

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 5, 1996

Mr. Sal Sperlazza President Prestige Cleaners and Laundry 7509 West Hillsborough Avenue Tampa, Florida 33615

Re: Facility I.D. No. 0571083

Dear Mr. Sperlazza:

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"

### # 0571083

P.14
1.(a) add date control
device installed
1.(c) should not be
marked

3. new small area source should be marked

### Perchloroethylene Dry Cleaning Facility Notification

#### **Facility Name and Location**

PRESTIGE LANDBRY SERVICE CORP.
2. Site Name (For example, plant name or number):
PRESTIGE CLEANERS AND LAUNDRY
3. Hazardous Waste Generator Identification Number:
FLD 101 832 020
4. Facility Location:
Street Address: 7509 WEST HILLS BOROUGH AVE.  City: TAMPA County: HILLS BOROUGH Zip Code: 33615
City: TAMPA County: HI//SBOROUGH Zip Code: 33615
5. Facility Identification Number (DEP Use):
0541083
Responsible Official
6. Name and Title of Responsible Official:
SAL SPERLAZZA PRESIDENT
7. Responsible Official Mailing Address:  Organization/Firm: Page Tick Education Service Corep:
Street Address: >509 11) FST HILLS REPORTED AVE
7. Responsible Official Mailing Address: Organization/Firm: PIZESTIGE LAUNDAY SERVICE CORP. Street Address: 7509 WEST HIlls BORONGH AVE City: TAMPA Zip Code: 336/5
8. Responsible Official Telephone Number:
Telephone: (813) 884 - 4743 Fax: ( ) -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
SAME AS PESPONSI ble OFFICIAL  10. Facility Contact Address:
10. Facility Contact Address:
Co. of Additional
Street Address: City: County: Zip Code:
County. Zip Code.
11. Facility Contact Telephone Number:
Telephone: ( ) - Fax: ( ) -

RECEIVED

'SEP 3 1995

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Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1		12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	1
Dry-to-Dry Unit	P. E	1,31,1							der in New York
(1) w/ ref. condenser	#/	14, July-13	<del>,                                      </del>	Γ			Ī		
(2) w/ carbon adsorber		17 327 12							
(3) w/ no controls	_								
Washer Unit		in the special			• • • • • • • • • • • • • • • • • • • •				. ;
(4) w/ ref. condenser						<u> </u>			
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	100				Take Labert	ora con c	1, 4 - 1		
(7) w/ ref. condenser		1			T		<u> </u>	<u> </u>	I
(8) w/ carbon adsorber									
(9) w/ no controls					_				
Reclaimer Unit			A Paragraph					1 1 2 2 7 1	
(10) w/ ref. condenser					1	<u> </u>			
(11) w/carbon adsorber									
(12) w/ no controls						_			
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control of the control devices  (b) If less than 12 mont Check why it is less	are re luanti gallo	equired to be ity of perchlo ons ow many? [_	installed [_/	perc)	purchased in				
3. What is the facility's so (Indicate with an "X".  Existing small ar  Existing large are	Selec ea so	t one classifi	cation only.) No	ew sm	nitions founc nall area sour rge area sourc	ce [	3) of	Part II?	

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Effective: 6-25-96

	rol technology is requi with an "X".)	red on machines p	pursuant to section (5) of P	art II of this notification form?
	sting large area source oon adsorber		Refrigerated condenser	
	small area source rigerated condenser			
	large area source igerated condenser			
				· ·
to Rule 62-21		that all steam and		use the general permit pursuant s on-site meet the following
boiler HP or l	less), and (2) are fired	l exclusively by no		0 million BTU/hr or less (298 ds of natural gas curtailment fired.
All steam and No such units	hot water generating on-site	units exempt		
	Equipme	ent Monitoring a	nd Recordkeeping Inforn	nation
Check all logs	s which are required to	be kept on-site i	n accordance with the requ	irements of this general permit:
(a) Purchase r	receipts and solvent pu	irchases		$\bowtie$
(b) Leak detec	ction inspection and re	epair		$\bowtie$
(c) Refrigerate	ed condenser tempera	ture monitoring		$\succeq$
(d) Carbon ad	lsorber exhaust perc co	oncentration moni	itoring	
(e) Instrument	t calibration			
(f) Start-up, s	shutdown, malfunction	ı plan		$\bowtie$

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)
$\bowtie$	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
Signature	Date 8/29/96

### TI E V AIR QUALITY GENERAL PE IIT INSPECTION SUMMARY REPORT

V

TYPE OF INSPECTION:	ANNUAL 🔀 COM	IPLAINT/DISCOVERY	RE-INSPECTION		
TIME IN: 1030	TIME OUT: //45	AIRS ID#: o5"	11083		
TYPE OF FACILITY: PER	RC Dry Clausing				
FACILITY NAME: Poss	tige Cleaner		DATE: 4/29/97		
FACILITY LOCATION:7	508 W Hillshorough A	he			
	Tana F1 33615	PHONE NUMBER:			
RESPONSIBLE OFFICIAL:	Sal Sper14228	PHONE NUMBER:	(813) 884 - 4743		
	he compliance requirements evaluule 62-213.300, Florida Administ	nated during this inspection, the faci rative Code (F.A.C.).	lity is found to be in		
Based on the results of t discrepancies were note		ated during this inspection, the follow	owing compliance		
COMPLIANCE REQU	JIREMENT/PROBLEM	FOLLOW-UP ACTIO	ON REQUIRED		
	· .				
1					
COMMENTS: Excellent  Clean Fac	Records - dating back	several years			
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES NO					
DATE OF NEXT INSPECTIO	(A)	pproximate)			
INSPECTION CONDUCTED	BY: James C	Holton			
		-	(max)		
INSPECTOR'S SIGNATURE:	you Holt	PHONE NUMBER:	(2/3/272-5530		

Page\_\_\_of\_\_/\_.

Revised 10/96

AIRS ID#: 057/083

Revised 10/10/96

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

FACILITY NAME: Pres	tige Clames		DATE:	4/2.9/87
FACILITY LOCATION:				
	Tamps, F1 3			
Annual Reporting Period:	10	19 <u>_96</u> TO	4/29	19 <u>87</u>
Based on each term or condition of 62-213.300, Florida Administrative	-	•	<del></del>	EP Rule
If NO, complete the following:				
#1. Term or condition of the gene	eral permit that has not been i	n continuous complia	nce during the reporting perio	od stated above:
Exact period of non-compliance:	from	-	_to	
Action(s) taken to achieve complia	ance:			
Method used to demonstrate comp	oliance:			
#2. Term or condition of the gene	eral permit that has not been i	n continuous complia	nce during the reporting perio	od stated above:
Exact period of non-compliance:	from		to	
Action(s) taken to achieve complia	ance:			
Method used to demonstrate comp	oliance:			·
As the responsible official, I herel made in this notification are true, upon rolling averages of purchase year for transfer or combination f	accurate and complete. Fur e receipts, does not exceed 2, acilities	ther, my annual consu	imption of perchloroethylene	solvent, based

<sup>\*</sup>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**

### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT

	COMPLIANCE	INSPECTION	CHECKLIST	the of the
TYPE OF INSPECTION:	ANNUAL	à	COMPLAINT/I	DISCOVERY & TANK
	RE-INSPECTIO			DISCOVERY & SOURCE TO THE SOURCE SOUR
		f	· _	<u> </u>
AIRS ID#: 571083				TIME OUT: 13-00
FACILITY NAME:	PRESTIGE	CLEANE	RS	
FACILITY LOCATION: _	7509 W. HI	LLSBOR	LOUGH AV	'E
•	TAMPA, F	4 3361	5	
RESPONSIBLE OFFICIAL CONTACT NAME:	: SAL SPE	RLAZZA	PHONE: (8)	3) 884-4743
CONTACT NAME:	SAINE		PHONE:	SAME
PART I: NOTIFICATION				
(check appropriate box)				
New facility notified DARM	M 30 days prior to star	tup	N/A	٥
2. Facility failed to notify DA	RM to use general per	mit	70/1	۵
PART II: CLASSIFICATIO	N			
Facility indicated on notifica (check appropriate box)	tion form that it is:		☐ No notificatio☐ Drop store/ou	n form t of business/petroleum
A.			-	
1. Existing small area sou dry-to-dry only, x < 140 ga		2. New small	area source /, x < 140 gal/yr	<b>X</b>
transfer only, $x < 200 \text{ gal/y}$		transfer only, x		
both types, x < 140 gal/yr		both types, x <		
(constructed before 12/9/91	)	(constructed or	n or after 12/9/91)	
3. Existing large area sou		4. New large		
dry-to-dry only, $140 \le x \le 3$			$x$ , $140 \le x \le 2{,}100 \text{ gs}$	
transfer only, $200 \le x \le 1.8$ both types, $140 \le x \le 1.800$			$200 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$	ут
(constructed before 12/9/91			or after 12/9/91)	
5. This is a correct facility of	classification	AY ON	□Can not determ	nine .

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 131 gallons.

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

If no, please check the appropriate classification:

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 YO
2. Examining the containers for leakage?	ava de parta
3. Closing and securing machine doors except during loading/unloading?	MD YE
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	, May □n □n/a
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON MONIA
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V.	<b>.</b>
If classification 2 has been checked, the machine should be equipped with a refri (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber musinstalled prior to September 22, 1993	9
If classification 4 has been checked, the machine should be equipped with a refriequence (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?	MA DN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	MANO NO YE
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	AND NO YES
A. Maranad and associated the source of the cutter substitute of a positionarial	
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	Mo Am
	MY ON ON/A

	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?		א⊏	
	2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	QY C	מב	□N/A
	Is the temperature differential equal to or greater than 20° F?	∃Y C	אב	□N/A
3	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 □	ו מב	□N/A
	Is the perc concentration equal to or less than 100 ppm?	□Y C	ו מב	□N/A
4	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 □	ן אב	⊐N/A
5	5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	QY C	ו אנ	⊐N/A
6	5. Debuted airflow to the carbon adsorber (if used) at all times?	QY C	ו אנ	⊃N/A

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

			<del></del>	·				
PART	VI: LEAK DETECTION AND R	LEPA	IRS					
I. Doo	es the responsible official conduct a	weekl	y (for	small sources, b	oi-weekly) leak detection a	nd rep	pair	
ins	pection?					ДÍҮ		ΠN
2. Has	s the facility maintained a leak log?					×Μχ		ПΝ
3. Doe	es the responsible official check the f	ollow	ing a	reas for leaks?				
	Hose connections, fittings, couplings, and valves	<b>γί</b> Υ	ПN	□N/A	Muck cookers	Δ̈́Α	ΩN	I □N/A
	Door gaskets and seating	Х	ПN	□N/A	Stills	ÄY	ΠN	□N/A
	Filter gaskets and seating	Y	ΠИ	□N/A	Exhaust dampers	χίΥ	ΠN	□N/A
	Pumps	ÞÓΥ	ПN	□N/A	Diverter valves	ØΥ	ПN	□N/A
	Solvent tanks and containers	ΣΥ	ΠN	□N/A	Cartridge filter housings	ÞΥ	ПN	□N/A
	Water separators	ÝΥ	ПΝ	□N/A				
4. Whi	ich method of detection is used by th	e resp	onsit	ole official?	•			
	Visual examination (condensed so	lvent	on ex	terior surfaces)		<b>y</b> zi		
	Physical detection (airflow felt thro	ough	gaske	ts)		Þ		
	Odor (noticeable perc odor)					為		
	Use of direct-reading instrumentation	ion (F	TD/P	D/calorimetric	tubes)			
	Halogen leak detector							
	If using direct-reading instru	ment	ation	, is the equipme	ent:	XIN/	A	
	a. Capable of detecting pe	erc va	por c	oncentrations in	a range of 0-500 ppm?	σΥ	ΠN	
	b. Calibrated against a str (PID/FID only)?	andar	d gas	prior to and afte	er each use	QY	ПN	
	c. Inspected for leaks and	lobvi	ous si	gns of wear on a	a weekly basis?	ΩY	ΠN	
	d. Kept in a clean and sec	cure a	rea w	hen not in use?		ΩY	ΩN	
l	e. Verified for accuracy b	y use	of du	plicate samples	(calorimetric only)?	ΠY	ΩΝ	
			,					
	·							
	ROGER ZHU				4/30/	198		
	Inspector's Name (Please Print	)			Date of Inspe	ction		
	Rupson	_	<b></b> -		1 YE	4R	_	
	Inspector's Signature			<del></del>	Approximate Date of I	Vext I	nspec	ction

#### INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY FACILITY: Prestige Cleaners PAGE 1 OF FACILITY ADDRESS: 7509 W. Hillsborough Ave. CITY: Tampa PHONE: (813) 884-4743 MAILING ADDRESS: Same CITY: Tampa FLA ZIP: 33615 INSPECTION TYPE: INSPECTION DATE: TIME IN: TIME OUT: STATUS: Apr 30, 1998 11:30 13:00 non-CDS In Compliance NEDS NUMBER: 571083 Perc Dry Cleaner SOURCE DESCRIPTION: CONTACT(S): Sal Sperlazza

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. The facility is very clean and apparently well maintained.

Mr. Sperlazza keeps all the records in a single file. The leak inspection and the temperature measurement have been taken every week. The perc rolling total and the purchase receipts indicated the total perc usage over the last 12 months was 130 gallons.

Mr. Sperlazza also suggested that the FDEP should issue a Certification to indicate that dry cleaner meets the requirement after each inspection.

Mr. Sperlazza does have a owners manual including startup, shutdown and malfunction plan.

INSPECTED BY:	Roger Zhu	DATE:	Apr 30, 1998
		ν.	

### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT/DISC	OVERY 🗅
ll .		TIME IN: 1030 TIM	
FACILITY LOCATION:	7508 W H:11	37615	
PART I: NOTIFICATION			
(check appropriate box)			
1. Existing facility notified DAR	M by 9/1/96		
2. New facility notified DARM 3	0 days prior to startu	p	۵
3. Facility failed to notify DARM	f to use general perm	it	۵
PART II: CLASSIFICATION			
Facility indicated on notificatio (check appropriate box)	n form that it is:		
A.  1. Existing small area sourc dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	d tı b	. New small area source lry-to-dry only, x<140 gal/yr ransfer only, x<200 gal/yr ooth types, x<140 gal/yr constructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" gaboth="" gal="" only,="" td="" transfer="" types,="" y=""><td>O gal/yr d al/yr ti yr b</td><td>I. New large area source lry-to-dry only, 140<x<2, 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" constructed="" gal="" on="" only,="" ooth="" or="" ransfer="" td="" types,="" yr=""><td></td></x<2,></td></x<2,>	O gal/yr d al/yr ti yr b	I. New large area source lry-to-dry only, 140 <x<2, 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" constructed="" gal="" on="" only,="" ooth="" or="" ransfer="" td="" types,="" yr=""><td></td></x<2,>	
This is a correct facility classific	ation 0	NO YE	•
If no, please check the appropria	te classification:		
	d for a general permi above limits and is n	t as number above not eligible for a general permit	
B. The total quantity of perchlor facility was ~/3/ gallons.	oethylene (perc) purc	chased within the preceding 12 month	hs by this 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 DN (M)			
2. Examining the containers for leakage?	OY ON MA			
3. Closing and securing machine doors except during loading/unloading?	Day on			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ON CAD			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON DANA			
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?	MA ON			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	BY ON ON/A			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	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?	DY DN MA			
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?	NO Y
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
Is the temperature differential equal to or greater than 20° F?	QY QN
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	□Y □N □N/A
Is the perc concentration equal to or less than 100 ppm?	DY DN
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?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
	DY ON
(check appropriate boxes)  1. Maintained receipts for perc purchased?	ery on
(check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?	OY ON
(check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?	
<ol> <li>(check appropriate boxes)</li> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:</li> </ol>	OY ON
<ol> <li>(check appropriate boxes)</li> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days</li> </ul> </li> </ol>	GY ON MINE
<ol> <li>(check appropriate boxes)</li> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> </ol>	OY ON
<ol> <li>(check appropriate boxes)</li> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? (for direct reading instruments only)</li> </ol>	OY ON OY/A
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<ol> <li>(check appropriate boxes)</li> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? (for direct reading instruments only)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> <li>Maintained startup/shutdown/malfunction plan?</li> </ol>	OY ON
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<ol> <li>(check appropriate boxes)</li> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? for direct reading instruments only)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> <li>Maintained startup/shutdown/malfunction plan?</li> <li>Maintained deviation reports?         <ul> <li>Problem corrected?</li> </ul> </li> <li>Maintained compliance plan, if applicable?</li> </ol>	OY ON
<ol> <li>(check appropriate boxes)</li> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? (for direct reading instruments only)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> <li>Maintained startup/shutdown/malfunction plan?</li> <li>Maintained deviation reports?         <ul> <li>Problem corrected?</li> </ul> </li> <li>Maintained compliance plan, if applicable?</li> </ol>	OY ON

in the state of th

2. Wh	2. Which method of detection is used by the responsible official?					
Visual examination (condensed solvent on exterior surfaces)					4	•
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	If using direct-reading instrume	ntation,	is the eq	quipment:		•
	a. Capable of detecting p	erc vapo	or concen	trations in a range of 0-500 ppm?	ПY	ПN
	<ul><li>b. Calibrated against a st (PID/FID only)?</li></ul>	andard	gas prior		ΠY	ПN
	c. Inspected for leaks and	l obviou	is signs of	f wear on a weekly basis?	ПY	□и
	d. Kept in a clean and se	cure are	a when n	oot in use?	ΠY	□и
	e. Verified for accuracy t	y use of	f duplicat	e samples (calorimetric only)?	ΠY	□N
3. Has	the facility maintained a leak log?				PÝ	□и
4. Doe	es the responsible official check the f	ollowing	g areas fo	or leaks?		
	Hose connections, fittings, couplings, and valves	₽Y	ПΝ	Muck cookers (2/4)	ПY	ПΝ
	Door gaskets and seating	ØΫ́	ПN	Stills	<b>ŒY</b>	ПN
	Filter gaskets and seating	ďÝ	ΠN	Exhaust dampers	ΠY	□и
	Pumps	ΘÝ	ΠN	Diverter valves	<u>o</u> y	□N
	Solvent tanks and containers	ØY	ПN	Cartridge filter housings	OY	□N
	Water separators	OYÝ	ИD			
	<i>C</i> /					
	Name of Responsible Official		<del></del>			•
	*			1.10000		
	James O Holton Inspector's Name (Please Prin	 t)	<del></del>	<u>4/2 9/97</u> Date of Inspec	ction	
	() all lo	7		-		
<del></del>	Inspector's Signature			Approximate Date of N	Vext I	nspection
	P. T. P. T. T. D. O. Brigging					F

#### ADDITIONAL SITE INFORMATION:

Machine into: Multi-matic Mercuny 45

SIN 45-0583-5311

year built -1863 capacity - 45#

Phoenix Supply supplies PERC

MCF picks up weste

R.O. has been keeping good records at least as

for back as 1885, with perc monthly consumption
at least as for back as 1883.

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

TYPE OF INSPECTION: ANNUAL X	OMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11:30 TIME OUT: 13	200 AIRS ID#: 57/083
TYPE OF FACILITY: PERC DRY CLEANS	=2
FACILITY NAME: PRESTIGE CLEAN	ERS DATE: 4/30/98
FACILITY LOCATION: 7509 W. HILLSBOR	GUEH AVE
TAMPA, FL 3361	5
RESPONSIBLE OFFICIAL: SAL SPERLAZZA	PHONE NUMBER: (813) 884 - 4743
Based on the results of the compliance requirements eva compliance with DEP Rule 62-213.300, Florida Adminis	luated during this inspection, the facility is found to be in strative Code (F.A.C.).
Based on the results of the compliance requirements evaluscrepancies were noted:	luated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•	,
	P
	Bureau & CE
	Mobile Sources
	ces
COMMENTS:	
	N/A
The Annual Compliance Certification form has been properly cert	ified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	pproximate)
O i	OCER ZHU
TOTAL CONDUCTED BY:	PHONE NUMBER: (813) 272 - 4530
Page /	•

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

all

AIRS ID#0571083
PRESTIGE LAUNDRY SERVICE CORP
SAL SPERLAZZA
7509 W HILLSBOROUGH AVE
TAMPA FL 33615

	Do	NOT Remove Label		<b>/</b> .
Annual Reporting Period:	_///_	19 <u><b>97</b></u> TO	12/3	/ 19 <i>97</i>
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.				with DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been i	n continuous complia	ance during the reportir	ng period stated above:
Exact period of non-compliance: from	` -		_ to	
Action(s) taken to achieve compliance:	•			12 PE
Method used to demonstrate compliance:				O S S S S S S S S S S S S S S S S S S S
#2. Term or condition of the general permit seems and the general permit seems are seems as a seem and the general permit seems are seems as a seems are see		CEIVE	-	g period stated above:
Method used to demonstrate compliance:	Bu	eau of Air Monitor & Mobile Sources	ing	
As the responsible official, I hereby certify, base notification are true, accurate and complete. Fi does not exceed 2,100 gallons per year for dry-to	urther, my annual c	onsumption of perchlo	roethylene solvent, basea r transfer or combination	upon purchase receipts,
Nam	e (Flease Print)		Signature //	/ Date

11/06/97

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

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X	PLAINT/DISCOVERY RE-INSPECTION			
TIME IN: 13:30 TIME OUT: 15=1  TYPE OF FACILITY: PERC DRY CLEANER  FACILITY NAME: PRESTIGE CLEANER  FACILITY LOCATION: 7509 W. HILLS BORD  TAMPA, FL 33615  RESPONSIBLE OFFICIAL: SAL SPERLA 22A	DATE: 6/10/95  ON GH AVE			
	PHONE NUMBER: COTO COTO COTO COTO COTO COTO COTO COT			
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration of the compliance requirements graduated at the compliance requirements.	ative Code (F.A.C.).			
Based on the results of the compliance requirements evaluated discrepancies were noted:	ned during this inspection, the following compliance			
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED			
	<b>70</b>			
	JUL Bureau of & Moth			
	IVE 15 1999 Air Monitor ile Sources			
· 				
	•			
COMMENTS:	•			
:	· 			
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES NO  DATE OF NEXT INSPECTION:				
INSPECTION CONDUCTED BY: (Ap	proximate) OGER ZHU			
	ease Print) PHONE NUMBER: (813) 272-5530			

Revised 10/96

Ace

AIRS ID#: 5710	83		• .			Revised 10/10/96
		NER AIR QU. L COMPLIANC				
FACILITY NAME:	PRESTIC	SE CLEA	NERS.		DATE:	6/10/99
FACILITY NAME:	v: 7509 u	N. HILLSBO	ROUGH A	AVE	1999 Monit	
	TAMPA	, FL 33	615		yrine s	O
Annual Reporting Period	:	ın IZ	19 <u>_98</u> TO	Jun	e 10	19_99
Based on each term or con 62-213.300, Florida Adm	•			-	pliance with D	EP Rule
If NO, complete the follow	wing:					
#1. Term or condition of	the general permit	t that has not been in	n continuous comp	liance during the	e reporting peri	od stated above:
Exact period of non-comp	pliance: from			to		
Action(s) taken to achieve	e compliance:					
Method used to demonstr	ate compliance:					
#2. Term or condition of	the general permi	t that has not been in	n continuous comp	liance during the	e reporting per	iod stated above:
Exact period of non-comp	pliance: from			to		
Action(s) taken to achieve	e compliance:					
Method used to demonstr	rate compliance:		٠.			•
As the responsible official made in this notification upon rolling averages of year for transfer or comb	are true, accurate purchase receipts, ination facilities.	and complete. Furt	her, my annual co	nsumption of per	chloroethylene	e solvent, based
RESPONSIBLE OFFIC		me (Please Print)	Jac	Signature	<u>A</u>	Date

<sup>\*</sup>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	INSP	ECTI	ON

ANNUAL

×

. 🗖

COMPLAINT/DISCOVERY

**RE-INSPECTION** 

AIRS ID#: 57/083 DATE: 6/10/	95 TIME IN: 13:30 TIME OUT: 15:45
FACILITY NAME: PRESTIGE O	CLEANERS
FACILITY LOCATION: 7509 W. A	HUSBOROUGH AVE
TAMPA, F	-L 33615
RESPONSIBLE OFFICIAL: SAL SPER	LAZZA PHONE: (813)884-4743
CONTACT NAME: SAME	LAZZA PHONE: (813)884 - 4743  PHONE: SAME
PART I: NOTIFICATION	
(check appropriate box)	
New facility notified DARM 30 days prior to star	rtup 👊
2. Facility failed to notify DARM to use general per	$\sim$ $\sim$ $\sim$ $\sim$
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification	Y ON OCan not determine
If no, please check the appropriate classific for a ge facility exceeds above lin	

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

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?	ÆΥ	מם	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПN	□Ņ/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?	ПY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	$\square N$	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least & duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΩY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□и	□N/A
6.	Pouted airflow to the carbon adsorber (if used) at all times?	ΩY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	May □n			
2. Maintained rolling monthly averages of perc consumption?	MD YEN			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ØN/A			
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	OY ON <b>M</b> N/A			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON MAN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON XINA			
6. Maintained startup/shutdown/malfunction plan?				
7. Maintained deviation reports?	AVA NO YO			
Problem corrected?	OY ON XONA			
8. Maintained compliance plan, if applicable?	OY ON MAN/A			

P.	PART VI: LEAK DETECTION AND REPAIRS				
1.	Does the responsible official conduct a	weekly (for small sources,	bi-weckly) leak detection an	ıd repair ·	
 	inspection?		•	MAX □N	
2.	Has the facility maintained a leak log?			<b>A</b> YY □N	
3.	Does the responsible official check the f	following areas for leaks?			
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	ØY ON ON/A	
	Door gaskets and seating	AYNON ON/A	Stills	MY ON ON/A	
	Filter gaskets and seating	MY ON ONA	Exhaust dampers	MY ON ON/A	
	Pumps	MY ON ON/A	Diverter valves	ØY □N □N/A	
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	SAY ON ON/A	
	Water separators	AND ND YA			
4.	Which method of detection is used by the	he responsible official?			
	Visual examination (condensed so	olvent on exterior surfaces	)	Œ	
	Physical detection (airflow felt the	rough gaskets)		)Xi	
	Odor (noticeable perc odor)	<b>X</b>			
l	Use of direct-reading instrumenta	tion (FID/PID/calorimetri	c tubes)		
	Halogen leak detector				
	If using direct-reading instr	<b>XI</b> N/A			
	a. Capable of detecting p	perc vapor concentrations	in a range of 0-500 ppm?	NO Y	
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and a	fter each use	OY ON	
	c. Inspected for leaks an	d obvious signs of wear or	n a weekly basis?	OY ON	
	d. Kept in a clean and se	ecure area when not in use	e? <sup>.</sup>	OY ON	
	e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	OY ON	
	· .				
	· al·				
	•		,		
ROGER ZHU 6/10/99					
	Inspector's Name (Please Prin	nt)	Date of Inspe	ection	
	Roger	hu	1 YE	AR	
_	Inspector's Signature	Next Inspection			

		INSPECTION				_	
	NMENTAL PROT	TECTION COM	MISSION	OF HILL	SBOROUGH PAGE		)F 1
FACILITY: Prestige C FACILITY ADDRESS:		chorough Ar	10		CITY: Ta		OF 1 ———
racilii i address:	7309 W. HIII	soorough Av	· E.		PHONE:	-	4743
MAILING ADDRESS:	Same		CITY	: Tampa			
INSPECTION DATE:	TIME IN:	TIME OUT			N TYPE:	S	ΓATUS:
June 10, 1999	13:30	15:45		non-C	DS	In C	ompliance
NEDS NUMBER: 5	71083						
SOURCE DESCRIPTION	DN: Perc Dry	Cleaner					
CONTACT(S): Sal	Sperlazza				<u>.                                      </u>		
Today's visit was to	conduct the an	nual inspecti	ion.				
The record keeping is				gallons	over the p	ast 12 mo	nths.
No leaks or odors we							
						•	
	•	,					
					•		
		·					•
						·	•

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

TYPE OF INSPECTION: ANNUAL X	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:00 TIME OUT: 11:15  TYPE OF FACILITY: PERC DRY CLEANS	
FACILITY NAME: PRESTIGE CLEANE	
FACILITY LOCATION: 7509 W. HILLSBORD	UGH AVE
TAMPA, FL 3	3615
RESPONSIBLE OFFICIAL: SAL SPERLAZZA	PHONE NUMBER: (813) 884 - 4743
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:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
THE SEAL OF MUCK COOK WAS	REINSPECT NEXT WEEK
LEAKING ALSO, ODORS WERE	
NOTICED	·
	<u> </u>
# 70 377, lity	P
# 70377, lity,  Is this fact lity,  1N or out of comp.	Burea III
- $        -$	
	Solid Solid
	oring.
	·
COMMENTS: THE OWER CALLED IN ORDERED THE PARTS AND THE NEXT MONDAY.	TODAY HE SAID HE ALREAD E PARTS SHOULD BE ARRIVED
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	TWEEK
V DO	proximate) SCR ZHJ
INSPECTION CONDUCTED B1.	ease Print)
	PHONE NUMBER: (8/3)272 -5530
Page	of Revised 10/96

Revised 10/96



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

FACILITY NAME:	PRESTIC	GE CL	EANERS		DATE:	6/29/00
FACILITY NAME: FACILITY LOCATION:	7509	W. HILL	SBOROUG	H AVE		
	TAMPA					
	Ī					
Annual Reporting Period: _	June 1	11	19 <u>99</u>	ro Ju	ne 29	20 0
Based on each term or cond 62-213.300, Florida Admin If NO, complete the followi	istrative Code (F	_	-			P Rule
i 110, complete the lonowi	<b>.</b>					
#1. Term or condition of th	e general permit	that has not be	en in continuous o	ompliance during t	he reporting perio	od stated above:
						•
Exact period of non-compli	ance: from			to .		
•			•			_
Action(s) taken to achieve of	compliance:					
Method used to demonstrat	e compliance:					
#2. Term or condition of the	ne general permit	t that has not be	en in continuous	compliance during	the reporting peri	od stated above:
Exact period of non-compli	iance: from			to	•	
Action(s) taken to achieve	compliance:		· .			
Method used to demonstrate	te compliance:			·	_	:
			·			· ·
As the responsible official, made in this notification as upon rolling averages of p year for transfer or combin	re true, accurate urchase receipts, nation facilities.	and complete.	Further, my annu	al consumption of p	perchloroethylen	e solvent, based
RESPONSIBLE OFFICE		A Ollada P		JAL SERL	422A	Date
	- Na	ine (Please Pri	nt <i>y///</i>	/ Signan	ПС	Date

<sup>\*</sup>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

RE	-INSPECTION			
AIRS ID#: 571083 DATE FACILITY NAME: PRES	: 6/29/00 TIGE CLE	TIME IN: 10	TIME OUT:	11:15
FACILITY NAME:	1166		· · · · · · · · · · · · · · · · · · ·	·
FACILITY LOCATION: 7509	W. HILLS	BOROUGH	AVE	<u>.</u>
•	PA, FL			
responsible official : 5A	L SPERLAZ	Z A PHO	NE: (813) 884	4743
CONTACT NAME:	AME	PHO	NE: 5441 6	
	<u> </u>	•		
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 30 da	ys prior to startup	•		, 💆 .
2. Facility failed to notify DARM to t	ise general permit		$\mathcal{F}_{i}$	
				•
PART II: CLASSIFICATION				
Facility indicated on notification for	rm that it is:		o notification form	
(check appropriate box)	rm that it is:		o notification form rop store/out of business	/petroleum
I -	☐ 2. I dry- tran bott		rop store/out of business urce -0 gal/yr gal/yr l/yr	/petroleum
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	dry- tran both (cor  4. l gal/yr dry- /yr tran both	New small area so to-dry only, $x < 14$ sfer only, $x < 200$ types, $x < 140$ ga	rop store/out of business  urce 0 gal/yr gal/yr l/yr or 12/9/91)  urce  x ≤ 2,100 gal/yr ≤ 1,800 gal/yr 1,800 gal/yr	/petroleum
<ul> <li>(check appropriate box)</li> <li>A.</li> <li>1. Existing small area source dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr</li> </ul>	dry- tran both (cor  4. 1 gal/yr dry- /yr tran both (cor	New small area so to-dry only, x < 14 sfer only, x < 200 a types, x < 140 ga astructed on or after the large area so to-dry only, 140 \le 1 sfer only, 200 \le x a types, 140 \le x \le astructed on or after the large area so to-dry only, 100 \le x and types, 140 \le x \le astructed on or after the large area on types, 140 \le x \le astructed on or after the large area on the large area of	rop store/out of business  urce 0 gal/yr gal/yr l/yr or 12/9/91)  urce  x ≤ 2,100 gal/yr ≤ 1,800 gal/yr 1,800 gal/yr	/petroleum
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr. transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classiful on, please check the apprenance of facility questions.	dry- tran both (cor  4. l gal/yr dry- /yr tran both (cor	New small area so to-dry only, x < 14 sfer only, x < 200 in types, x < 140 gallstructed on or after the dry only, 140 \lequiv	rop store/out of business  urce 0 gal/yr gal/yr l/yr or 12/9/91)  urce  x \leq 2,100 gal/yr \leq 1,800 gal/yr 1,800 gal/yr or 12/9/91)  an not determine  above	/petroleum

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

В.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located	
	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	אם אַע
2.	Measured and recorded the washer exhaust temperature at the condensor	
	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,	•
1	if machines are equipped with a carbon adsorber?	DY DN DN/A
	Taska mana anna anna anna anna anna anna an	O11 O11 O111
	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	•
ļ	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 ONA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual	- J
	condenser coils?	DY DN DN/A
6.	Bouted airflow to the carbon adsorber (if used) at all times?	DY ON ONA
$\sqsubseteq$		

### PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	<b>¼</b> Y □N
2. Maintained rolling monthly averages of perc consumption?	MA DN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ON/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?	DY OTN DNA
4. Maintained calibration data? for applicable direct reading instruments)	DY DN <b>X</b> N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	av on <b>A</b> na
6. Maintained startup/shutdown/malfunction plan?	AT DN
7. Maintained deviation reports?	OY MIN ON/A
Problem corrected?	AND NEO YO
8. Maintained compliance plan, if applicable?	AVA <b>X</b> ND YD

### PART VI: LEAK DETECTION AND REPAIRS

1.	Does the responsible official conduct a weekly (f	or small sources, bi	-weekly) leak detection and	d repa	uir
	inspection?			<b>Φ</b> Υ	ПИ
2.	Has the facility maintained a leak log?			<b>X</b> Y	ПN
3.	Does the responsible official check the following	areas for leaks?		٠	-
	Hose connections, fittings, couplings, and valves	IN □N/A	Muck cookers	<b>A</b> Y	□N □N/A
	Door gaskets and seating	IN □N/A	Stills	<b>A</b> Y	□N □N/A
	Filter gaskets and seating	IN □N/A	Exhaust dampers	XY	□N □N/A
	Pumps TY C	IN □N/A	Diverter valves	<b>X</b> Y	□N □N/A
	Solvent tanks and containers	. AVAD NI	Cartridge filter housings	<b>M</b> Y	OŅ ON/A
	Water separators	AVID NE			
4.	. Which method of detection is used by the respon	nsible official?		-:	
	Visual examination (condensed solvent or	exterior surfaces)		ka 🖹	•• • • • • • • • • • • • • • • • • • •
	Physical detection (airflow felt through ga	skets)	•	<b>S</b>	
	Odor (noticeable perc odor)			\$1	
	Use of direct-reading instrumentation (FI	D/PID/calorimetric	tubes)		
	Halogen leak detector				
	If using direct-reading instrumenta	tion, is the equipm	ent:	XIN	7A .
	a. Capable of detecting perc vap	or concentrations i	n a range of 0-500 ppm?	ΠY	_ □N
	<ul><li>b. Calibrated against a standard (PID/FID only)?</li></ul>	gas prior to and af	ter each use	ΩY	. □N
	c. Inspected for leaks and obvio	us signs of wear on	a weekly basis?	ΠY	и□
	d. Kept in a clean and secure ar	ea when not in use	?	ΩY	ИП
	e. Verified for accuracy by use o	of duplicate sample	s (calorimetric only)?	υž	Z DN
			• • • • • • • • • • • • • • • • • • • •		

loger	Zhu
Inspector's Name (Pl	lease Print)

Inspector's Signature

6/29/0-0
Date of Inspection

7/5/00

Approximate Date of Next Inspection

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY						
FACILITY: Prestige C	eaners			PAGE	1 OF 1	
FACILITY ADDRESS:		CITY: Tampa PHONE: (813) 884-4743				
MAILING ADDRESS:	Same		CITY: Tampa	FLA	ZIP: 33615	
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	N TYPE:	STATUS	:
June 29, 2000	10:00	11:15	non-C	DS	Minor Out Com	pliance
NEDS NUMBER: 57	71083					
SOURCE DESCRIPTION: Perc Dry Cleaner						
CONTACT(S): Sal	Sperlazza	, '				
Today's visit was to conduct the annual inspection.  The record keeping is excellent. The perc usage was 130 gallons over the past 12 months.  The machine was not in operation, but the muck cooker was. A leak was found from the seal for the glass cover (observation window) on the backside of the still. The seal needs to be replaced.  Mr. Sperlazza said he would order the parts and fix it as soon as he gets the parts.						
We will re-inspect this	is machine nex	t week.		•	**	
						ŕ
	,					
						,
					•	
	· .	•				
·						
INSPECTED BY:	Roger Zhu	•		DA	TE: June 29, 2	.000
			•			

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

TO CO	025	DIEDE	CTTON.
LILL	Ur.	TIJLE	CTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION	м 🥦
AIRS ID#: 57/083 DATE: 7/6/6 FACILITY NAME: PRESTIGE	CLEANERS TIME OUT: 10:30
FACILITY LOCATION: 7509 W. 141	LLS BOROUGH AVE
TAMPA,	FL 33615
RESPONSIBLE OFFICIAL: SAL SPET	RLAZZA PHONE: (8/3) 884 - 4743
CONTACT NAME: SAME	PHONE: (813) 884 - 4743  PHONE: SAME
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	rtup
2. Facility failed to notify DARM to use general pe	rmit
PART II: CLASSIFICATION	
Pacility indicated an new Faction from the state	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
1	·
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr. transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petroleum  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
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum  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)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classification facility qualified for a general source.	Drop store/out of business/petroleum  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)  4. New large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed on or after 12/9/91)  AY \( \text{DN} \) \( \text{Can not determine} \)

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?	OY ON XINA
2. Examining the containers for leakage?	OY ON <b>M</b> N/A
3. Closing and securing machine doors except during loading/unloading?	ND Y
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	AVO NO YA
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אומאל 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	•
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber muinstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	MY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AND ND YA
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	<b>V</b> Y ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	<b>d</b> Y □N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	<b>X</b> Y ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	<b>d</b> y □n

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?	ZY (	א⊏	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	·OY (	א כ	⊃N/A
	Is the temperature differential equal to or greater than 20° F?	Ù Y□	ם אם	⊃N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	•		
	if machines are equipped with a carbon adsorber?	UY (	ם אם	⊃N/A │
	Is the perc concentration equal to or less than 100 ppm?	ΩY (	ם אם	⊃N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring	• •		
	perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΩY	□И (	□N/A
5	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ו אם	□N/A
6	Routed airflow to the carbon adsorber (if used) at all times?	_ OY	מם (	□N/A

## PART V: RECORDKEEPING REQUIREMENTS

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

### PART VI: LEAK DETECTION AND REPAIRS

_								
Ι.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?	Apr da						
2.	Has the facility maintained a leak log?	MO YX						
3.	Does the responsible official check the following areas for leaks?							
	Hose connections, fittings,							
	couplings, and valves TY ON ON/A Muck cookers	MY ON ON/A						
	Door gaskets and seating DY ON ON/A Stills	MY ON ON/A						
	Filter gaskets and seating AY ON ON/A Exhaust dampers	AND ND YA						
	Pumps Diverter valves	MY ON ON/A						
	Solvent tanks and containers YY ON ON/A Cartridge filter housings	MY ON ON/A						
	Water separators AY ON ON/A							
4	. Which method of detection is used by the responsible official?	···•						
	Visual examination (condensed solvent on exterior surfaces)	×						
	Physical detection (airflow felt through gaskets)	<b>≶</b> 4						
	Odor (noticeable perc odor)	<b>X</b>						
	Use of direct-reading instrumentation (FID/PID/Ealorimetric tubes)							
i	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?	OY ON						
ł	b. Calibrated against a standard gas prior to and after each use							
ľ	(PID/FID only)?	DY DN						
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	DY DN						
	DY DN							
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	OY ON						

ROGER	ZHU	

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

•								
INSPECTION REPORT FORM  ENVIRONMENTAL PROTECTION COMMISSION OF HILL SPOROLICH COLINITY								
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY								
FACILITY: Prestige C	leaners			PAGE	1 OF	1		
FACILITY ADDRESS: 7509 W. Hillsborough Ave. CITY: Tampa								
	, ,		,		(813) 884-474			
MAILING ADDRESS:	Same		CITY: Tampa	FLA	ZIP: 33615	5		
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	N TYPE:	STAT	US:		
June 29, 2000	10:00	11:15	non-C	DS	In Comp	oliance		
NEDS NUMBER: 5	71083							
SOURCE DESCRIPTION	N: Perc Dry	Cleaner			· · · · · · · · · · · · · · · · · · ·			
CONTACT(S): Sal	Sperlazza							
Today's visit was to conduct the annual inspection.  The record keeping is excellent. The perc usage was 130 gallons over the past 12 months.  The machine was not in operation, but the muck cooker was. A leak was found from the seal for the glass cover (observation window) on the backside of the still. The seal needs to be replaced.  Mr. Sperlazza said he would order the parts and fix it as soon as he gets the parts.								

We will re-inspect this machine next week.

Follow-up inspection on 7/6/00: I re-inspected this unit today, the leaks has been fixed. The machine was in operation when I was there, I didn't smell any perc odors. The gasket for the still side glass cover was replaced by a new one. Mr. Sperlazza also showed me the receipt of the gasket he ordered.

INSPECTED BY: Roger Zhu DATE: June 29, 2000

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

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISGÔVERY RE-INSPECTION
TIME IN: 9-30 TIME OUT: 10:3  TYPE OF FACILITY: PERC DRY CLEAN  FACILITY NAME: PRESTIGE CLEANE  FACILITY LOCATION: 7509 W. HILLS BORDON  TAMPA, FL 330  RESPONSIBLE OFFICIAL: SAL SPERLAZZA	25 Ures 1 PATE: 7/6/00
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluated discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM	ative Code (F.A.C.).
COM LIANCE REQUIREMENT INTRODUCTION	TOLLOW OF MCTION REQUIRED
•	
· · · · · · · · · · · · · · · · · · ·	
COMMENTS:	
COMMENTS	
The Annual Compliance Certification form has been properly certification form has been properly certification.	ified and submitted to the inspector. YES NO NO NO
INSPECTION CONDUCTED BY: (A)	pproximate)  GER ZHU  lease Print)
INSPECTOR'S SIGNATURE: Kozer Shu	PHONE NUMBER: (813) 272-5530  of

Fold at line over top of envelope to	MPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X Agent Addressee  Addressee
1. Article Addressed to:  10 AIRS ID # 0571083001AG SAL SPERLAZZA PRESTIGE CLEANERS AND LAUNDRY	If \$3, enter beliv by hiddress below: No
7509 W HILLSBOROUGH AVE TAMPA FL 33615	3. Service Typeur Moni Potess Mail Registered Geseturn Receipt for Merchandise Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)  2 2 10 663 220	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

## x 570 PP3 550 **US Postal Service Receipt for Certified Mail** No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 0571083001AG SAL SPERLAZZA PRESTIGE CLEANERS AND LAUNDRY 7509 W HILLSBOROUGH AVE TAMPA FL 33615 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date \$ S







# This portion must be attached to remittance for proper handling 400105

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0571083 PRESTIGE CLEANERS AND LAUNDRY SAL SPERLAZZA 7509 W HILLSBOROUGH AVE TAMPA FL 33615

Mobile Sources Fund: 20-2-03500 Cobj.: 002273

Z

CLEANERS & LAUNDRY DIVISION OF PRESTIGE LAUNDRY SERVICE CORPORATION

26069

Dept of Emviromental Protection

Invoice No

Date Amount Discount Net Amount

2600 Blair Stone Rd

Annual Operations Fee

12/09

50,00

DATE 12/09/00

Tallahassee FL 32399-2405

TOTAL =

\$50.00



### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300337

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

## **TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID#0571083

PRESTIGE LAUNDRY SERVICE CORP SAL SPERLAZZA 7509 W HILLSBOROUGH AVE TAMPA FL 33615

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO; B1

Fund: 20-2-035001 Obj.: 002273

1	CLEANERS & LAUNDRY DIVISION OF PREST	IGE LAUNDRY SERVICE CORPO	PRATION			2336	3
Ì	DEPARTMENT OF ENVIRONMENTAL PROTECTION	Invoice No	Date	Amount	Discount	Net Amount	
{		AIRS ID#0571083	1/98			ı	
Į			01/13	50.00	0.00	50.00	
ĺ							
١	DATE			ATOT	L =	\$50.00	
Į	01/13/98						

on the reverse side?	Of adolarua to dof Jaro ault to plod  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 card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered an delivered.	e can return this se does not e number.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.		
ADDRESS completed	AIRS ID#: 0571083 PRESTIGE LAUNDRY SERVICE CORP SAL SPERLAZZA 7509 W HILLSBOROUGH AVE TAMPA FL 33615	4b. Service Type  Registered Express Mail Return Receipt for Merchandise  COD  7. Date of Delivery			
Is your RETURN	5. Received By: (Print Name)  6. Signature: (Addressee of Agent)  X  PS Form 3811, December 1994	8. Addresses and fee is	P's Address (Only if requested paid)  Domestic Return Receipt		

: 1 - . -

	. <b>"P</b>	265	30E	2	148	
Ì	No Insura	pt for	erage F	Prov	ed Mail vided. Mail (See reverse)	
SA 75	L SPER	LAUND RLAZZA LLSBOR	RY SE	RV	0571083 ICE CORP	
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	Special De	elivery Fee				]
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1995		ceipt Show				]
April		eipt Showing t ressee's Addr				
800,	TOTAL P	ostage & Fe	es	\$	_	
'S Form <b>3800</b> , April 1995	Postmark		-//	4	197	

## 3

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262043

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RECEIVED MAIL ROOM

**TOTAL AMOUNT DUE: \$50.00** 

FEB 28 97

Do NOT Remove Label

AIRS ID# 0571083

PRESTIGE LAUNDRY SERVICE CORP SAL SPERLAZZA 7509 W HILLSBOROUGH AVE TAMPA FL 33615 FOR GOVERNMENT USE ONLY

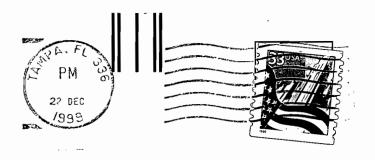
Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

{	CLEANERS & LAUNDRY DIVISION OF PREST	IGE LAUNDRY SER	VICE CORF	PORATION	-			2257	0
{	DEPARTMENT OF ENVIRONMENTAL PROTECTION	Invoic	e No	Date	Amount	Discount	Net	Amount	
	ENVIRONMENTAL PROTECTION	FEBRUARY	1997	02/25	50.00	0.00		50.00	
					TOTAL	 , =		 \$50.00	

DATE 02/25/97

PRESTYR Ldy Senie 7509 W. HillsBoacyh Av. TAMPA, Fl. 33615



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

32315-3070

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

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

CHECK NUMBER 00025165

AIRS ID # 0571083 PRESTIGE CLEANERS AND LAUNDRY SAL SPERLAZZA 7509 W HILLSBOROUGH AVE **TAMPA FL 33615** 

FOR GOVERNMENT USE ONLY Org.: 37550101000 EQ; B1 Fund: 20-2-035001

Obj.: 002273

CLEANERS & LAUNDRY DIVISION OF PRESTIG	GE LAUNDRY SERVICE CORPO	PRATION				25165
DEPT OF ENVIROMENTAL PROTECTION	Invoice No	Date	Amount	Discount	Net	Amount
2600 BLAIRSTONE RD MS4525 TALLAHASEE FL 32399-2405	AIRS ID#0571083	12/99 12/20	50.00	0.00		50.00
DATE 12/20/99			TOTA	L =		\$50.00

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** 

Do NOT Remove Label

**TAMPA FL 33615** 

AIRS ID # 0571083 PRESTIGE CLEANERS AND LAUNDRY SAL SPERLAZZA 7509 W HILLSBOROUGH AVE

FOR GOVERNMENT US Org.: 37550101000 EQ: B Fund: 20-2-035001 Obj.: 002273

CLEANERS & LAUNDRY DIVISION OF PRESTIGE LAUNDRY SERVICE CORPORATION

24176

DEPARTMENT OF ENVIRONMENTAL PROTECTION Invoice No

Discount Net Amount Amount

ANNUAL DUES

12/14

Date

50.00

TOTAL =

0.00

50.00

DATE 12/14/98 Ours 10# 0571083

\$50.00