

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

November 15, 1996

Ms. Karen S. Webster Midtown Cleaners and Laundry 4203 West Cleveland Street Tampa, Florida 33609

Re: Facility I.D. No. 0571082

Dear Ms. Webster:

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Ms. Liz Deken, Hillsborough County

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

$\sqrt{}$
V

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: //: 30 cm TIME OUT: 12 30	AIRS ID#: 057/082
TYPE OF FACILITY: Day Closner (perc)	
FACILITY NAME: Mid town Cleaners & Law	ndr DATE: 3/25/97
FACILITY LOCATION: 4830 Acmenia Are	0
Tange, F1 37603	
RESPONSIBLE OFFICIAL: Karen Webster	PHONE NUMBER: (7/3) 870- 3227
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	- · · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaluadiscrepancies were noted:	tted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Leck checks (weekly) stopped being performal after 211197. Ro. indicated this activity & documentation had gotten for soften.	Instructed R.O. to begin weekly leak check again,
& documentation had gotten for soften.	and make sure she documents.
·	
COMMENTS:	
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 3/2.5/3	
· · · · · · · · · · · · · · · · · · ·	proximate)
INSPECTION CONDUCTED BY: James O. Ple	tolton
INSPECTION CONDUCTED BY: James O. (Ple INSPECTOR'S SIGNATURE: Jan 2 Holls	PHONE NUMBER: (8/3) 272 - 5530

Daricad	10/10/96
кеукел	10/10/96

AIRS ID#:	571082	
AIRS ID#:	377082	

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Midtown	Cleaner & Laurby		DATE: 3/25/97
FACILITY LOCATION: 4830			
			
Annual Reporting Period:	9 19 9	6 то <u>8</u>	19 <i>_£</i> 7
Based on each term or condition of the Title	e V general air permit, my facili	ty has remained in compl	iance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covere	ed by this statement.	YES ONO
If NO, complete the following:			
#1. Term or condition of the general permi	t that has not been in continuous	s compliance during the r	eporting period stated above:
Wzekl Leck	Defection And	Logs Kent	
U			
Exact period of non-compliance: from			·
Action(s) taken to achieve compliance:	Instructed to began	is weekly regul	ements again.
Method used to demonstrate compliance:	Weekly loss		
#2. Term or condition of the general permi	t that has not been in continuou	s compliance during the r	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, made in this notification are true, accurate upon rolling averages of purchase receipts year for transfer or combination facilities.	and complete. Further, my ann	nual consumption of percl per year for dry-to dry fa	nloroethylene solvent, based
RESPONSIBLE OFFICIAL: Na	ume (Please Print)	Signature	Date
	,	5	

^{*}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

11/13/96

Please make the indicated concertions to the Natification Form and Forward RECEIVED

MOV 2 5 1996

Bureau of Air Monitoring & Mobile Sources 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.

CALL Me.



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

. P.13	BEST AVAILABLE CO	MULLLY
1. Facility Owne P.15 Karer 2. Site Name (F) Shoul 3. Hazardous	title - Owner org / firm na.	
4. Facility Lo Street Ad City: 5. Facility I 6. Name: Karen S. Webster 7. Responsible Official Mailing Address: Organization/Firm: Webster's Street Address: (20.3 cm)	Quality Coin D'Mas	33603
City: TampA	County: Hills borous	. /
8. Responsible Official Telephone Number Telephone: (8/3) 870 - 32		
	(If different from Responsible Of	ficial)
9. Name and Title of Facility Contact (For	r example, plant manager):	
10. Facility Contact Address:		
Street Address: City:	County:	Zip Code:
11. Facility Contact Telephone Number: Telephone: () -	Fax: (· .)	-
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DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

"特殊之人"整门。 人名巴西伊克斯 如難解

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Karen S. & Donald A. Webster Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	Midfown Cleaners & Laundry Hazardous Waste Generator Identification Number:
3.	Hazardous Waste Generator Identification Number:
	FLD 982 138 513 Facility Location: 10 - 11 2 - 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2
4.	Facility Location: Street Address: 4830 N. Armenia Ave.
	City: TAMPA County: Hillsborough Zip Code: 33603
	Facility Identification Number (DEP Use):
	9501922 0571082
	Responsible Official
6	Name and Title of Responsible Official:
7.	Karen S. Webster Responsible Official Mailing Address:
/ ·	Organization/Firm:
	Street Address: 4203 W. Cleveland St
	City: Tamps County: Hills boroush Zip Code: 33609
8.	Responsible Official Telephone Number:
	Telephone: (8/3) 870 - 32) 7 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: () -

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SEP Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1		12-NOV-93	#2	08-DEC-91	Ilistaneu	#3	02-MAR-92	1
Dry-to-Dry Unit									
(1) w/ ref. condenser									
(2) w/ carbon adsorber									1
(3) w/ no controls	1	1-10-86		İ			<u> </u>		
Washer Unit		, ,				•			•
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			•		•			•	
(7) w/ ref. condenser							,	٠.	
(8) w/ carbon adsorber									
(9) w/ no controls	_								
Reclaimer Unit			• .						
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
 (b) Control devices are (c) No control devices 2.(a) What was the total of the control of the contr	are roquant gallo	equired to be ity of perchlo ons ow many? [_ 12 months:	installed [X perc)	purchased in				
3. What is the facility's so (Indicate with an "X".	Selec	t one classifi	cation only.))			3) of	Part II?	
Existing small ar Existing large are					nall area sour]		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to se (Indicate with an "X".)	ction (5) of Part II of this notification form?
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 to Rule 62-213.300, F.A.C. Verify that all steam and hot water ge exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total h boiler HP or less), and (2) are fired exclusively by natural gas exclusively by natural	ept for periods of natural gas curtailment
during which propane or fuel oil containing no more than one per	
All steam and hot water generating units exempt No such units on-site	
All steam and hot water generating units exempt	
All steam and hot water generating units exempt	
All steam and hot water generating units exempt	
All steam and hot water generating units exempt	eeping Information
All steam and hot water generating units exempt No such units on-site	
All steam and hot water generating units exempt No such units on-site Equipment Monitoring and Recordse	with the requirements of this general permit:
All steam and hot water generating units exempt No such units on-site Equipment Monitoring and Recordse Check all logs which are required to be kept on-site in accordance	with the requirements of this general permit:
All steam and hot water generating units exempt No such units on-site Equipment Monitoring and Recordke Check all logs which are required to be kept on-site in accordance (a) Purchase receipts and solvent purchases	with the requirements of this general permit:
All steam and hot water generating units exempt No such units on-site Equipment Monitoring and Recordke Check all logs which are required to be kept on-site in accordance (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair	with the requirements of this general permit:
All steam and hot water generating units exempt No such units on-site Equipment Monitoring and Recordke Check all logs which are required to be kept on-site in accordance (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring	with the requirements of this general permit:

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

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:					
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)					
No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification					
this notific statement maintain i	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.					
I will proi	nptly notify the Department of any changes to the information contained in this notification.					
Signature	2nd Stelester 8/30/96					

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

August 30, 1996

To Whome It May Concern:

I sold the cleaners in June 1995. The new owner did not operate the plant, he used it as a drop store. On February 9, 1996 I repossessed the cleaners and began operating the plant. From February through August I purchased 75 gallons of perc. I have purchased another dry cleaning machine with a refrigerated condenser which will be installed within the next three weeks. I feel with the installation of the refrigerated condenser machine that will use less perc and the fact that we purchased 75 gallons in 7 months I will definitely be under the 140 gallons of perc per year and therefore believe my facility is an existing small area source. If this is incorrect, please notify me accordingly.

Sincerely,

Karen Webster 813-8703227

Lavan Welester

Midtown Cleaners and Laundry 4830 North Armenia Ave. Tampa, Florida 33603 Facility ID #9501922 # 0571082

P.13

6. add title - Owner

7. add org I firm name

P.15

(f) should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	<u> </u>	
1.	Facility Owner/Company Name (Name of corporation, agency, or individual	ual owner):
	Karen S. & Danald A Web	ter.
2.	Karen S. & Donald A. Web. Site Name (For example, plant name or number):	
	Midtown Cleaners & Laundry Hazardous Waste Generator Identification Number:	
3.	Hazardous Waste Generator Identification Number:	
	FLD 982 138513	_
4.	FLD 982 138 513 Facility Location: Street Address: 4830 N. Armenia Ave.	
	City: TAMPA County: Hillsboroagh	Zip Code: 33603
5.	Facility Identification Number (DEP-Use);	
	9501922 051	71082
	Responsible Official	
	•	
1	Name and Title of Responsible Official:	
	Karen S. Webster	
7.	Responsible Official Mailing Address: Organization/Firm:	·
	Street Address: 4203 W. Cleveland ST	
	City: Tamps County: Hills borous.	4 Zip Code: 33609
8.		
	Telephone: $(8/3) 870^{-3} 3227$ Fax: ()	-
	Facility Contact (If different from Responsible Of	ficial)
	Tuemty Condition in Mesponsible Con	
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: ()	-
	·	
		- 1 / 5 /

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SEP 3 1996

Bureau of Air Monitoring & Mobile Sources

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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.

Turn of Mashina	ID	Date Machine Initially Purchased	Date Control Device Installed	ID.	Date Machine Initially	Date Control Device	ID.	Date Machine Initially	Date Control Device Installed
Type of Machine	ID	Purchased	installed	ID	Purchased	Installed	ID	Purchased	Instaned
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	. "	*.				: . · ·	- :		
(1) w/ ref. condenser						_			
(2) w/ carbon adsorber									
(3) w/ no controls		1-10-86							
Washer Unit		, in the second	·	•		•	: 719		
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	4.					14 E			
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	1:	11 (1.5)					. : .	ja akutiji i kat	sign of real
(10) w/ ref. condenser			I						
(11) w/carbon adsorber		1			<u> </u>				
(12) w/ no controls				 					
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 mont Check why it is less See at the control of the co	are regularity gallo	equired to be ity of perchkons ow many? [_ n 12 months:	installed [_oroethylene (X perc)	_] purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	et one classifi	cation only.)		nitions found		3) of	Part II?	
Existing large are	ea so	urce []	Ne	w lai	rge area sour	ce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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

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

Surrender of Existing Air Permit(s)

Please indicat	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
X	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in facility acceptance on information and belief formed after reasonable inquiry, that the ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	emptly notify the Department of any changes to the information contained in this notification.
Signature	en Lulestu 8/30/96

DEP Form No. 62-213.900(2) Effective: 6-25-96 To Whome It May Concern:

I sold the cleaners in June 1995. The new owner did not operate the plant, he used it as a drop store. On February 9, 1996 I repossessed the cleaners and began operating the plant. From February through August I purchased 75 gallons of perc. I have purchased another dry cleaning machine with a refrigerated condenser which will be installed within the next three weeks. I feel with the installation of the refrigerated condenser machine that will use less perc and the fact that we purchased 75 gallons in 7 months I will definitely be under the 140 gallons of perc per year and therefore believe my facility is an existing small area source. If this is incorrect, please notify me accordingly.

Sincerely,

Karen Webster 813-8703227

Laver Webster

Midtown Cleaners and Laundry 4830 North Armenia Ave. Tampa, Florida 33603 Facility ID #9501922

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY	
AIRS ID#: 057/082 DATE: 3/25/90 FACILITY NAME: Mid Town Cle. FACILITY LOCATION: 4830 Armenis Temps F1 3	men ! Laurely,	
PART I: NOTIFICATION		
(check appropriate box)		
1. Existing facility notified DARM by 9/1/96		9
2. New facility notified DARM 30 days prior to starts	ıp ·	Q.
3. Facility failed to notify DARM to use general perm	uit .	
PART II: CLASSIFICATION		
Facility indicated on notification form that it is: (check appropriate box)		
dry-to-dry only, x<140 gal/yr , transfer only, x<200 gal/yr both types, x<140 gal/yr	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)	
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="" td="" yr<=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<1,800></x<1,800></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>	
This is a correct facility classification	BY ON	
If no, please check the appropriate classification:	•	
facility qualified for a general permit facility exceeds above limits and is a		
B. The total quantity of perchloroethylene (perc) pure facility was 78.1 gallons. A ree notes	chased within the preceding 12 months by this	s dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
1. Storing perchloroethylene in tightly scaled and impervious containers?	DY PA			
2. Examining the containers for leakage?	□Y ŒM			
3. Closing and securing machine doors except during loading/unloading?	MO AG			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ey on			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	A/MED NC YC			
D. DE W. DD. GEGG VIDVE GOVERNOV				
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 refrige (complete A and B below).	gerated condenser			
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)				
1. Equipped all machines with the appropriate vent controls?	UY UN			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A			
Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	OY ON			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON			

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	□У □И
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□У □И
Is the temperature differential equal to or greater than 20° F?	אם צם
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	A/ND ND YD
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	OY ON
Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	OY ON
2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or: [Additional content of leaks repaired w/in 24 hrs.]	DY ON
 Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: 	DY ON
 Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days 	OY ON OY ON
 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	OY ON OY ON NOTES OY ON OY ON/A
 Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? closed loop - Min 	OY ON OY ON OY ON OY ON/A
 Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? closed loop - Min 	OY ON OY ON NOTES OY ON OY ON/A
 Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Closed loop - M. Maintained startup/shutdown/malfunction plan? 	OY ON OY ON OY ON OY ON OY ON OY ON
 Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? closed loop - Monitoring data on parts concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? No Percetions to Report 	OY ON
 Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? closed loop - Monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? No Percetions to Report Problem corrected? Maintained compliance plan, if applicable? 	OY ON OY ON NOTES OY ON OY ON OY ON OY ON OY ON OY ON
 Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? closed loop - Mintained startup/shutdown/malfunction plan? Maintained deviation reports? No Percetion to Report Problem corrected? 	OY ON OY ON NOTES OY ON OY ON OY ON OY ON OY ON OY ON

2. Which method of detection is used b	y the respon	nsible offic	rial?	<u>/</u>
Visual examination (condense	d solvent on	exterior s	urfaces)	d
Physical detection (airflow felt	through ga	skets)		
Odor (noticeable perc odor)				
Use of direct-reading instrume	ntation (FII	D/PID/calo	rimetric tubes)	
If using direct-reading instra	mentation,	is the equ	ipment:	
a. Capable of detection	ng perc vapo	or concent	rations in a range of 0-500 ppm?	□Y □N
b. Calibrated against (PID/FID only)?	a standard	gas prior to	o and after each use	OY ON
c. Inspected for leaks	and obviou	s signs of	wear on a weekly basis?	OY ON
d. Kept in a clean an	d secure are	a when no	t in use?	OY ON
e. Verified for accura	cy by use of	f duplicate	samples (calorimetric only)?	DY DN
3. Has the facility maintained a leak lo	g?			DY ON
4. Does the responsible official check t	he following	g areas for	leaks?	Lsee notes
Hose connections, fittings, couplings, and valves	OY.	ПΝ	Muck cookers WA	OY BW.
Door gaskets and seating	₽₹	ПN	Stills	DY ON
Filter gaskets and seating	Θ¥	ПN	Exhaust dampers A	у по м
Pumps	ΘY	ПΝ	Diverter valves	ON PE
Solvent tanks and containers	OY	ПN	Cartridge filter housings	ey on
Water separators	P Y	ΩИ		
,	<u></u>			
Keen Webster	ioial			
Name of Responsible Off				
James O Hola			3/25/97	
Inspector's Name (Please I	Print)		Date of Inspe	ecuon
Jan Holt			3/25/98	
/Inspector's Signature			Approximate Date of	Next Inspection

ADDITIONAL SITE INFORMATION:

- · Store was repossessed by current R.D. in 2/86. Previous owner used facility as a "drop" store, although original machine was still there (1886 vintage per permit application), and not used.
- Two months following repo", consumption rate log was started and a total gallons recorded for 1996 indicated 163.1 gallows, and a total gallons recorded was required to fill a new machine (construction date of 7/24/88) purchased to replace previous machine. Excluding this amount, 1886 consumption was 78.1 gallons. New machine startup was 10/11/86, and no additional perc has been added to date.
- " Machine into Model # Clean Pro 4405, 5/N 10301 Capacity 45#, Manfacturer - Ranzacci
- · Weakly leak checks were performed from start-up to

 1/27187, and have not been performed since. Informad

 1/27187 that she needs to pick back up on this ectivity,

 effective today.
- Since permit application has information regarding a different machine, R.O. was instructed to submit a notification (correspondence) to DEP with new machine information, and notification needs to be made within 30 days.

MIDTOWN CLEANERS AND LAUNDER EIVED

Karen Webster - Owner

4830 North Armenia Avenue Tampa, Florida 33603 (813) 870-3227 APR 1 1 1997

Bureau of Air Monitoring & Mobile Sources

4/7/97

Bureau g air Monitoring:

Lam writing this letter to
inform upen that we replaced over

dry cleaning machine with a closed

vent machine in Oct g 1996. The

manufacturer is Rensacci Clean Pro 440,

Model # Clean Pro 440 S, Serial # 1030/,

manufactured 7/24/89.

Lef you need further information,

we wise be happy to provide it.

perior file 10# 05/1/082 Skank you, Kan Welester Seneral air Permit # 571082

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	СОМ	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: ()910 TIME	out: 0951)AIRS ID#:	71082
TYPE OF FACILITY: PERC DRY	CLEANCE	·	
FACILITY NAME: MIDTOWN CLE	Enviers & L	Arnpry	DATE: 12/10/97
	ARMONIA.		. / /
[AmpA	F 33603		
RESPONSIBLE OFFICIAL: LARGE U	JEBSTER.	PHONE NUMBER:	813-870-3227
Based on the results of the compliance compliance with DEP Rule 62-213.300			ility is found to be in
Based on the results of the compliance discrepancies were noted:	requirements evalua	ated during this inspection, the foll	owing compliance
COMPLIANCE REQUIREMENT	/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
		,	
	•		
COMMENTS:			
			NA
The Annual Compliance Certification form has	been properly certif	ied and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION:	(Ap	proximate)	
INSPECTION CONDUCTED BY:		icion	
INSPECTOR'S SIGNATURE:) Share (Ple	ease Print) PHONE NUMBER:	813-272-5130

Page of.

Revised 10/96

	EANER AIR (-			ace)
	KAREN S & DONAL KAREN S WEBSTER -4203-W-CLEVELANE -TAMPA FL 33609	AIRS ID#05 DAWEBSTER DIST 18807 Aver BIATTIE Lut F13	nue	Bureau of Air Monitoring	RECE
Annual Reporting Period:	Do 1	NOT Remove Label	Jan 1	ir Monitoring Sources	3 F
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (FIF NO, complete the following: #1. Term or condition of the general permit	F.A.C.), during the pe	eriod covered by thi	is statement.	YES	□NO
Exact period of non-compliance: from Action(s) taken to achieve compliance:			to		
Method used to demonstrate compliance: #2. Term or condition of the general permit	t that has not been in	continuous compli	ance during the re	porting perio	od stated above:
Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance:	<u> </u>		to		
As the responsible official, I hereby certify, bas notification are true, accurate and complete. F does not exceed 2,100 gallons per year for dry-l	further, my annual coi	nsumption of perchlo O gallons per year fo	oroethylene solvent,	based upon p	ourchase receipts,
RESPONSIBLE OFFICIAL: Hall	me (Please Print)	to Lou	2w Signature	eta_	1 /26/98 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.

	COMPLIANCE IN	ENERAL PEI SPECTION (
TYPE OF INSPECTION:	ANNUAL	jα	COMPLAINT/DISCOVERY	a	
111201210111	RE-INSPECTION	,	COM BINITIPISCO VEICT	_	
III	•		IN: 0910 TIME OUT:	0950	
FACILITY NAME:	DITOWN CLOT	NERS 3	LAUNDAY		
FACILITY LOCATION:	4830 N. A	irnin A	Avi		
	TAMPA, T				
RESPONSIBLE OFFICIAL :	: KAREN WER	35,7512	PHONE: 813-870-	3227	
			PHONE: \$13-820-		
			· · · · · · · · · · · · · · · · · · ·		
PART I: NOTIFICATION		-			
(check appropriate box)					
New facility notified DARM	1 30 days prior to startu	ם	1		
2. Facility failed to notify DAR		-	NA		
2. Tacinty failed to floury DARdy to use general permit.					
PART II: CLASSIFICATION	N				
Facility indicated on notificat			☐ No notification form		
Facility indicated on notificat (check appropriate box)			☐ No notification form ☐ Drop store/out of business/p	etroleum	
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sour	ion form that it is:	. New small a	☐ Drop store/out of business/parea source ☐	etroleum	
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 galaxies.	ion form that it is: rce 🕱 2 /yr d	ry-to-dry only,	☐ Drop store/out of business/parea source ☐ , x < 140 gal/yr	petroleum	
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 galactransfer only, x < 200 gal/yr	ion form that it is: ree 🔊 2 /yr d	ry-to-dry only, ransfer only, x	☐ Drop store/out of business/p area source ☐ X < 140 gal/yr < 200 gal/yr	etroleum	
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 galaxies.	ion form that it is: rce 📜 2 /yr d	ry-to-dry only, ransfer only, x oth types, $x <$	☐ Drop store/out of business/p area source ☐ X < 140 gal/yr < 200 gal/yr	etroleum	
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 galatransfer only, x < 200 gal/yr both types, x < 140 gal/yr	ion form that it is: rce /yr tr b	ry-to-dry only, ransfer only, x oth types, $x <$	☐ Drop store/out of business/parea source ☐ , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	petroleum	
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2	ion form that it is: rce	ry-to-dry only, ransfer only, x oth types, x < constructed on New large a ry-to-dry only,	☐ Drop store/out of business/p area source ☐ , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) area source ☐ 140 ≤ x ≤ 2,100 gal/yr	etroleum	
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80	ion form that it is: ree	ry-to-dry only, ransfer only, x oth types, x < constructed on New large a ry-to-dry only, ransfer only, 20	☐ Drop store/out of business/p area source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 140 < 12 < 12 < 12 < 12 < 12 < 12 < 12 < 1$	etroleum	
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	ion form that it is: rce	ry-to-dry only, ransfer only, x oth types, x < constructed on New large a ry-to-dry only, ransfer only, 20 oth types, 140	Drop store/out of business/p area source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ $x < 120 \text{ gal/yr}$ $x < 140 < x < 2,100 \text{ gal/yr}$ $x < 1,800 \text{ gal/yr}$ $x < 1,800 \text{ gal/yr}$	etroleum	
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80	ion form that it is: rce	ry-to-dry only, ransfer only, x oth types, x < constructed on New large a ry-to-dry only, ransfer only, 20 oth types, 140	☐ Drop store/out of business/p area source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 140 < 12 < 12 < 12 < 12 < 12 < 12 < 12 < 1$	etroleum	
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)	ion form that it is: ree	ry-to-dry only, ransfer only, x oth types, x < constructed on New large a ry-to-dry only, ransfer only, 20 oth types, 140 constructed on	☐ Drop store/out of business/p Area source . x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) Area source . 140 ≤ x ≤ 2,100 gal/yr 00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91)	petroleum	
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of facilit	ion form that it is: rce	ry-to-dry only, ransfer only, x oth types, x < constructed on New large a ry-to-dry only, ransfer only, 20 oth types, 140 constructed on New DN on:	☐ Drop store/out of business/p area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) area source 140 ≤ x ≤ 2,100 gal/yr 00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91) ☐ Can not determine	petroleum	
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gally transfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of facility of facility constructed before 12/9/91)	ion form that it is: rce	ry-to-dry only, ransfer only, x oth types, x < constructed on New large a ry-to-dry only, ransfer only, 20 oth types, 140 constructed on \[\sqrt{Y} \sqrt{N} \] on: all permit as not eligned.	☐ Drop store/out of business/p Area source . x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) Area source . 140 ≤ x ≤ 2,100 gal/yr 00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91) ☐ Can not determine		

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?	AND NO YOU			
2. Examining the containers for leakage?	DY DN X N/A			
3. Closing and securing machine doors except during loading/unloading?	ACT ON			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	XY ON ON/A			
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אועוֹבל מם צם			
PART IV: PROCESS VENT CONTROLS				
In Part II-A:				
If classification 1 has been checked, no controls are required. Proceed to Part V	7.			
If classification 2 has been checked, the machine should be equipped with a 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 refrience A and B below).	igerated condenser			
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)				
1. Equipped all machines with the appropriate vent controls?	מם צם			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	מם צם			
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?	OY ON .			

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	XY □N
2. Maintained rolling monthly averages of perc consumption?	XXY □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN MON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	oy on M in/a
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN MAN/A
6. Maintained startup/shutdown/malfunction plan?	MO YX
7. Maintained deviation reports?	אואבל אם צם אם
Problem corrected?	□Y □N Z ÝN/A
8. Maintained compliance plan, if applicable?	OY ON XXV/A

PART	PART VI: LEAK DETECTION AND REPAIRS									
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair										
insp	pection?				•	XY	ПN			
2. Has	the facility maintained a leak log?					¥Υ	ПN			
3. Doe	s the responsible official check the	follow	ing a	reas for leaks	s?					
	Hose connections, fittings, couplings, and valves	бY	□N	□N/A	Muck cookers	ØÝ	□N. □N/A			
	Door gaskets and seating	ǾY	ΠN	□N/A	Stills	ΖÝ	□N □N/A			
	Filter gaskets and seating	ØY	ПN	□N/A	Exhaust dampers	ØY	□N □N/A			
	Pumps	ØY	ΠN	□N/A	Diverter valves	ØÝ	□N □N/A			
	Solvent tanks and containers	ØŶ	ΠN	□N/A	Cartridge filter housings	ØÝ	□N □N/A			
	Water separators	ØY	ПN	□N/A						
4. Whi	ch method of detection is used by th	ne resp	onsib	ole official?						
	Visual examination (condensed so	lvent	on ex	terior surface	es)	Ø				
	Physical detection (airflow felt thr	ough	gaske	ets)	•	9				
	Odor (noticeable perc odor)									
	Use of direct-reading instrumentat	tion (F	ID/P	ID/calorimet	ric tubes)	ے ت				
	Halogen leak detector									
	If using direct-reading instru	ıment	ation	, is the equip	pment:	XXV/	'A			
	a. Capable of detecting p	erc va	por c	oncentration	s in a range of 0-500 ppm?	ПY	ПN			
	b. Calibrated against a st (PID/FID only)?	andar	d gas	prior to and	after each use	ΠY	□N			
	c. Inspected for leaks and	d obvi	ous si	gns of wear	on a weekly basis?	ПY	□N			
	d. Kept in a clean and se	сиге а	rea w	hen not in u	se?	ΠY	□N			
	e. Verified for accuracy t	oy use	of du	plicate samp	les (calorimetric only)?	ΩY	□N			
<u></u>										
	T-L. SITELTON	•			12-10-9	7				
	Inspector's Name (Please Print	t)			Date of Inspe					
	00				<i>I.</i>					
	Tohun				Lyr					
	Inspector's Signature				Approximate Date of	Next I	nspection			

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY FACILITY: Midtown Cleaners & Laundry OF **PAGE** FACILITY ADDRESS: 4830 N Armenia CITY: Tampa PHONE: MAILING ADDRESS: 4830 N Armenia CITY: Tampa FLA ZIP: 33603 INSPECTION DATE: TIME IN: TIME OUT: INSPECTION TYPE: STATUS: 0910 12/10/97 0950 ANNUAL In-compliance NEDS NUMBER: 571082 SOURCE DESCRIPTION: Perc Dry Cleaner Karen Webster CONTACT(S):

Todays visit was to conduct the annual inspection of a permitted facility.

I initially verified that the dry cleaning machine was still a Renzacci Clean Pro Model 440, serial number 10301, with a date of 24-7-1989, and a 45 # capacity.

The machine was operating during my visit with no discrepancies noted.

It noted that Midtown is keeping all the required records and they were available during my visit. Their perc usage log showed that they had purchased 50 gallons of perc over the last twelve months.

Ms. Webster also showed me a copy of correspondence sent to BAMMS indicating that the machine noted in their original notification had been replaced with the machine identified above.

INSPECTED BY: Leroy Shelton DATE: 12/10/97

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: AND	NUAL 🔀	COMPLA	NT/DISCOVERY		RE-IN	SPECT	ои [
TIME IN: 9:00	TIME OUT:	11:00	AIRS	ID#:5	7108	2					
TYPE OF FACILITY: PERC	DRY CLEA	NER		•							
EACH FEY MANGE MIDTO	WN CLEAN	1E-125 &	LAUNDA	Y	DATE:	1/10	7/9	9			
FACILITY LOCATION: 4830	N. ARMEN	11A AU	E								
TAMP	4, FL 33,	603									
RESPONSIBLE OFFICIAL: KARE	N WEBSTE	72	PHONE N	NUMBER:	(813)8	70 -	322	7			
	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 condiscrepancies were noted:	pliance requirement	s evaluated o	luring this inspect	ion, the fol	lowing con	npliance	:				
COMPLIANCE REQUIRE	MENT/PROBLE	E M	FOLLOW-U	IP ACTI	ON REQ	UIRE	D				
			· -								
						m		70			
						Bureau & N					
						of Air lobile	B 12				
· 						r Mo Sou	2 1999	$\overline{\mathbf{x}}$			
						Air Mohitoring ile Sources	39				
	-		·		· .						
COMMENTS:				•				<u></u>			
COMMENTS.								,			
,											
The Annual Compliance Certification i	The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO										
DATE OF NEXT INSPECTION:			AR								
		(Approx									
INSPECTION CONDUCTED BY:_		· · · · · ·	2 ZHV								
INSPECTOR'S SIGNATURE:	loger A	(Please	Print)PHONE	NUMBER	(813)	272	-55	30			

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AIRS ID#: 57/082	
------------------	--

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

									,
FACILITY NAME:	MIDTOU	un c	LEANER	-5 & L	AUNDR	<u>y</u>	DATE:	1/1	9/99
FACILITY LOCATION:	4830 A	1. ARN	1ENIA	AVE					
FACILITY NAME:FACILITY LOCATION:	TAMPA	, FL	3360	3					
		•		_	-				
Annual Reporting Period: _	Jan	26		.19 <u>98</u> TO	<u>Ja</u>	m (9		_19 <u>9</u> 9
Based on each term or cond	ition of the Title	V general a	ir permit, m	y facility has	remained in	complia	nce with DE	P Rule	
62-213.300, Florida Admin.	istrative Code (F	.A.C.), duri	ng the period	l covered by the	his statemen	t. 🔼 Ý	ES	□NO)
If NO, complete the following	ng:								
#1. Term or condition of th	e general permi	that has no	t been in cor	tinuous comp	liance durin	g the rep	orting perio	d stated	above:
Exact period of non-complia	ance: from				to				
Action(s) taken to achieve c	ompliance:								
Method used to demonstrate	e compliance:								
#2. Term or condition of th							Bur		m
#2. Term or condition of th	e general permi	t that has no	t been in cor	itinuous comp	liance durin	ig the rep	orting nitroc	d stated	above
							ë≥		m
Every period of non-compli-	anca: from				to			25 72	
Exact period of non-complia	ance: Hom				to		Monitoring Sources		
Action(s) taken to achieve of	compliance:						ring		
Method used to demonstrate	e compliance:								
As the responsible official, made in this notification ar upon rolling averages of puyear for transfer or combin	e true, accurate irchase receipts, ation facilities.	and comple does not ex	te. Further, ceed 2,100 g	my annual co gallons per ye	nsumption o ar for dry-to	of perchlo dry fact	oroethylene ilities or 1,8	solvent.	based
RESPONSIBLE OFFICIA	AL: <u>Kar</u>	me (Please I	<u>Webste</u> Prinı)	r Hu	ew 🔀 Sign	Less ature	lestre.	i/19 D	7/99 atc
							_		

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	ø	COMPLAINT/DISC	OVERY		
AIRS ID#: 571082 FACILITY NAME:	DATE: 1/19/9 MIDTOWN CO	9 TIME I	N: 9=00 TIM	IE OUT: _	11=6-0	; —
FACILITY LOCATION:	4830 N. AR TAMPA, FE	MENIA	AVE			-
RESPONSIBLE OFFICIA CONTACT NAME:				870 - 3 AME	3227	-
PART I: NOTIFICATION (check appropriate box) 1. New facility notified DAI 2. Facility failed to notify D	RM 30 days prior to startu	′	N/A		0	
Facility indicated on notific (check appropriate box)			☐ No notification fo☐ Drop store/out of		roleum	
□ fa	gal/yr d d/yr tu r b 91) (6 ource	New large a lry-to-dry only, ransfer only, 20 oth types, 140 constructed on NY IN ion:	$x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ (40 gal/yr) or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) \Box Can not determined the control of the contro	ir Monitoring Sources	FEB 1 2 1999	
B. The total quantity of per facility was 60 gall		hased within th	ne preceding 12 month	is by this dry	cleaning	5

PART III: GENERAL CONTROL REQUIREMENTS							
Is the responsible official of the dry cleaning facility: (check appropriate boxes)							
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON XVIA						
2. Examining the containers for leakage?	DY □N XIN/A						
3. Closing and securing machine doors except during loading/unloading?	Xay □n						
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON ON/A						
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON MANA						
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 refr (complete A and B below).	igerated condenser						
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)							
1. Equipped all machines with the appropriate vent controls?	מם צם						
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A						
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A						
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	מם צם						
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	DY ON ON/A						
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	· DY DN						

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	∕ŪÝ	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□N	□N/A
	Is the temperature differential equal to or greater than 20° F2	ΠY	ПΝ	□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?	ШΥ	ИΝ	□N/A
	Is the perc concentration equal to or Jess than 100 ppm?	ΩY	ΠN	□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?	ΠY	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
	condenser coils?	ΠY	ΠИ	□N/A
6.	Bouted airflow to the carbon adsorber (if used) at all times?	ΠY	□и	□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?	pdy □n
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or,	OY ON DINA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON SÁN/A
4. Maintained calibration data? (for applicable direct reading instruments)	AVARU NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ØN/A
6. Maintained startup/shutdown/malfunction plan?	ÞY □N
7. Maintained deviation reports?	OY ON DINA
Problem corrected?	OY ON ØN/A
8. Maintained compliance plan, if applicable?	חלבי אם צם באר/א

P	PART VI: LEAK DETECTION AND REPAIRS									
1.	Does the responsible official conduct	a weekly (fo	r small sour	ces, bi-weekly) leak detection as	nd rep	air .				
	inspection?				ÞΥ	□N				
2.	Has the facility maintained a leak log	?			ÞΥ	□N				
3.	Does the responsible official check the	following	areas for lea	ks?	•	•				
	Hose connections, fittings,	M	. 5374	•	má					
	couplings, and valves	γ Valy ⊔i	A/N□ N	Muck cookers	MA	ON ON/A				
	Door gaskets and seating	May □1	A/ND 1	Stills	βY	ON ON/A				
	Filter gaskets and seating	DAY 🗆	N/A □	Exhaust dampers	ŻΥ	□N □N/A				
	Pumps	Ú(Y □)	A/N D	Diverter valves	ÞΥ	□N □N/A				
	Solvent tanks and containers	ØY □	A/ND I	Cartridge filter housings	МY	□N □N/A				
	Water separators	pyy □1	A/ND 1	•						
4.	Which method of detection is used by	the respons	ible official	?						
	Visual examination (condensed	solvent on e	exterior surf	aces)	A	•				
	Physical detection (airflow felt the	hrough gask	cets)		戶户	,				
	Odor (noticeable perc odor)				Ø					
	Use of direct-reading instrument	tation (FID/	PID/calorin	netric tubes)						
	Halogen leak detector			•						
	If using direct-reading inst	rumentatio	n, is the eq	uipment:	\$ N/	'A				
	a. Capable of detecting	perc vapor	concentrati	ons in a range of 0-500 ppm?	ПY	□N				
	b. Calibrated against a (PID/FID only)?	standard ga	as prior to a	nd after each use	ΠY	ПN				
	c. Inspected for leaks a	nd obvious	signs of wea	ar on a weekly basis?	ΠY	ΠN				
	d. Kept in a clean and		-	-	ΠY	□N				
	e. Verified for accuracy	y by use of c	luplicate sai	nples (calorimetric only)?	ΠY	□N				
_		.								
			•							
	ROGER ZHI)		V19/	99	•				
_	Inspector's Name (Please Pr	int)		Date of Inspe	ction					
	Rosei sh	~		i Ye	AR	÷				
_	Inspector's Signature			Approximate Date of	Next I	inspection				

The second section of the second seco

ENNABO.		INSPECTION RE			COLD ION			
FACILITY: Midtown (NMENTAL PROT		ISSION OF HILLS	PAGE	1 O	F	1	
FACILITY ADDRESS:				CITY: Ta				
, ACIDIT I ADDICESS.	4050 IV. PHINC	ana Avc.		PHONE: (813) 870-3227				
MAILING ADDRESS:	Same		CITY: Tampa		FLA ZIP: 33603			
INSPECTION DATE:	TIME IN:	N TYPE:	STA	ATUS	:			
Jan 19, 1999	9:00	11:00	non-C	DS	In Co	mplia	nce	
NEDS NUMBER: 571	082							
SOURCE DESCRIPTION	ON: Perc Dry	Cleaner					_	
CONTACT(S): Kar	en Webster						,	
Today's visit was to on the facility is very class. Webster's record gallons of perc purcha	ean and the mad keeping in a	chine is well good shape.	maintained. The records sh	lowed that	there was	a tota	al of 60	
			•					
					•			
							70	
					Burea &		111	
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					of A	EB 1		
					u of Air Monitoring Mobile Sources	1 2 1999	EIVED	
					Moni Durc	999	<	
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					•			
INSPECTED BY:	Roger Zl	hii			TE: Jan	19, 19	000	
INSPECTED DI.	Roger Zi	iiu ,			AIL. Jall	17, 1	117	

1.000,2000

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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION	
TIME IN: 10:45 AM TIME OUT: 11:15	AIRS ID#: 057/082	
TYPE OF FACILITY: Perc Dry Cleaners		
FACILITY NAME: MIDTOWN Cleaners & C	Caundry DATE: 1-28-00	
FACILITY LOCATION: 4830 N. ARMENIA AUL		
Tampa, El 33603		
RESPONSIBLE OFFICIAL: Karen 5. Webs te	PHONE NUMBER: $(813)876-3227$	
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administra		
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED	
	•	
,		
·	P	
	CAL CALLED TO	
	OMICO'S STATE	
COMMENTS:		
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO		
DATE OF NEXT INSPECTION:		
V	oproximate)	
	lease Print)	
INSPECTOR'S SIGNATURE: M. NO ZON	PHONE NUMBER: (8/3) 272-5530	

Revised 10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: MIDTOWN Cleaners & Laundry DA	TE: /- 28 - 2000
FACILITY LOCATION: 4830 N. Armen 19 Aul	
Tampa, K-1 33603	
Annual Reporting Period: Jan 19, 1999 TO Jan 28,	200 0
Based on each term or condition of the Title V general air permit, my facility has remained in compliance wi 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	th DEP Rule
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting	period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting	period stated above:
Exact period of non-compliance: fromto	
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 made in this notification are true, accurate and complete. Further, my annual consumption of perchloroeth upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature	ylene solvent, based

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	AP	COMPLAINT/DISCO	VERY	
AIRS ID#: 057/082 FACILITY NAME: MID T				OUT: _/	11:15
FACILITY LOCATION:	830 N. ARMER Tampa, XI 3.		<u> </u>		
RESPONSIBLE OFFICIAL :	,	ster		<u>70-3</u>	22]
	Sam E		PHONE:		
PART I: NOTIFICATION					
(check appropriate box)	•				_
New facility notified DARM	•		NA		
2. Facility failed to notify DAF	M to use general permit		<u> </u>		
					·
PART II: CLASSIFICATIO	N T				
	<u>N</u>				
Facility indicated on notificat (check appropriate box)		· · · · · · · · · · · · · · · · · · ·	☐ No notification form ☐ Drop store/out of bu		roleum
Facility indicated on notificat	rce 2. I	-to-dry only isfer only, x h types, x <	☐ Drop store/out of buarea source , x < 140 gal/yr < 200 gal/yr		troleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr	rce 2. Idea of transfer of tra	to-dry only asfer only, x h types, x < nstructed or New large to-dry only asfer only, 2 h types, 140	☐ Drop store/out of but area source , x < 140 gal/yr : < 200 gal/yr 140 gal/yr t or after 12/9/91)	ısiness/pe	troleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	rce 2. I /yr dry r trar botl) (cor rce 4. 2,100 gal/yr dry 00 gal/yr trar gal/yr botl) (cor	to-dry only asfer only, x types, x < nstructed or New large to-dry only asfer only, 2 th types, 140 nstructed or types, 140 nstructed or types.	Drop store/out of but area source , x < 140 gal/yr : < 200 gal/yr 140 gal/yr n or after 12/9/91) area source :, $140 \le x \le 2,100$ gal/yr $100 \le x \le 1,800$ gal/yr $100 \le x \le 1,800$ gal/yr	usiness/pe	troleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gally to both types, x < 140 gallyr (constructed before 12/9/91 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 (constructed before 12/9/91 5. This is a correct facility of the faci	rce 2. I /yr dry r trar botl) (cor rce 4. 2,100 gal/yr dry 00 gal/yr trar gal/yr botl) (cor	to-dry only asfer only, x at types, x < nstructed or New large -to-dry only asfer only, 2 th types, 140 astructed or \(\sum \sqrt{N}\)	Drop store/out of but area source $x < 140 \text{ gal/yr}$ $x < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 200 < 2$	usiness/pet	troleum

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) A'M M M YE 1. Storing perchloroethylene in tightly sealed and impervious containers? ZY ON ON/A 2. Examining the containers for leakage? Ady □N 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? ØY □N □N/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber OY ON ÂIN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: X 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? ZÒY □N 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? AND UN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the MY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? □Y ØN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? AND NO YA 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? OY **A**ZÍN

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

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

r A	KI VI: LEAK DETECTION AND E	PART VI: LEAR DETECTION AND REPAIRS				
1.	Does the responsible official conduct a	weekly (for	small sources, b	i-weekly) leak detection ar	nd rep	air
	inspection?				ÞΊΥ	□N
2.	Has the facility maintained a leak log?		•		ΠY	NA
3.	Does the responsible official check the	following a	reas for leaks?		,	•
	Hose connections, fittings, couplings, and valves	ØY □N	□N/A	Muck cookers	₽Y	□N □N/A
	Door gaskets and seating	ØY □N	□N/A	Stills	ДÍY	□N □N/A
	Filter gaskets and seating	ØY □N	□N/A	Exhaust dampers	Д Y	□N □N/A
	Pumps	MY ON	□N/A	Diverter valves	ØY	□N □N/A
l	Solvent tanks and containers	Ø Y □N	□N/A	Cartridge filter housings	X	□N □N/A
	Water separators	MY DN	□N/A			
4.	Which method of detection is used by	he responsil	ble official?			
	Visual examination (condensed s	olvent on ex	kterior surfaces)		馼	
	Physical detection (airflow felt th	rough gaske	ets)		AD	
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector					
	If using direct-reading instrumentation, is the equipment:					
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					
	c. Inspected for leaks a	nd obvious s	signs of wear on	a weekly basis?	ØY	□N
	d. Kept in a clean and secure area when not in use?					
	e. Verified for accuracy				ΩY	М́N
ľ	·	-	- •	•		-
<u> </u>		<u>.</u>				
	Mohammad Nozar	, ,		1,28,20	00	
	Inspector's Name (Please Pr			Date of Insp	ection	l
	M. No Pari					
-	Inspector's Signature		 .	Approximate Date of	Next	Inspection

INSPECTION REPORT FORM						
	ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY					COUNTY
FACILITY: Midtown Cl		•		PA	AGE 1	OF 1
FACILITY ADDRESS:	4830 North Arr	nenia Ave		CITY	7: Tam	1pa
				PHO:	NE: (8	313)870-3227
MAILING ADDRESS: same CITY: Tampa FLA ZIP: 33603				ZIP: 33603		
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	INSPECTION TYPE:		STATUS:
January 28, 2000	10:45AM	11:15AM	Annu	ıal		In Compliance
NEDS NUMBER: 0571082						
SOURCE DESCRIPTION: Perchloroethylene (Perc) Dry Cleaner						
CONTACT(S): Karen S.	Webster			_		

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

- 1. The record keeping of the Perc purchases was very good and organized.
- 2. The gauge temperature reading was recorded weekly and the average was 40°F
- 3. The vicinity around the dry cleaning machine was very clean and well maintained.
- 4. The Perc was loaded directly with a hookup connection. No container of perc was at the site.
- 5. The monthly averages for perc consumption was recorded correctly and the total for past 12 months was 80 gallons and it was verified.
- 6. The machine was in operation today. No leaks or odors were noticed.
- 7. The waste from the dry cleaning machine was properly store in the tied lid containers to be disposed in accordance with solid waste regulations.

INSPECTED BY:	DATE:
Mohammad Nozari	January 28, 2000

O

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

301312

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 PAIL ROOM 1 Destan 29 98

Do NOT Remove Label

AIRS ID#0571082

KAREN S & DONALD A WEBSTER
KAREN S WEBSTER

KAREN S WEBSTER
4203 W CLEVELAND ST 18867 Avenue
Biarritz

TAMPA FL 33609 Lutz F/ 33549 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0356653

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 1AIL ROOM JAN-8 99

Do NOT Remove Label

AIRS ID # 0571082

MIDTOWN CLEANERS & LAUNDRY KAREN S WEBSTER 18807 AVENUE BIARRITZ

LUTZ FL 33549

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

260500

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TOTAL AMOUNT DUE: \$50.00

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AIRS ID# 0571082 MIDTOWN CLEANERS & LAUNDRY KAREN S WEBSTER 4203 W CLEVELAND ST TAMPA FL 33609

FOR GOVERNMENT USE ONLY

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

Оьј.: 002273

L570	U.S. Postal, S CERMINED (Domestic Mail/O	MAIL REC	EIPT Coverage Provided)
E 21	Postage	\$	
7	Certified Fee		Postmark
뮙	Return Receipt Fee (Endorsement Required)		Here
	Restricted Delivery Fee (Endorsement Required)		
	Total Post		# 0571082
8	MIDTO	WN DRY CLEAN	ERS
10	Recipient's I JOSE A	LECAROS	In
		ARMENIA AVEN	JE
000	TAMPA	A FL	<u></u>
70	City, State, Z. 33603		
	PS Form 3800, February 8	2000	See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X
1. Article Addressed to: AIRS ID # 0571082 MIDTOWN DRY CLEANERS JOSE A LECAROS 4830 N ARMENIA AVENUE TAMPA FL	If YES, enter delivery address below:
33603	3. Service Type Certified Mail
10000600002641286578	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	

UNITED STATES POSTAL SERVICE



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2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

FEB 1 4 2002

Bureau of Air Monitoring

Notice Sources

SENDER: COMPL.	OMPLETE 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. Article Addressed to: AIRS ID # 0571082 AIDTOWN CLEANERS & LAUNDRY	A. Received by (Please Print Clearly) B. Date of Delivery Signature C. Signature Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:			
KAREN S WEBSTER 8807 AVENUE BIARRITZ LUTZ FL 33549	3. Service Type Certified Mail			
2. Article Number (Copy from service label)				
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-99-M-1789			

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 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: AIRS ID # 0571082 MIDTOWN CLEANERS & LAUNDRY KAREN S WEBSTER 18807 AVENUE BIARRITZ 	A. Received by (Please Print Clearly) C. Signature C. Signature D. Is delivery address different from item 1? Yes If YES, enter delivery address below: 3. Service Type
LUTZ FL 33549	Certified Mail
Article Number (Copy from service label)	
7000 0600 0026 4126	5940
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Ďomestic Mail Only; No Insurance Coverage Provided)					
940						
5.9						
41.26	Postage	\$				
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512	Return Receipt Fee (Endorsement Required)		Here			
00	Restricted Delivery Fee (Endorsement Required)					
		AIRS ID # 05				
0090	MIDTOWN CLEANERS & LAUNDRY ———					
1	KAREN S WEBSTEI 18807 AVENUE BIA					
7000	LUTZ FL 33549					
2						
	PS Form 3800, February 2	2000	See Reverse for Instructions			

the right of the return address					
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. 	A. Received by (Please Print Clearly) B. Date of Delivery Karen Substr C. Signature Agent Addressee				
1. Article Addressed to: 10 AIRS ID # 0571082001AG KAREN S WEBSTER	If YES, enter belivery andress below: UN 1 2 2001				
MIDTOWN DRY CLEANERS 18807 AVENUE BIARRITZ LUTZ FL 33549	3. Selvidy Type Solution Solu				
	4. Restricted Delivery? (Extra Fee) ☐ Yes				
2. Article Number (Copy from service label) Z 2 1 0 (0 6 3 2 1 0					
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789				

X 570 PP3 570

US Postal Service

Receipt for Certified Mail

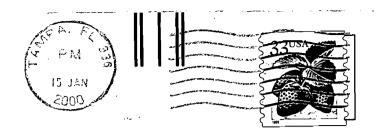
No Insurance Coverage Provided.

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AIRS ID # 0571082001AG 10 KAREN S WEBSTER MIDTOWN DRY CLEANERS 18807 AVENUE BIARRITZ LUTZ FL 33549

	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form 3800	Postmark or Date	

4830 Ao Alemenia avec. Apa Il 336.03



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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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TOTAL AMOUNT DUE Sources Remove Label AIRS ID # 0571082 ANERS & LAUNDRY

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MIDTOWN CLEANERS & LAUNDRY KAREN S WEBSTER 18807 AVENUE BIARRITZ

LUTZ FL 33549

FOR GOVERNMENT USE ON Org.: 37550101000 EO: B1

M

Fund: 20-2-035001

Obj.: 002273

the reverse side?	SENDER: 01 adolanua to don tano auli 12 plod 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.		I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery	Service.
ADDRESS completed on	The Return Receipt will show to whom the article was delivered and th delivered.		Consult postmaster for fee.	Receipt
	AIRS ID#: 0571082 KAREN:S & DONALD A WEBSTER KAREN:S WEBSTER 4203:W:CLEVELAND ST TAMPA:FL 33609	4a. Article Number P 2 6 5 3 0 2 /66 4b. Service Type Registered Certified Express Mail Insured Return Receipt for Merchandise COD 7. Date of Delivery		Thank you for using Return Rec
your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X AGEN SULVESTOR	8/ Addressee and fee is	e's Address (Only if requested paid)	Than
- "	PS Form 3811 , December 1994		Domestic Return Receipt	İ

US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. AIRS ID#: 0571082 KAREN S & DONALD A WEBSTER KAREN S WEBSTER 4203 W CLEVELAND ST TAMPA FL 33609 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date 2/14/97