

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N April R Completed	3. Article Addressed to: AIRS ID 0571069 AMSAY INC. JAYANTI H PATEL 2316 W LINEBAUGH AVE TAMPA FL.33612	4b. Service Registere Express	Type ed Certified Mail Insured ceipt for Merchandise COD elivery	you lot asmig netalli
Is your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994	8. Addréssee and fee is	e's Address (Only if requested	

US Postal Service Receipt for Cer No Insurance Coverage Do not use for Internation	Provided.
Sent to AMSAY INC JAYANTI H PATEL	AIRS ID 0571
2316 W LINEBAUGH A TAMPA FL 33612	VE
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	j
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	

MAJIK TOUCH CLEANERS 2314 W Linebaugh Ave. Tampa FL 33612



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3231543070 Inhahallanlihallallanlihallallanlihallallanlihalla

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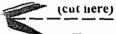
TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0571069 MAJIK TOUCH DRY CLEANERS

JAYANTI H PATEL 2316 W LINEBAUGH AVE TAMPA FL 33612 REC MAIL DEC

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



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