

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

March 7, 1997

Mr. Jack L. Smith President Quality Dry Cleaners, Inc. 104 West Grant Street Plant City, Florida 33566

Re: Facility No. 0571119

Dear Mr. Smith:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 24, 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, Fl 32399-2400

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Thomas Shelton, Hillsborough County

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

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

TYPE OF INSPECTION: ANNUAL 🔀 COME	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 13:30 TIME OUT: 15:  TYPE OF FACILITY: PERC DRY CLEANER	ARG ID#
FACILITY NAME: QUALITY DRY CLEAP	VERS, INC DATE: 2/10/00
TACIBIT LOCATION.	33566
RESPONSIBLE OFFICIAL: JACK SMITH	PHONE NUMBER: (813) 757-6200
TEST OTTOME OTTOWN.	THOUSE NOWING
Based on the results of the compliance requirements evalual compliance with DEP Rule 62-213.300, Florida Administra	• • •
Based on the results of the compliance requirements evaluadiscrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•	
	B
	WAR WAR
	1 3 2000 Air Monitt
	oring
COMMENTS:	
	fied and submitted to the inspector. YES NO
The Annual Compliance Certification form has been properly certification for the properly certification for t	YEAR
DATE OF NEXT INSPECTION: (Ag	pproximate)
· •	GER ZHU
(P)	lease Print) (913) 272-5530
INSPECTOR'S SIGNATURE: Roger Bhu	PHONE NUMBER: (813) 272-5530
Page	of Revised 10/96

AIRS ID#: 571119

# Kop

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: QUALITY	DRY CLEANERS, INC D.  GRANT STREET  CITY, FL 33566	ATE: 2/10/00
FACILITY LOCATION: 104 W.	GRANT STREET	,
PLANT	CITY FL 33566	
Annual Reporting Period: Jav	1999 TO Feb 10	20 0
	V general air permit, my facility has remained in compliance w A.C.), during the period covered by this statement.	ith DEP Rule
f NO, complete the following:		
\$1. Term or condition of the general permit	that has not been in continuous compliance during the reporting	g period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:	· · ·	
Method used to demonstrate compliance:	<u> </u>	
#2. Term or condition of the general permit	that has not been in continuous compliance during the reportin	g period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:	· · · · · · · · · · · · · · · · · · ·	
•	•	
made in this notification are true, accurate upon rolling averages of purchase receipts,	based on information and belief formed after reasonable inquit and complete. Further, my annual consumption of perchloroet does not exceed 2,100 gallons per year for dry-to dry facilities	hylene solvent, based
year for transfer or combination facilities.  RESPONSIBLE OFFICIAL: JACK	1 Smith Ind Show	\$

1	1	
Page	of/	

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

### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<b>)</b>	COMPLAINT	DISCOVERY	0
AIRS ID#: 571119  FACILITY NAME: 0	UALITY DE	ey clea	ANERS,	_ TIME OUT: _/ /ルこ	15:30
facility location: 1	LANT CITY	FL	33566	· •	
RESPONSIBLE OFFICIAL :	JACK SMI SAME	TH	_phone:	813) 757-6 SAME	6200
PART I: NOTIFICATION					
(check appropriate box)  1. New facility notified DARM  2. Facility failed to notify DARM		-			<b>≱</b>
PART II: CLASSIFICATIO	N				
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gall transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	rce	ransfer only, $x$ both types, $x < x$	area source , x < 140 gal/yr x < 200 gal/yr	out of business/po	etroleum
3. Existing large area sou dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,8$ both types, $140 \le x \le 1,800$ (constructed before 12/9/91	2,100 gal/yr 6 000 gal/yr t 0 gal/yr t	transfer only, 2 both types, 140	area source 7, $140 \le x \le 2,10$ $200 \le x \le 1,800$ $0 \le x \le 1,800$ ga an or after $12/9/9$	gal/yr l/yr	· · · · · · · · · · · · · · · · · · ·
5. This is a correct facility		DY XN	□Can not de	etermine	
☐ faci	e appropriate classificat lity qualified for a gene lity exceeds above limit	ral permit as r		_ above ral permit	
B. The total quantity of perch facility was 289 gallon		chased within	the preceding 12	2 months by this d	ry cleaning

	<del></del>
PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON XXVIA
2. Examining the containers for leakage?	מאמאלא אם צם
3. Closing and securing machine doors except during loading/unloading?	MO AM
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON <b>M</b> 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	<b>7.</b>
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber muinstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	ØY □N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ØY □N □N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	XY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	<b>М</b> У □И
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	XY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	<b>M</b> Y □N

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	×γ	N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY		UN/A
	Is the temperature differential equal to or greater than 20° F?	PY	מם	□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?	ПY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΠY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПY	ПN	□N/A
6.	Pouted airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) MY ON 1. Maintained receipts for perc purchased? MO YE 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: DY ON MANA a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN WNA and parts installed w/in 5 days of receipt? DY ON MINA 4. Maintained calibration data? (for applicable direct reading instruments) DY ON DINA 5. Maintained exhaust duct monitoring data on perc concentrations? MY ON 6. Maintained startup/shutdown/malfunction plan? DY ON MNA 7. Maintained deviation reports? OY ON MANA Problem corrected? DY DN MANA 3. Maintained compliance plan, if applicable?

#### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair ПN inspection? ďΥ 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, AYU UN UNIA Muck cookers MY ON ONA couplings, and valves MY ON ON/A Stills XY ON ONA Door gaskets and seating MY ON ON/A Exhaust dampers XY ON ON/A Filter gaskets and seating AVA ON ONA Pumps Diverter valves XY ON ONA MY ON ONA XY ON ON/A Solvent tanks and containers Cartridge filter housings MY ON ON/A Water separators 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 XN/A If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN ROGER ZHU Date of Inspection Inspector's Name (Please Print) YEAR fore Mm

Approximate Date of Next Inspection

Inspector's Signature

•							
		INSPECTION REF	PORT FORM	_		<del></del> _	
ENVIRO		ECTION COMMI		SBOROUGH	COUNT	Y	
FACILITY: Quality Dry	Cleaners, Inc.			PAGE	1	OF	1
FACILITY ADDRESS:	104 W. Grant S	treet		CITY: Ta	ampa		
·				PHONE:	, ,		1
MAILING ADDRESS:	Same		CITY: Tampa		ZIP:	33566	
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO			STATU	
Feb 10, 2000	13:30	15:30	non-C	DS	Ir	n Compl	iance
NEDS NUMBER: 57	71119						
SOURCE DESCRIPTIO	N: Perc Dry	Cleaner					
CONTACT(S): Jack	Smith		•				
Today's visit was to conduct the annual inspection.  I noticed that both the machines were moved to the corner from the center in the facility. The owner, Mr. Jack Smith, told me that they relocated the machines in September 1999 for gaining more space for the operation. Both the machines are connected correctly with the closed-loop vapor venting systems, and both the machines have the pans underneath.  The machines are well maintained. No odor or leaks were noticed during the inspection.  The recordkeeping is good. The temperature and leak checks have been recorded on a weekly basis. The perc usage was 289 gallons for the past 12-month according to the purchase receipts.  I saw the owner's manuals for the two different machines kept on site including startup, shutdown and malfunction plan.							
1							

#### **BEST AVAILABLE COPY**

571119

### KECEIVED

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT of Air Monitoring ANNUAL COMPLIANCE CERTIFICATION FORM a Mobile Sources

FACILITY NAME: QUALITY	DRYCLEANER	S, INC	•	_DATE: <u>/- / 8</u> -	-97
FACILITY LOCATION: 104 WE	ST GRANT				••
•	City FL.	33566	•		
Annual Reporting Period:		19 <u>%</u> TO _	JAN		19 <u>9</u> 7
Based on each term or condition of the Title		•	منہ ا	<del>1</del>	•
62-213.300, Florida Administrative Code (F	A.C.), during the period	l covered by this s	tatement. LYE	s ANO	
If NO, complete the following:			,		
#1. Term or condition of the general permi	t that has not been in con	tinuous complian	ce during the repor	ting period stated at	ove:
00000000000000000000000000000000000000	DEROND HAL	IE BEEN	IN CON	NPLIANCE	
Exact period of non-compliance: from	SEPT. 196		to JAN		
Action(s) taken to achieve compliance:		· 			
Method used to demonstrate compliance:					
#2. Term or condition of the general permi	t that has not been in con	tinuous complian	ce during the repor	ting period stated al	ove:
Exact period of non-compliance: from		tc	)		
Action(s) taken to achieve compliance:	•				
Method used to demonstrate compliance:					
viction used to demonstrate compitance.		·			
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	and complete. Further,	my annual consun	nption of perchlore	ethylene solvent, bo	ssed per
	-				

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

	#057119
	Quality Dry Cleaners, Inc.
P.14 D.15	1.(c) mark out "V" and initial 4. Should be new small area Source W/refrig. con. 5.(f) required
<i>p.</i> 1,70	Source W/refrig. con.

# RECEIVED

### Perchloroethylene Dry Cleaning Facility Notification

JAN 2 4 1997

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

Bureau of Air Monitoring

_	& Mobile Sources
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	QUALITY DRY CLEANERS, INC.
2.	Site Name (For example, plant name or number):
	SAME
3.	Hazardous Waste Generator Identification Number:
	CES Q G
4.	Facility Location:
	Street Address: 104 WEST GRANT ST.  City: PLANT City County: HILLSBOROUGH Zip Code: 33566
5.	Facility Identification Number (DEP Use):
	2057119
	Responsible Official
	· · · · · · · · · · · · · · · · · · ·
· 6.	Name and Title of Responsible Official:  JACK L. Smith, PRESIDENT
7.	Responsible Official Mailing Address: Organization/Firm: QVALITY DRY CLEANELS, INC. Street Address: 104 WEST GRANT ST. City:PLANT CITY  County: HILLSBOROMEH Zip Code: 33566
8.	Responsible Official Telephone Number:
	Telephone: (813) 757-6200 Fax: (8(3) 7/9-7049
	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: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

#### **Facility Information**

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
	ł	Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	. 02-MAR-92	02-MAR-9
Dry-to-Dry Unit			-			•			
(1) w/ ref. condenser	<b>√</b>	JUNE 195	JUNE 195						
(2) w/ carbon adsorber									
(3) w/ no controls	1								
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									_
(6) w/ no controls									
Dryer Unit								•	<del></del>
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls	1								
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber	1								
(12) w/ no controls									
(b) Control devices are  No control devices  2.(a) What was the total  3.0  (b) If less than 12 mon Check why it is les	are r quant   gallo	equired to be ity of perchlons ow many? [_	e installed [	perc)	_] purchased i	n the latest 12 :: [] Did			<u></u>
3. What is the facility's so (Indicate with an "X".  Existing small an	Selec	t one classif	ication only.)	)	nitions foun	·	•	Part II?	
Existing large ar	ea so	urce []	Ne	ew la	rge area sour	ce [	]		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Bana	(5) - 5 D+ II - 5 this motification form?
What control technology is required on machines pursuant to sectio (Indicate with an "X".) NONE	n (5) of Part II of this notification form?
Existing large area source  Carbon adsorber [] Refrigerated con	ndenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be to Rule 62-213.300, F.A.C. Verify that all steam and hot water general exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat boiler HP or less), and (2) are fired exclusively by natural gas except during which propane or fuel oil containing no more than one percent	for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeepin	ng Information
Check all logs which are required to be kept on-site in accordance with	h the requirements of this general permit:
(a) Purchase receipts and solvent purchases	· []
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	$\overline{\checkmark}$
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

### Surrender of Existing Air Permit(s)

Please 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.						
Signapare	ach I substitute 1-18-97 Date					

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMPLAINT/	DISCOVERY	RE-INSPECTION
TIME IN: 1:30	TIME OUT:	30	AIRS ID#:	571119
TYPE OF FACILITY:	Duy Oleaner		•	
FACILITY NAME:	Dra lite Cl	leeners		DATE: 1///2/97
FACILITY LOCATION:	104 (1) 6100	A RA		
THEREIT BOCKHOK	Plant City	F1 23	566	
PECRONICIPI E OFFICIAL	Tack C 41	1.200	PHONE NUMBER	8(3) 757-6200
RESPONSIBLE OFFICIAL:	27CIC SMITH		PHONE NOMBER	0131757020-0
	the compliance requirements Rule 62-213.300, Florida Adr			ility is found to be in
Based on the results of discrepancies were not	the compliance requirements ed:	evaluated durin	g this inspection, the foll	lowing compliance
COMPLIANCE REQ	UIREMENT/PROBLE	M F	OLLOW-UP ACTION	ON REQUIRED
<u> </u>	<u> </u>			
				·
<del></del> :				
			•	
COMMENTS:		<del> •</del>	· ·	
		,		N/A
The Annual Compliance Certifi	cation form has been properly	y certified and st	ibmitted to the inspector	. YES NO
DATE OF NEXT INSPECTIO	)N:/	yı		
INSPECTION CONDUCTED	BY: Brock	(Approximate	Ling,	
	1 +	(Please Print	•	(22) 22
INSPECTOR'S SIGNATURE	: Duce Mys	n	PHONE NUMBER:	1813 J212-5530
	/ Pag	re of		Revised 10/9

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTI	COMPLAINT/DISCOVERY D
0571119	. /	
AIRS ID#:	DATE: <u>// /0 /</u>	97 TIME IN: 10:00 TIME OUT: 11:45
FACILITY NAME:	uliti	Duy Cleaners
FACILITY LOCATION: \(\frac{1}{2}\)	24 GARN	of St.
<u>P.</u>	lant a	ty FL 33566
PART I: NOTIFICATION		
(check appropriate box)		
1. Existing facility notified DAR	M by 9/1/96	. 🗅
2. New facility notified DARM	30 days prior to st	artup
3. Facility failed to notify DARN	A to use general p	ermit
<u> </u>		
PART II: CLASSIFICATION		
Facility indicated on notificatio (check appropriate box)	n form that it is:	
<b>A.</b>	•	. /
1. Existing small area source	e . 🗅	2. New small area source
dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr		dry-to-dry only, x<140 gal/yr / \tansfer only, x<200 gal/yr
both types, x<140 gal/yr		both types, x<140 gal/yr
(constructed before 12/9/91)		(constructed on or after 12/9/91)
3. Existing large area sourc	e 🖸	4. New large area source
dry-to-dry only, 140 <x<2, 100<="" td=""><td>) gal/yr</td><td>dry-to-dry only, 140<x<2, 100="" gal="" td="" yr<=""></x<2,></td></x<2,>	) gal/yr	dry-to-dry only, 140 <x<2, 100="" gal="" td="" yr<=""></x<2,>
transfer only, 200 <x<1,800 140<x<1,800="" gab<="" gaboth="" td="" types,=""><td></td><td>transfer only, 200<x<1,800 gal="" yr<br="">both types, 140<x<1,800 gal="" td="" yr<=""></x<1,800></x<1,800></td></x<1,800>		transfer only, 200 <x<1,800 gal="" yr<br="">both types, 140<x<1,800 gal="" td="" yr<=""></x<1,800></x<1,800>
(constructed before 12/9/91)	y i	(constructed on or after 12/9/91)
This is a correct facility classific	ation	XY ON
If no, please check the appropria	ite classification:	
facility qualifie	d for a general pe	ermit as numberabove
☐ facility exceeds	above limits and	is not eligible for a general permit
B. The total quantity of perchlor facility was 10 gallons.	oethylene (perc)	purchased within the preceding 12 months by this dry cleaning

#### PART III: GENERAL CONTROL REQUIREMENTS

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

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



`\ □Y □N **∑**M

#### PART IV: PROCESS VENT CONTROLS

#### In Part II-A:

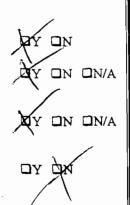
If classification 1 has been checked, no controls are required. Proceed to Part V.

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



	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?	□ү □и
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
	Is the temperature differential equal to or greater than 20° F?	OY ON
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	□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?	OY ON
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?	OY ON ON/A
_	<del></del>	
PA	RT V: RECORDKEEPING REQUIREMENTS	
	The state of the s	
	s the responsible official:	
(ci	s the responsible official: leck appropriate boxes)	\( \sigma \)
(cl	s the responsible official: leck appropriate boxes)  Maintained receipts for perc purchased?	пу фи
(ci 1. 2.	s the responsible official: leck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?	OY DIV
(ci 1. 2.	s the responsible official: leck appropriate boxes)  Maintained receipts for perc purchased?	OY DIN
(ci 1. 2.	s the responsible official: leck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?	OY DIN
(ci 1. 2.	Is the responsible official: leck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:	OY DIN
(ci 1. 2. 3.	s the responsible official: leck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	
(chi 1. 2. 3. 4.	s the responsible official: leck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY N
(cl 1. 2. 3.	Is the responsible official: leck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)	OY DU ON/A
(cl 1. 2. 3.	Is the responsible official: leck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?	OY DU ON/A
(cl 1. 2. 3.	Is the responsible official: leck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?	OY ZIN OY ON ON/A OY ZIN/A ZIY ON/A
(ct 1. 2. 3. 4. 5. 6. 7.	Is the responsible official: leck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?	OY DN ON/A OY DN/A DY DN/A
(cl 1. 2. 3. 4. 5. 6. 7.	Is the responsible official: leck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?  Problem corrected?	
(ct 1. 2. 3. 4. 5. 6. 7. 8.	Is the responsible official: leck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?  Problem corrected?	

2. Which method of detection is used	l by the recor	cible offici	1012					
	2. Which method of detection is used by the responsible official?							
Visual examination (conden								
Physical detection (airflow f	Physical detection (airflow felt through gaskets)							
Odor (noticeable perc odor)	Odor (noticeable perc odor)							
Use of direct-reading instru	nentation (FII	D/PID/calor	rimetric tubes)					
If using direct-reading inst	rumentation,	is the equ	ipment:					
a. Capable of detec	ting perc vapo	r concentr	ations in a range of 0-500 ppm?	$\Box Y$	□N			
b. Calibrated agair		gas prior to	and after each use					
(PID/FID only)?				ΠY	□И			
c. Inspected for lea	ks and obviou	s signs of v	wear on a weekly basis?	$\Box$ Y	□N			
d. Kept in a clean	and secure area	a when not	t in use?	$\Box$ Y	□N			
e. Verified for accu	racy by use of	duplicate	samples (calorimetric only)?	$\Box$ Y	□N			
3. Has the facility maintained a leak	log?			$\Box$ Y	□N			
4. Does the responsible official check	the following	g areas for	leaks?					
Hose connections, fittings,								
couplings, and valves	XY	□N	Muck cookers	ΠY	ПN			
Door gaskets and seating	' <del>y</del> x	□и	Stills	XY	ПИ.			
Filter gaskets and seating	T Y	□N	Exhaust dampers	<b>*</b>	□N			
Pumps	AX	□N	Diverter valves	X	□N .			
Solvent tanks and container	Solvent tanks and containers							
Water separators	TY.	□и	٠.	<u> </u>				

Name of Responsible Official

Noce M. King

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
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		·
·	•	
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		'

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CON	MPLAINT/DISCOVERY D RE-INSPECTION
TIME IN: /():00 TIME OUT: //:	44 FEBAİR 3 110407 - 12571119
TYPE OF FACILITY: Per Duy Cleans	Bureau of Air Monitoring
FACILITY NAME: Quelely Dy Clean	& Mobile Sources DATE: 1/10/97
FACILITY LOCATION: 104 Frent Rt Pl	ent lity FL 33566
	<u> </u>
RESPONSIBLE OFFICIAL: Jocle Smith	PHONE NUMBER: 75 7-6200
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Adminis	
Based on the results of the compliance requirements evaluation discrepancies were noted:	uated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	gave to example copies of
Thoras was no locare out I bond	Asy that can be caused to
1. I not Sulomet application for a G.P.	Cove la servit application
I. I not sulmu application	and informed to sellmit with
for a bot.	sevels:
V	
<del>- ·</del>	
	·
COMMENTS: Compliance Certificate	in form for hem to complete
The Annual Compliance Certification form has been properly cer	tified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: (A	approximate)
INSPECTION CONDUCTED BY: Brice Un. King	NERZ B. JANIS
	Please Print)
INSPECTOR'S SIGNATURE: Mece Mofine /1/14	1 B. WOPHONE NUMBER: 813-272-55301
Page /	of 9. Revised 10/96

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

AIRS ID#0571119 QUALITY DRY CLEANERS INC JACK L SMITH 104 WEST GRANT STREET PLANT CITY FL 33566

Do NOT Remove Label

Bureau of Air Monitoring & Mobile Sources

Annual Reporting Period: \\ \frac{\beta}{\kappa}	1997 TO	19 <u>7</u> 2
	e V general air permit, my facility has remained in compliance with D. F.A.C.), during the period covered by this statement. YES	DEP Rule
If NO, complete the following:		
#1. Term or condition of the general permit	t that has not been in continuous compliance during the reporting per	iod 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	t that has not been in continuous compliance during the reporting peri	iod stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:	·	
Method used to demonstrate compliance:	<u>.                                      </u>	

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.

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

# RECEIVED

### Perchloroethylene Dry Cleaning Facility Notification JAN 2 4 1997

Facility Name and Location

Bureau of Air Monitoring

	& Mobile Sources
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	QUALITY DRY ELEONERS, INC.
2.	Site Name (For example, plant name or number):
	SAME
3.	Hazardous Waste Generator Identification Number:
	CES Q G
4.	Facility Location:
	Street Address: 104 WEST GRANT ST. City: PLANT CITY County: HILLSBOROUGH Zip Code: 33566
5.	Facility Identification Number (DEP Use):
	ho 5009
	Responsible Official
6.	Name and Title of Responsible Official:  JACK L. Smith, PRESIDENT
7.	Responsible Official Mailing Address:  Organization/Firm: QVALITY DRY CLEANELS, INC.  Street Address: 104 WEST GRANT ST.  City:PLANT CITY  County: HILLSBORGEH Zip Code: 33566
8.	
	Telephone: (813) 757-6200 Fax: (8(3) 719-7049
	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:
13	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -

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

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source  Carbon adsorber Refrigerated condenser
New small area source Refrigerated condenser [ ]
New large area source Refrigerated condenser
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site
Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration
(f) Start-up, shutdown, malfunction plan

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

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

Ple	ase indicate	e with an "X" the appropriate selection:					
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
No air permits currently exist for the operation of the facility indicated in this notification form.							
		Responsible Official Certification					
÷	this notific statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.					
	I will promptly notify the Department of any changes to the information contained in this notification.						
,	Signature	ach I mill lock = 1-18-97  when I mill Corrections 3-18-97					

# THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 0355733

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 # 0571119 QUALITY DRY CLEANERS, INC JACK L SMITH 104 WEST GRANT STREET PLANT CITY FL 33566 FOR GOVERNMENT USE ONLY OF GRIEF OF GOVERNMENT USE ONLY OF GRIEF O

#### **Facility Information**

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	. 02-MAR-92	02-MAR-9
Dry-to-Dry Unit	<u> </u>	ļ-							
(1) w/ ref. condenser		30NE 195	TINE (75	1					
(2) w/ carbon adsorber		9 3 70 12	<u> </u>						
(3) w/ no controls			1						
Washer Unit			1	<u> </u>	. <u>!</u>				
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls	<del>                                     </del>								
Dryer Unit			l			1		1	
(7) w/ ref. condenser			1						
(8) w/ carbon adsorber						<u> </u>		<del> </del>	
(9) w/ no controls									<del></del>
Reclaimer Unit			·		<u> </u>				
(10) w/ ref. condenser		1	Ī	1	1	1	T	· ·	
(11) w/carbon adsorber				<u> </u>					<del></del>
(12) w/ no controls			1				<u> </u>		<del>                                     </del>
(b) Control devices are (c) No control devices  2.(a) What was the total of the control of the c	are ro	equired to be	installed [_	A .		n the latest 12	2 moi	nths?	. •
(b) If less than 12 mont Check why it is less					_] New store	:: [] Did	not k	eep records:	
3. What is the facility's so (Indicate with an "X".					initions foun	d in section (	3) of	Part II?	
Existing small ar	ea so	urce [].	Ne	ew sn	nall area sou	rce [X	]	•	
Existing large are	ea soi	arce []	Ne	ew la	rge area sour	ce [	]		

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

Page 14 of 16

### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	COMPLA	INT/DISCOVERY	
	RE-INSPECTION			
AIRS ID#: <u>(157/1/9</u> )	DATE: 11/12/97		TIME OUT: _(	2:30
FACILITY NAME:	udber Du	y Cleanor	1 Anc	
FACILITY LOCATION:	84 ll. 673	hart St.		
	Plant les	11 5 11	73566	
RESPONSIBLE OFFICIAL :	Mr. Jack 5	mith PHONE:	813-757-62	?00
CONTACT NAME:	Spine 1	PHONE: _	SAME 1	
PART I: NOTIFICATION				
(check appropriate box)			^	
1. New facility notified DARM 3	0 days prior to startup	N. 1	A	
2. Facility failed to notify DARM	f to use general permit		•	
	<del></del>	<del></del>		
<u> </u>				
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box)	n form that it is:		fication form ore/out of business/pet	roleum
Facility indicated on notification	e 🗆 2. N r dry-t trans both		ore/out of business/pet	roleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	e	Drop stop stop by the small area source to-dry only, $x < 140$ gal/yr types, $x < 140$ gal/yr types, $x < 140$ gal/yr	ore/out of business/pet /yr /91) 100 gal/yr 00 gal/yr gal/yr	roleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal/yr (solution of the constructed before 12/9/91)	e	Important Interpretation In the property of the small area source to-dry only, $x < 140$ gal/yr types, $x < 140$ gal/yr types, $x < 140$ gal/yr structed on or after 12/9 (in the second or area source to-dry only, $140 \le x \le 2$ , after only, $200 \le x \le 1,800$ types, $140 \le x \le 1,800$ types, $140 \le x \le 1,800$	ore/out of business/pet /yr /91)  100 gal/yr 00 gal/yr gal/yr /91)	roleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91)  5. This is a correct facility class If no, please check the approach of the facility of the constructed before 12/9/91)	e	lew small area source to-dry only, $x < 140$ gal/sfer only, $x < 200$ gal/yr types, $x < 140$ gal/yr structed on or after 12/9 lew large area source to-dry only, $140 \le x \le 2$ , sfer only, $200 \le x \le 1,800$ types, $140 \le x \le 1,800$ garructed on or after 12/9 $\square$ N $\square$ Can not sermit as number $2$	ore/out of business/pet /yr /91) 100 gal/yr 100 gal/yr gal/yr /91) determineabove	roleum

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

ľ	B. Has the responsible official of an existing large or new large area source al	lso:
	Measured and recorded the exhaust temperature on the outlet side of the conder on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	nser located
	2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ANIA
	Is the temperature differential equal to or greater than 20° F?	DY DN DINA
	3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber if machines are equipped with a carbon adsorber?	, OY DUNA
	Is the perc concentration equal to or less than 100 ppm?	אוא א עם אם
	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, contrator or expansion, is at least 2 duct diameters upstream from any bend, contraction, or expansion, and downstream from no other inlet?	ction,
	5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY ON DIN/A
	6. Routed airflow to the carbon adsorber (if used) at all times?	אוס אם אם אם

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

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?					ΩY	□N
2. Has the facility	y maintained a leak log?		,		ΩY	ПN
3. Does the responsible official check the following areas for leaks?						
	nections, fittings, gs, and valves	MA DN	□N/A	Muck cookers	ΠY	□N X N/A
Door gas	kets and seating	JAY ON	□N/A	Stills	Y	,□N □N/A
Filter gas	skets and seating	NO NE	□N/A	Exhaust dampers	MY	ON ON/A
Pumps	·	□Y □N	□N/A	Diverter valves	XY	□N □N/A
Solvent t	anks and containers	□Y □N	□N/A	Cartridge filter housings	<del>)</del> Y	□N □N/A
· Water se	parators	OY ON	DXV/A			
4. Which method	of detection is used by th	e responsib	le official?		/	,
Visual ex	camination (condensed so	lvent on ext	erior surfaces)		X	/
Physical	detection (airflow felt thro	ough gasket	ts)		X.	
Odor (no	ticeable perc odor)				×	
Use of dia	rect-reading instrumentat	ion (FID/PI	D/calorimetric t	tubes)		
Halogen I	leak detector					
If usi	ng direct-reading instru	mentation,	is the equipme	ent:	□N/.	A
·	a. Capable of detecting po	erc vapor co	oncentrations in	a range of 0-500 ppm?	ΠY	□N
t	<ul><li>Calibrated against a sta (PID/FID only)?</li></ul>	andard gas	prior to and afte	er each use	ΩY	ПП
	c. Inspected for leaks and	obvious sig	gns of wear on a	weekly basis?	ΩY	ПN
C	d. Kept in a clean and sec	cure area w	hen not in use?	•	ΩY	ПN
i e	e. Verified for accuracy b	y use of dup	plicate samples	(calorimetric only)?	ΠY	□N
Bruce	M. XIX9			11/12/9	シア	·
Inspec	ctor's Name (Please Print	)		Date of Inspe	ction	<del>_</del>
Kriic	Min			i Line	2_	
T.			<del></del>	A ====================================	Jane To	

11/3/97 Replaced Air value no leak & par Date installed 11/4/97

All revoids were current and available for enspertion

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀 💢	OMPLAINT/DISCOVER	RY 🗌	RE-INSPEC	TION [
TIME IN: 14:00	TIME OUT:	7=00 AIR	S ID#: 5	71119	
TYPE OF FACILITY: PC	RC DRY CLEAN	VER			
FACILITY NAME: QU	ALITY DRY CL	CANERS IN	10	DATE: 1/2	28/99
<u>-</u>	4 W. GRANT			_DAIL. <u>-</u> /	
TACILITY LOCATION.	ANT CITY FO				<del></del>
1	/- /			1813)75	7-6200
RESPONSIBLE OFFICIAL:	- Juliu	PHONE	E NUMBER:	(3,7) 191	-6200
	he compliance requirements example 62-213.300, Florida Admin		ection, the fac	cility is found to	be in
Based on the results of t discrepancies were noted	he compliance requirements ex d:	aluated during this inspe	ection, the fol	lowing complian	ice
COMPLIANCE REQU	JIREMENT/PROBLEM	FOLLOW	-UP ACTI	ON REQUIR	ED
•					
			-		
				8	
				real & ₹	
				eau of & Mob	EB C
COMMENTS:			•	<del>- ii A</del>	
COMMENTO.				eau of Air Monitoring & Mobile Sources	
				nito 'ces	1999 <b>-</b>
	•			ring	
		·			
The Annual Compliance Certific	ation form has been properly		the inspecto	or. YES	NO
DATE OF NEXT INSPECTIO	N:	YEAR			
	12)	(Approximate)			
INSPECTION CONDUCTED	BY:	oger Zhu			
	$\mathcal{N}$	(Please Print)		181312	12-5530
INSPECTOR'S SIGNATURE:	: Kore Bh	PHON	E NUMBER	k (01)/2	
	D	of .			Revised 10/96
	Page	<u>.                                    </u>			VEATOR TO SO



	5	7	11	1	9		
AIRS ID#:		,	•		- (		

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

DIE CONTROLLE QU				7 ,
FACILITY NAME:	UALITY DRY	CLEANERS	INC	_DATE: 1/28/95
FACILITY LOCATION:	104 W. GRA	NT ST.		/
FACILITY NAME: Q	PLANT CITY	, FL 335	566	
·				
Annual Reporting Period:	Jan 27	19 <u>98</u> TO	Jan 28	<sub>19</sub> _99
Based on each term or conditi 62-213.300, Florida Administ		•	<u> </u>	
If NO, complete the following	<b>g</b> :			
#1. Term or condition of the	general permit that has not	been in continuous complia	ince during the repo	rting period stated above:
Exact period of non-complian	ace: from		_ to	
Action(s) taken to achieve cor	mpliance:			· · · · · · · · · · · · · · · · · · ·
Method used to demonstrate of	compliance:			
Michiga asea to actionistiate (				
#2. Term or condition of the	,	been in continuous complia	ance during the repo	Surea T
	general permit that has not			Surea T
#2. Term or condition of the	general permit that has not			FEB 1
#2. Term or condition of the  Exact period of non-complian	general permit that has not  nce: from  mpliance:			FEB 1

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

### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	□ bx	COMPLAINT/DIS	COVERT		
AIRS ID#: 571119	DATE: 1/28/9	7 TIME I	N: 14200 TI	ME OUT:	17=8	0
FACILITY NAME: QU	ALITY DRY	CLEAN	ERS, INC			
FACILITY LOCATION:	04 W. GRAN	UT ST	•			
FACILITY LOCATION: 1	LANT CITY	, FL	33566		1	
				3)757-	-626	20
RESPONSIBLE OFFICIAL :	SAME			AME		
CONTACT NAME:			_ PHONE:			
						<del></del> 1
PART I: NOTIFICATION				<del> </del>		
(check appropriate box)					_	
New facility notified DARM			$\sim$	/4		]
2. Facility failed to notify DAR	M to use general permit	t	/			
				· · · · · · · · · · · · · · · · · · ·		
PART II: CLASSIFICATION	NT .					
Facility indicated on notification (check appropriate box)			☐ No notification: ☐ Drop store/out of		troleum	1
Facility indicated on notificati	rce 2. /yr dr	ansfer only, $x$ oth types, $x <$	□ Drop store/out of the course area source x < 140 gal/yr < 200 gal/yr	of business/pe		
Facility indicated on notification (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	ree 2. /yr dr /yr dr /ce 4. 100 gal/yr dr gal/yr bo	ry-to-dry only, ansfer only, x oth types, x < constructed on New large ary-to-dry only, ansfer only, 2 oth types, 140	□ Drop store/out of the property of the prope	of business/pe  Bureau of  Mob		7
Facility indicated on notification (check appropriate box)  A.  1. Existing small area sound dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800	rce	ry-to-dry only, ansfer only, x oth types, x < constructed on New large ary-to-dry only, ansfer only, 2 oth types, 140	Drop store/out of area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  area source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	Bureau of Air Monitor & Mobile Sources	FEB	7
Facility indicated on notification (check appropriate box)  A.  1. Existing small area sound dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility constructed before 12/9/91  5. This is a correct facility constructed before 12/9/91	rce	ry-to-dry only, ansfer only, x oth types, x < constructed on New large a ry-to-dry only, ansfer only, 2 oth types, 140 constructed on Y \begin{aligned} \[ \text{Y} & \begin{aligned} New large a ry-to-dry only, 2 oth types, 140 constructed on the second of the second on the second of the second of the second on the second of the se	Drop store/out of the area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  The area source $140 \le x \le 2,100 \text{ gal/yr}$ or after $12/9/91$ )  The area source $140 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )  The area source $12/9/91$ 0 and $12/9/91$ 0 area source $12/9/91$ 0 area source $12/9/91$ 0 and $12/9/91$ 0 area source $12/9/91$ 0 area source $12/9/91$ 0 and $12/9/91$ 0 area source $12/9/91$ 0 area source $12/9/91$ 0 area source $12/9/91$ 0 and $12/9/91$ 0 area source	Bureau of Air Monitoring  & Mobile Sources  /   ne  ove	FEB	

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

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

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

PART VI: LEAK DETECTION AND REPAIRS								
1. Does the responsible official conduct a	wcekly (	for small sources, b	oi-weckly) leak detection ar	nd rep	air			
inspection?				¥Υ	□N			
2. Has the facility maintained a leak log?				<b>İX</b> Y	□N			
3. Does the responsible official check the	following	g areas for leaks?		•				
Hose connections, fittings, couplings, and valves	ØY C	IN ON/A	Muck cookers	ØΥ	□N □N/A			
Door gaskets and seating	,	IN ON/A	Stills	(-	ON ON/A			
Filter gaskets and seating		IN □N/A	Exhaust dampers	, Mar	□N □N/A			
Pumps	. ØY ⊏	n □n/a	Diverter valves	ЙΥ	□N □N/A			
Solvent tanks and containers	ØY □	IN □N/A	Cartridge filter housings	XY	□N □N/A			
Water separators	ØY □	N □N/A		·	·			
4. Which method of detection is used by t	he respor	nsible official?						
Visual examination (condensed so	olvent on	exterior surfaces)		<b>×</b>				
Physical detection (airflow felt th	rough ga	skets)		Ø.				
Odor (noticeable perc odor)				Ø Ø				
Use of direct-reading instrumenta	ation (FII	D/PID/calorimetric	tubes)					
Halogen leak detector								
If using direct-reading instr	umentat	ion, is the equipm	ent:	įΧįN	/A			
a. Capable of detecting	perc vapo	or concentrations in	n a range of 0-500 ppm?	ωY	ПN			
b. Calibrated against a s (PID/FID only)?	standar <b>d</b> ;	gas prior to and aft	er each use	ΠY	□N			
c. Inspected for leaks an	nd obviou	is signs of wear on	a weekly basis?	ΩΥ	מם			
d. Kept in a clean and s			~	ПΑ	ПN			
e. Verified for accuracy				ПΥ	□N			
	-,		(,,					
•								
ROGER ZHU			1/28/	799	7			
Inspector's Name (Please Prin	nt)		Date of Inspe	ction				
Roger Bh	~		1 YE	EAR	,			

Approximate Date of Next Inspection

Inspector's Signature

INSPECTION REPORT FORM								
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY								
FACILITY: Quality Dry Cleaners, Inc.				PA	AGE	1	OF	1
FACILITY ADDRESS:	104 W. Grant	Street		CITY	: Tan	npa		
The state of the s						•	57-6200	)
MAILING ADDRESS:	Same		CITY: Tampa		FLA	ZIP:	33566	
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTION TYPE:			STATUS:		
Jan 28, 1999	14:00	17:00	non-CDS In Complian			liance		
NEDS NUMBER: 5'	71119							
SOURCE DESCRIPTION: Perc Dry Cleaner								
CONTACT(S): Jack Smith								
Today's wish was to		1 ! 4! .	-					

Today's visit was to conduct the annual inspection.

This facility has a second new machine installed in the first quarter of 1998. The information for the additional unit is as follows: UNION 45, SN 132-C70007, Capacity is 45#.

The perc usage for the past 12 months was 100 gallons. The record keeping (temperature log and leak log) was not recorded correctly for the each unit separately. I told Mr. Smith that each machine needs to have a set of records...

The both machines are new and in a good condition apparently. The facility is very clean. No leak or odor was noticed during my inspection.

The owners manual including startup/shutdown/malfunction plan is kept on-site.

Bureau of Air Monitoring & Mobile Sources

**INSPECTED BY:** 

Roger Zhu

DATE: Jan 28, 1999

CERTIFIED M (Domestic Mail (	AIL RECEIPT Only; No Insuran	ce Coverage Prov	ided)	
2 G G				
Postage	\$	N. D. Postmark	<del>ot</del>	
Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)		Postmark Here		
Total Pi 10 Fecipie JACK L SM	ORY CLEANERS GRANT STREET		vr)	
PS Form 3800, Februal SSBUDGV NULLBU BAOTBANB BO BOLL SENDER: COMPLETE THIS, SECT Complete items 1, 2, and 3. Also	MOI ACE STICKER AT O THE RIGHT OF	See Reverse for Instr L d COMPLETE THIS SE A. Received by (Pleas	CTION ON DELIV	COLL VERY B. Date of Delivery
<ul> <li>item 4 if Restricted Delivery is des</li> <li>Print your name and address on to so that we can return the card to</li> <li>Attach this card to the back of the or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	he reverse you.	C. Signature  X  D. Jørgelivery address		
10 AIRS ID # 0571119  JACK L SMITH  OUALITY DRY CLEANERS, INC	ľ	Yf-∕YES, enter delive	ery aleddress below .	: □ No
104 WEST GRANT STREET PLANT CITY FL 33566		3. Service Type	☐ Express Mail☐ Return Recei☐ C.O.D.	pt for Merchandise
70000 50 00020 9370		4. Restricted Delivery	? (Extra Fee)	☐ Yes
PS Form 3811, July 1999	Domestic Retu	rn Receipt		102595-00-M-0952

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

399746

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** 

12/13/00

Do NOT Remove Label

AIRS ID # 0571119

QUALITY DRY CLEANERS, INC JACK L SMITH 104 WEST GRANT STREET PLANT CITY FL 33566 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 R V Fund: 20-2-035001 Obj.: 002273

### , S 333 P75 4P8

### US Postal Service Receipt for Certified Mail

AIRS ID 0571119

QUALITY DRY CLEANERS INC JACK L SMITH 104 WEST GRANT STREET PLANT CITY FL 33566

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

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 card to you.  Attach this form to the front of the mailpiece, or on the back if spac permit.  Write "Return Receipt Requested" on the mailpiece below the article  The Return Receipt will show to whom the article was delivered and delivered.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.		
N ADDRESS completed o	3. Article Addressed to:  AIRS ID 0571119 QUALITY DRY CLEANERS INC JACK L SMITH 104 WEST GRANT STREET PLANT CITY FL 33566	4a. Article Number  Z 333 612 968  4b. Service Type  Registered Certified  Express Mail Insured  Return Receipt for Merchandise COD  7. Date of Delivery  2-14.98		
Is your RETUR	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  PS Form <b>3811</b> , December 1994	8. Addressee's Address (Only if requested and fee is paid)  Domestic Return Receipt		That

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

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

RECEIVED

MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

302837

Do NOT Remove Label

AIRS ID#0571119

QUALITY DRY CLEANERS INC JACK L SMITH 104 WEST GRANT STREET PLANT CITY FL 33566

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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

0390723

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 # 0571119

QUALITY DRY CLEANERS, INC JACK L SMITH 104 WEST GRANT STREET PLANT CITY FL 33566 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273