



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

January 27, 1997

Mr. Alvin Kornhauser  
Elite Cleaners  
11301 North 56th Street  
Tampa, Florida 33617

Re: Facility I.D. No. 0571114

Dear Mr. Kornhauser:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 6, 1997.

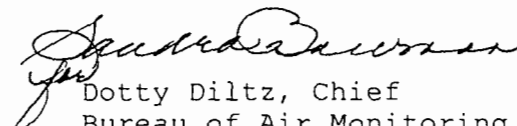
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,

  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Mr. Thomas Shelton, Hillsborough County

✓

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

RECEIVED

TIME IN: 9:15	TIME OUT: 11:00	AIRS ID#: 0571114
TYPE OF FACILITY: DRY CLEANER	FEB 17 1997	
FACILITY NAME: ELITE CLEANERS	Bureau of Air Monitoring	DATE: 1/15/97
FACILITY LOCATION: 11301 N 56 <sup>th</sup> ST	& Mobile Sources	
RESPONSIBLE OFFICIAL: ALVIN KORNHAUSER	PHONE NUMBER: 989-2439	

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
MACHINE DOES NOT HAVE A TEMP GUAGE INSTALLED.	INSTALL GUAGE & REINSPECT
SOME LEAKS DUE TO MODIFICATIONS AND WORK BEING DONE ON MACHINE	CORRECT LEAKS & REINSPECT IN 30 DAYS
2/12/97 → 2/12/97	REINSPECTION REVEALED THAT NECESSARY REPAIRS WERE MADE AND NO LEAKS WERE OBSERVED

COMMENTS:  
COMPLIANCE CERTIFICATION LEFT WITH R.O. WHO WILL FORWARD TO THE FDP.

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

DATE OF NEXT INSPECTION: APPROX 1 YEAR  
(Approximate)

INSPECTION CONDUCTED BY: NEAL B. JAMES  
(Please Print)

INSPECTOR'S SIGNATURE: *Neal B. James* PHONE NUMBER: 272-5530

AIRS ID#: 0541114

JAN 23 1997

Revised 10/10/96

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

Bureau of Air Monitoring  
& Mobile Sources

FACILITY NAME: Elite Cleaners DATE: 1/19/97  
 FACILITY LOCATION: 11301 N 56th ST  
TAMPA FL 33617

Annual Reporting Period: OCT 1996 TO JAN. 1997

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

If NO, complete the following:

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

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

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

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

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

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

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

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

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

RESPONSIBLE OFFICIAL: Alvin Kornhouser Alvin Kornhouser 1/19/97  
 Name (Please Print) Signature Date

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

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

**Part III. Notification of Intent to Use General Permit**

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

**Facility Name and Location**

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):			
<i>Alvin Kornhauser Inv. Inc. d/b/a Elite Cleaners</i>			
2. Site Name (For example, plant name or number):			
3. Hazardous Waste Generator Identification Number:			
<i>FLD 984181735</i>			
4. Facility Location:			
Street Address: <i>11301 N 56th ST</i>			
City: <i>Tampa</i>		County: <i>Hillsborough</i>	Zip Code: <i>33617</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in):			

**Responsible Official**

6. Name and Title of Responsible Official:			
Name: <i>Alvin Kornhauser</i>		Title: <i>Pres</i>	
7. Responsible Official Mailing Address:			
Organization/Firm: <i>Elite Cleaners</i>			
Street Address: <i>11301 N 56th ST</i>			
City: <i>Tampa</i>		County: <i>Hillsborough</i>	Zip Code: <i>33617</i>
8. Responsible Official Telephone Number:			
Telephone: <i>(813) 969-2439</i>		Fax: ( ) -	

**Facility Contact (If different from Responsible Official)**

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

**RECEIVED**  
**APR 24 2000**  
 Bureau of Air Monitoring  
 & Mobile Sources

**Facility Information**

**1.(a) DRY-TO-DRY MACHINES ONLY**

How many dry-to-dry machines do you have on-site?  7

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
6/6/90	Existing	RC/CA/None required	
4/10/00	Existing	RC/CA/None required	
	Existing	RC/CA/None required	

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

**1.(b) TRANSFER MACHINES ONLY**

How many washers do you have on-site?

How many dryers/reclaimers do you have on-site?

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing	RC/CA/None required	
	Existing	RC/CA/None required	
	Existing	RC/CA/None required	

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

270 gallons (You must fill this in)

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

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

New store:  New machine

Unopened store  (date of expected opening \_\_\_\_\_)

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.)

- Small Area Source
- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
  - Transfer only on-site (used less than 200 gallons of perc per year)
  - Both machine types on-site (used less than 140 gallons of perc per year)
- Large Area Source
- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
  - Transfer only on-site (used 200 - 1,800 gallons of perc per year)
  - Both machine types on-site (used 140 - 1,800 gallons of perc per year)

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

Existing machines at small area source  
(NONE REQUIRED)

New machines at small area source  
Refrigerated condenser

Existing machines at large area source  
Carbon adsorber   
Refrigerated condenser

New machines at large area source  
Refrigerated condenser

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

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

How many boilers do you have on-site?  1

For each boiler, indicate its horsepower (HP) rating: 20

What type of fuel do you use?  propane  natural gas  
 No. 2 fuel oil  No. 4 fuel oil  
 No. 6 fuel oil  Other (please list) \_\_\_\_\_

#### 6. Equipment Monitoring and Recordkeeping Information

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

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

No DEP 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.*

Alvin Kornhauser

Print name of responsible official

Alvin Kornhauser  
Signature

4/19/00  
Date

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

**Part III. Notification of Intent to Use General Permit**

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

**Facility Name and Location**

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>Alvin Kornhauser Inv. Inc. d/b/a Elite Cleaners</i>			
2. Site Name (For example, plant name or number):			
3. Hazardous Waste Generator Identification Number: <i>FLD 984181735</i>			
4. Facility Location:			
Street Address: <i>11301 N 56th ST</i>			
City: <i>Tampa</i>		County: <i>Hillsborough</i>	Zip Code: <i>33617</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in)			

**Responsible Official**

6. Name and Title of Responsible Official:			
Name: <i>Alvin Kornhauser</i>		Title: <i>Pres</i>	
7. Responsible Official Mailing Address:			
Organization/Firm: <i>Elite Cleaners</i>			
Street Address: <i>11301 N 56th ST</i>			
City: <i>Tampa</i>		County: <i>Hillsborough</i>	Zip Code: <i>33617</i>
8. Responsible Official Telephone Number:			
Telephone: <i>(813) 969-2439</i>		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: ( ) -	



**Facility Information**

**1.(a) DRY-TO-DRY MACHINES ONLY**

How many dry-to-dry machines do you have on-site?  2

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
6/6/90	Existing	RC/CA/None required	
4/10/00	Existing	RC/CA/None required	
	Existing/New	RC/CA/None required	

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

**1.(b) TRANSFER MACHINES ONLY**

How many washers do you have on-site?

How many dryers/reclaimers do you have on-site?

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

gallons (You must fill this in)

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

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

New store:  New machine

Unopened store  (date of expected opening \_\_\_\_\_)

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.)

- Small Area Source
- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
  - Transfer only on-site (used less than 200 gallons of perc per year)
  - Both machine types on-site (used less than 140 gallons of perc per year)
- Large Area Source
- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
  - Transfer only on-site (used 200 - 1,800 gallons of perc per year)
  - Both machine types on-site (used 140 - 1,800 gallons of perc per year)

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

- |   |  |
|---|--|
| <u>Existing machines at small area source</u><br>(NONE REQUIRED) <input type="checkbox"/>   | <u>New machines at small area source</u><br>Refrigerated condenser <input type="checkbox"/>            |
| <u>Existing machines at large area source</u><br>Carbon adsorber <input type="checkbox"/><br>Refrigerated condenser <input checked="" type="checkbox"/> | <u>New machines at large area source</u><br>Refrigerated condenser <input checked="" type="checkbox"/> |

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

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

How many boilers do you have on-site?  1

For each boiler, indicate its horsepower (HP) rating:  20

What type of fuel do you use?  propane  natural gas  
 No. 2 fuel oil  No. 4 fuel oil  
 No. 6 fuel oil  Other (please list) \_\_\_\_\_

6. Equipment Monitoring and Recordkeeping Information

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

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

No DEP 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.*

Alvin Kornhauser  
Print name of responsible official

Alvin Kornhauser  
Signature

4/19/00  
Date

RECEIVED

JAN 6 1997

Bureau of Air Monitoring  
& Mobile Sources

To whom it may Concern

I might have sent this form in previously but I found this buried in papers in my office and am sending it in case I didn't previously.

Alan Fenhouse

#0571114

Elite Cleaners

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

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

p.15 5.(f) required

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification

JAN 6 1997

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):  
*Alvin Kornhauser Inv. Fnc. D/B/A Elite Cleaners*

2. Site Name (For example, plant name or number):

3. Hazardous Waste Generator Identification Number:  
*FLD 984181435*

4. Facility Location:  
Street Address: *11301 N 56th ST*  
City: *TAMPA* County: *Hillsborough* Zip Code: *33617*

5. Facility Identification Number (DEP Use):  
*0571114*

Responsible Official

6. Name and Title of Responsible Official:  
*Alvin Kornhauser Pres.*

7. Responsible Official Mailing Address:  
Organization/Firm: *Elite Cleaners*  
Street Address: *11301 N 56th ST*  
City: *TAMPA* County: *Hillsborough* Zip Code: *33617*

8. Responsible Official Telephone Number:  
Telephone: *(813) 989-2439* 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: ( ) -

**Facility Information**

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>		<i>#1 03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser	<i>1</i>	<i>6/6/90</i>							
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed

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

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

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

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

*existing large area*

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

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

**Equipment Monitoring and Recordkeeping Information**

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

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



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

Please indicate with an "X" the appropriate selection:

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

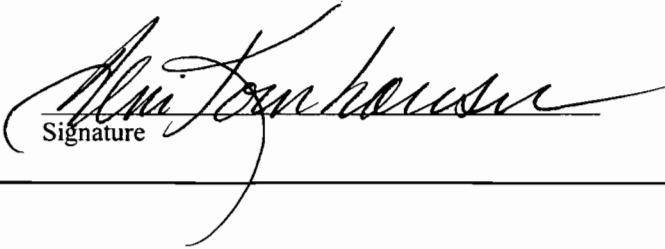
\_\_\_\_\_

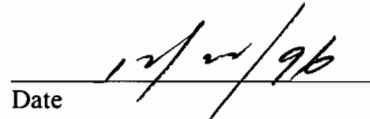
No air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

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

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

  
Signature

  
Date

✓

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID#: 0571114 DATE: 1/15/97 TIME IN: 9:15 TIME OUT: 11:00  
 FACILITY NAME: ELITE CLEANERS  
 FACILITY LOCATION: 11301 N 56<sup>th</sup> ST  
989-2439 ALVIN KORNHÄUSER

**PART I: NOTIFICATION**

(check appropriate box)

1. Existing facility notified DARM by 9/1/96   
 2. New facility notified DARM 30 days prior to startup   
 3. Facility failed to notify DARM to use general permit

**PART II: CLASSIFICATION**

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

A.

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

This is a correct facility classification  Y  N

If no, please check the appropriate classification:

facility qualified for a general permit as number 3 above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 380 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

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

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

- Visual examination (condensed solvent on exterior surfaces)  Y  N
- Physical detection (airflow felt through gaskets)  Y  N
- Odor (noticeable perc odor)  Y  N
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Y  N

If using direct-reading instrumentation, is the equipment:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

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

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

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

ALVIN KORNGHAUSER

Name of Responsible Official

NEAL B. JANIS

Inspector's Name (Please Print)

*Neal B. Janis*

Inspector's Signature

1/15/97

Date of Inspection

APPROX 1 YEAR

Approximate Date of Next Inspection

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

✓ 302517

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

RECEIVED  
MAIL ROOM

TOTAL AMOUNT DUE: \$50.00 FEB 12 98

RECEIVED

Do **NOT** Remove Label

AIRS ID#0571114

ALVIN KORNHAUSEN  
ALVIN KORNHAUSEN  
11301 N 56TH STREET  
TAMPA FL 33617

FEB 16 1998

Bureau of Air Monitoring  
& Mobile Sources

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: B1  
Fund: 2-035001  
Off: 002273

ADDITIONAL SITE INFORMATION:

OWNER SENT IN AIR PERMIT APPLICATION AROUND THE BEGINNING OF DECEMBER 1996.

MACHINE IS NOT CURRENTLY EQUIPED WITH A TEMPERATURE GAUGE.

OWNER IS CURRENTLY MAKING SOME MODIFICATIONS TO THE MACHINE. CURRENTLY THERE ARE SOME LEAKS DUE TO WORK BEING DONE.

2/17/97

REINSPECTION REVEALED THAT NECESSARY REPAIRS WERE MADE AND NO LEAKS WERE OBSERVED.

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

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: <u>1025</u>	TIME OUT: <u>1050</u>	AIRS ID#: <u>571114</u>
TYPE OF FACILITY: <u>PERC DRY CLEANER</u>		
FACILITY NAME: <u>ELITE CLEANERS</u>		DATE: _____
FACILITY LOCATION: <u>11301 N. 56TH ST</u> <u>TEMPLE TERRACE 33617</u>		
RESPONSIBLE OFFICIAL: <u>ALVIN KORNHAUSER</u>		PHONE NUMBER: <u>813-989-2439</u>

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

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
TEMP GAUGE IN WRONG LOCATION	RE-INSTALL IN CORRECT LOCATION WITHIN 30 DAYS.

**RECEIVED**

SEP 15 1997

Bureau of Air Monitoring  
& Mobile Sources

COMMENTS:

N/A

The Annual Compliance Certification form has been properly certified and submitted to the inspector.

YES  NO

DATE OF NEXT INSPECTION: \_\_\_\_\_

(Approximate)

INSPECTION CONDUCTED BY: \_\_\_\_\_

Jim Holton

(Please Print)

INSPECTOR'S SIGNATURE: \_\_\_\_\_

Jim Holton

PHONE NUMBER: 813-272-5530



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

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

**AIRS ID#:** 571114      **DATE:** 8/27/97      **TIME IN:** 1025      **TIME OUT:** 1050  
**FACILITY NAME:** ELITE CLEANERS  
**FACILITY LOCATION:** 11301 N. 56TH ST  
TEMPLE TERRACE 33617

**PART I: NOTIFICATION**

(check appropriate box)

1. Existing facility notified DARM by 9/1/96      
 2. New facility notified DARM 30 days prior to startup      
 3. Facility failed to notify DARM to use general permit   

**PART II: CLASSIFICATION**

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

**A.**

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

This is a correct facility classification                       Y       N

If no, please check the appropriate classification:

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

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

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

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

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

**PART VI: LEAK DETECTION AND REPAIRS**

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

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

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

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

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

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

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

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

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

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

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

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

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

ALVIN KORNHAUSER  
Name of Responsible Official

Jim Holton  
Inspector's Name (Please Print)

Janet Holt  
Inspector's Signature

8/27/97  
Date of Inspection

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

INSPECTION REPORT FORM					
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY					
FACILITY: Elite Cleaners				PAGE 1 OF 1	
FACILITY ADDRESS: 11301 North 56th Street			CITY: Temple Terrace PHONE: 989-2439		
MAILING ADDRESS: same as above		CITY: same	FLA	ZIP: 33617	
INSPECTION DATE: 8/27/97	TIME IN: 1025	TIME OUT: 1050	INSPECTION TYPE: Follow-up	STATUS: n/a	
AIR GENERAL PERMIT NUMBER:		0571114			
SOURCE DESCRIPTION: perc dry cleaner					
CONTACT(S): Bob Johnston					
<p>This facility had an annual inspection performed on 1/15/97 and, at that time, it was discovered that the dry cleaning machine did not have a temperature gauge installed on the exhaust of the Refrigerated Condenser (RC). The inspector instructed the facility contact that a gauge must be installed to meet the requirements of the air quality rule pertaining to dry cleaners on the classification this facility was incorporated into, which is an "existing large area source".</p> <p>This inspection was to perform a follow-up to determine if the gauge had been installed as instructed. The machine has had a gauge installed, however the facility co/nctact is not sure if it is measuring the proper location. It appeared, upon inspection, that the sensor/ probe was installed in a drain line coming from the RC. Mr. Johnston has only been filling for the RO, who has apparently been out for several weeks on medical leave. He had no access to any of the records that were supposed to be kept, and was unaware of any of the inspections that were required to be performed.</p> <p>Mr. Johnston indicated the RO, Mr. Alvin Kornhauser, should be back into the store on Tuesday, 9/2/97. I therefore asked Mr. Johnston to have Mr. Kornhauser contact me when he returns so I can discuss the point of measurement for this gauge, and determine if any records had been kept for the RC exhaust temperature.</p> <p><b>Notes added as a result of telephone call received from Mr. Kornhauser on 9/2/97:</b> The temperature probe sensor is installed in an improper location, as indicated above. Mr. Kornhauser stated it is installed in the RC perc drain line, and its lowest measurement comes at the beginning of the drying cycle, and not the end of the cool down cycle. He stated that he will be getting the sensor installed in the right location "hopefully" this week. I told Mr. Kornhauser that he needs to have it installed prior to the end of the month in order to stay within the DEP "grace period" for FY97. Additionally, I asked him about his frequency of leak inspection records, and he stated that he had only been writing down when leaks have been discovered, and the work performed to correct the leaks. I told him that he needs to write down weekly the fact that a leak inspection had been performed.</p>					
INSPECTED BY: James O. Holton, Air Toxics Engineer <i>James O. Holton</i>			DATE: 8/27/97 9/2/97 <i>JH</i>		

✓

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: <u>0850</u>	TIME OUT: <u>0920</u>	AIRS ID#: <u>571114</u>
TYPE OF FACILITY: <u>PGRC DRY CLEANER</u>		
FACILITY NAME: <u>ELITE CLEANERS</u>		DATE: <u>9-8-97</u>
FACILITY LOCATION: <u>11301 N. 56<sup>th</sup> ST</u> <u>TAMPA FL 33617</u>		
RESPONSIBLE OFFICIAL: <u>Alvin Kornhauser</u>		PHONE NUMBER: <u>813-989-2439</u>

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

<sup>TS</sup> Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

N/A

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

DATE OF NEXT INSPECTION: 1 YEAR  
(Approximate)

INSPECTION CONDUCTED BY: Jim Houston  
(Please Print)

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

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 571114 DATE: 9-8-97 TIME IN: 0858 TIME OUT: 0920  
FACILITY NAME: ELITE CLEANERS  
FACILITY LOCATION: 4301 N. 56th St  
Tampa, FL 33617

### PART I: NOTIFICATION

(check appropriate box)

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

2. New facility notified DARM 30 days prior to startup

3. Facility failed to notify DARM to use general permit

### PART II: CLASSIFICATION

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

A.

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

This is a correct facility classification  Y  N

If no, please check the appropriate classification:

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

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

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

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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



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

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

**PART V: RECORDKEEPING REQUIREMENTS**

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

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

**PART VI: LEAK DETECTION AND REPAIRS**

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

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

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

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

If using direct-reading instrumentation, is the equipment:

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

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

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

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

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

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

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

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

Alvin Kornhauser  
Name of Responsible Official

Jim Holton  
Inspector's Name (Please Print)

Jim Holton  
Inspector's Signature

9-8-97  
Date of Inspection

1 year  
Approximate Date of Next Inspection

INSPECTION REPORT FORM  
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Elite Cleaners			PAGE 1 OF 1	
FACILITY ADDRESS: 11301 North 56th Street			CITY: Temple Terrace PHONE: 989-2439	
MAILING ADDRESS: same as above		CITY: same	FLA	ZIP: 33617
INSPECTION DATE: 9/8/97	TIME IN: 0850	TIME OUT: 0920	INSPECTION TYPE: Follow-up	STATUS: n/a
AIR GENERAL PERMIT NUMBER:		0571114		
SOURCE DESCRIPTION: perc dry cleaner				
CONTACT(S): Alvin Kornhauser				

This inspection was performed as a result of receiving a telephone call from Mr. Kornhauser (the R.O. for this facility) this morning stating that he had completed reinstalling his temperature sensor for measuring the exhaust temperature from the refrigerated condenser. The inspection verified the proper installation of this device, as well as the actual temperature readings that are being indicated at the end of the drying cycle.

Mr. Kornhauser's digital thermometer is of the design that will maintain the lowest and highest temperature until it has been reset. A measurement of approximately 32°F was in the memory of the thermometer, which indicates the refrigerated condenser is operating properly.

INSPECTED BY: James O. Holton, Air Toxics Engineer <i>James O. Holton</i>	DATE: 9/8/97
--	--------------

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 10:30 TIME OUT: 11:15 AIRS ID#: 57114  
 TYPE OF FACILITY: PERC DRY CLEANER  
 FACILITY NAME: ELITE CLEANERS DATE: 3/9/98  
 FACILITY LOCATION: 11301 N. 56th STREET  
 TAMPA, FL 33617  
 RESPONSIBLE OFFICIAL: ALVIN KORNHAUSER PHONE NUMBER: (813) 989-2439

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
DOES NOT HAVE A OWNERS MANUAL ON SITE	MAILED OUT A GENERIC ONE TO THE FACILITY ON 3/9/98

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COMMENTS:

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

DATE OF NEXT INSPECTION: 1 YEAR  
 (Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU  
 (Please Print)

INSPECTOR'S SIGNATURE: *Roxi Blum* PHONE NUMBER: (813) 272-5530

acc

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

date stamp  
file on back

AIRS ID#0571114

ALVIN KORNHAUSEN  
ALVIN KORNHAUSEN  
11301 N 56TH STREET  
TAMPA FL 33617

Do NOT Remove Label

Annual Reporting Period: 9/8 1997 TO 2/11/98 1998

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

If NO, complete the following:

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

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

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

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

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

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

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

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

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

RESPONSIBLE OFFICIAL: Alvin Kornhausen Alvin Kornhausen 4/1/98  
Name (Please Print) Signature Date

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

*acc*

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

*date stamp  
flat on back*

ALVIN KORNHAUSEN ALVIN KORNHAUSEN 11301 N 56TH STREET TAMPA FL 33617	AIRS ID#0571114
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Do **NOT** Remove Label

Annual Reporting Period: 1/1 1998 TO 12/31/98 1998

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

If NO, complete the following:

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

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

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

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

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

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

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

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

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

RESPONSIBLE OFFICIAL: Alvin Kornhausen Alvin Kornhausen 1/1/98

Name (Please Print) Signature Date

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

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

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TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 571114 DATE: 3/9/98 TIME IN: 10:30 TIME OUT: 11:15  
 FACILITY NAME: ELITE CLEANERS  
 FACILITY LOCATION: 11301 N. 56th ST.  
TAMPA, FL 33617  
 RESPONSIBLE OFFICIAL: ALVIN KORHAUSER PHONE: (813) 989-2439  
 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)

No notification form  
 Drop store/out of business/petroleum

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

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

If no, please check the appropriate classification:

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 270 gallons.



**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

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

ROGER ZHU

Inspector's Name (Please Print)

3/9/98

Date of Inspection

*Roger Zhu*

Inspector's Signature

1 YEAR

Approximate Date of Next Inspection

INSPECTION REPORT FORM  
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Elite Cleaners			PAGE 1 OF 1		
FACILITY ADDRESS: 11301 56 <sup>th</sup> Street			CITY: Tampa PHONE: (813) 989-2439		
MAILING ADDRESS: Same		CITY: Tampa	FLA	ZIP: 33617	
INSPECTION DATE: Mar 9, 1998	TIME IN: 10:30	TIME OUT: 11:15	INSPECTION TYPE: non-CDS		STATUS: In Compliance
NEDS NUMBER: 571114					
SOURCE DESCRIPTION: Perc Dry Cleaner					
CONTACT(S): Alvin Kornhauser					

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 37-B0-065.  
The machine was in operation today. No leaks or odors were noticed.  
Mr. Kornhauser's record keeping is in good shape. He purchased 270 gallons of perc over last 12 months.  
Mr. Kornhauser did not have an owners manual kept on site. I mailed out the generic owners manual to him today.

INSPECTED BY: Roger Zhu	DATE: Mar 9, 1998
-------------------------	-------------------

*ACE*

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

FACILITY NAME: Elite Cleaners DATE: 4/14/99  
 FACILITY LOCATION: 11301 N. 56<sup>th</sup> Street  
Tampa, FL 33617

Annual Reporting Period: 2-1-98 19   TO 4-14 19  99

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

If NO, complete the following:

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

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

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

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

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

RESPONSIBLE OFFICIAL: AVIN KORNHAUSER *[Signature]* 4/14/99  
 Name (Please Print) Signature Date

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

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

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

TIME IN: 1:00 TIME OUT: 3:50 AIRS ID#: 0571114  
 TYPE OF FACILITY: Perc Dry Cleaner  
 FACILITY NAME: Elite cleaner DATE: 4-14-99  
 FACILITY LOCATION: 11301 N. 56th street  
Tampa, FL 33617  
 RESPONSIBLE OFFICIAL: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

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

DATE OF NEXT INSPECTION: 1 Year  
(Approximate)

INSPECTION CONDUCTED BY: Mohammad Nozari  
(Please Print)

INSPECTOR'S SIGNATURE: M. Nozari PHONE NUMBER: \_\_\_\_\_

✓

**PERCHLOROETHYLENE DRY CLEANERS**

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 571114 DATE: 4/14/99 TIME IN: 1:00 TIME OUT: 3:00  
FACILITY NAME: Elite Cleaners  
FACILITY LOCATION: 11301 North 56<sup>th</sup> Street  
Tampa, FL 33617  
RESPONSIBLE OFFICIAL: ALVIN KORNHAUSER PHONE: (813) 989-2439  
CONTACT NAME: '' PHONE: ''

**PART I: NOTIFICATION**

**RECEIVED**

(check appropriate box)

1. New facility notified DARM 30 days prior to startup
2. Facility failed to notify DARM to use general permit

*N/A*

MAY 1 1999

Bureau of Air Monitoring  
& Mobile Sources

**PART II: CLASSIFICATION**

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

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

A.

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

If no, please check the appropriate classification:

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 380 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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



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

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

**PART V: RECORDKEEPING REQUIREMENTS**

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

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

**PART VI: LEAK DETECTION AND REPAIRS**

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

Mohammad Nozari  
Inspector's Name (Please Print)

4-14-99  
Date of Inspection

M. Nozari  
Inspector's Signature

1 Year  
Approximate Date of Next Inspection

INSPECTION REPORT FORM  
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Elite Cleaners PAGE 1 OF 1

FACILITY ADDRESS: 11301 North 56<sup>th</sup> Street CITY: Tampa  
PHONE: (813)989-2439

MAILING ADDRESS: The same as above CITY: Tampa    FLA    ZIP: 33617

INSPECTION DATE: April 14, 1999	TIME IN: 1:00 PM	TIME OUT: 3:00 PM	INSPECTION TYPE: Annual	STATUS: In Compliance
------------------------------------	---------------------	----------------------	----------------------------	--------------------------

NEDS NUMBER: 571114

SOURCE DESCRIPTION: Perchloroethylene ( Perc ) Dry Cleaner

CONTACT(S): Mr. Alvin Kornhauser

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

1. The record keeping of the Perc purchases was very good and organized.
  2. The gauge temperature reading was recorded weekly and the average was 36° F
  3. The vicinity around the dry cleaning machine was very clean and well maintained..
  4. The Perc was loaded directly with a hookup connection and no container of perc was existed at the site.
  5. The monthly averages for perc consumption were recorded correctly and the totals for the past 12 months were 380 gallons and it was verified.
  6. The machine was in the cooling mode. No leaks or odors were noticed.
- This facility has one drop store in the New Tampa area.

INSPECTED BY: Mohammad Nozari	DATE: April 14, 1999
----------------------------------	-------------------------

✓

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: <u>14:00</u>	TIME OUT: <u>15:00</u>	AIRS ID#: <u>571114</u>
TYPE OF FACILITY: <u>PERC DRY CLEANER</u>		
FACILITY NAME: <u>ELITE CLEANERS</u>	DATE: <u>3/7/00</u>	
FACILITY LOCATION: <u>11301 N. 56th ST.</u> <u>TAMPA, FL 33617</u>		
RESPONSIBLE OFFICIAL: <u>ALVIN KORNHAUSER</u>		PHONE NUMBER: <u>(813) 989-2439</u>

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<u>INCOMPLETED RECORDKEEPING (RECORDED TEMP. &amp; PERC USAGE, BUT NO LEAK LOG KEPT).</u>	<u>RE-INSPECT RECORDKEEPING IN 90 DAYS</u>

**RECEIVED**  
 APR 13 2000  
 Bureau of Air Monitoring  
 & Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: 90 DAYS  
(Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU  
(Please Print)

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

✓

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#:	<u>571114</u>	DATE:	<u>3/7/00</u>	TIME IN:	<u>14:00</u>	TIME OUT:	<u>15:00</u>
FACILITY NAME:	<u>ELITE CLEANERS</u>						
FACILITY LOCATION:	<u>11301 N. 56<sup>th</sup> ST.</u>						
	<u>TAMPA, FL 33617</u>						
RESPONSIBLE OFFICIAL:	<u>ALVIN KORNHAUSER</u>			PHONE:	<u>(813) 989-2439</u>		
CONTACT NAME:	<u>SAME</u>			PHONE:	<u>SAME</u>		

### PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup
2. Facility failed to notify DARM to use general permit

### PART II: CLASSIFICATION

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

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

A.

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

If no, please check the appropriate classification:

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 270 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

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

ROGER ZHU

Inspector's Name (Please Print)

*Roger Zhu*

Inspector's Signature

3/7/00

Date of Inspection

1 YEAR

Approximate Date of Next Inspection



AIRS ID#: 571114

ACE

Revised 10/10/96

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

FACILITY NAME: ELITE CLEANERS DATE: 4/7/00

FACILITY LOCATION: 11301 N. 56<sup>th</sup> ST.  
TAMPA, FL 33617

Annual Reporting Period: 4/15 19 99 TO 4/7 20 00

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

If NO, complete the following:

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

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

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

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

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

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

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

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

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

RESPONSIBLE OFFICIAL: Alvin Korhansen [Signature] 4/7/00

Name (Please Print) Signature Date

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

INSPECTION REPORT FORM  
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Elite Cleaners			PAGE 1 OF 1	
FACILITY ADDRESS: 11301 56 <sup>th</sup> Street			CITY: Tampa PHONE: (813) 989-2439	
MAILING ADDRESS: Same		CITY: Tampa	FLA	ZIP: 33617
INSPECTION DATE: Mar 7, 2000	TIME IN: 10:30	TIME OUT: 11:15	INSPECTION TYPE: non-CDS	STATUS: In Compliance
NEDS NUMBER: 571114				
SOURCE DESCRIPTION: Perc Dry Cleaner				
CONTACT(S): Alvin Kornhauser				

Today's visit was to conduct the annual inspection.  
The machine was in operation today. No leaks or odors were noticed.  
The perc usage was 270 gallons for the past 12 months.  
The recordkeeping was incomplete. Mr. Kornhauser has recorded the temperature and the perc usage, but not recording leak checks. He said he watches his machine closely, but forgot to write it down on the compliance calendar. I told him it is a part of our inspection to check the recordkeeping and the records are the only things we can verify. I consider this facility is in compliance based on no finding of leaks or odors, but I'll come back in 90 days for his recordkeeping methods.  
Mr. Kornhauser told me he'll probably add another machine in this summer. He'll let me know when it occurs.

INSPECTED BY: Roger Zhu	DATE: Mar7, 2000
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TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 9:45 TIME OUT: 11:00 AIRS ID#: 571114  
 TYPE OF FACILITY: PERC DRY CLEANER  
 FACILITY NAME: ELITE CLEANERS DATE: 4/19/00  
 FACILITY LOCATION: 11301 N. 56<sup>th</sup> STREET  
TAMPA, FL 33617  
 RESPONSIBLE OFFICIAL: ALVIN KORNHAUSER PHONE NUMBER: (813) 989-2439

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

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

RECEIVED

COMMENTS:

MAY 18 2000

Bureau of Air Monitoring  
& Mobile Sources

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

DATE OF NEXT INSPECTION: 1 YEAR  
(Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU  
(Please Print)

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

PERCHLOROETHYLENE DRY CLEANERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 571114 DATE: 4/19/00 TIME IN: 9:45 TIME OUT: 11:00  
 FACILITY NAME: ELITE CLEANERS  
 FACILITY LOCATION: 11301 N. 56<sup>th</sup> STREET  
TAMPA, FL 33617  
 RESPONSIBLE OFFICIAL: ALVIN KORNHAEUSER PHONE: (813) 989-2439  
 CONTACT NAME: SAME PHONE: SAME

**PART I: NOTIFICATION**

(check appropriate box)

1. New facility notified DARM 30 days prior to startup   
 2. Facility failed to notify DARM to use general permit

**PART II: CLASSIFICATION**

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

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

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

If no, please check the appropriate classification:

- facility qualified for a general permit as number 4 above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 270 345 gallons.  
RL

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

- |  |  |
|--|--|
| 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                   |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the temperature differential equal to or greater than 20° F?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the perc concentration equal to or less than 100 ppm?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

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

ROGER ZHU

Inspector's Name (Please Print)

4/19/00

Date of Inspection

*Roger Zhu*

Inspector's Signature

1 YEAR

Approximate Date of Next Inspection

INSPECTION REPORT FORM  
 ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Elite Cleaners			PAGE 1 OF 1	
FACILITY ADDRESS: 11301 56 <sup>th</sup> Street			CITY: Tampa PHONE: (813) 989-2439	
MAILING ADDRESS: Same		CITY: Tampa	FLA	ZIP: 33617
INSPECTION DATE: Apr 20, 2000	TIME IN: 9:45	TIME OUT: 11:00	INSPECTION TYPE: non-CDS	STATUS: In Compliance
NEDS NUMBER: 571114				
SOURCE DESCRIPTION: Perc Dry Cleaner				
CONTACT(S): Alvin Kornhauser				

Today's visit was a follow-up inspection for the recordkeeping, and also checks the state of the new additional machine installed in the last week.

The model of the new additional machine is Union with the serial number 305-BO-0750. The machine is equipped with a closed-loop vapor venting system. The initial fill-up was 75 gallons. It was operating during my visit, no odors or leaks were noticed.

Mr. Kornhauser keeps good records now. Each machine has its own records indicated the leak inspections and temperature monitoring on a weekly basis.

Mr. Kornhauser said he would mail out the notification form to FDEP tomorrow for adding the new machine.

INSPECTED BY: Roger Zhu	DATE: April 20, 2000
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Z 333 612 965

US Postal Service  
**Receipt for Certified Mail**

AIRS ID 0571114

ALVIN KORNHAUSEN  
ALVIN KORNHAUSEN  
11301 N 56TH STREET  
TAMPA FL 33617

PS Form 3800, April 1995

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

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

ALVIN KORNHAUSEN  
ALVIN KORNHAUSEN  
11301 N 56TH STREET  
TAMPA FL 33617

AIRS ID 0571114

4a. Article Number

Z 333612 965

4b. Service Type

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

7. Date of Delivery

2/18/95

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Gloria Cleary

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0356387

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

RECEIVED  
MAIL ROOM

JAN -6 99

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID # 0571114

ELITE CLEANERS  
ALVIN KORNHAUSEN  
11301 N 56TH STREET  
TAMPA FL 33617

**FOR GOVERNMENT USE ONLY**

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0391462

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

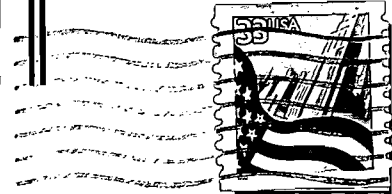
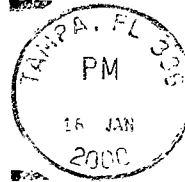
ELITE CLEANERS  
ALVIN KORNHAUSEN  
11301 N 56TH STREET  
TAMPA FL 33617

AIRS ID # 0571114

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: B  
Fund: 20-2-035001  
Obj.: 002273

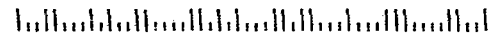
RECEIVED  
MAIL ROOM  
JAN 25 2000

ALVIN KORHAUSER  
16204 BONNEVILLE DR.  
TAMPA, FL 33624-1113



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

32315-3070





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 404632

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 # 0571114
ELITE CLEANERS ALVIN KORNHAUSEN 11301 N 56TH STREET TAMPA FL 33617

Bureau of Air Monitor  
& Mobile Sources

FEB - 7 2009

RECEIVED

*2/5/09*

RECEIVED  
MAIL ROOM

FOR GOVERNMENT USE ONLY Org.: 37550101000 EOD A1 Fund: 20-2-035001 Obj.: 002273
--

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

7000 0600 0026 4126 5971

\_\_\_\_\_

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark  
Here

AIRS ID # 0571114

ELITE CLEANERS  
 ALVIN KORNHAUSEN  
 11301 N 56TH STREET  
 TAMPA FL 33617

PS Form 3800, February 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS		<b>THIS SECTION ON DELIVERY</b>		
<p><b>SEND</b></p> <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0571114</p> <p>ELITE CLEANERS                  ALVIN KORNHAUSEN                  11301 N 56TH STREET                  TAMPA FL 33617</p>	<p>A. Received by (Please Print Clearly) B. Date of Delivery</p> <p><i>Alvin Kornhausen</i> <i>2-9-99</i></p> <p>C. Signature <input type="checkbox"/> Agent</p> <p><i>Alvin Kornhausen</i> <input checked="" type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</p> <p>If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
	<p>2. Article Number (Copy from service label)</p> <p><i>7000 0600 0026 4126 5971</i></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
PS Form 3811, July 1999		Domestic Return Receipt		
		102595-99-M-1789		



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413193 JAN16 2002

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 # 0571114

ELITE CLEANERS  
ALVIN KORNHAUSEN  
11301 N 56TH STREET  
TAMPA FL  
33617

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

Bureau of Air Monitoring  
& Mobile Sources

JAN 18 2002

RECEIVED

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

7000 0520 0020 9372 5196

Postage	\$	<i>received</i> Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total</b>		

10 AIRS ID # 0571114001AG

Recd ALVIN KORNHAUSEN (alter)

Street ELITE CLEANERS

City: TAMPA FL 33617

PS Form 3800, February 2000 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0571114001AG

VIN KORNHAUSEN  
 ELITE CLEANERS  
 301 N 56TH STREET  
 TAMPA FL 33617

*7000 0520 0020 9372 5196*

2. Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature *[Handwritten Signature]*  -Agent  Addressee

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes