

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 13, 1996

Mr. James F. Jordan Jordan's Cleaners 6005 North Armenia Avenue Tampa, Florida 33604

Re: Facility I.D. No. 0571081

Dear Mr. Jordan:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Thomas Shelton, Hillsborough County

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

#057.1081

	Jordan's Cleaners
	Spoke W/ James Jordan-
	Spoke W/ James Jordan- 9/30/96
;	1720-7-10
p./3	6. add title-Owner
	, , ,
D./4	1.(a) add date central device installed
	installed
1	1.(c) mark out "X" and initial 3. Should be new small area
	3. Should be new small area.
. '	Source
D.15	5 (f) required
	77
.	
-	

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	JORDAN'S CLEANERS
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location: GODE A ARMENUA AVE
	Street Address:
	Facility Location: Street Address: City: County: Facility Identification Number (DEP Use): Facility Identification Number (DEP Use):
5.	Facility Identification Number (DEP Use):
	0571081
	Responsible Official
(6)	Name and Title of Responsible Official:
	JAMES F JORDAN
7.	Responsible Official Mailing Address:
	Street Address: JORDANS/ Cleaners
	City: County: Zin Code:
	Responsible Official Mailing Address: Organization/Firm: Street Address: City: Responsible Official Telephone Number: Telephone: (\$\mathbb{A}\mathbb{B}\mathbb{A}\mathbb{B}B
8.	Responsible Official Telephone Number:
	Telephone: (813) 8797 7412 Fax: ()
L	
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -
	· · · · · · · · · · · · · · · · · · ·

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SEP 3 1996

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		*.							
(1) w/ ref. condenser		Alexa GZ	1			1			
(2) w/ carbon adsorber		with the			_				
(3) w/ no controls		İ							
Washer Unit		<u> </u>			•	•		ing were a comment	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls						_			
Dryer Unit	,		11				2" -		erasin ,
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit					138.0 198.	2111 - 21	•		the district way
(10) w/ ref. condenser		1							
(11) w/carbon adsorber						_			
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 montrol Check why it is less	are r quant gallo	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene (perc)	purchased in	the latest 12			
What is the facility's so (Indicate with an "X".					initions found	d in section (3) of	Part II?	
Existing small are Existing large are	ea so	urce [X	Ne	ew sn	nall area sour	ce []		
Existing large are	ea so	urce []	Ne	ew la	rge area sour	ce []		

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 What control technology is required on machines pu (Indicate with an "X".) 	rsuant to section (5) of Part II of this notification form?				
Existing large area source Carbon adsorber [] F	defrigerated condenser []				
New small area source Refrigerated condenser					
New large area source Refrigerated condenser []					
	·				
5. A facility which contains non-exempt emissions unit to Rule 62-213.300, F.A.C. Verify that all steam and hexemption criteria or that no such units exist on-site:	ts shall not be eligible to use the general permit pursuant ot water generating units on-site meet the following				
All steam and hot water generating units on-site (1) ha boiler HP or less), and (2) are fired exclusively by natu during which propane or fuel oil containing no more th	ral gas except for periods of natural gas curtailment				
All steam and hot water generating units exempt No such units on-site					
;					
Equipment Monitoring and	Recordkeeping Information				
Check all logs which are required to be kept on-site in	accordance with the requirements of this general permit:				
(a) Purchase receipts and solvent purchases					
(b) Leak detection inspection and repair	[X _]				
(c) Refrigerated condenser temperature monitoring	L X (_)				
(d) Carbon adsorber exhaust perc concentration monitor	ring []				
(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 indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
Signature	James 2 Jordon 8-28-96

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Jonuary 27, 1997 Chick# 4280

Do NOT Remove Label

0571081

JAMES F JORDAN 6005 N ARMENIA AVENUE TAMPA FLORIDA 33604

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 ОЫ: 002273

Revised 10/10/96

AIRS ID#: 057/07/

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Jordan Cleaner DATE: 3/3/87
FACILITY LOCATION: 6005 Acmeric
Tangs, F1 73604
Annual Reporting Period: 9456 9 1956 TO 8 1957
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
RC offet taperdore - no guy E. no records
Exact period of non-compliance: from $\frac{\delta}{\sqrt{96}}$ to $\frac{3/3}{\sqrt{5}}$
Action(s) taken to achieve compliance: instell good to bosc, keeping records
Method used to demonstrate compliance: Massure & keep daiments
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Weekl leak defection - so records
Exact period of non-compliance: from $\chi \cdot g \cdot g = 0$ to $\chi \cdot g \cdot g = 0$
Action(s) taken to achieve compliance: will begin keeping record
Method used to demonstrate compliance: next despection was freation
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.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Ponuary 27,1997 Chuk# 4280

Do NOT Remove Label

0571081

JAMES F JORDAN 6005 N ARMENIA AVENUE TAMPA FLORIDA 33604 FOR GOVERNMENT USE ONLY Org.: 378E0101000 BD: B1 Fuid: 20-2-035001

Please promote me Confermation That I have been crotited with Paying these fees

> John Gon. Jour + Jordon

BEST AVAILABLE COPY

	JORDAN'S CLEAN PHONE 813-879-7412 6005 N. ARMENIA AVEN TAMPA, FL 33804			4	3345	4280 33-751/831 480 0444878
PAY TO THE ORDER OF BUSEAUCE Juft of Mole	Che Moneta	ung & Mo	beli c	Sauceal \$	50,60 50,60 DOLLARS	
FIRST UNION NATIONAL BANK OF FLORIDA TAMPA, FL				· · · · · · · · · · · · · · · · · · ·		and a little in
ron Zawlil, 10 Fro	57/68/	Jam	est (Jarlon	· Prairings	

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MAY 6 1997

Bureau of Air Monitoring & Mobile Sources

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

+ 980,097-g

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION			
TIME IN: 1500 TIME OUT: 1630 TYPE OF FACILITY: Pay Cleaners	AIRS ID#: 057/08/			
FACILITY NAME: Jordan's Cleaners				
FACILITY LOCATION: 6005 Acmesic				
RESPONSIBLE OFFICIAL: Ignes F Joseph	PHONE NUMBER: (813)			
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra				
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance			
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED			
No temperature sensor for R.C. exhaust. No weekly temperature measurements.	Install temps sensor and beginds taking weekly readings.			
No documentation of weekly leak checks.	Basin documenting these inspections.			
COMMENTS:				
Startup Ishet down I maltunction plan - startup I shutdown procedures posted on front of machine. Standing order for maltunation is				
to turn off machine and nortify RO	(Jordan)-			
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO				
DATE OF NEXT INSPECTION: ~ 3/3//5 g (Approximate)				
INSPECTION CONDUCTED BY: I famor o	•			
	PHONE NUMBER: (8/3) 272 - 5.530			

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Bureau of Air Monitoring & Mobile Sources

Please corrected
the etems identified
and mail to
Return completed form to:
Florida Department of Environmental Protection Bureau of Air Monitoring and Mobile Sources Mail Station 5510 2600 Blair Stone Road Tallahassee, Florida 32399-2400
For assistance, call Small Business Assistance Program (800) 722-7457
you must re-sign the form
on page 1607/6 and date
It the day constions
were made. It you
have any question contact:



Environmental Protection Commission of Hillsborough County

Bruce M. King, QEP

Engineer

Air Management Division

1410 N. 21st Street Tampa, Florida 33605 Telephone: (813) 272-5530 Fax: (813) 272-5605

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05.7/08/ Jordan's Cleaners

DEC 02 1996

_		-Spoke W/ James Jordan	<u> </u>
1	. Faci	-Spoke W/ James Jordar 9/30/96	EPC OF HC AIR MANAGEMENT
_			all management
2	. Site	p.13 6 add title-Owner	
3.	Haz		
3.	. Пага	P.14 1.(a) add date control o	levice
4.	Faci	installed	
	Stre City	1.(c) mark out "X" and (3. Should be new small	nitial
		3 Should be new small	area 3604
5.	Facil		2609
		Source	
		p.15 5.(f) required	
6.	Nam		
7.	Resp	1)	
''	Orgai	-11	# Not confirmed digital to the part of the confirmed as a first of the confirmed as a
	Street	, \ \ / \)	**
	City:		
			33604
8.	Respo		27034
	Telep		
	<u>-</u>		
9.	Name	and Title of Facility Contact (For example, plant manager):	
10.	Facilit	y Contact Address:	
		Address:	
	City:	County:	Zip Code:
11.	Facilit	y Contact Telephone Number:	
•	Teleph	one: ()	
		one. () - Fax: ()	-

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SEP 3 1596

Bureau of Air Monitoring & Mobile Sources

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Perchloroethylene Dry Cleaning Facility Notification

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Facility Name and Location

l .	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	JORDAN'S CLEANERS
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location: Street Address: 6005 N ARMENUA AVE
	Facility Location: Street Address: City: County: TAMPA Facility Identification Number (DEP Use): Facility Identification Number (DEP Use): COUNTY: TAMPA Facility Identification Number (DEP Use): COUNTY: TAMPA CO
5.	Facility Identification Number (DEP Use):\ 0.5.171081
	Responsible Official
6.	Name and Title of Responsible Official:
	JAMES F JORDAN
7.	Responsible Official Mailing Address:
	Responsible Official Mailing Address: Organization/Firm: Street Address: City: TAMPA Responsible Official Telephone Number: Telephone: ((612) 5 Process Fax: ((612) 5 Process
	City: County: Zip Code:
	TAMPE FO HILLSDAYOUGH 33604
8.	Responsible Official Telephone Number:
	Telephone: (\$13) 879 7412 Fax: () -
•	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -
	Telephone: () - Fax: () -
	

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Effective: 6-25-96

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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.

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
•		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	·ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91	12NOJ 93	#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit			_						
(1) w/ ref. condenser		Alan 93							
(2) w/ carbon adsorber		1471-72 67							
(3) w/ no controls									_
Washer Unit		,			,	1		.	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			. ,					I.	<u>, I </u>
(7) w/ ref. condenser								÷	
(8) w/ carbon adsorber	_							<u> </u>	
(9) w/ no controls				_					
Reclaimer Unit					J				
(10) w/ ref. condenser			1	[<u> </u>	l		
(11) w/carbon adsorber		-		_	1	1			
(12) w/ no controls		_							
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 mont Check why it is less	are requant gallo	equired to be ity of perchlo ons ow many? [_	installed [oroethylene (perc)					
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	et one classifi	cation only.)	ew sn	initions found nall area sour	rce [3) of]]	Part II?	
Laisting large are	a 50	uice [140	w ia	ige area sour		1		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

	rol technology is req with an "X".)	uired on machines	pursuant to section (5) of	Part II of this notification form?
	sting large area source oon adsorber	<u>e</u>	Refrigerated condenser	
	rigerated condenser			
	v large area source rigerated condenser			
•				
5 A facility	which contains non-	evemnt emissions	units shall not be eligible t	to use the general permit pursuant
to Rule 62-21		y that all steam an	d hot water generating uni	ts on-site meet the following
boiler HP or	less), and (2) are fire	ed exclusively by r		10 million BTU/hr or less (298 ods of natural gas curtailment s fired.
All steam and No such units	d hot water generatin s on-site	g units exempt	[X]	
	Equipr	ment Monitoring	and Recordkeeping Infor	rmation
Check all log	s which are required	to be kept on-site	in accordance with the rec	quirements of this general permit:
(a) Purchase	receipts and solvent	purchases		
(b) Leak dete	ection inspection and	repair		
(c) Refrigerat	ted condenser tempe	rature monitoring		
(d) Carbon ac	dsorber exhaust perc	concentration mo	nitoring	
(e) Instrumen	nt calibration			
(f) Start-up,	shutdown, malfuncti	on plan		[X]

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

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
[]	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
Ц	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 s 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 ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will proi	nptly notify the Department of any changes to the information contained in this notification.
Signatur	ones 2 Jordon 8-28-96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FOR AIRS ID 05768 JAMES F JORDAN JAMES F JORDAN 6005 N ARMENIA AVENUE **TAMPA FL 33604** Do NOT Remove Label Annual Reporting Period: 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. LINO If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

^{*}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.



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

April 20, 1997

James F. Jordan 6005 North Armenia Avenue Tampa, Florida 33604

Re: 1996 Title V General Permit Fees

Dear Business Owner:

Rule 62-213.300, F.A.C., requires the Department to provide written notice to facilities to submit payment of an annual operation fee of \$50. The fee is due and payable annually between January 15 and March 1 for the preceding year during which the facility was in operation and subject to the requirement of the rule and general permit.

Initial fee invoices were mailed January 7. This was followed by a second invoice sent by certified mail on February 15. As of this date, our records indicate that your payment has not been received.

For your convenience, an invoice is enclosed. Please return the bottom portion of the invoice along with your payment.

If you have any questions concerning your payment, please contact Sandy Bowman or Marnie Brynes at 904/488-6140.

Sincerely,

Henry Estevez
Administrator

Mobile Source Control Section Bureau of Air Monitoring and

Mobile Sources

HE\sb

Enclosure

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

Printed on recycled paper.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	0	COMPLAINT/DISCOVERY	Y 0
FACILITY LOCATION:	6005 Acmeni	·		
	Tamps, FI	33604	•	
PART I: NOTIFICATION				
(check appropriate box)		· · · · · · · · · · · · · · · · · · ·		
1. Existing facility notified DARI	M by 9/1/96			
2. New facility notified DARM 3	0 days prior to startup			ο.
3. Facility failed to notify DARM	to use general permi	t		a
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2, 100<="" td=""><td>2. dr tr bo (c gal/yr dr</td><td>New small y-to-dry only ansfer only, xoth types, x<1 onstructed on New large ay-to-dry only</td><td>, x<140 gal/yr <200 gal/yr 40 gal/yr or after 12/9/91) area source , 140<x<2, 100="" gal="" td="" yr<=""><td>goest (</td></x<2,></td></x<2,>	2. dr tr bo (c gal/yr dr	New small y-to-dry only ansfer only, xoth types, x<1 onstructed on New large ay-to-dry only	, x<140 gal/yr <200 gal/yr 40 gal/yr or after 12/9/91) area source , 140 <x<2, 100="" gal="" td="" yr<=""><td>goest (</td></x<2,>	goest (
transfer only, 200 <x<1,800 ga<br="">both types, 140<x<1,800 gal="" y<br="">(constructed before 12/9/91)</x<1,800></x<1,800>	r bo	oth types, 140	00 <x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">a or after 12/9/91)</x<1,800></x<1,800>	
This is a correct facility classification of the second of		ii un		
☐ facility exceeds	I for a general permit above limits and is no	ot eligible for		
B. The total quantity of perchlore facility was 95 gallons.	ethylene (perc) purch	ased within	the preceding 12 months by th	is dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? 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 DY DIN 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 DXY/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) DY ON MA 1. Equipped all machines with the appropriate vent controls? 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 DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated OY ON condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the OY ON condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

B	. Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
	Is the temperature differential equal to or greater than 20° F?	OY ON
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion, is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	QY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY DIM ON/A
_		
	ART V: RECORDKEEPING REQUIREMENTS	
Н	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes)	
H (c)	as the responsible official:	ОУ ОИ
H (c)	as the responsible official: heck appropriate boxes)	OY ON OY ON
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H (c) 1. 2. 3. 4. 5. 6. 7.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for 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 ONIA OY ON ANA OY ON OY ON
H (c) 1. 2. 3. 4. 5. 6. 7.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for 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?	OY ON OY ON OY ON ONIA OY ON ONIA OY ON OY ON OY ON
H (c) 1. 2. 3. 4. 5. 6. 7.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	OY ON OY ON OY ON ONIA OY ON ONIA OY ON OY ON OY ON

2. Wh	ich method of detection is used by th	e respons	sible official?	·		
	Visual examination (condensed so	lvent on (exterior surfaces)			
	Physical detection (airflow felt thro	ough gasl	kets)	·		
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentat	ion (FID/	PID/calorimetric	tubes)		
	If using direct-reading instrumer	atation, i	s the equipment:			
	a. Capable of detecting p	erc vapor	concentrations in	a range of 0-500 ppm?		מכ
	b. Calibrated against a str (PID/FID only)?	andard g	as prior to and afte	er each use		אכ
	c. Inspected for leaks and	lobvious	signs of wear on a	a weekly basis?	OY (מכ
	d. Kept in a clean and sec	cure area	when not in use?		OY (אכ
	e. Verified for accuracy b	y use of	duplicate samples	(calorimetric only)?		אנ
3. Has	the facility maintained a leak log?		•	••		
	es the responsible official check the fo	ollowing	areas for leaks?			
	Hose connections, fittings,	,			_	
	couplings, and valves	ΘY	ПN	Muck cookers	⊠Y	□и
	Door gaskets and scating	GY	ПN	Stills	YE	ΩИ
	Filter gaskets and seating	QÝ	ПИ	Exhaust dampers	ØÝ	ПN
	Pumps	QÝ	ПΝ	Diverter valves	QY	ПN
٠	Solvent tanks and containers	Ω¥	□и	Cartridge filter housings	₽Ý	□N
	Water separators	⊒ Ý	ПN		<u>. </u>	
	Name of Responsible Official Times O. Holton Inspector's Name (Please Print On Delbot Inspector's Signature			Date of Inspection performance	<i>3/3/</i> Next In	/58 spection

ADDITIONAL SITE INFORMATION:

- · Machine Info Big Star Model 2013/15) May be reversed-SIN 284 Spec plate in italian Capacity 35# Construction - 8/83
- · Tempo Bay Supply supplies perc, no storage.

 Sefety Kleen picks up waste.

Filter change approximately I every 6 months.

- · Unit not operating @ time of inspection, RO stated unit has a steam lack and is in process of repairing.
- has not been documenting these leaks for 5-6 months. Instructed RO to bogin performing this documentation to prevent future recourse.
- "Machine has no temperature indicator, therefore no weekly temperature necessarements have been taken @ the R.C. autlet. A period of theme in 1886 the RO had been recording hot air inlet to the main wash wheel, and stopped recording when realized this was incorrector RO asked me where he should install temperature and I suggested he contact oby cleaner contractors to obtain this into and have the modification completed.
- · Handwritten start-up/shotdown procedures taped to front of machine. No malfunction procedures. Vendor manual is in Italian, and provided RO the EPA supplied "General Recommended O.M. Panctices..."
- o fere usage records are kept via recoupts and checkbook stub records. Suggested RO begin a less combesoing more retreivable meens of this documentation.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMPLAIN	T/DISCOVERY	RE-INSPECTION 🔀
TIME IN: 0835	TIME OUT:	0855	AIRS ID#:	571081
TYPE OF FACILITY: PER	ic Dry Curver	2		i
FACILITY NAME: To	RDAN'S CLEANER	rs		DATE: 8/27/97
FACILITY LOCATION:	2005 N. Armini	A	-	
	1AMPA 33604	_		
RESPONSIBLE OFFICIAL:	JAMES JORDAN		PHONE NUMB	ER: \$13-879-7412
	f the compliance requirement Rule 62-213.300, Florida A			e facility is found to be in
Based on the results of discrepancies were not	the compliance requiremented:	nts evaluated duri	ing this inspection, the	e following compliance
COMPLIANCE REQ	UIREMENT/PROBL	EM]	FOLLOW-UP AC	CTION REQUIRED
				RECEIVED
a a				SEP 1 5 1997
-				Bureau of Air Monitoring
		İ		& Mobile Sources
	· 		· .	
	· ·			
·				
	· .			
COMMENTS:				•
				N/A
The Annual Compliance Certifi	cation form has been prope	erly certified and	submitted to the inspe	ector. YES NO
DATE OF NEXT INSPECTIO)N:	•		
	$\overline{\Lambda}$	(Approxima	ite)	
INSPECTION CONDUCTED	BY: Jim		-4)	
INSPECTOR'S SIGNATURE	· 0. 0/40x	(Please Pri		er: 813-272-5530_
HIGE ECTOR 3 SIGNATURE	· your 17 1710	1 (I MONE NUMB	
	P	age of .		Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	□ сомрі Х	AINT/DISCOVERY	
AIRS ID#: 57 (08) I	DAN'S CLEMN	75	TIME OUT:	755
FACILITY LOCATION:	DOS N. ARM TAMPA 331	04 04		
PART I: NOTIFICATION				
(check appropriate box)	_			
1. Existing facility notified DAR	M by 971/96			
2. New facility notified DARM 3	0 days prior to startup			.
3. Facility failed to notify DARM	f to use general permit			
				<u> </u>
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box)	n form that it is:			
A.	· :	Profession State Commission		
1. Existing small area source		lew small area source		
dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr		to-dry only, x<140 ga sfer only, x<200 gal/y		
both types, x<140 gal/yr		types, x<140 gal/yr	N/O/O/N	
(constructed before 12/9/91)	(con	structed on or after 1	2/9/91)	
3. Existing large area source	e 🗆 4.1	lew large area sourc		
dry-to-dry only, 140 <x<2, 100<br="">transfer only, 200<x<1,800 ga<br="">both types, 140<x<1,800 gal="" y<br="">(constructed before 12/9/91)</x<1,800></x<1,800></x<2,>) gal/yr dry- nl/yr trans yr both	to-dry only, 140 <x<2 sfer only, 200<x<1,80 types, 140<x<1,800 structed on or after 1</x<1,800 </x<1,80 </x<2 	00 gal/yr gal/yr	
dry-to-dry only, 140 <x<2, 100<br="">transfer only, 200<x<1,800 ga<br="">both types, 140<x<1,800 gal="" td="" y<=""><td>o gal/yr dry-i ul/yr trans or both (con</td><td>to-dry only, 140<x<2 sfer only, 200<x<1,80 types, 140<x<1,800< td=""><td>00 gal/yr gal/yr</td><td></td></x<1,800<></x<1,80 </x<2 </td></x<1,800></x<1,800></x<2,>	o gal/yr dry-i ul/yr trans or both (con	to-dry only, 140 <x<2 sfer only, 200<x<1,80 types, 140<x<1,800< td=""><td>00 gal/yr gal/yr</td><td></td></x<1,800<></x<1,80 </x<2 	00 gal/yr gal/yr	
dry-to-dry only, 140 <x<2, 100<br="">transfer only, 200<x<1,800 ga<br="">both types, 140<x<1,800 gal="" y<br="">(constructed before 12/9/91)</x<1,800></x<1,800></x<2,>	gal/yr dry- nl/yr trans or both (con	to dry only, 140 <x<2 sfer only, 200<x<1,80 types, 140<x<1,800 structed on or after 1</x<1,800 </x<1,80 </x<2 	00 gal/yr gal/yr	
dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91="" 91)="" a="" appropria<="" before="" both="" check="" classification="" constructed="" correct="" facility="" ga="" gal="" if="" is="" no,="" of="" only,="" please="" td="" the="" this="" transfer="" types,="" y=""><td>gal/yr dry- nl/yr trans or both (con</td><td>to-dry only, 140<x<2 1="" 140<x<1,800="" 200<x<1,80="" abo<="" after="" in="" number="" on="" only,="" or="" sfer="" structed="" td="" types,=""><td>00 gal/yr gal/yr 2/9/91)</td><td></td></x<2></td></x<2,>	gal/yr dry- nl/yr trans or both (con	to-dry only, 140 <x<2 1="" 140<x<1,800="" 200<x<1,80="" abo<="" after="" in="" number="" on="" only,="" or="" sfer="" structed="" td="" types,=""><td>00 gal/yr gal/yr 2/9/91)</td><td></td></x<2>	00 gal/yr gal/yr 2/9/91)	

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
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part	v.
If classification 2 has been checked, the machine should be equipped with a re (complete A below).	frigerated condenser
If classification 3 has been checked, the machine should be equipped with eith condenser or a carbon adsorber (complete A and B below). Carbon adsorber installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a re (complete A and B below).	frigerated 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?	OY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON DIN/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	MA ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	□Y □N
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	QY QN
Is the temperature differential equal to or greater than 20° F?	QY QN
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON
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?	оу ои
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	<u> </u>
Has the responsible official: (check appropriate boxes)	<u> </u>
Has the responsible official:	
Has the responsible official: (check appropriate boxes)	OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	OY ON
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:	□У □И
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	OY ON
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?	OY ON OY ON
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)	OY ON OY ON ON/A
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON OY ON OY ON ON/A OY ON
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Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	OY ON OY ON OY ON ON/A OY ON OY ON OY ON OY ON OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	OY ON OY ON OY ON ON/A OY ON OY ON OY ON OY ON OY ON

2. Which method of detection is used by	the respo	nsible of	ficial?		
Visual examination (condensed	solvent or	n exterio	r surfaces)		
Physical detection (airflow felt	through ga	iskets)			
Odor (noticeable perc odor)					
Use of direct-reading instrumer	ntation (FI	D/PID/ca	alorimetric tubes)		
If using direct-reading instru	mentation	, is the e	quipment:		
a. Capable of detection	g perc vap	or conce	ntrations in a range of 0-500 ppm?	ΠY	□N
b. Calibrated against a (PID/FID only)?	a standard	gas prio	r to and after each use	ΟY	□N
•	and obviou	ıs signsı	of wear on a weekly basis?	ΠY	□N
d. Kept in a clean and					□N
•			ate samples (salorimetric only)?		□N
Has the facility maintained a leak log		. aapnoo	ino sampios (onormodio omy);		□N
Does the responsible official check the state of the control		a areas f	for lanks?	J 1	
- ·	ie ioliowili	g aleas i	or leaks?		
Hose connections, fittings, couplings, and valves	ΠY	□N	Muck cookers	QY.	□N
Door gaskets and seating	ПY	ΠN	Stills	ΩY	Пи
Filter gaskets and seating	_ Q Y	□N	Exhaust dampers	_ _	□N
Pumps	ΩY	□N	Diverter valves	ΠY	□N
Solvent tanks and containers	ПY	□и	Cartridge filter housings	∵ □Y	□N
Water separators	ПY	ПN			
JAMES JORDA	 ~				
Name of Responsible Office	cial		1 ,		
Jm Hoyo			8/27/0	17	
Inspector's Name (Please P	rint)		Date of Insp	ection	

Revised 10/28/96

Approximate Date of Next Inspection

Inspector's Signature

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY FACILITY: Jordan's Cleaners PAGE OF FACILITY ADDRESS: 6005 North Armenia Avenue CITY: Tampa PHONE: 879-7412 MAILING ADDRESS: same as above CITY: same FLA | ZIP: 33604 INSPECTION TYPE: INSPECTION DATE: TIME IN: TIME OUT: STATUS: 0835 0855 Follow-up 8/27/97 n/a. AIR GENERAL PERMIT NUMBER: 0571081 SOURCE DESCRIPTION: perc dry cleaner CONTACT(S): James Jordan

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

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

Measurements have been recorded around 35°F.

Air Toxics Engineer DATE: James O. Holton, 8/27/97 **INSPECTED BY:** 2 Holt

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X	COMPLAINTA	DISCOVERY	RE-INSPECTION
TIME IN: 16-20	TIME OUT:		AIRS ID#:	71081
TYPE OF FACILITY:	PERC DRY	CLEANER		
FACILITY NAME:	JORDAN'S	CLEANERS		DATE: 3/11/98
FACILITY LOCATION:	6005 N. AR	MENIA AU	E.	
PACIENT ECCATION	TAMPA, FL			
RESPONSIBLE OFFICIAL:			PHONE NUMBER	(813)879-7412
	of the compliance requirem P Rule 62-213.300, Florida	-	· -	icility is found to be in
Based on the results discrepancies were n	of the compliance requirem	ents evaluated during	this inspection, the fo	ollowing compliance
COMPLIANCE RE	QUIREMENT/PROB	LEM FO	LLOW-UP ACT	ION REQUIRED
				R
			Bureau o & Moc	E CE
<u> </u>				2 20 111
			& Mobile Sources	EIVED Air Monitoring
			វ ភ	Oring
			• .	
COMMENTS:	:			
	FACILITY &	GOOD RO	ECORD KEÊ	EPING.
The Annual Compliance Certi	fication form has been prop			r. YES NO
DATE OF NEXT INSPECT	ON:	IYEAR		
		(Approximate)	-11-1	
NSPECTION CONDUCTE	D BY:	ROGER	ZHU	
nspe <i>c</i> tor's signatur	E: Chit	(Please Print)	_PHONE NUMBER:	(813)272-5530
	, ,	Page of		Revised 10

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT VINCE INSPECTION CHECKLIST TOUGGOVERN TOUGGOV

TYPE OF INSPECTION:

RE-INSPECTION

AIRS ID#: 57108 | DATE: 3/11/98 TIME IN: 16=00 TIME OUT: 16=45 FACILITY NAME: SORDAN'S CLEANERS

FACILITY LOCATION: 6005 N. ARMENIA AVE

TAMPA, FL 33604 RESPONSIBLE OFFICIAL: JAMES JORDAN PHONE: (813)879-7412 SANE SAME PHONE: CONTACT NAME:

PART I: NOTIFICATION		
(check appropriate box)		•
1. New facility notified DARM 30 days prior to startup	11/1	
2. Facility failed to notify DARM to use general permit	\sim / \sim	

PART II: CLASSIFICATION						
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum					
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)					
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gai/yr transfer only, $200 \le x \le 1,800$ gai/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)					
5. This is a correct facility classification	Y □N □Can not determine					
If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit						
B. The total quantity of perchloroethylene (perc) pure facility was 125 gallons.	urchased within the preceding 12 months by this dry cleaning					

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DAY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DAY ON ON/A 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 ZY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DIN/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) MU YM 1. Equipped all machines with the appropriate vent controls? MAY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the MY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated May □N 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? MY ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after ØY □N verifying that the coolant had been completely charged?

B.	B. Has the responsible official of an existing large or new large area source also:					
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	□N			
2.	Measured and recorded the washer exhaust temperature at the condensor inlet and outlet weekly?	ΟY	ΠN	□N/A		
	Is the temperature differential equal to or greater than 20° F?	□Y.	ПN	□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?	ОΥ	□N	□N/A		
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПΝ	□N/A		
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	□N	□N/A		
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser eoils?	ΟY	□И	□N/A		
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	□N/A		

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

PART VI: LEAK DETECTION AND REPAIRS						
I. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?				ØΥ	□N	
2. Has the facility maintained a leak log?					□N	
3. Does the responsible official check the f	following ar	reas for leaks?				
Hose connections, fittings,	EÀST ON	CD 1/4	No. d. and an			
couplings, and valves	r May \ □N	UN/A	Muck cookers	Y Y	מם אם	I/A
Door gaskets and seating	ØY □N	□N/A	Stills	ΣİΥ	מם מם	I/A
Filter gaskets and seating	jÓY □N	□N/A	Exhaust dampers	ØÝ	חם מם	/A
Pumps	ND YOR	□N/A	Diverter valves	φY	מם מם	/A
Solvent tanks and containers	ØY □N	□N/A	Cartridge filter housings	Y	מם מם	/A
Water separators	Ø Y □N	□N/A				
4. Which method of detection is used by th	e responsib	le official?				
Visual examination (condensed so	lvent on ex	terior surfaces)		βα		
Physical detection (airflow felt thro	ough gaske	ts)		Ø		
Odor (noticeable perc odor)						
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
Halogen leak detector						
If using direct-reading instrumentation, is the equipment:						
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?						
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?						
(PID/FID only)?						
c. Inspected for leaks and obvious signs of wear on a weekly basis?						
d. Kept in a clean and secure area when not in use?						
e. Verified for accuracy b	y use of du	plicate samples	(calorimetric only)?	ΠY	UN	
LOGGE ZHU Inspector's Name (Please Print)		3/11/98 Date of Inspec			
	-,		•	_		
Kenti M	~	-	1 YEA	R		
Inspector's Signature Approximate Date of Ne			Jest In	spection	_	

INSPECTION REPORT FORM								
ENVIRONM	IENTAL PROT	ECTION COMM	IISSION OF HILLS	SBORO	UGH C	COUNTY	<i>?</i>	
FACILITY: Jordan's Cleaners				PA	AGE	1	OF	-1
FACILITY ADDRESS: 6005 N. Armenia Ave. CITY: Tampa								
PHONE: (813) 879-7412					2			
MAILING ADDRESS: Same			CITY: Tampa FLA		FLA	A ZIP: 33604		_
INSPECTION DATE:	E: TIME IN: TIME OUT: INSPECT		INSPECTIO	PECTION TYPE:		STATUS:		US:
Mar 11, 1998	16:00	16:45	non-CDS In Complian		liance			
NEDS NUMBER: 571081								
SOURCE DESCRIPTION: Perc Dry Cleaner								
CONTACT(S): James Jordan								

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. Jordan's record keeping is in good shape. He has recorded the condenser temperature on biweekly basis since the temperature gauge was installed on May,1997 as instructed in the last inspection that a gauge must be installed to meet the requirements on this facility classification which is an "New small area source".

Mr. Jordan's perc purchase receipts and the rolling total indicated that he purchased 125 gallons of perc over last 12 months.

Mr. Jordan did have a startup/shutdown/malfunction plan kept on-site.

	· -	
INSPECTED BY:	Roger Zhu	DATE: Mar 11,1998

BEST AVAILABLE COPY



DRY CLEANER AIR QUALITY GENERAL PERMIT Z Bureau of Air Monitoring ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID 0571081 JAMES F JORDAN JAMES F JORDAN 6005 N ARMENIA AVENUE TAMPA FL 33604 Do NOT Remove Label Annual Reporting Period: 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. \square NO If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:30 TIME OUT: 12:50 TYPE OF FACILITY: PERC DRY CLEANE	R
FACILITY NAME: JORDAN'S CLEAN	DATE: 5/5/99
FACILITY LOCATION: 6005 N. ARMENIA	AVE
1AMPA, 1-L 3060	4
RESPONSIBLE OFFICIAL: JAMES JORDAN	PHONE NUMBER: (813) 879 - 74/2
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administr	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·
·	P
	Surgary The State of the State
	Mobile Solito Jiloties
	\$ ************************************
<u> </u>	
COMMENTS:	· · · · · · · · · · · · · · · · · · ·
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	YEAR
(Ap	proximate)
HISTECTION CONDUCTED DI.	GER ZHU
INSPECTOR'S SIGNATURE: Loge Shu	ease Print) PHONE NUMBER: (813) 272 - 6530

Revised 10/96

AIRS ID#:	5	710	28		
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Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: 50RDAX FACILITY LOCATION: 6005 TAMPA	1'S CLEANERS		DATE: 5/5/99
FACILITY LOCATION: 6005	N ARMENIA A	WE	ŕ
TAMPA	, FL 33604		
Annual Reporting Period: Feb	26 ₁₉ 98	TO MAY	1999
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		·/	_
If NO, complete the following:			i e
#1. Term or condition of the general permit	that has not been in continuous	compliance during the repo	orting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:	·		
Method used to demonstrate compliance:			***************************************
#2. Term or condition of the general permit	that has not been in continuous	s compliance during the repo	orting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			·
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	and complete. Further, my ann	ual consumption of perchlo	roethylene solvent, based
National Nat	me (Please Print)	Signature //	Date

Page of

^{*}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 BRICE RO	DE LICITOR C	HECKLIST	
TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	¤ □	COMPLAINT/DISCOVERY	
AIRS ID#: 57/08)	DATE: 5/5/9°	7 TIME II	N: 10 = 3 0 TIME OUT: _	12:00
FACILITY NAME:	JORDAN'S C	CLEANE	7C5	
FACILITY LOCATION:	6005 N. ARCI	———	740 E	
	TAMPA, FL	33604	1	
RESPONSIBLE OFFICIA	L: JAMES JOR	DA N	PHONE: (813) 879-	7412
CONTACT NAME:	SAME		PHONE:SAME	;
PART I: NOTIFICATION	V			
(check appropriate box)	• de seit (appendi			
1. New facility notified DA	RM 30 days prior to startup		12/1	
2. Facility failed to notify D	ARM to use general permi	t	NA	
<u> </u>	· · · · · · · · · · · · · · · · · · ·			
PART II: CLASSIFICAT	ION	,		
Facility indicated on notifi			☐ No notification form ☐ Drop store/out of business/po	etroleum
Facility indicated on notific (check appropriate box) A.	cation form that it is:		☐ Drop store/out of business/po	etroleum
Facility indicated on notificated (check appropriate box) A. 1. Existing small area s	cation form that it is:	. New small a	☐ Drop store/out of business/perea source	etroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small areas dry-to-dry only, x < 140 transfer only, x < 200 ga	cation form that it is: source	ry-to-dry only, ansfer only, x	☐ Drop store/out of business/porea source x < 140 gal/yr < 200 gal/yr	etroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area of dry-to-dry only, x < 140 transfer only, x < 200 gas both types, x < 140 gal/y	cation form that it is: source	ry-to-dry only, ransfer only, $x < 0$ oth types, $x < 0$	□ Drop store/out of business/porea source x < 140 gal/yr < 200 gal/yr 40 gal/yr	etroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small areas dry-to-dry only, x < 140 transfer only, x < 200 ga	cation form that it is: source	ry-to-dry only, ransfer only, $x < 0$ oth types, $x < 0$	☐ Drop store/out of business/porea source x < 140 gal/yr < 200 gal/yr	etroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small areased dry-to-dry only, x < 140 transfer only, x < 200 gaboth types, x < 140 gal/y (constructed before 12/9) 3. Existing large areased	cation form that it is: source	ry-to-dry only, ransfer only, $x = 0$ oth types, $x < 1$ constructed on . New large a	□ Drop store/out of business/porea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91) rea source	etroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small areased dry-to-dry only, x < 140 transfer only, x < 200 gases both types, x < 140 gal/y (constructed before 12/9/2004) 3. Existing large areased dry-to-dry only, 140 ≤ x	cation form that it is: source	ry-to-dry only, ransfer only, $x = 0$ oth types, $x < 1$ constructed on . New large any-to-dry only,	☐ Drop store/out of business/porea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ (40 gal/yr) or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$	etroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small areased dry-to-dry only, x < 140 transfer only, x < 200 gaboth types, x < 140 gal/y (constructed before 12/9) 3. Existing large areased	cation form that it is: source □ 2. gal/yr dr 1/yr tr r bc (91) (c) source □ 4. ≤ 2,100 gal/yr dr 1,800 gal/yr tr	ry-to-dry only, ransfer only, $x < 0$ oth types, $x < 0$ constructed on . New large at ry-to-dry only, ransfer only, 20	□ Drop store/out of business/porea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91) rea source	etroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area of the dry-to-dry only, x < 140 transfer only, x < 200 gas both types, x < 140 gal/y (constructed before 12/9/2) 3. Existing large area of try-to-dry only, 140 \le x transfer only, 200 \le x \le 1	cation form that it is: source	ry-to-dry only, ansfer only, x on types, x < 1 constructed on . New large at ry-to-dry only, ransfer only, 20 oth types, 140 on types, 140 or	□ Drop store/out of business/porea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ (40 gal/yr) or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$	etroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area of the dry-to-dry only, x < 140 transfer only, x < 200 gas both types, x < 140 gal/y (constructed before 12/9) 3. Existing large area of try-to-dry only, 140 \le x transfer only, 200 \le x \le both types, 140 \le x \le 1,8	cation form that it is: source	ry-to-dry only, ansfer only, x on types, x < 1 constructed on . New large at ry-to-dry only, ransfer only, 20 oth types, 140 on types, 140 or	Drop store/out of business/porce $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $< 0 \le x \le 1,800 \text{ gal/yr}$ $< x \le 1,800 \text{ gal/yr}$	etroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area of the dry-to-dry only, x < 140 transfer only, x < 200 gas both types, x < 140 gal/y (constructed before 12/9/2) 3. Existing large area of transfer only, 200 \le x \le both types, 140 \le x \le 1,8 (constructed before 12/9/2) 5. This is a correct facilial of the dry please check	cation form that it is: source □ 2. gal/yr dr l/yr tr r bc (91) (c) source □ 4. ≤ 2,100 gal/yr dr 1,800 gal/yr tr (90) gal/yr bc (91) (c) ty classification	ry-to-dry only, ransfer only, x on types, x < 1 constructed on . New large at ry-to-dry only, ransfer only, 20 oth types, 140 constructed on . Y \bigcup N	□ Drop store/out of business/porea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ (40 gal/yr) or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $100 \le x \le 1,800 \text{ gal/yr}$ $100 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) □ Can not determine	etroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area of the dry-to-dry only, x < 140 transfer only, x < 200 gas both types, x < 140 gal/y (constructed before 12/9) 3. Existing large area of try-to-dry only, 140 \le x transfer only, 200 \le x \le both types, 140 \le x \le 1,8 (constructed before 12/9) 5. This is a correct facility of the dry-to-dry only are tryently for the dry-to-dry only.	cation form that it is: source	ry-to-dry only, ransfer only, x on types, x < 1 constructed on . New large at ry-to-dry only, ransfer only, 20 ont types, 140 constructed on . Y	□ Drop store/out of business/porea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ (40 gal/yr) or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $100 \le x \le 1,800 \text{ gal/yr}$ $100 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) □ Can not determine umber above	etroleum

Revised 8/11/97

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN MN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DEN/A 2. Examining the containers for leakage? MY DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/A least 24 hours prior to disposal? Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? MY ON ON/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) MY DN 1. Equipped all machines with the appropriate vent controls? MAY 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 DAY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated KAY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the KOY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after ØYY □N 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?	OY ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON	□N/A
	Is the temperature differential equal to or greater than 20° F?	DY DN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,		
	if machines are equipped with a carbon adsorber?		⊔N/A
	Is the perc concentration equal to or less than 100 ppm?		□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?	·	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON	⊓N/A

PART V: RECORDKEEPING REQUIREMENTS

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

PART VI: LEAK DETECTION AND	REPAIRS	<u> </u>	
1. Does the responsible official conduct a	weekly (for small sour	ces, bi-weckly) leak detection as	nd repair
inspection?			, X IY □N
2. Has the facility maintained a leak log	?		ØY □N
3. Does the responsible official check the	following areas for lea	ks?	•
Hose connections, fittings, couplings, and valves	₩Y □N □N/A	Muck cookers	Ø(Y □N □N/A
Door gaskets and seating	MY ON ON/A	Stills	MY ON ON/A
Filter gaskets and seating	MY ON ON/A	Exhaust dampers	ØY □N □N/A
Pumps	ØY □N □N/A	Diverter valves	MY ON ON/A
Solvent tanks and containers	YAY □N □N/A	Cartridge filter housings	YY ON ON/A
Water separators	AY ON ON/A		: =
4. Which method of detection is used by	the responsible official?	?	
Visual examination (condensed	solvent on exterior surfa	aces)	₩
Physical detection (airflow felt the	hrough gaskets)		\$4
Odor (noticeable perc odor)			X
Use of direct-reading instrument	ation (FID/PID/calorim	netric tubes)	
Halogen leak detector			
If using direct-reading inst	rumentation, is the eq	uipment:	M/A
a. Capable of detecting	perc vapor concentration	ons in a range of 0-500 ppm?	DY DN
b. Calibrated against a (PID/FID only)?	standard gas prior to ar	nd after each use	
c. Inspected for leaks a	nd obvious signs of wea	ar on a weekly basis?	□Y □N
d. Kept in a clean and	secure area when not in	use?	□Y □N
e. Verified for accuracy	y by use of duplicate sar	nples (calorimetric only)?	□Y □N
	•		
ROGER 2H	J	5/5/	99
Inspector's Name (Please Pr	int)	Date of Inspe	ection
Regu Bh	··	1 YEA	R
Inspector's Signature		Approximate Date of	Next Inspection

	INSPECTION RE	EPORT FORM			
ENVIRONMENTAL P	ROTECTION COMM	ISSION OF HILLS	BOROUGH C	COUNTY	
FACILITY: Jordan's Cleaners			PAGE	1 OF	1
FACILITY ADDRESS: 6005 N. A	Armenia Ave.		CITY: Tar	npa	
			PHONE: (813) 879-741	12
MAILING ADDRESS: Same		CITY: Tampa	FLA	ZIP: 33604	4
INSPECTION DATE: TIME IN	N: TIME OUT:	INSPECTION	N TYPE:	STAT	TUS:
May 5, 1999 10:30	12:00	non-CI	OS	In Comp	pliance
NEDS NUMBER: 571081			·		
SOURCE DESCRIPTION: Perc	Dry Cleaner				
CONTACT(S): James Jordan					
The machine was in operation to Mr. Jordan's record keeping is weekly and the leak inspection indicated that he purchased 111.2 Mr. Jordan also mentioned to me know when the deal gets done	in good shape. s bi-weekly. His gallons of perc one that he's going	He has logged is perc purchas over the past 12	d the tempse receipts months.	and the ro	olling total

INSPECTED BY:

Roger Zhu

DATE: May 5, 1999

Ol adolanua to dol lano auti to ploa 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.	A. Received by (Please Print Clearly) C. Signature A. Received by (Please Print Clearly) C. Signature Agent Addressee
1. Article Addressed to: 10 AIRS ID # 0571081001AG JAMES F JORDAN JORDAN'S CLEANERS	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
6005 N ARMENIA AVENUE TAMPA FL 33604	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 2 210 (63 200)	
PS Form 3811, July 1999 Domestic Ref	turn Receipt 102595-99-M-1789
Z 210 E	°F3 500

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Obj.: 002273

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AIRS ID 0571081

JAMES F JORDAN JAMES F JORDAN 6005 N ARMENIA AVENUE TAMPA FL 33604 FOR GOVERNMENT USE ONLY
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is your BETURN ADDRESS completed o	AIRS ID#: 0571081 JAMES F JORDAN JAMES F JORDAN 6005 N ARMENIA AVENUE TAMPA FL 33604 5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	4b. Service Registere Express Return Return Return Control Control	Type ed Certified Mail Insured ceipt for Merchandise COD elivery / 8 - 9 e's Address (Only if requested paid)	Thank you for using Return Rec
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P 265 302 151 US Postal Service **Receipt for Certified Mail** No Insurance Coverage Provided. AIRS ID#: 0571081 JAMES F JORDAN JAMES F JORDAN 6005 N ARMENIA AVENUE TAMPA FL 33604 r varayê Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom & Date, & Addressee's Address Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees Postmark or Date 2/14/97

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