

# Department of Environmental Protection

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

March 3, 1998

Mr. Leroy Shelton Hillsborough County Environmental Protection Commission 1410 North 21 Street Tampa, Florda 33605

#0571107

Dear Mr. Shelton:

MAR 8 8 1088

PKCK/LK JO 599

EPO MINO AMBINANACEMENT

One requirement for a facility to maintain its eligibility for the Title V Air General Permit is the submittal of an Annual Compliance Certification to the Department. This year, the certifications were sent to each active facility along with the annual invoices. The certification form is provided as an aid in submitting the statement of compliance.

Upon review of the Title V Air General Permit Annual Compliance Certifications recently submitted by the facilities, discrepancies were found. The discrepancies involve the Annual Reporting Period dates and/or the Responsible Official certification.

For the Annual Reporting Period, the "ending date" should be the date the annual certification is being completed. The annual reporting period should extend from the "ending date" back 10-12 months to the most recent of these three "beginning dates": the permit notification effective date, the inspection date, or the annual certification date. Annual Compliance Certification forms are designed to certify compliance for a "past" period of time. They cannot be used to certify compliance for future dates, that is, beyond the date the certification form is completed. The Responsible Official certification must be signed by the same person who signed as the responsible official on the notification form for that facility.

Please review the enclosed Annual Compliance Certification forms for your area and have them corrected during your scheduled annual inspections. Once the forms are corrected, send them to my attention in the Title V Air General Permit section, mail station 5510. If there are any questions concerning this matter, feel free to call me at 850/921-9586 or Suncom 291-9586.

omegacity,

Rick Butler

Bureau of Air Montoring and Mobile Sources

CRB/

| DRY CLEANER AIR QUALITY GENERAL PERM   |   |
|--|---|
| ANNUAL COMPLIANCE CERTIFICATION FORM   |   |
| AIRS ID#0571107  RIO CLEANERS INC SHARON TRASOFRAS 4035 W HILLSBOROUGH AVE TAMPA FL 33614  Do NOT Remove Label   | MAR 3 0 1998  Bureau of Air Monitoring & Mobile Sources |
| Annual Reporting Period:  GCEMBER 19, 1996  TANUAL  Based on each term or condition of the Title V general air permit, my facility has remained in compliance with 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES   | 19 <u>98</u><br>49,1998                                 |
| 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:   | 0 ROD   |
| Method used to demonstrate compliance:   |   |
| #2. Term or condition of the general permit that has not been in continuous compliance during the reporting  | period stated above:                                    |
| Exact period of non-compliance: from   RECEIVE  to   |   |
| Action(s) taken to achieve compliance: JAN 2 2 1998  |   |
| Method used to demonstrate compliance:  Bureau of Air Monitoring  & Mobile Sources   | <u> </u>  |
| As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based a does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination of the second seco | upon purchase receipts,                                 |

<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.

#### **COMMISSION**

DOTTIE BERGER
JOE CHILLURA
CHRIS HART
JIM NORMAN
JAN PLATT
THOMAS SCOTT
ED TURANCHIK

#### **EXECUTIVE DIRECTOR**

ROGER P. STEWART



ADMINISTRATIVE OFFICES, LEGAL & WATER MANAGEMENT DIVISION 1900 - 9TH AVENUE TAMPA, FLORIDA 33605 TELEPHONE (813) 272-5960 FAX (813) 272-5157

AIR MANAGEMENT DIVISION TELEPHONE (813) 272-5530

WASTE MANAGEMENT DIVISION TELEPHONE (813) 272-5788

WETLANDS MANAGEMENT DIVISION TELEPHONE (813) 272-7124

March 23, 1998

Sharon Trasofras Rio Cleaners 4035 W. Hillsborough Ave. Tampa, FL 33614

Dear Sir:

We recently received the enclosed letter from the Florida Department of Environmental Protection (FDEP) concerning your Annual Compliance Certification, also enclosed. As pointed out by FDEP, you need to make the following corrections to the form:

The dates on your form were not filled in properly. According to our records, the correct dates should be December 19, 1996, the effective date of your permit notification, to January 9, 1998, the date you signed the form.

Once you have made the above corrections, please mail the form back to:

Title V Air General Permits
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400
Attention: Rick Butler

If you have any questions, please call Rick Butler at (850)-921-9586.

Sincerely,

Roger Zhu

Air Toxics Engineer

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Revised 10/96

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION:                       | ANNUAL 🔀 CO   | OMPLAINT/DISCOVERY RE-INSPECTION  |
|---|---|---|
| TIME IN: () = 20                          | TIME OUT: 10  | AIRS ID#: 57/107  |
| TYPE OF FACILITY:                         | PERC DRY CLEAN  |   |
| FACILITY NAME:                            | RIO CLEANERS  | DATE: 4/22/79   |
| FACILITY LOCATION:                        | 4035 W. HLLSBOA   |   |
|   | TAMPA, FL 3361  |   |
| RESPONSIBLE OFFICIAL:                     | SHARON TRASOFICAS   | PHONE NUMBER: (813) 884 - 4854  |
|   | of the compliance requirements eva<br>P Rule 62-213.300, Florida Admini | duated during this inspection, the facility is found to be in strative Code (F.A.C.). |
| Based on the results discrepancies were n |   | duated during this inspection, the following compliance                               |
| COMPLIANCE RE                             | QUIREMENT/PROBLEM   | FOLLOW-UP ACTION REQUIRED   |
|   |   |   |
|   |   |   |
|   |   | 16-   |
|   |   | `C <sub>\$</sub>  |
|   |   | Su Mar  |
|   |   | Surcesus 18 1998 P.D.   |
|   |   | Rufer 1 8 1998 ED   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   | •   |   |
| COMMENTS:                                 |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
| The Annual Compliance Certi               | fication form has been properly cert                                    | infied and submitted to the inspector. YES NO $\mathcal{N}/\mathcal{N}$               |
| DATE OF NEXT INSPECTI                     | ION:  | YEAR  |
|   | ( <b>A</b>  | pproximate)   |
| INSPECTION CONDUCTE                       | D BY:   | DGER ZHU  |
| INSPECTOR'S SIGNATUR                      | E: Keriti Min   | Please Print)  PHONE NUMBER: (813) 272 -5530  |

Page of .

# PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST TON: ANNUAL SI COMPLAINT/DISCOVERY COMPLIANCE INSPECTION C

| T | YP | E | 0 | F | IN | SP | E | C | T. | Ю | N | l: |
|---|----|---|---|---|----|----|---|---|----|---|---|----|
|---|----|---|---|---|----|----|---|---|----|---|---|----|

| AIRS ID#: 571107  FACILITY NAME: | DATE: 4/22/98<br>RIO CLEANE | TIME IN: 9:00   | TIME OUT: 10 = 00 |
|----------------------------------|-----------------------------|-----------------|-------------------|
| FACILITY LOCATION:               | 4035 W. Hi                  |                 | AVE               |
| _                                | TAMPA, FL                   |                 |                   |
| RESPONSIBLE OFFICIA              | L: SHARON TRASO             | OFRAS PHONE: (8 | 13) 884 -4854     |
| CONTACT NAME:                    | SAME                        | PHONE:          | SAME              |

| PART I: NOTIFICATION                                    |     |  |
|---|-----|--|
| (check appropriate box)                                 |     |  |
| 1. New facility notified DARM 30 days prior to startup  | N/A |  |
| 2. Facility failed to notify DARM to use general permit |     |  |

| PART II: CLASSIFICATION  |  |
|--|--|
| Facility indicated on notification form that it is: (check appropriate box)  A.  | ☐ No notification form ☐ Drop store/out of business/petroleum  |
| 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  | 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  |
| 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ 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 □N □Can not determine   |
| If no, please check the appropriate classific SA facility qualified for a ger facility exceeds above lim   |  |
| B. The total quantity of perchloroethylene (perc) pure facility was <u>AO</u> gallons.   | urchased within the preceding 12 months by this dry cleaning   |

| PART III: GENERAL CONTROL REQUIREMENTS   |                   |
|--|-------------------|
| Is the responsible official of the dry cleaning facility: (check appropriate boxes)  |                   |
| 1. Storing perchloroethylene in tightly sealed and impervious containers?  | DY DN SAMA        |
| 2. Examining the containers for leakage?   | OY ON DIVA        |
| 3. Closing and securing machine doors except during loading/unloading?   | MD AM             |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  | AND NO AND        |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber   |                   |
| beds according to the manufacturer's specifications?   | OY ON DIN/A       |
| DART W. DROCESS WINT CONTROLS  |                   |
| 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 refri<br>(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 mutinstalled prior to September 22, 1993 | _                 |
| If classification 4 has been checked, the machine should be equipped with a refri (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?   | AA ON             |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?   | MA DN DN/A        |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?   | XY ON ON/A        |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?   | ADY DN            |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?   | AY ON ON/A        |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?   | AY 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 local on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  | ated OY ON |
| Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?   | □Y □N □N/A |
| Is the temperature differential equal to or greater than 20° F?  | 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?   | □Y □N □N/A |
| Is the perc concentration equal to or less than 100 ppm?   | □Y □N □N/A |
| 4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? | OY ON ON/A |
| of expansion, and downstream from no other miet:   | di di diva |
| 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?   | □Y □N □N/A |

| PART V: RECORDKEEPING REQUIREMENTS  |                     |
|---|---------------------|
| Has the responsible official: (check appropriate boxes)   |                     |
| 1. Maintained receipts for perc purchased?  | XY DN               |
| 2. Maintained rolling monthly averages of perc consumption?   | □Y ØN               |
| 3. Maintained leak detection inspection and repair reports for the following:   |                     |
| a. documentation of leaks repaired w/in 24 hrs? or;   | □y □n <b>þ</b> án/a |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days<br>and parts installed w/in 5 days of receipt? | OY ON MON/A         |
| 4. Maintained calibration data? (for applicable direct reading instruments)   | DY DN DNA           |
| 5. Maintained exhaust duct monitoring data on perc concentrations?  | □Y □N ŒN/A          |
| 6. Maintained startup/shutdown/malfunction plan?  | <b>A</b> Y □N       |
| 7. Maintained deviation reports?  | ØY □N □N/A          |
| Problem corrected?  | KÓY □N □N/A         |
| 8. Maintained compliance plan, if applicable?   | A/NA NO YO          |

| PART VI: LEAK DETECTION AND R                 | EPAIRS  |                                       |                   |  |
|---|---|---------------------------------------|-------------------|--|
| 1. Does the responsible official conduct a    | weekly (for smal  | Il sources, bi-weekly) leak detection | and repair        |  |
| inspection?                                   |   |                                       | por □n            |  |
| 2. Has the facility maintained a leak log?    |   |                                       | ØY □N             |  |
| 3. Does the responsible official check the f  | ollowing areas f  | or leaks?                             | •                 |  |
| Hose connections, fittings,                   | d.,   |                                       |                   |  |
| couplings, and valves                         | MO NO Y   | /A Muck cookers                       | ÖA □N □N\∀        |  |
| Door gaskets and seating                      | DA ON ON  | /A Stills                             | ĎY □N □N/A        |  |
| Filter gaskets and seating                    | MY ON ON  | /A Exhaust dampers                    | DY ON ON/A        |  |
| Pumps   | אם אם צוק   | /A Diverter valves                    | MY ON ON/A        |  |
| Solvent tanks and containers                  | אם אם צאָ   | A Cartridge filter housing            | gs OY ON ON/A     |  |
| Water separators                              | MY ON ON  | 'A .                                  |                   |  |
| 4. Which method of detection is used by th    | e responsible of  | ficial?                               |                   |  |
| Visual examination (condensed so              | vent on exterior  | surfaces)                             | Ä                 |  |
| Physical detection (airflow felt thro         | <b>(3</b> )   |                                       |                   |  |
| Odor (noticeable perc odor)                   | ρ <u>ά</u> .  |                                       |                   |  |
| Use of direct-reading instrumentation         |   |                                       |                   |  |
| Halogen leak detector                         |   |                                       |                   |  |
| If using direct-reading instru                | ΣΣΝ/A   |                                       |                   |  |
| a. Capable of detecting pe                    | QY QN   |                                       |                   |  |
| b. Calibrated against a state (PID/FID only)? | indard gas prior  | to and after each use                 | OY ON             |  |
| c. Inspected for leaks and                    | obvious signs o   | f wear on a weekly basis?             | DY DN             |  |
| d. Kept in a clean and sec                    | ure area when n   | ot in use?                            | OY ON             |  |
| e. Verified for accuracy by                   | e. Verified for accuracy by use of duplicate samples (calorimetric only)? |                                       |                   |  |
|   |   |                                       |                   |  |
|   |   | •                                     |                   |  |
| ROGER ZHU                                     | í   | 4/22                                  | <i> 98</i>        |  |
| Inspector's Name (Please Print)               |   | Date of Insp                          | pection           |  |
| Cit Ahn                                       | ~   | 1 YE                                  | AR                |  |
| Inspector's Signature Approximate Date of I   |   |                                       | f Next Inspection |  |

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUN FACILITY: Rio Cleaners FACILITY ADDRESS: 4035 W. Hillsborough Ave. PHONE: MAILING ADDRESS: Same CITY: Tampa FLA TIME OUT: INSPECTION DATE: TIME IN: INSPECTION TYPE: 9:00 10:00 non-CDS Apr 22, 1998 NEDS NUMBER: 571107 Perc Dry Cleaner SOURCE DESCRIPTION: Sharon Trasofras CONTACT(S): Today's visit was to conduct the annual inspection. The dry cleaning machine is the same one noted in the last inspection and the serial number for this machine is 45-E3-36-1. The machine was in operation today. No odors or leaks were noticed. Ms. Trasofras had only one purchase of 40 gallons of perc over the last 12 months. She has logged the temperature and the leak inspection every two weeks. However, she started to record the temperature readings in Jan. 1998 since she got the Compliance Calendar from us and every temperature reading before that time was just simply checked as "OK". Now she understands that the temperature shall be recorded as required. Her leak log also indicated that a door seal was replaced in Dec, 1997. She does have the owners manual kept on site which includes a startup, shutdown and malfunction plan. INSPECTED BY: Roger Zhu DATE: Apr 22, 1998

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

AIRS ID#0571107

RIO CLEANERS INC SHARON TRASOFRAS 4035 W HILLSBOROUGH AVE **TAMPA FL 33614** 

|   | D0 <u>NOT</u> 1            | Remove Label      |                              |                       |
|---|----------------------------|-------------------|------------------------------|-----------------------|
| Annual Reporting Period:  | 1                          | 998 то            | SCE MBER                     | 19 92                 |
| Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.  |                            | -                 | <del>}</del>                 | DEP Rule              |
| If NO, complete the following:  |                            |                   |                              |                       |
| #1. Term or condition of the general permit   | that has not been in conti | inuous compliar   | nce during the reporting p   | eriod stated above:   |
| Exact period of non-compliance: from  |                            |                   | to                           | FAIL R                |
| Action(s) taken to achieve compliance:  | ,                          |                   |                              | 5 0E                  |
| Method used to demonstrate compliance:  |                            |                   |                              |                       |
| #2. Term or condition of the general permit t   | hat has not been in conti  | nuous complian    | nce during the reporting p   | eriod stated above:   |
| Exact period of non-compliance: from  | REC                        | EIVE              | 0                            |                       |
| Action(s) taken to achieve compliance:  | JAN                        | 2 2 1998          |                              |                       |
| Method used to demonstrate compliance:  |                            | Air Monitorin     | g                            |                       |
| As the responsible official, I hereby certify, based notification are true, accurate and complete. Fu does not exceed 2,100 gallons per year for dry-to RESPONSIBLE OFFICIAL: | rther, my annual consump   | otion of perchlor | oethylene solvent, based upo | on purchase receipts, |
|   |                            |                   |                              |                       |

<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 COM  | PLAINT/DISCOVERY RE-INSPECTION                        |
|---|---|
| TIME IN: 14:00 TIME OUT: 16-<br>TYPE OF FACILITY: PERC DRY CLEAN  |   |
| FACHITY NAME: RIO CLEANERS  | DATE: 6/2/99  |
| FACILITY LOCATION: 4035 W. HILLSBOR<br>TAMPA, FL 336  | OUGH AVE  |
| RESPONSIBLE OFFICIAL: SHARON TRASOFRA   | (0.2) 854 4054  |
| RESPONSIBLE OFFICIAL: SHARDN / RASOFRA  | 5 PHONE NUMBER: (813) 884 - 4854                      |
| Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra |   |
| Based on the results of the compliance requirements evaluation discrepancies were noted:                              | ated during this inspection, the following compliance |
| COMPLIANCE REQUIREMENT/PROBLEM  | FOLLOW-UP ACTION REQUIRED                             |
|   | BE EN   |
|   | JUL 1 3  Reau of Air & Mobile                         |
| ·   | 5 1999<br>Sources                                     |
| ·   | s orir e  |
|   |   |
|   | ч.  |
|   |   |
| COMMENTS:   | •   |
| <u> </u>  |   |
| The Annual Compliance Certification form has been properly certification form has been properly certification.        | ified and submitted to the inspector. YES NO          |
| DATE OF NEXT INSPECTION: (Ap  | pproximate)   |
| INSPECTION CONDUCTED BY:  | lease Print)  |
| INSPECTOR'S SIGNATURE: / / / /  | I FROME NUMBER.                                       |
| Page_/  | of Revised 10/96                                      |

AND

AIRS ID#: 571107\_\_\_\_

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| FACILITY NAME:  | RIO C                                    | LEANER              | .5                       |                     | _DATE: _     | 6/2/9                        | 9          |
|---|--|---------------------|--------------------------|---------------------|--------------|------------------------------|------------|
| FACILITY LOCATION:  | 4035                                     | W. HILL             | 5<br>5BOROVGH<br>33614   | WE                  |              | ı                            |            |
| -   | TAMPI                                    | , PL                | 33614                    |                     |              | -                            |            |
|   |  |                     |                          |                     |              | _                            |            |
| Annual Reporting Period:  | Jan                                      | 9                   | 19 <u>98</u> то          | Juhe                | Z            | 19_                          | <b>9</b> 5 |
| Based on each term or condi   | ition of the Title                       | V general air pern  | nit, my facility has rem | ained in compliance | y with DEP   | Rule                         |            |
| 62-213.300, Florida Admini  | istrative Code (F.                       | A.C.), during the   | period covered by this   | statement.          | és [         | Пoи                          |            |
| If NO, complete the following   | ng:                                      |                     |                          |                     |              | m                            | · 7        |
|   |  |                     |                          |                     | Oa           | 3ure                         |            |
| #1. Term or condition of the  | e general permit                         | that has not been i | in continuous compliai   | ice during the repo | rung period  | Eated Cabov                  | re:        |
|   |  |                     |                          |                     | bile         | գ <u>'</u><br><del>≥ →</del> |            |
| Exact period of non-complia   | ance: from                               |                     |                          | to                  | Soc          | ~ <b>~</b>                   |            |
| •   | •  |                     |                          |                     | Sources      | 5 1999<br>Monitor            |            |
| Action(s) taken to achieve of   | ompliance:                               |                     |                          |                     | · s          | <del>7</del>                 |            |
| Method used to demonstrate  | compliance:                              |                     |                          |                     |              |                              |            |
| #2. Term or condition of the  | e general permit                         | that has not been   | in continuous complia    | nce during the repo | rting period | stated abov                  | ve:        |
| <del>.</del>  |  | <u>.</u>            |                          |                     | <u></u>      |                              |            |
| Exact period of non-complia   | ance: from                               |                     |                          | to                  |              |                              |            |
| Action(s) taken to achieve c  | ompliance:                               |                     |                          |                     |              |                              |            |
| Method used to demonstrate  | e compliance:                            |                     | . <u> </u>               | ·                   |              |                              |            |
| As the responsible official, is<br>made in this notification are<br>upon rolling averages of pu<br>year for transfer or combind | e true, accurate d<br>rchase receipts, d | ınd complete. Fur   | ther, my annual consu    | mption of perchlor  | oethylene so | olvent, base                 | :d         |
| RESPONSIBLE OFFICIA   | <del></del>                              | ne (Please Print)   | 5/                       | Signature           |              | 6/3/4<br>Date                | 39.        |

<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.

Б

#### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION:  | ANNUAL   | Z  | COMPLAINT/O   | g<br>COMERV<br>S |             |
|--|--|--|---|------------------|-------------|
| TIPE OF INSPECTION:  | RE-INSPECTION  | <b>v≃</b>  | COMPLAINT/DI  | SCOVERI          | <del></del> |
|  |  | _  |   | ,                | 5 is        |
| AIRS ID#: 571107   | DATE: 6/2/99   | TIME   | N. 14:00 7  | TMF OUT          | 990<br>onig |
| FACILITY NAME:   | RID CLEANE   | 1  | •   | MIL OUI.         | ng g        |
|  |  |  |   |                  |             |
| FACILITY LOCATION:   |  |  |   | <u> </u>         | ·           |
| _  | TAMPA, FL  | _ 336  | 14  |                  |             |
| RESPONSIBLE OFFICIA  | L: SHARON TRA  |  |   | •                | 4854        |
| CONTACT NAME:  | SAME   |  | _PHONE:   | SAME             |             |
| <u> </u>   |  | -  |   | •                |             |
| PART I: NOTIFICATION   | ٠  |  |   |                  |             |
| (check appropriate box)  | :  |  |   |                  |             |
| 1. New facility notified DAI   | RM 30 days prior to startup  | )  | A/N   |                  | - 🗖         |
| 2. Facility failed to notify D   | ARM to use general permi   | t  |   |                  | ٥           |
|  |  |  |   |                  |             |
|  |  |  |   |                  |             |
| PART II: CLASSIFICAT   | ION  |  |   |                  |             |
| Facility indicated on notifi-  |  |  | ☐ No notification   |                  |             |
|  |  | -  | ☐ No notification ☐ Drop store/out  |                  | petroleum   |
| Facility indicated on notific (check appropriate box)  A.  1. Existing small area s  | cation form that it is:  | New small  | ☐ Drop store/out  |                  | petroleum   |
| Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140   | cation form that it is:  source  | ry-to-dry only   | ☐ Drop store/out  area source , x < 140 gal/yr  |                  | petroleum   |
| Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140 transfer only, x < 200 ga   | cation form that it is:  source  | ry-to-dry only<br>ansfer only, x   | □ Drop store/out  area source , x < 140 gal/yr < 200 gal/yr   |                  | petroleum   |
| Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140   | cation form that it is:  source  | ry-to-dry only ansfer only, $x$ oth types, $x <$   | □ Drop store/out  area source , x < 140 gal/yr < 200 gal/yr   |                  | petroleum   |
| Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140 transfer only, x < 200 ga both types, x < 140 gal/y   | cation form that it is:  source   gal/yr   tr  tr  tr  (91)  | ry-to-dry only ansfer only, $x$ oth types, $x <$   | Drop store/out  area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)  |                  | petroleum   |
| Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140 transfer only, x < 200 ga both types, x < 140 gal/y (constructed before 12/9/  3. Existing large area s dry-to-dry only, 140 ≤ x  | cation form that it is:  source  | ry-to-dry only<br>ansfer only, x<br>oth types, x <<br>constructed or<br>New large:<br>ry-to-dry only   | Drop store/out  area source , x < 140 gai/yr < 200 gai/yr 140 gai/yr or after 12/9/91)  area source , 140 ≤ x ≤ 2,100 gai   | of business/p    | petroleum   |
| Facility indicated on notific (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 transfer only, x < 200 gas both types, x < 140 gal/y (constructed before 12/9/  3. Existing large area so dry-to-dry only, 140 ≤ x transfer only, 200 ≤ x ≤ 100 transfer only, 200 transfer only, 200 ≤ x ≤ 100 transfer only, 200 transfer only, 200 transfer only, 200 transfer only, 200 ≤ x ≤ 100 transfer only, 200 | cation form that it is:  source □ 2. gal/yr dr l/yr tr r bc /91) (c) source □ 4. ≤ 2,100 gal/yr dr 1,800 gal/yr tr   | ry-to-dry only ansfer only, x oth types, x < constructed or New large : ry-to-dry only ansfer only, 2  | ☐ Drop store/out  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 140 ≤ x ≤ 1,800 gal/yr   | of business/p    | petroleum   |
| Facility indicated on notific (check appropriate box)  A.  1. Existing small area s dry-to-dry only, x < 140 transfer only, x < 200 ga both types, x < 140 gal/y (constructed before 12/9/  3. Existing large area s dry-to-dry only, 140 ≤ x  | cation form that it is:  source □ 2. gal/yr dr l/yr tr  r bc /91) (c  source □ 4. ≤ 2,100 gal/yr dr 1,800 gal/yr tr  800 gal/yr bc   | ry-to-dry only ansfer only, x oth types, x < constructed or New large: ry-to-dry only ansfer only, 2 oth types, 140  | Drop store/out  area source , x < 140 gai/yr < 200 gai/yr 140 gai/yr or after 12/9/91)  area source , 140 ≤ x ≤ 2,100 gai   | of business/p    | petroleum   |
| Facility indicated on notific (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 transfer only, x < 200 gas both types, x < 140 gal/y (constructed before 12/9/)  3. Existing large area so dry-to-dry only, 140 ≤ x transfer only, 200 ≤ x ≤ both types, 140 ≤ x ≤ 1,8   | cation form that it is:  source □ 2. gal/yr dr l/yr tr r bc /91) (c  source □ 4. ≤ 2,100 gal/yr dr 1,800 gal/yr tr 300 gal/yr bc (91) (c)  | ry-to-dry only ansfer only, x oth types, x < constructed or New large: ry-to-dry only ansfer only, 2 oth types, 140  | ☐ Drop store/out  area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)  area source , 140 ≤ x ≤ 2,100 gal/y ≤ x ≤ 1,800 gal/yr  | of business/p    | petroleum   |
| Facility indicated on notific (check appropriate box)  A.  1. Existing small area is dry-to-dry only, x < 140 transfer only, x < 200 gas both types, x < 140 gal/y (constructed before 12/9/  3. Existing large area is dry-to-dry only, 140 \le x transfer only, 200 \le x \le both types, 140 \le x \le 1,8 (constructed before 12/9/  5. This is a correct facility on the please check   | cation form that it is:  source 2. gal/yr dr l/yr tr r bc (91) (c) source 4. ≤ 2,100 gal/yr dr 1,800 gal/yr tr 300 gal/yr bc (91) (c) ty classification  | ry-to-dry only ansfer only, x oth types, x < constructed on New large: ry-to-dry only ansfer only, 2 oth types, 140 constructed or Y \bigcup N \bi | Drop store/out  area source  , x < 140 gal/yr  < 200 gal/yr  140 gal/yr  or after 12/9/91)  area source  , $140 \le x \le 2,100$ gal/ $y$ $\le x \le 1,800$ gal/yr  or after 12/9/91)  Can not determ       | of business/p    | petroleum   |
| Facility indicated on notific (check appropriate box)  A.  1. Existing small area is dry-to-dry only, x < 140 transfer only, x < 200 gas both types, x < 140 gal/y (constructed before 12/9/  3. Existing large area is dry-to-dry only, 140 ≤ x transfer only, 200 ≤ x ≤ both types, 140 ≤ x ≤ 1,8 (constructed before 12/9/  5. This is a correct facility of the property o | cation form that it is:  source 2. gal/yr dr l/yr tr r bc /91) (c)  source 4. < 2,100 gal/yr dr 1,800 gal/yr tr 800 gal/yr bc /91) (c)  ty classification  the appropriate classification cality qualified for a general | ry-to-dry only ansfer only, x oth types, x < constructed on New large: ry-to-dry only ansfer only, 2 oth types, 140 constructed or Y \bigcup \ | Drop store/out  area source  , x < 140 gal/yr  < 200 gal/yr  140 gal/yr  or after 12/9/91)  area source  , 140 $\leq$ x $\leq$ 2,100 gal/yr $\leq$ x $\leq$ 1,800 gal/yr  or after 12/9/91)  Can not determ | al/yr yr  nine   | petroleum   |
| Facility indicated on notific (check appropriate box)  A.  1. Existing small area is dry-to-dry only, x < 140 transfer only, x < 200 gas both types, x < 140 gal/y (constructed before 12/9/  3. Existing large area is dry-to-dry only, 140 ≤ x transfer only, 200 ≤ x ≤ both types, 140 ≤ x ≤ 1,8 (constructed before 12/9/  5. This is a correct facility of the property o | cation form that it is:  source 2. gal/yr dr l/yr tr r bc (91) (c) source 4. ≤ 2,100 gal/yr dr 1,800 gal/yr tr 300 gal/yr bc (91) (c) ty classification  | ry-to-dry only ansfer only, x oth types, x < constructed on New large: ry-to-dry only ansfer only, 2 oth types, 140 constructed or Y \bigcup \ | Drop store/out  area source  , x < 140 gal/yr  < 200 gal/yr  140 gal/yr  or after 12/9/91)  area source  , 140 $\leq$ x $\leq$ 2,100 gal/yr $\leq$ x $\leq$ 1,800 gal/yr  or after 12/9/91)  Can not determ | al/yr yr  nine   | petroleum   |

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

| B. Has the responsible official of an existing large or new large area source also:  |            |
|--|------------|
| Measured and recorded the exhaust temperature on the outlet side of the condenser location on dry-to-dry, reclaimer, and dryer machines on a weekly basis?   | ated OY ON |
| 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,  | ·          |
| 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?  | OY ON ON/A |
| 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)   |            |
| Maintained receipts for perc purchased?   | MY DN      |
| 2. Maintained rolling monthly averages of perc consumption?   | N□ YÞ      |
| 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 |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days<br>and parts installed w/in 5 days of receipt? | OY ON \$MA |
| 4. Maintained calibration data? (for applicable direct reading instruments)   | OY ON MANA |
| 5. Maintained exhaust duct monitoring data on perc concentrations?  | DY DN MANA |
| 6. Maintained startup/shutdown/malfunction plan?  | MY DN      |
| 7. Maintained deviation reports?  | OY ON MANA |
| Problem corrected?  | OY ON ₹N/A |
| 8. Maintained compliance plan, if applicable?   | OY ON ØN/A |

| P        | PART VI: LEAK DETECTION AND REPAIRS  |               |                      |                           |             |             |
|----------|--|---------------|----------------------|---------------------------|-------------|-------------|
| 1.       | 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair |               |                      |                           |             |             |
|          | inspection?  |               |                      |                           | XY          | ΠИ          |
| 2.       | Has the facility maintained a leak log?  |               |                      |                           | ÅΥ          | □и          |
| 3.       | Does the responsible official check the  | following     | g areas for leaks?   |                           |             |             |
|          | Hose connections, fittings, couplings, and valves  | <b>Ż</b> ŶY □ | IN □N/A              | Muck cookers              | <b>≱</b> Y  | □N □N/A     |
|          | Door gaskets and seating   | <b>Ø</b> Y □  | IN □N/A              | Stills                    | <b>M</b> Y  | □N □N/A     |
|          | Filter gaskets and seating   | ALY C         | IN □N/A              | Exhaust dampers           | <b>M</b> Y  | □N □N/A     |
|          | Pumps  | <b>A</b> Y □  | IN □N/A              | Diverter valves           | XY          | □N □N/A     |
|          | Solvent tanks and containers   | <b>ķ</b> iy ⊏ | IN □N/A              | Cartridge filter housings | фY          | □N □N/A     |
|          | Water separators   | <b>M</b> Y □  | ON □N/A              |                           |             |             |
| 4.       | Which method of detection is used by   | the respon    | nsible official?     |                           |             |             |
|          | Visual examination (condensed solvent on exterior surfaces)  |               |                      |                           | <b>∤</b> a  | ·           |
|          | Physical detection (airflow felt through gaskets)  |               |                      |                           | Þ           |             |
|          | Odor (noticeable perc odor)  |               |                      |                           | à           |             |
|          | Use of direct-reading instrument   | ation (FII    | D/PID/calorimetric   | tubes)                    |             |             |
|          | Halogen leak detector  |               |                      |                           |             |             |
|          | If using direct-reading instr  | rumentat      | ion, is the equipm   | ent:                      | <b>⊠</b> N/ | 'A          |
|          | a. Capable of detecting  | perc vapo     | or concentrations in | a range of 0-500 ppm?     | ПY          | □N          |
|          | b. Calibrated against a (PID/FID only)?  | standard .    | gas prior to and aft | er each use               | ΟY          | □N          |
|          | c. Inspected for leaks a   | nd obviou     | is signs of wear on  | a weekly basis?           | ΩY          | □N          |
|          | d. Kept in a clean and   | secure are    | a when not in use?   |                           | ΠY          | □N          |
|          | e. Verified for accuracy   | by use of     | f duplicate samples  | (calorimetric only)?      | ΠY          | □и          |
|          |  |               |                      |                           |             |             |
| <b>-</b> |  |               |                      | <del></del>               |             | <del></del> |
|          |  |               |                      |                           |             |             |
|          | ROGER ZH   | W             |                      | 6/2/                      | 199         | 7           |
| _        | Inspector's Name (Please Pri   | int)          |                      | Date of Inspe             | ction       | .:          |
| _        | Rose M   | Shu           |                      | ( Y                       | CA          | <u></u>     |
|          | Torres and Circumstance  |               |                      | A orimate Data of         | NIas +      | Increation  |

| ENVIRO                  | NMENTAL PROT    | INSPECTION RE   |                | SBOROUGH (            | COUNT | <del></del><br>ГҮ |           |
|-------------------------|-----------------|-----------------|----------------|-----------------------|-------|-------------------|-----------|
| FACILITY: Rio Cleane    |                 |                 |                | PAGE                  | 1     | OF                | 1         |
| FACILITY ADDRESS:       | 4035 W. Hills   | sborough Ave.   |                | CITY: Tar<br>PHONE: ( | -     |                   |           |
| MAILING ADDRESS:        | Same            |                 | CITY: Tampa    |                       |       | : 33614           |           |
| INSPECTION DATE:        | TIME IN:        | TIME OUT:       | INSPECTIO      | N TYPE:               |       | STATU             | JS:       |
| June 2, 1999            | 14:00           | 16:00           | non-C          | DS                    | I     | n Compl           | iance     |
| NEDS NUMBER: 5'         | 71107           |                 |                |                       |       |                   |           |
| SOURCE DESCRIPTION      | N: Perc Dry     | Cleaner         |                |                       |       |                   |           |
| CONTACT(S): Shar        | ron Trasofras   |                 |                |                       |       |                   |           |
| Today's visit was to o  |                 |                 |                |                       |       |                   |           |
| The facility is very cl |                 |                 |                |                       |       |                   |           |
| There was only one      |                 |                 |                |                       | nths. | The ten           | nperature |
| measurements and the    | leak inspection | ns have been re | ecorded as req | uired.                |       |                   |           |
|                         |                 |                 |                |                       | •     | -                 |           |
|                         |                 | •               |                |                       |       |                   |           |
| •                       |                 |                 |                |                       |       |                   |           |
|                         |                 |                 |                |                       |       |                   |           |
|                         |                 |                 |                |                       |       |                   |           |
|                         |                 |                 |                |                       |       |                   |           |
|                         |                 |                 |                |                       |       |                   |           |
|                         |                 |                 | •              |                       |       |                   |           |
|                         |                 |                 |                |                       |       |                   |           |
| 1                       |                 |                 |                |                       |       |                   |           |
|                         |                 |                 |                |                       |       |                   |           |
|                         |                 |                 |                |                       |       |                   |           |
|                         |                 |                 |                |                       |       |                   |           |
|                         |                 |                 |                |                       |       |                   |           |
|                         |                 |                 |                |                       |       |                   |           |
|                         |                 |                 |                |                       |       |                   |           |
|                         |                 |                 |                |                       |       |                   |           |
|                         |                 |                 |                |                       |       |                   |           |
|                         |                 |                 |                |                       |       |                   |           |
|                         |                 |                 |                |                       |       |                   |           |
|                         |                 |                 |                |                       |       |                   |           |
|                         |                 |                 |                |                       | .•    |                   |           |
| INSPECTED BY:           | Roger Zh        | nu              |                | DA                    | TE:   | June 2,           | 1999      |
|                         |                 | •               |                |                       |       |                   |           |

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: ANNUAL X CO   | MPLAINT/DISCOVERY RE-INSPECTION   |
|---|---|
|   | 20-0AIRS ID#: 571107  |
| FACILITY NAME: RIO CLEANERS   | DATE: 6/1/00  |
| FACILITY LOCATION: 4035 W. HILLS BOR TAMPA FL 336   | 514   |
| RESPONSIBLE OFFICIAL: SHARON TRASOFRA   | S PHONE NUMBER: (813) 884 - 4854  |
| Based on the results of the compliance requirements evaluation, compliance with DEP Rule 62-213.300, Florida Admini | luated during this inspection, the facility is found to be in strative Code (F.A.C.). |
| Based on the results of the compliance requirements eva discrepancies were noted:                                   | luated during this inspection, the following compliance                               |
| COMPLIANCE REQUIREMENT/PROBLEM  | FOLLOW-UP ACTION REQUIRED   |
|   |   |
|   | P   |
|   | Burga III C   |
|   | No. of Pr. No.  |
|   | rces itorine  |
|   |   |
| COMMENTS:   |   |
|   | •<br>   |
| The Annual Compliance Certification form has been properly or   |   |
| DATE OF NEXT INSPECTION:  | (Approximate)   |
| INSPECTION CONDUCTED BY:  | 206EL 2HU (Please Print)  |
|   | PHONE NUMBER: (813) 272-5530  |

Revised 10/96

AIRS ID#: 571107

Me

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| FACILITY NAME: LIO CLEA   | NERS                |  |                   | DATE:                                | 6/1/00           |
|---|---------------------|--|-------------------|--------------------------------------|------------------|
| FACILITY LOCATION: 4035 W   | . HILLS BOI         | ROUGH AL                                     | IE                | _ <del></del> .                      |                  |
| TAMPA   | , FL 33             | COUGH AL                                     |                   | <del></del>                          |                  |
|   |                     |  |                   |                                      |                  |
| Annual Reporting Period: June   | 3                   | 19 <u>99</u> TO                              | <u>Jun</u>        | e 1                                  | 20_@O            |
| Based on each term or condition of the Title V<br>62-213.300, Florida Administrative Code (F.A.   |                     |  |                   | <u> </u>                             | P Rule<br>NO     |
| If NO, complete the following:  |                     |  |                   |                                      |                  |
| #1. Term or condition of the general permit t   | hat has not been in | n continuous comp                            | liance during the | reporting perio                      | d stated above:  |
| Exact period of non-compliance: from  | <u>.</u>            | ·  | to                |                                      |                  |
| Action(s) taken to achieve compliance:  | _                   |  | •                 | •                                    |                  |
| Method used to demonstrate compliance:  |                     |  |                   |                                      |                  |
| #2. Term or condition of the general permit   | that has not been i | n continuous comp                            | pliance during th | e reporting perio                    | od stated above: |
| Exact period of non-compliance: from  |                     |  | to                |                                      |                  |
| Action(s) taken to achieve compliance:  |                     |  |                   |                                      |                  |
| Method used to demonstrate compliance:  |                     | <u>.                                    </u> | ·<br>             |                                      |                  |
| As the responsible official, I hereby certify, made in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities.  RESPONSIBLE OFFICIAL: | and complete. Fur   | ther, my annual co                           | onsumption of pe  | rchloroethylene<br>facilities or 1,8 | 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.

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION:   | ANNUAL RE-INSPECTION  | <b>A</b>   | COMPLAINT/DISCO  | VERY  |          |
|---|---|--|--|---|----------|
| AIRS ID#: 571107  FACILITY NAME:  | DATE: 6/1/00  |  | 13:00 TIME   | E OUT: _/^  | 4:00     |
| FACILITY LOCATION:  | 4035 W. HILL  | SBORD  | UGH AVE  | _   | <u>.</u> |
|   | TAMPA, FL   | 33614  |  |   | · .      |
| responsible official contact name: 544  | : SHARON TRAS   | OFRAS  | PHONE: (813) 8   | 384 - 4   | 854      |
| CONTACT NAME: 544   | RON TRASOFRA  | 4-5  | PHONE: (8/3) 8   | 84 - 48   | 854      |
| PART I: NOTIFICATION  |   |  |  | •   |          |
| (check appropriate box)   |   |  |  |   |          |
| 1. New facility notified DAR  | M 30 days prior to startup  |  |  |   | XÍ.      |
| 2. Facility failed to notify DA   | RM to use general permit  |  |  |   |          |
|   | •   |  |  | <del>, , , , , , , , , , , , , , , , , , , </del> | •        |
|   |   |  |  |   |          |
| PART II: CLASSIFICATION   | И   |  |  |   |          |
| Facility indicated on notification (check appropriate box)  |   |  | ☐ No notification for ☐ Drop store/out of l  |   | roleum   |
| Facility indicated on notification  | ation form that it is:  urce  | insfer only, $x$ th types, $x <$   | ☐ Drop store/out of the area source  x < 140 gal/yr < 200 gal/yr   |   | roleum   |
| Facility indicated on notifical (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr   | ation form that it is:  al/yr. dry yr tra box 1) (cc 2. 2. 4. 2. 3. 4. 2.100 gal/yr dry 3.800 gal/yr tra 00 gal/yr box      | y-to-dry only, unsfer only, x th types, x < onstructed on New large a y-to-dry only ansfer only, 2 th types, 140                       | ☐ Drop store/out of the area source  x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)  | ousiness/pet                                      | roleum   |
| Facility indicated on notifical (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gal/yr (constructed before 12/9/9)  3. Existing large area so dry-to-dry only, 140 < x < transfer only, 200 < x < 1 both types, 140 < x < 1,80  | ation form that it is:  al/yr dry yr tra bo  1) (cc  2. 2. 4. 2. 3. 4. 2.100 gal/yr dr 3.00 gal/yr tra 00 gal/yr bo  1) (cc | y-to-dry only, ansfer only, x th types, x < constructed on New large a y-to-dry only ansfer only, 2 oth types, 140 constructed on      | Drop store/out of the area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  Area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ | ousiness/pet                                      | roleum   |
| Facility indicated on notifical (check appropriate box)  A.  1. Existing small area so dry-to-dry only, x < 140 gal/yr (constructed before 12/9/9)  3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,80 (constructed before 12/9/9)  5. This is a correct facility.  If no, please check the constructed before 12/9/9 | ation form that it is:  al/yr dry yr tra bo  1) (cc  2. 2. 4. 2. 3. 4. 2.100 gal/yr dr 3.00 gal/yr tra 00 gal/yr bo  1) (cc | y-to-dry only, ansfer only, x th types, x < constructed on New large a y-to-dry only ansfer only, 2 oth types, 140 constructed on Y UN | □ Drop store/out of the large source  x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)  area source 140 ≤ x ≤ 2,100 gal/yr ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91)  □ Can not determine                                    | ousiness/pet                                      | roleum   |

Revised 8/11/97

| 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 MANA         |  |  |  |  |
| 2. Examining the containers for leakage?  | OY ON MONA         |  |  |  |  |
| 3. Closing and securing machine doors except during loading/unloading?  | <b>M</b> Y □N      |  |  |  |  |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?   | מאמ <b>ק</b> אם צם |  |  |  |  |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?   | עם איס <b>אַ</b>   |  |  |  |  |
| 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 refri (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?  | <b>≱</b> YY □N     |  |  |  |  |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  | AND ND Y           |  |  |  |  |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  | AVA ON ON/A        |  |  |  |  |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?  | MAY ON             |  |  |  |  |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?  | MY ON ON/A         |  |  |  |  |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after<br>verifying that the coolant had been completely charged?   | <b>À</b> A □N      |  |  |  |  |

Daviced 8/11/

| 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?   | ΔY           | N  |           |
| 2. | Measured and recorded the washer exhaust temperature at the condensor inlet and outlet weekly?  | ΩY           | ПΩ | o<br>□n/a |
|    | Is the temperature differential equal to or greater than 20° F?   | ΩY           | ПИ | □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?                                     | DY           | מם | □N/A      |
|    | Is the perc concentration equal to or less than 100 ppm?  |              |    | □N/A      |
| 4. | Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, |              |    |           |
|    | or expansion; and downstream from no other inlet?   | UY<br>       | UN | □N/A      |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | ΩY           | Й  | □N/A      |
| 6. | Prouted airflow to the carbon adsorber (if used) at all times?  | . <b>Q</b> Y | ИD | □N/A      |

| PART V: RECORDKEEPING REQUIREMENTS  |                     |
|---|---------------------|
| Has the responsible official:<br>(check appropriate boxes)  |                     |
| 1. Maintained receipts for perc purchased?  | <b>Þ</b> ÍY □N      |
| 2. Maintained rolling monthly averages of perc consumption?   | . ХУ □И             |
| 3. Maintained leak detection inspection and repair reports for the following:   |                     |
| a. documentation of leaks repaired w/in 24 hrs? or,   | בא מם אם אם         |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days<br>and parts installed w/in 5 days of receipt? | מא של ארא של ארא (A |
| 4. Maintained calibration data? for applicable direct reading instruments)  | OY ON ANA           |
| 5. Maintained exhaust duct monitoring data on perc concentrations?  | DY DN MANA          |
| 6. Maintained startup/shutdown/malfunction plan?  | MY □N               |
| 7. Maintained deviation reports?  | DY ON <b>X</b> N/A  |
| Problem corrected?  | DY DN <b>X</b> N/A  |
| 8. Maintained compliance plan, if applicable?   | DY ON X             |

Daries 9/11/9

| PART VI: LEAK D         | ETECTION AND RI                        | EPAIRS                       |  |                                       |
|-------------------------|--|------------------------------|--|---------------------------------------|
| 1. Does the responsib   | ole official conduct a w               | eekly (for small sources, b  | i-weckly) leak detection an  | id repair                             |
| inspection?             |  |                              |  | <b>M</b> Y □N                         |
| 2. Has the facility ma  | intained a leak log?                   |                              |  | <b>A</b> Y □N                         |
| 3. Does the responsib   | ole official check the fo              | ollowing areas for leaks?    |  | ,<br>,                                |
| Hose connect couplings, | tions, fittings,<br>and valves         | MY ON ON/A                   | Muck cookers   | <b>X</b> Y □N □N/A                    |
| Door gaskets            | s and seating                          | XY ON ON/A                   | Stills   | XY ON ON/A                            |
| Filter gasket           | ts and seating                         | AND ND YA                    | Exhaust dampers  | XY ON ON/A                            |
| Pumps                   |  | Y ON ON/A                    | Diverter valves  | MY ON ON/A                            |
| Solvent tank            | cs and containers                      | MY ON ON/A                   | Cartridge filter housings  | MY ON ON/A                            |
| Water separ             | ators                                  | MY ON ON/A                   |  |                                       |
| 4. Which method of      | detection is used by th                | ne responsible official?     | in the second of |                                       |
| Visual exam             | nination (condensed so                 | olvent on exterior surfaces) |  | ×                                     |
| Physical det            | tection (airflow felt thr              | ough gaskets)                | •  | pti ·                                 |
| Odor (notice            | eable perc odor)                       |                              |  | . 94                                  |
| Use of direc            | t-reading instrumenta                  | tion (FID/PID/calorimetric   | tubes)   |                                       |
| Halogen lea             | ık detector                            |                              |  | a                                     |
| If using                | direct-reading instr                   | umentation, is the equipm    | ient:  | N/A                                   |
| a.                      | Capable of detecting j                 | perc vapor concentrations i  | n a range of 0-500 ppm?  | DY DN                                 |
| b.                      | Calibrated against a s (PID/FID only)? | tandard gas prior to and af  | ter each use   | OY ON                                 |
| c.                      | Inspected for leaks an                 | d obvious signs of wear on   | a weekly basis?  | OY ON                                 |
| d.                      | Kept in a clean and s                  | ecure area when not in use   | ?  | NO YO                                 |
| e.                      | Verified for accuracy                  | by use of duplicate sample   | s (calorimetric only)?   | OY ON                                 |
|                         |  |                              | •  |                                       |
|                         |  |                              |  | · · · · · · · · · · · · · · · · · · · |
|                         | •                                      |                              |  | •                                     |
| Le                      | GER ZHU                                |                              | 6/1  | 100                                   |
| Inspect                 | tor's Name (Please Pri                 | nt)                          | Date of Insp   | ection                                |
| R                       | ogu Hu                                 |                              | - / Y  | EAR                                   |

Inspector's Signature

...

Approximate Date of Next Inspection

| ENVIRO  | INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY |                                      |             |         |           |         |  |
|---|---|--------------------------------------|-------------|---------|-----------|---------|--|
| FACILITY: Rio Cleane  | PAGE  | 1 OF                                 | 1           |         |           |         |  |
| FACILITY ADDRESS:   |   | CITY: Tampa<br>PHONE: (813) 884-4854 |             |         |           |         |  |
| MAILING ADDRESS:  | Same  |                                      | CITY: Tampa | FLA     | ZIP: 3361 | 4       |  |
| INSPECTION DATE:  | TIME IN:  | TIME OUT:                            | INSPECTIO   | N TYPE: | STA       | TUS:    |  |
| June 1, 2000  | 13:00   | 14:00                                | non-C       | DS      | In Con    | pliance |  |
| NEDS NUMBER: 5'   | 71107   | ·                                    |             |         |           |         |  |
| SOURCE DESCRIPTION: Perc Dry Cleaner  |   |                                      |             |         |           |         |  |
|   | ron <sub>.</sub> Trasofras  |                                      |             |         |           | ,       |  |
| Today's visit was to conduct the annual inspection.  The facility is very clean, and the machine is well maintained apparently. It was in operation during my visit, no odors or leaks were noticed.  The perc usage was 50 gallons for the past 12 months according to the perc log. The temperature measurements and leak inspections have been recorded as required. |   |                                      |             |         |           |         |  |
|   |   |                                      |             |         |           |         |  |
|   |   |                                      |             |         |           |         |  |
|   |   |                                      |             |         |           |         |  |
|   |   | •                                    |             |         | ,         |         |  |
|   |   |                                      |             |         |           | ·       |  |
|   |   |                                      |             |         |           |         |  |
| ·   |   |                                      |             |         |           |         |  |
|   |   |                                      |             |         |           |         |  |
|   |   |                                      |             |         |           |         |  |
|   |   |                                      |             |         |           |         |  |
|   |   |                                      |             |         |           |         |  |
|   |   |                                      |             |         |           |         |  |
|   | •   |                                      |             |         |           |         |  |
|   |   |                                      |             |         |           |         |  |
|   |   |                                      | ·           |         |           |         |  |
|   |   |                                      |             |         |           |         |  |
|   |   |                                      |             |         |           | '       |  |
|   | •   |                                      |             |         |           | •       |  |
| ,   | ·   |                                      |             |         |           | · ·     |  |
|   |   |                                      |             |         |           |         |  |
|   |   |                                      | ٠.          |         | •         |         |  |
|   |   |                                      |             |         |           |         |  |
| INSPECTED BY:   | Roger Zł  | nu                                   |             | DA      | TE: June  | 1, 2000 |  |
|   |   |                                      |             |         |           |         |  |

#0571107 Rio Cleaners -spoke with Sharon Trasorras 6 add title-Manager

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):                        |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
|   |  |  |  |  |  |  |
| RIO CLEANERS INC.   |  |  |  |  |  |  |
| 2. Site Name (For example, plant name or number):   |  |  |  |  |  |  |
| RID CLEANERS INC.   |  |  |  |  |  |  |
| 3. Hazardous Waste Generator Identification Number:   |  |  |  |  |  |  |
| FLD 032 797904  4. Facility Location: 4035 W. HILLS BOROUGH AVE.  Street Address:                         |  |  |  |  |  |  |
| 4. Facility Location: 4035 W. HILLS BOROUGH AVE.  | .  |  |  |  |  |  |
| City: TAMOA County: HILLSBORDUGH Zip Code: 33614  | }  |  |  |  |  |  |
| 5. Facility Identification Number (DEP Use):  |  |  |  |  |  |  |
| 0541107   |  |  |  |  |  |  |
|   | and the second s |  |  |  |  |  |
| Responsible Official  |  |  |  |  |  |  |
| (6) Name and Title of Responsible Official:   | <del></del>  |  |  |  |  |  |
| G   |  |  |  |  |  |  |
| SHARON TRASOFRAS  |  |  |  |  |  |  |
| SHARON RASORRAS  7. Responsible Official Mailing Address: 4035 W. HILLSBOROUGH AVEORGE Organization/Firm: |  |  |  |  |  |  |
| Street Address:   |  |  |  |  |  |  |
| City: TAMPA County: HILLSBORDUGH Zip Code: 336  | 11   |  |  |  |  |  |
|   | 214  |  |  |  |  |  |
| 8. Responsible Official Telephone Number: Telephone: (212) 2001 - 11001 Fax: ( ) -                        |  |  |  |  |  |  |
| Telephone: (813) 884 - 4854 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: ( ) -                                       |  |  |  |  |  |  |
| 1 ax. ( )   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |

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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.

|   |       | Date           | Date   |               |       | Date          | Date      |       | Date      | Date      |
|---|-------|----------------|--------|---------------|-------|---------------|-----------|-------|-----------|-----------|
|   |       | Machine        | Contr  | lo            |       | Machine       | Control   |       | Machine   | Control   |
|   |       | Initially      | Devic  |               |       | Initially     | Device    |       | Initially | Device    |
| Type of Machine   | ID    | Purchased      | Instal | led           | ID    | Purchased     | Installed | ID    | Purchased | Installed |
| Example   | #1    | 03-OCT-93      | 12-N   | :01:-93       | #2    | 08-DEC-91     |           | #3    | 02-MAR-92 | 02-MAR-9  |
| Dry-to-Dry Unit   |       |                | 1      |               |       |               |           |       | -         |           |
| (1) w/ ref. condenser   |       | 10 93          | 10     | 93            | _     |               |           | _     |           |           |
| (2) w/ carbon adsorber  |       | 1              | ,      |               |       |               |           |       |           | 1         |
| (3) w/ no controls  |       |                | Ì      |               |       |               |           |       |           |           |
| Washer Unit   |       |                |        | <del>,-</del> |       |               |           |       |           |           |
| (4) w/ ref. condenser   |       | }              |        |               |       |               |           |       |           |           |
| (5) w/ carbon adsorber  |       |                |        |               |       |               |           |       |           |           |
| (6) w/ no controls  |       |                |        |               |       |               |           |       |           |           |
| Dryer Unit  |       | <del>'</del>   |        |               |       |               |           |       | -         | <u> </u>  |
| (7) w/ ref. condenser   |       |                |        |               |       |               |           |       |           |           |
| (8) w/ carbon adsorber  |       |                |        |               |       |               |           |       |           |           |
| (9) w/ no controls  |       |                |        |               |       |               |           |       |           |           |
| Reclaimer Unit  |       |                |        | _             |       |               |           |       |           | <u></u>   |
| (10) w/ ref. condenser  |       |                |        |               |       |               |           |       |           |           |
| (11) w/carbon adsorber  |       |                |        |               |       |               |           |       |           |           |
| (12) w/ no controls   |       |                |        |               |       |               |           |       | _         |           |
| (b) Control devices are required, but not yet installed []  (c) No control devices are required to be installed []  2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  [ gallons  (b) If less than 12 months, how many? [ months |       |                |        |               |       |               |           |       |           |           |
| 3. What is the facility's so (Indicate with an "X".   | Selec | ct one classif |        | n only.)      | •     |               |           | 3) of | Part II?  |           |
| Existing small ar   | ea sc | ource          | •      | Ne            | ew sn | nall area sou | rce 🔀     | J     |           |           |
| call<br>C. Existing large ar  | ea so | urce []        |        | Ne            | ew la | rge area sour | rce [     | ]     |           |           |

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| •  |                                   |  |
|--|-----------------------------------|--|
| 4. What control technology is required on (Indicate with an "X".)  | machines pursuant to section (    | of Part II of this notification form?  |
| Existing large area source Carbon adsorber   | Refrigerated conde                | nser []                                |
| New small area source Refrigerated condenser   | I                                 |  |
| New large area source Refrigerated condenser   | l ·                               |  |
|  |                                   |  |
|  |                                   |  |
| 5. A facility which contains non-exempt of to Rule 62-213.300, F.A.C. Verify that all exemption criteria or that no such units ex    | I steam and hot water generating  |  |
| All steam and hot water generating units of boiler HP or less), and (2) are fired exclus during which propane or fuel oil containing | sively by natural gas except for  | periods of natural gas curtailment     |
| All steam and hot water generating units e<br>No such units on-site  | xempt [                           |  |
|  |                                   |  |
|  |                                   |  |
|  |                                   |  |
| Equipment Mo   | nitoring and Recordkeeping        | Information                            |
| Check all logs which are required to be ke   | pt on-site in accordance with the | e requirements of this general permit: |
| (a) Purchase receipts and solvent purchase   | es                                |  |
| (b) Leak detection inspection and repair   |                                   |  |
| (c) Refrigerated condenser temperature me  | onitoring                         |  |
| (d) Carbon adsorber exhaust perc concentr  | ration monitoring                 |  |
| (e) Instrument calibration   |                                   |  |
| (f) Start-up, shutdown, malfunction plan   |                                   |  |

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

| Please indicate   | 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)   |   |  |  |  |  |  |  |
| No air permits currently exist for the operation of the facility indicated in this notification form.   |   |  |  |  |  |  |  |
|   | Responsible Official Certification        |  |  |  |  |  |  |
| I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form. |   |  |  |  |  |  |  |
| I will promptly notify the Department of any changes to the information contained in this notification.   |   |  |  |  |  |  |  |
| Signature   | 12/4/46<br>Date                           |  |  |  |  |  |  |

**BEST AVAILABLE COPY** RECEIVED Rio Cleaners 3Doke With Sharon Trasorpression Air Monitoring 12/19/96 1. Faci 2. Site title-Manager Haz 4. Fac Str Cit 6. Na JAN 08 1997 H AVE. Re Or **EPC of HC** Str de: 33614 AIR MANAGEMENT Re Te 9. Name and Title of Facility Contact (For example, plant manager) 10. Facility Contact Address: Street Address: Zip Code: County: City: 11. Facility Contact Telephone Number: Fax: ( ) . -Telephone:

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Bureau of Air Monitoring & Mobile Sources

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):    |
|---|
| RIO CLEANERS INC.   |
| 2. Site Name (For example, plant name or number):                                     |
|   |
| RID CLEANERS INC.   |
| 3. Hazardous Waste Generator Identification Number:                                   |
| FLD 032 797904  |
| FLD 032 797904  4. Facility Location: 4035 W. HILLS BOROUGH AVE.  Street Address:     |
| City: TAMOA County: HILLSBORDUGH Zip Code: 33614                                      |
| 5. Facility Identification Number (DEP Use):  |
|   |
| Perpensible Official  |
| Responsible Official  |
| 6. Name and Title of Responsible Official:  |
| SHARON RASORRAS MANAGER   |
| 7. Responsible Official Mailing Address: 4035 W. HILLSBORDUGH AVE. Organization/Firm: |
| Street Address:   |
| City: TAMPA County: HILLS BORDUCH Zip Code: 33614                                     |
| 8. Responsible Official Telephone Number:   |
| Telephone: (813) 884 - 4854 Fax: ( ) -  |
|   |
| Facility Contact (If different from Responsible Official)                             |
| 9. Name and Title of Facility Contact (For example, plant manager):                   |
|   |
| 10. Facility Contact Address:   |
| 10. I acinty Contact Address.   |
| Street Address:   |
| City: County: Zip Code:   |
| 11. Facility Contact Telephone Number:  |
| Telephone: ( ) - Fax: ( ) -   |
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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.

|   |  | Date      | Date   |               |        | Date          | Date             |      | Date      | Date      |
|---|--|-----------|--------|---------------|--------|---------------|------------------|------|-----------|-----------|
|   |  | Machine   | Cont   |               | 1      | Machine       | Control          |      | Machine   | Control   |
|   |  | Initially | Devi   |               |        | Initially     | Device           |      | Initially | Device    |
| Type of Machine   | ID   | Purchased | Insta  | lled <u>.</u> | ID     | Purchased     | Installed        | ID   | Purchased | Installed |
| Example   | #1   | 03-OCT-93 | 12-!\  | VOV-93        | #2     | 08-DEC-91     |                  | #3   | 02-MAR-92 | 02-MAR-9  |
| Dry-to-Dry Unit   |  |           |        |               |        |               |                  |      | ,         |           |
| (1) w/ ref. condenser   |  | 10 93     | 10     | 93            |        |               |                  |      |           |           |
| (2) w/ carbon adsorber  |  |           |        | , ,           |        |               |                  |      |           |           |
| (3) w/ no controls  |  |           |        |               |        |               | •                |      |           |           |
| Washer Unit   |  |           |        |               | •      |               |                  |      |           |           |
| (4) w/ ref. condenser   |  |           | T.     |               |        |               |                  |      | ,         |           |
| (5) w/ carbon adsorber  |  |           |        |               |        |               |                  | 1    |           |           |
| (6) w/ no controls  |  |           |        |               |        |               |                  |      |           |           |
| Dryer Unit  |  |           |        |               |        |               |                  |      |           |           |
| (7) w/ ref. condenser   |  |           |        |               |        |               |                  |      |           |           |
| (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 required, but not yet installed []  (c) No control devices are required to be installed [] |           |        |               |        |               |                  |      |           |           |
| 2.(a) What was the total of   |  |           | oroeti | nylene (      | (perc) | purchased     | in the latest 12 | 2 mo | nths?     |           |
| (b) If less than 12 months, how many? [] months  Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []                        |  |           |        |               |        |               |                  |      |           |           |
| 3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.) |  |           |        |               |        |               |                  |      |           |           |
| Existing small ar   | ea so  | urce []   |        | N             | ew sn  | nall area sou | ırce             | j    |           |           |
| Existing large are  | ea so  | urce []   |        | N             | ew la  | rge area sou  | rce [            | ]    |           |           |

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 14 of 16

|            | control technology is requeste with an "X".)    | ired on machines p  | pursuant to section (5) of P | art II of this notification form?  |
|------------|---|---------------------|------------------------------|--|
|            | Existing large area source Carbon adsorber      |                     | Refrigerated condenser       |  |
|            | New small area source<br>Refrigerated condenser | $\bowtie$           |                              |  |
|            | New large area source<br>Refrigerated condenser |                     | ·                            |  |
|            |   |                     |                              | •  |
|            |   |                     | •                            |  |
| to Rule 6  |   | that all steam and  | l hot water generating units | use the general permit pursuant<br>s on-site meet the following          |
| boiler H   | P or less), and (2) are fired                   | d exclusively by no |                              | 0 million BTU/hr or less (298<br>ds of natural gas curtailment<br>fired. |
|            | n and hot water generating<br>units on-site     | units exempt        |                              |  |
|            |   |                     |                              |  |
|            |   |                     |                              | ,  |
|            | Equipm  | ent Monitoring a    | nd Recordkeeping Inform      | nation   |
| Check al   | l logs which are required t                     | o be kept on-site i | n accordance with the requ   | irements of this general permit:   |
| (a) Purch  | ase receipts and solvent p                      | urchases            |                              | . 4  |
| (b) Leak   | detection inspection and r                      | epair               |                              |  |
| (c) Refri  | gerated condenser tempera                       | ture monitoring     |                              |  |
| (d) Carbo  | on adsorber exhaust perc c                      | oncentration mon    | itoring                      |  |
| (e) Instru | ument calibration                               |                     |                              |  |
| (f) Store  | un shutdown malfunctio                          | lo-                 |                              | · 1  |

The year

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

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

| Please indicate  | with an "X" the appropriate selection:   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| [] I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) |  |  |  |  |  |  |  |
| $\angle$ 1   | No air permits currently exist for the operation of the facility indicated in this notification form.  |  |  |  |  |  |  |
|  | Responsible Official Certification   |  |  |  |  |  |  |
| this notific<br>statements<br>maintain t   | ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in eation. I hereby certify, based on information and belief formed after reasonable inquiry, that the made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form. |  |  |  |  |  |  |
| I will pron  | nptly notify the Department of any changes to the information contained in this notification.  |  |  |  |  |  |  |

# RECEIVED

JAN 2 1 1997

Sureau of Air Monitoring & Mobile Sources

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| and mail ti's  |          |
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| Return completed form to:                              |          |
|  |          |
| Florida Department of Environmental Protection         | <u> </u> |
| 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   |          |
| (000) 122-1401   |          |
| you must re-sign the form                              | n        |
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| have any question contact                              | -/       |
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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

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION:                                   | ANNUAL COM   | PLAINT/DISCOVERY   | RE-INSPECTION             |
|---|--|--|---------------------------|
| TIME IN: /100   | TIME OUT: 3:30   | ZAIRS ID#:   | None 057/107              |
| TYPE OF FACILITY: Perc                                | Dry CLEANER  | Σ  |                           |
| FACILITY NAME: <u>\$\langle 0</u>                     | CleANERS   |  | DATE: 12/6/96             |
| FACILITY LOCATION: 403                                | 5 W Hills borow  | 15h , Thompon , Fx                                       |                           |
| RESPONSIBLE OFFICIAL:                                 | ALU TAMBORAS   | PHONE NUMBER   | :                         |
|   | compliance requirements evalue 62-213.300, Florida Administr | ated during this inspection, the farative Code (F.A.C.). | acility is found to be in |
| Based on the results of the discrepancies were noted: | compliance requirements evalu                                | ated during this inspection, the fo                      | ollowing compliance       |
| COMPLIANCE REQUIR                                     | · · · · · · · · · · · · · · · · · · ·                        | FOLLOW-UP ACT  | ION REQUIRED              |
| id Not Submit Perm                                    | it Application   | Provide Permit   | Application mail          |
|   |  | to FOEP ASAP.  |                           |
|   |  |  |                           |
|   |  |  |                           |
| <u>-</u>  |  |  |                           |
|   |  |  |                           |
|   |  |  |                           |
|   |  |  |                           |
|   |  |  |                           |
| COMMENTS: Cleaner                                     | <u>-</u>   |  |                           |
| Will mail Comp  | Manco Cost al  | on with off  | electrón                  |
| The Annual Compliance Certification                   | on form has been properly certi                              | fied and submitted to the inspect                        | or. YES NO                |
| DATE OF NEXT INSPECTION:                              | 1 year   |  | <del>-</del>              |
| INSPECTION CONDUCTED BY                               | . Rouge no   | oproximate)  KING  |                           |
| HISTECTION CONDUCTED BY                               | - 1 100 / (PI  | ease Print   |                           |
| INSPECTOR'S SIGNATURE: /                              | Grece M Kling  | PHONE NUMBE  | R: 272-5530               |
|   | Page_/   | of <u>    (                                </u>          | Revised 10/96             |

AIRS ID#: <u>057/107</u>



### RECEIVED

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Bureau of Air Monitoring

|   | & Mobile Sources          |
|---|---------------------------|
| FACILITY NAME: RIO CLEANERS NC.   |                           |
| FACILITY LOCATION: 4035 W. HIUSBOROUGH  |                           |
| TAMPA, PL. 33614  |                           |
| Annual Reporting Period: 19 TO DEC  | 19 <u></u> 96             |
| Based on each term or condition of the Title V general air permit, my facility has remained in compliance 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  |                           |
| If NO, complete the following:  |                           |
| #1. Term or condition of the general permit that has not been in continuous compliance during the repor   | ting period stated above: |
|   |                           |
| Exact period of non-compliance: fromto  |                           |
| 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 repor   | ting 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 inquade in this notification are true, accurate and complete. Further, my annual consumption of perchloroupon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)  Signature | pethylene 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.

#### PERCHLOROETHYLENE DRY CLEANERS

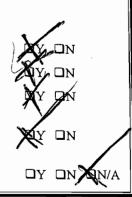
TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION:   | ANNUAL RE-INSPECTIO | N O   | COMPLAINT/DISC   | OVERY |         |
|---|---------------------|---|--|-------|---------|
| FACILITY NAME:  | Clea                | mers<br>H://s bo  | N: 1:00 TIM  |       | 3:30    |
| PART I: NOTIFICATION  |                     |   |  |       |         |
| (check appropriate box)  1. Existing facility notified DARM  2. New facility notified DARM 30  3. Facility failed to notify DARM  | days prior to star  | -   |  | ,     | 0       |
|   |                     |   |  |       |         |
| PART II: CLASSIFICATION   |                     |   |  |       |         |
| Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)   |                     | 2. New small a dry-to-dry only transfer only, x both types, x<1 (constructed on | , x<140 gal/yr<br><200 gal/yr  |       |         |
| 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)="" a="" before="" both="" classifica<="" correct="" facility="" gal="" is="" only,="" td="" this="" transfer="" types,="" yr=""><td>gal/yr<br/>//yr<br/>r</td><td>transfer only, 2<br/>both types, 140</td><td>nrea source<br/>, 140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td><td>an tues</td></x<2,> | gal/yr<br>//yr<br>r | transfer only, 2<br>both types, 140   | nrea source<br>, 140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,> |       | an tues |
| If no, please check the appropriate classification:  facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit   |                     |   |  |       |         |
| B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning   |                     |   |  |       |         |

#### PART III: GENERAL CONTROL REQUIREMENTS

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

- 1. Storing perchloroethylene in tightly scaled and impervious containers?
- 2. Examining the containers for leakage?
- 3. Closing and securing machine doors except during loading/unloading?
- 4. Draining cartridge filters in their housing or in sealed containers for at 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?



#### PART IV: PROCESS VENT CONTROLS

#### In Part II-A:

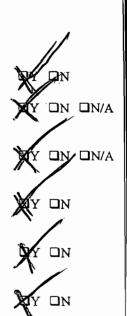
If classification 1 has been checked, no controls are required. Proceed to Part V.

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

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

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

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



| B. | Has the responsible official of an existing large or new large area source also:  |    | <u> </u>        |   |
|----|---|----|-----------------|---|
| 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?   | ΟY | □и              |   |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | ΠY | □N              |   |
|    | Is the temperature differential equal to or greater than 20° F?   | ΠY | □N              |   |
| 3. | Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?   | □Y | □n □n/ <i>a</i> | A |
|    | Is the perc concentration equal to or less than 100 ppm?  | ΠY | □N              |   |
| 4. | Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? | ΟY | □N              | , |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | ΟY |                 | A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times?   | ΠY | □N □N//         | A |

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

| PART VI: LEAK DETECTION AND REPAIRS   |        |
|---|--------|
| 1. Does the responsible official conduct a weekly leak detection and repair inspection? | YY ON  |
| Smoll-Bi-weekly   | AT THE |

| 2.  | 2. Which method of detection is used by the responsible official? |             |             |                                  |          |  |  |
|---|---|-------------|-------------|----------------------------------|----------|--|--|
|   | Visual examination (condensed                                     |             |             |                                  |          |  |  |
|   | Physical detection (airflow felt t                                |             |             |                                  |          |  |  |
|   | Odor (noticeable perc odor)                                       |             |             |                                  | 4        |  |  |
|   | Use of direct-reading instrument                                  | tation (FII | D/PID/calo  | orimetric tubes)                 |          |  |  |
|   | If using direct-reading instrun                                   | entation,   | is the eq   | uipment:                         | `        |  |  |
|   | a. Capable of detecting   | g perc vapo | or concent  | rations in a range of 0-500 ppm? | OY ON    |  |  |
|   | b. Calibrated against a (PID/FID only)?                           | standard    | gas prior   | to and after each use            | □Y □N    |  |  |
|   | c. Inspected for leaks a  | ınd obviou  | s signs of  | wear on a weeklý basis?          | OY ON    |  |  |
|   | d. Kept in a clean and  | secure are  | a when no   | ot in use?                       | □Y □N    |  |  |
|   | e. Verified for accuracy  | y by use of | f duplicate | e samples (calorimetric only)?   | OY ON    |  |  |
| 3. Has the facility maintained a leak log?                            |   |             |             |                                  | DY DN    |  |  |
| 4. Does the responsible official check the following areas for leaks? |   |             |             |                                  |          |  |  |
|   | Hose connections, fittings, couplings, and valves                 | ПY          | □N          | Muck cookers                     | N ON     |  |  |
|   | Door gaskets and seating  | ΠY          | □N          | Stills                           | NO Y     |  |  |
|   | Filter gaskets and seating  | ΠY          | ПN          | Exhaust dampers                  | Y ON     |  |  |
|   | Pumps   | ПY          | ПN          | Diverter valves                  | MY ON    |  |  |
|   | Solvent tanks and containers                                      | ΠY          | ПN          | Cartridge filter housings        | NO YES   |  |  |
|   | Water separators  | ΠY          | ПИ          |                                  | <u> </u> |  |  |
|   |   | _           |             |                                  |          |  |  |

Name of Responsible Official

Bruce Mkw 9

Inspector's Name Please Print)

June Mkw 1

Inspector's Signature

Approximate Date of Next Inspection

sharon Trasorras- MANAger

| ADDITIONAL SITE | INFORMATION: |             |      |                |
|-----------------|--------------|-------------|------|----------------|
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#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258235

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

**TOTAL AMOUNT DUE: \$50.00** 

RECEIVED MAIL ROOM

Do NOT Remove Label

AIRS ID# 0571107

RIO CLEANERS INC SHARON TRASOFRAS 4035 W HILLSBOROUGH AVE TAMPA FL 33614 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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

300341

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

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

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AIRS ID#0571107

RIO CLEANERS INC SHARON TRASOFRAS 4035 W HILLSBOROUGH AVE TAMPA FL 33614 FOR GOVERNMENT USE ONLY

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

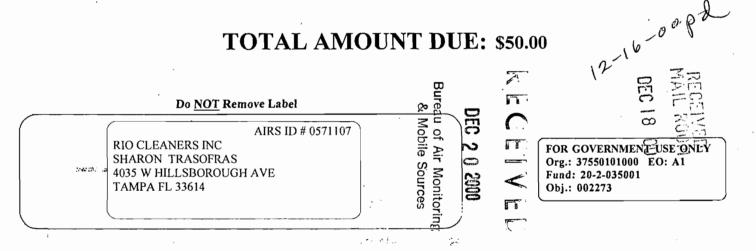
Obj.: 002273

|   | U.S. Postal Service<br>CERTIFIED MAIL RECEI<br>(Domestic Mail Only; No Ins.   |  |          |
|---|---|--|----------|
|   | 57.72<br>2.72   |  |          |
|   | Postage \$  | Ne 2 Postmark  |          |
|   | Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)   | Postmark<br>Here   |          |
|   | Recip SHARON TRASOFRAS RIO CLEANERS INC 4035 W HILLSBOROUGH City, St. TAMPA FL 33614  | 0571107001AG  **Ter)  H AVE  |          |
|   | DE HETURIN ADDRESS. m. 6005 August SA   |  | <u>,</u> |
| SENDER: C   | AT TOP OF ENVELOPE  | VASAITS NO NION DEC LUIS PLACE STICKER   |          |
| item 4 if Re Print your is so that we Attach this | items 1, 2, and 3. Also complete estricted Delivery is desired. name and address on the reverse can return the card to you. card to the back of the mailpiece, ront if space permits. | A. Received by (Please Print Clearly)  B. Date of Deliver  C. Signature  Agent Addresse  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below: | }        |
| 10<br>SHARON TI<br>RIO CLEAN<br>4035 W HILI       |   | 3. Service Type  | ( )      |
| TAMPA FL  |   | Certified Mail  Express Mail  Registered  Return Receipt for Merchandis  Insured Mail  C.O.D.  | e        |
| 1000052   | 000209372.5772  | 4. Restricted Delivery? (Extra Fee)  | _{       |
| 2. Article Numb                                   | per (Copy from service label)   |  | (        |
| PS Form 381                                       | 1, July 1999 Domestic Re  | sturn Receipt 102595-00-M-0952   |          |

#### I'HIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400092

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





## **Department of Environmental Protection**

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

TO: Holder of Title V Air General Permit

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

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

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

> Title V Air General Permits Receipts Post Office Box 3070 Tallahassee, FL 32315-3070



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.

0356110

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID # 0571107 RIO CLEANERS INC SHARON TRASOFRAS 4035 W HILLSBOROUGH AVE TAMPA FL 33614

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

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

0391241

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 # 0571107

RIO CLEANERS INC SHARON TRASOFRAS 4035 W HILLSBOROUGH AVE TAMPA FL 33614 Bureau of Air Monte Source Org.: 35550101000 EO. B. Fund: 20-2-035001 Obj.: 002273