



# 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 -  
9/30/96

p.13 6. add title - Owner

p.14 1.(a) add date control device  
installed

1.(c) mark out "X" and initial

3. should be new small area

Source

p.15 5.(f) required

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

|  |                    |           |              |
|--|--------------------|-----------|--------------|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): | JAMES F JORDAN     |           |              |
| 2. Site Name (For example, plant name or number):                                  | JORDAN'S CLEANERS  |           |              |
| 3. Hazardous Waste Generator Identification Number:                                |                    |           |              |
| 4. Facility Location:  | 6005 N ARMENIA AVE |           |              |
| Street Address:  |                    |           |              |
| City:  | Tampa              | County:   | Hillsborough |
|  |                    | Zip Code: | 33604        |
| 5. Facility Identification Number (DEP Use):                                       | 0571081            |           |              |

## Responsible Official

|  |                    |           |              |
|--|--------------------|-----------|--------------|
| 6. Name and Title of Responsible Official: | JAMES F JORDAN     |           |              |
| 7. Responsible Official Mailing Address:   | JORDAN'S CLEANERS  |           |              |
| Organization/Firm:                         | 6005 N ARMENIA AVE |           |              |
| Street Address:                            |                    |           |              |
| City:                                      | Tampa              | County:   | Hillsborough |
|  | FL                 | Zip Code: | 33604        |
| 8. Responsible Official Telephone Number:  |                    |           |              |
| Telephone:                                 | (813) 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:      | ( ) - |

RECEIVED

SEP 5 1996

### Facility Information

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

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

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

(c) No control devices are required to be installed

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

gallons

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

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

3) What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)

*new  
small  
re*

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

All steam and hot water generating units exempt

No such units on-site

### Equipment Monitoring and Recordkeeping Information

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

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

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

Please indicate with an "X" the appropriate selection:

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

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

**Responsible Official Certification**

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

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

Signature

*James Z Jordan*

Date

*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**

*FDL  
Jordan 27, 1997  
check # 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**  
**Obj.: 002273**

AIRS ID#: 0571081

Revised 10/10/96



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

FACILITY NAME: Jordan's Cleaners DATE: 3/31/97  
 FACILITY LOCATION: 6005 Armeris  
Tampa, FL 33604

Annual Reporting Period: 9/96 9 1996 TO 8 1997

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

If NO, complete the following:

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

RC outlet temperature - no gauge & no records  
 Exact period of non-compliance: from 8 '96 to 3/31/97  
 Action(s) taken to achieve compliance: install gauge & begin keeping records  
 Method used to demonstrate compliance: measure & keep documents

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

Weekly leak detection - no records  
 Exact period of non-compliance: from 8 '96 to 3/31/97  
 Action(s) taken to achieve compliance: will begin keeping records  
 Method used to demonstrate compliance: next inspection verification

*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: James F Jordan James F Jordan 3-31-97  
 Name (Please Print) Signature Date

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





BEST AVAILABLE COPY

**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**

*FD  
Jordan 27, 1997  
check # 4280*

Do **NOT** Remove Label

0571081

JAMES F JORDAN  
6005 N ARMENIA AVENUE  
TAMPA FLORIDA 33604

FOR GOVERNMENT USE ONLY  
Org: 5750101000 EO: H1  
Fund: 20-3-035001  
Obj: 003373

*Please provide me confirmation  
that I have been credited with  
paying these fees*

*Thank you.*

*Jordan + Jordan*

BEST AVAILABLE COPY

**JORDAN'S CLEANERS**

PHONE 813-879-7412  
6005 N. ARMENIA AVENUE  
TAMPA, FL 33804

4280

43345


83-751/831 480  
0444878

1-27 1997

PAY  
TO THE  
ORDER OF

*Bureau of Air Monitoring & Mobile Sources* \$ 50<sup>00</sup> x

*Fifty & no/100*

DOLLARS  Security features  
include:  
Data in on back.

FIRST UNION NATIONAL BANK  
OF FLORIDA  
TAMPA, FL

on *Family 10 # 0571081*

*James J Jordan*

20

BARNETT JAX

4387

02-06 JAX FL

08 105584

08 105584 02/06/97 05  
CYCLE: 40 MOD-PKT: 2-1

0662801

FLORIDA DEPARTMENT OF TREASURY  
CONCERNATION ACCT. #1000004444

FEB -4 97

3790000  
3790000

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MAY 6 1997

Bureau of Air Monitoring  
& Mobile Sources

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



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

TIME IN: 1500 TIME OUT: 1630 AIRS ID#: 0571081  
 TYPE OF FACILITY: Dry Cleaners  
 FACILITY NAME: Jordan's Cleaners DATE: 3/31/97  
 FACILITY LOCATION: 6005 Armenia  
Tampa, FL 33604  
 RESPONSIBLE OFFICIAL: James F Jordan PHONE NUMBER: (813)

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

| COMPLIANCE REQUIREMENT/PROBLEM   | FOLLOW-UP ACTION REQUIRED                              |
|--|--|
| No temperature sensor for R.C. exhaust.<br>No weekly temperature measurements. | Install temp. sensor and begin taking weekly readings. |
| No documentation of weekly leak checks.  | Begin documenting these inspections.                   |
|  |  |
|  |  |
|  |  |
|  |  |

**COMMENTS:**  
 Startup / shutdown / malfunction plan - startup / shutdown procedures posted on front of machine. Standby order for malfunction is to turn off machine and notify RO (Jordan).

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

**DATE OF NEXT INSPECTION:** ~ 3/31/98  
 (Approximate)

**INSPECTION CONDUCTED BY:** James O Holton  
 (Please Print)

**INSPECTOR'S SIGNATURE:** Jan O Holton **PHONE NUMBER:** (813) 272-5530

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DEC 26 1996

Bureau of Air Monitoring  
& Mobile Sources

Please correct  
the items identified  
and mail to:

Return completed form to:

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

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

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



Environmental Protection Commission  
of Hillsborough County

Bruce M. King, QEP  
Engineer  
Air Management Division

1410 N. 21st Street  
Tampa, Florida 33605

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

#0571081

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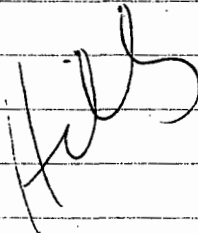
Jordan's Cleaners

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DEC 02 1996

-Spoke w/ James Jordan-  
9/30/96

EPC of HC  
AIR MANAGEMENT

|                                  |  |       |
|----------------------------------|--|-------|
| 1. Faci                          |  |       |
| 2. Site                          | p.13 6. add title - Owner  |       |
| 3. Haz                           | p.14 1.(a) add date control device installed                                       |       |
| 4. Faci<br>Stre<br>City          | 1.(c) mark out "X" and initial<br>3. should be new small area                      | 3604  |
| 5. Faci                          | Source   |       |
|                                  | p.15 5.(f) required  |       |
| 6. Nam                           |  |       |
| 7. Resp<br>Orga<br>Stre<br>City: |  | 33604 |
| 8. Resp<br>Telep                 |  |       |

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 5 1996

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

|  |                    |           |              |
|--|--------------------|-----------|--------------|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): | JAMES F JORDAN     |           |              |
| 2. Site Name (For example, plant name or number):                                  | JORDAN'S CLEANERS  |           |              |
| 3. Hazardous Waste Generator Identification Number:                                |                    |           |              |
| 4. Facility Location:  | 6005 N ARMENIA AVE |           |              |
| Street Address:  |                    |           |              |
| City:  | Tampa              | County:   | Hillsborough |
|  |                    | Zip Code: | 33604        |
| 5. Facility Identification Number (DEP-Use):                                       | 0571081            |           |              |

Responsible Official

|  |                      |           |              |
|--|----------------------|-----------|--------------|
| 6. Name and Title of Responsible Official: | JAMES F JORDAN OWNER |           |              |
| 7. Responsible Official Mailing Address:   | JORDAN'S CLEANERS    |           |              |
| Organization/Firm:                         | 6005 N ARMENIA AVE   |           |              |
| Street Address:                            |                      |           |              |
| City:                                      | Tampa FL             | County:   | Hillsborough |
|  |                      | Zip Code: | 33604        |
| 8. Responsible Official Telephone Number:  |                      |           |              |
| Telephone:                                 | (813) 879 2412       | Fax:      | ( ) -        |

Facility Contact (If different from Responsible Official)

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

RECEIVED

SEP 5 1995

Bureau of Air Monitoring & Mobile Sources

**Facility Information**

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

| Type of Machine        | ID        | Date Machine Initially Purchased | Date Control Device Installed | ID        | Date Machine Initially Purchased | Date Control Device Installed | ID        | Date Machine Initially Purchased | Date Control Device Installed |
|------------------------|-----------|----------------------------------|-------------------------------|-----------|----------------------------------|-------------------------------|-----------|----------------------------------|-------------------------------|
| <i>Example</i>         | <i>#1</i> | <i>03-OCT-93</i>                 | <i>12-NOV-93</i>              | <i>#2</i> | <i>08-DEC-91</i>                 | <i>12-Nov 93</i>              | <i>#3</i> | <i>02-MAR-92</i>                 | <i>02-MAR-92</i>              |
| <b>Dry-to-Dry Unit</b> |           |                                  |                               |           |                                  |                               |           |                                  |                               |
| (1) w/ ref. condenser  |           | <i>Aug 93</i>                    |                               |           |                                  |                               |           |                                  |                               |
| (2) w/ carbon adsorber |           |                                  |                               |           |                                  |                               |           |                                  |                               |
| (3) w/ no controls     |           |                                  |                               |           |                                  |                               |           |                                  |                               |
| <b>Washer Unit</b>     |           |                                  |                               |           |                                  |                               |           |                                  |                               |
| (4) w/ ref. condenser  |           |                                  |                               |           |                                  |                               |           |                                  |                               |
| (5) w/ carbon adsorber |           |                                  |                               |           |                                  |                               |           |                                  |                               |
| (6) w/ no controls     |           |                                  |                               |           |                                  |                               |           |                                  |                               |
| <b>Dryer Unit</b>      |           |                                  |                               |           |                                  |                               |           |                                  |                               |
| (7) w/ ref. condenser  |           |                                  |                               |           |                                  |                               |           |                                  |                               |
| (8) w/ carbon adsorber |           |                                  |                               |           |                                  |                               |           |                                  |                               |
| (9) w/ no controls     |           |                                  |                               |           |                                  |                               |           |                                  |                               |
| <b>Reclaimer Unit</b>  |           |                                  |                               |           |                                  |                               |           |                                  |                               |
| (10) w/ ref. condenser |           |                                  |                               |           |                                  |                               |           |                                  |                               |
| (11) w/carbon adsorber |           |                                  |                               |           |                                  |                               |           |                                  |                               |
| (12) w/ no controls    |           |                                  |                               |           |                                  |                               |           |                                  |                               |

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

(c) No control devices are required to be installed  *JK*

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

(b) If less than 12 months, how many?  months  
 Check why it is less than 12 months: New owner:  New store:  Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?  
 (Indicate with an "X". Select one classification only.)

Existing small area source       New small area source

Existing large area source       New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

All steam and hot water generating units exempt   
No such units on-site

### Equipment Monitoring and Recordkeeping Information

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

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan



### Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

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

### Responsible Official Certification

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

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

Signature

James Z Jordan

Date

8-28-96

*aw*

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID 057881  
JAMES F JORDAN  
JAMES F JORDAN  
6005 N ARMENIA AVENUE  
TAMPA FL 33604

**RECEIVED**  
Bureau of Air Monitoring  
& Mobile Sources  
APR 22 1998

MAR 04 1998

**RECEIVED**

Do NOT Remove Label

Annual Reporting Period: Jan 1, 1998 19 TO Jan 1 19 99

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

If NO, complete the following:

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

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

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

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

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

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

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

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

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

RESPONSIBLE OFFICIAL: James F Jordan James F Jordan 2-26-98  
Name (Please Print) Signature Date

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

0571081



# 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"*

✓

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:    ANNUAL                     COMPLAINT/DISCOVERY      
                                 RE-INSPECTION                   

|   |                      |                      |                       |
|---|----------------------|----------------------|-----------------------|
| AIRS ID#: <u>0571281</u>                | DATE: <u>7/31/97</u> | TIME IN: <u>1300</u> | TIME OUT: <u>1630</u> |
| FACILITY NAME: <u>Jordan's Cleaners</u> |                      |                      |                       |
| FACILITY LOCATION: <u>6205 Acacia's</u> |                      |                      |                       |
| <u>Tempe, FL 33604</u>                  |                      |                      |                       |

|   |                                     |
|---|-------------------------------------|
| <b>PART I: NOTIFICATION</b>                             |                                     |
| (check appropriate box)                                 |                                     |
| 1. Existing facility notified DARM by 9/1/96            | <input checked="" type="checkbox"/> |
| 2. New facility notified DARM 30 days prior to startup  | <input type="checkbox"/>            |
| 3. Facility failed to notify DARM to use general permit | <input type="checkbox"/>            |

|   |  |
|---|--|
| <b>PART II: CLASSIFICATION</b>  |  |
| Facility indicated on notification form that it is:<br>(check appropriate box)  |  |
| <i>resubmitted per state Del request</i>  |  |
| A.  | <input checked="" type="checkbox"/>                          |
| 1. Existing small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91)                         | <input checked="" type="checkbox"/>                          |
| 2. New small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91)                         | <input checked="" type="checkbox"/>                          |
| 3. Existing large area source<br>dry-to-dry only, $140 < x < 2,100$ gal/yr<br>transfer only, $200 < x < 1,800$ gal/yr<br>both types, $140 < x < 1,800$ gal/yr<br>(constructed before 12/9/91) | <input type="checkbox"/>                                     |
| 4. New large area source<br>dry-to-dry only, $140 < x < 2,100$ gal/yr<br>transfer only, $200 < x < 1,800$ gal/yr<br>both types, $140 < x < 1,800$ gal/yr<br>(constructed on or after 12/9/91) | <input type="checkbox"/>                                     |
| This is a correct facility classification   | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| If no, please check the appropriate classification:   |  |
| <input type="checkbox"/> facility qualified for a general permit as number _____ above  |  |
| <input type="checkbox"/> facility exceeds above limits and is not eligible for a general permit   |  |
| B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was <u>95</u> 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? *not storing*  Y  N *MA*
- 2. Examining the containers for leakage?  Y  N *MA*
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/A

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

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

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

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

**If using direct-reading instrumentation, is the equipment:**

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N

c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N

d. Kept in a clean and secure area when not in use?  Y  N

e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

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

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

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

Janes Jordan  
Name of Responsible Official

Janes O. Holton  
Inspector's Name (Please Print)

Janes O. Holton  
Inspector's Signature

44797 3/31/97  
Date of Inspection

44798 3/31/98  
Approximate Date of Next Inspection

Inspection performed on  
3/31 - paperwork completed  
on 4/1

#### ADDITIONAL SITE INFORMATION:

- Machine Info - Big Star Model 2013/15 } May be reversed-  
SN 284 } spec plate in  
italian  
Capacity 35# Construction - 8/93
- Tempa Bag Supply supplies perc, no storage.  
Safety Klean picks up waste.  
Filter change approximately 1 every 6 months.
- Unit not operating @ time of inspection, RO stated unit has a steam leak and is in process of repairs.
- Leak checks are performed routinely, however RO has not been documenting these leaks for 5-6 months. Instructed RO to begin performing this documentation to prevent future recourse.
- Machine has no temperature indicator, therefore no weekly temperature measurements have been taken @ the R.C. outlet. A period of time in 1996 the RO had been recording hot air inlet to the main wash wheel, and stopped recording when realized this was incorrect. RO asked me where he should install temp sensor and I suggested he contact dry cleaner contractors to obtain this info and have the modification completed.
- Handwritten start-up/shutdown procedures typed to front of machine. No malfunction procedures. Vendor manual is in Italian, and provided RO the EPA supplied "General Recommended O&M Practices...".
- Perc usage records are kept via receipts and checkbook stub records. Suggested RO begin a less cumbersome, more retrievable means of this documentation.



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

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

TIME IN: 0835 TIME OUT: 0855 AIRS ID#: 571081  
 TYPE OF FACILITY: PERC DRY CLEANER  
 FACILITY NAME: JORDAN'S CLEANERS DATE: 8/27/97  
 FACILITY LOCATION: 6005 N. ARMENTA  
1 AMPA 33604  
 RESPONSIBLE OFFICIAL: JAMES JORDAN PHONE NUMBER: 813-879-7412

- 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                    |
|--------------------------------|--|
|                                | <b>RECEIVED</b>                              |
|                                | SEP 15 1997                                  |
|                                | Bureau of Air Monitoring<br>& Mobile Sources |
|                                |  |
|                                |  |
|                                |  |
|                                |  |

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

N/A

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

DATE OF NEXT INSPECTION: \_\_\_\_\_ (Approximate)

INSPECTION CONDUCTED BY: Jim HOLTON (Please Print)

INSPECTOR'S SIGNATURE: Jim Holt PHONE NUMBER: 813-272-5530

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 571081 DATE: 8/27/97 TIME IN: 0835 TIME OUT: 0855  
FACILITY NAME: JORDAN'S CLEANERS  
FACILITY LOCATION: 6005 N. ARMENIA  
TAMPA 33604

**PART I: NOTIFICATION**

(check appropriate box)

1. Existing facility notified DARM by 9/1/96

2. New facility notified DARM 30 days prior to startup

3. Facility failed to notify DARM to use general permit

**PART II: CLASSIFICATION**

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

A.

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

This is a correct facility classification  Y  N

If no, please check the appropriate classification:

facility qualified for a general permit as number \_\_\_\_\_ above

facility exceeds above limits and is not eligible for a general permit

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

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

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

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

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

**If using direct-reading instrumentation, is the equipment:**

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N

c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N

d. Kept in a clean and secure area when not in use?  Y  N

e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

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

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

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

James Jordan  
Name of Responsible Official

Jim Horton  
Inspector's Name (Please Print)

Jim Horton  
Inspector's Signature

8/27/97  
Date of Inspection

\_\_\_\_\_  
Approximate Date of Next Inspection

INSPECTION REPORT FORM  
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

|   |                  |                   |                                |                 |
|---|------------------|-------------------|--------------------------------|-----------------|
| FACILITY: Jordan's Cleaners                 |                  |                   | PAGE 1 OF 1                    |                 |
| FACILITY ADDRESS: 6005 North Armenia Avenue |                  |                   | CITY: Tampa<br>PHONE: 879-7412 |                 |
| MAILING ADDRESS: same as above              |                  | CITY: same        | FLA                            | ZIP: 33604      |
| INSPECTION DATE:<br>8/27/97                 | TIME IN:<br>0835 | TIME OUT:<br>0855 | INSPECTION TYPE:<br>Follow-up  | STATUS:<br>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.

|  |               |
|--|---------------|
| INSPECTED BY: James O. Holton, Air Toxics Engineer<br><i>James O. Holton</i> | DATE: 8/27/97 |
|--|---------------|

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 16:00 TIME OUT: 16:45 AIRS ID#: 571081  
 TYPE OF FACILITY: PERC DRY CLEANER  
 FACILITY NAME: JORDAN'S CLEANERS DATE: 3/11/98  
 FACILITY LOCATION: 6005 N. ARMENIA AVE.  
TAMPA, FL 33604  
 RESPONSIBLE OFFICIAL: JAMES JORDAN PHONE NUMBER: (813) 879-7412

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

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

**RECEIVED**  
 APR 13 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

COMMENTS:  
CLEAN FACILITY & GOOD RECORD KEEPING

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

DATE OF NEXT INSPECTION: 1 YEAR  
 (Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU  
 (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (813) 272-5530

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

Bureau of Air Monitoring  
& Mobile Sources

APR 13 1998

**RECEIVED**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCONTINUED   
RE-INSPECTION

AIRS ID#: 571081 DATE: 3/11/98 TIME IN: 16:00 TIME OUT: 16:45  
 FACILITY NAME: JORDAN'S CLEANERS  
 FACILITY LOCATION: 6005 N. ARMENIA AVE  
TAMPA, FL 33604  
 RESPONSIBLE OFFICIAL: JAMES JORDAN PHONE: (813) 879-7412  
 CONTACT NAME: SAME PHONE: SAME

**PART I: NOTIFICATION**

(check appropriate box)

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

2. Facility failed to notify DARM to use general permit

**PART II: CLASSIFICATION**

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

|   |
|---|
| <input type="checkbox"/> No notification form                 |
| <input type="checkbox"/> Drop store/out of business/petroleum |

A.

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

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

If no, please check the appropriate classification:

facility qualified for a general permit as number \_\_\_\_\_ above

facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 125 gallons.



**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

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

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

**PART VI: LEAK DETECTION AND REPAIRS**

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

ROGER ZHU

Inspector's Name (Please Print)

3/11/98

Date of Inspection

*Roger Zhu*

Inspector's Signature

1 YEAR

Approximate Date of Next Inspection

INSPECTION REPORT FORM  
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

|  |                   |                    |                                      |                          |  |
|--|-------------------|--------------------|--------------------------------------|--------------------------|--|
| FACILITY: Jordan's Cleaners            |                   |                    | PAGE 1 OF 1                          |                          |  |
| FACILITY ADDRESS: 6005 N. Armenia Ave. |                   |                    | CITY: Tampa<br>PHONE: (813) 879-7412 |                          |  |
| MAILING ADDRESS: Same                  |                   | CITY: Tampa        | FLA                                  | ZIP: 33604               |  |
| INSPECTION DATE:<br>Mar 11, 1998       | TIME IN:<br>16:00 | TIME OUT:<br>16:45 | INSPECTION TYPE:<br>non-CDS          | STATUS:<br>In Compliance |  |
| 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 bi-weekly 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 |
|-------------------------|--------------------|

*all*

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

Bureau of Air Monitoring  
& Mobile Sources

MAR 04 1998

RECEIVED

|  |
|--|
| AIRS ID 0571081<br>JAMES F JORDAN<br>JAMES F JORDAN<br>6005 N ARMENIA AVENUE<br>TAMPA FL 33604 |
|--|

Do NOT Remove Label

Annual Reporting Period: Jan 1, 1998 1998 TO Jan 1 1999

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

If NO, complete the following:

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

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

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

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

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

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

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

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

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

RESPONSIBLE OFFICIAL: James F Jordan James F Jordan 2-26-98  
 Name (Please Print) Signature Date

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

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

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

TIME IN: 10:30 TIME OUT: 12:00 AIRS ID#: 571081  
 TYPE OF FACILITY: PERC DRY CLEANER  
 FACILITY NAME: JORDAN'S CLEANERS DATE: 5/5/99  
 FACILITY LOCATION: 6005 N. ARMENIA AVE  
TAMPA, FL 33604  
 RESPONSIBLE OFFICIAL: JAMES JORDAN PHONE NUMBER: (813) 879-7412

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

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

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

**RECEIVED**  
 JUN 17 1999  
 Bureau of Air Monitoring  
 & Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: 1 YEAR  
 (Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU  
 (Please Print)

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

AIRS ID#: 571081

ACE

Revised 10/10/96

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

FACILITY NAME: JORDAN'S CLEANERS DATE: 5/5/99  
 FACILITY LOCATION: 6005 N. ARMENIA AVE  
TAMPA, FL 33604

Annual Reporting Period: Feb 26 1998 TO MAY 5 1999

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

If NO, complete the following:

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

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

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

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

*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: JAMES F. JORDAN James F. Jordan 5-5-99  
 Name (Please Print) Signature Date

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

✓  
**PERCHLOROETHYLENE DRY CLEANERS**

**TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST**

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

|                       |  |       |        |          |                |           |       |
|-----------------------|--|-------|--------|----------|----------------|-----------|-------|
| AIRS ID#:             | 571081                                 | DATE: | 5/5/99 | TIME IN: | 10:30          | TIME OUT: | 12:00 |
| FACILITY NAME:        | JORDAN'S CLEANERS                      |       |        |          |                |           |       |
| FACILITY LOCATION:    | 6005 N. ARMENIA AVE<br>TAMPA, FL 33604 |       |        |          |                |           |       |
| RESPONSIBLE OFFICIAL: | JAMES JORDAN                           |       |        | PHONE:   | (813) 879-7412 |           |       |
| CONTACT NAME:         | SAME                                   |       |        | PHONE:   | SAME           |           |       |

**PART I: NOTIFICATION**

(check appropriate box)

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

**PART II: CLASSIFICATION**

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

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

A.

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

If no, please check the appropriate classification:

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 111.2 gallons.



**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

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

ROGER ZHU

Inspector's Name (Please Print)

5/5/99

Date of Inspection

*Roger Zhu*

Inspector's Signature

1 YEAR

Approximate Date of Next Inspection

INSPECTION REPORT FORM  
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

|  |                   |                    |                                      |                          |  |
|--|-------------------|--------------------|--------------------------------------|--------------------------|--|
| FACILITY: Jordan's Cleaners            |                   |                    | PAGE 1 OF 1                          |                          |  |
| FACILITY ADDRESS: 6005 N. Armenia Ave. |                   |                    | CITY: Tampa<br>PHONE: (813) 879-7412 |                          |  |
| MAILING ADDRESS: Same                  |                   | CITY: Tampa        | FLA                                  | ZIP: 33604               |  |
| INSPECTION DATE:<br>May 5, 1999        | TIME IN:<br>10:30 | TIME OUT:<br>12:00 | INSPECTION TYPE:<br>non-CDS          | STATUS:<br>In Compliance |  |
| NEDS NUMBER: 571081                    |                   |                    |                                      |                          |  |
| SOURCE DESCRIPTION: Perc Dry Cleaner   |                   |                    |                                      |                          |  |
| CONTACT(S): James Jordan               |                   |                    |                                      |                          |  |

Today's visit was to conduct the annual inspection.  
The machine was in operation today. No leaks or odors were noticed.  
Mr. Jordan's record keeping is in good shape. He has logged the temperature measurements weekly and the leak inspections bi-weekly. His perc purchase receipts and the rolling total indicated that he purchased 111.2 gallons of perc over the past 12 months.  
Mr. Jordan also mentioned to me that he's going to sell this dry cleaning business soon. He'll let me know when the deal gets done.

|                         |                   |
|-------------------------|-------------------|
| INSPECTED BY: Roger Zhu | DATE: May 5, 1999 |
|-------------------------|-------------------|

Fold at line over top of envelope to

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 # 0571081001AG  
 JAMES F JORDAN  
 JORDAN'S CLEANERS  
 6005 N ARMENIA AVENUE  
 TAMPA FL 33604

2. Article Number (Copy from service label)

2 210 663 200

A. Received by (Please Print Clearly) B. Date of Delivery

CARMEN REVEDA 6-8-01

C. Signature

X *Carmen Reveda*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

Z 210 663 200

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.

10 AIRS ID # 0571081001AG  
 JAMES F JORDAN  
 JORDAN'S CLEANERS  
 6005 N ARMENIA AVENUE  
 TAMPA FL 33604

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

PS Form 3800, April 1995

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0360152

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

TOTAL AMOUNT DUE: \$50.00 ✓

RECEIVED  
MAIL ROOM  
MAR 10 99

Do NOT Remove Label

|  |                   |
|--|-------------------|
| JORDAN'S CLEANERS<br>JAMES F JORDAN<br>6005 N ARMENIA AVENUE<br>TAMPA FL 33604 | AIRS ID # 0571081 |
|--|-------------------|

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

*Pl ed 4750*

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

304081

Do NOT Remove Label

|   |                 |
|---|-----------------|
| JAMES F JORDAN<br>JAMES F JORDAN<br>6005 N ARMENIA AVENUE<br>TAMPA FL 33604 | AIRS ID 0571081 |
|---|-----------------|

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

RECEIVED  
MAIL ROOM  
MAR 2 98

Fold at line over top of envelope to

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID#: 0571081

JAMES F JORDAN  
 JAMES F JORDAN  
 6005 N ARMENIA AVENUE  
 TAMPA FL 33604

5. Received By: (Print Name)  
*James F Jordan*

6. Signature: (Addressee or Agent)  
*James F Jordan*

4a. Article Number  
*P 265 302 151*

4b. Service Type

|   |   |
|---|---|
| <input type="checkbox"/> Registered                     | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured              |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD                  |

7. Date of Delivery  
*2-18-97*

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

Thank you for using Return Receipt Service.

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

|   |                |
|---|----------------|
| Postage   |                |
| Certified Fee   |                |
| Special Delivery Fee  |                |
| Restricted Delivery Fee                                     |                |
| Return Receipt Showing to Whom & Date Delivered             |                |
| Return Receipt Showing to Whom, Date, & Addressee's Address |                |
| <b>TOTAL Postage &amp; Fees</b>                             | <b>\$</b>      |
| Postmark or Date  | <i>2/14/97</i> |

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JAMES F JORDAN  
 JAMES F JORDAN  
 6005 N ARMENIA AVENUE  
 TAMPA FL 33604

AIRS ID 0571081

4a. Article Number

2 333 612 952

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

2/14/98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *James F Jordan*

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

2 333 612 952

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

PS Form 3800, April 1995

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



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: AIRS ID # 0571081

JORDAN'S CLEANERS  
 JAMES F JORDAN  
 6005 N ARMENIA AVENUE  
 TAMPA FL 33604

4a. Article Number  
 2 333 660 368

4b. Service Type

Registered  Certified

Express Mail  Insured

Return Receipt for Merchandise  COD

7. Date of Delivery  
 2-18-99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *James F Jordan*

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

PS Form 3811, December 1994 102595-97-8-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

2 333 660 368 1999

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)  
 AIRS ID # 0571081

JORDAN'S CLEANERS  
 JAMES F JORDAN  
 6005 N ARMENIA AVENUE  
 TAMPA FL 33604

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

PS Form 3800, April 1995