

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

May 9, 1997

Mr. Ernest J. Berger President Bay Area Cleaners, Inc. 16029 Tampa Palms Boulevard West Tampa, Florida 33647-2001

Re: Facility No.: 0571133

Dear Mr. Berger:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 17, 1997.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title ${\tt V}$ 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,

&とDotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

Mr. Thomas Shelton, Hillsborough County

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

p./4 p./5	#057/133 Bay Area Cleaners 1.(c) add "V" 5.(c) + 5.(d) not required, mark out "Vs" and initial

MAR 1 7 1997

Perchloroethylene Dry Cleaning Facility Notification Bureau of Air Monitoring

& Mobile Sources

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner): BAY AREA CLEANERS, TNC.
2.	Site Name (For example, plant name or number):
	,
3.	Hazardous Waste Generator Identification Number:
	FLD 984169409
4.	Facility Location:
	Facility Location: Street Address: 16029 TAMPA PALMS BLVD. W. City: TAMPA County: HILLS boko usid Zip Code: 33647-2001
	City: TAMPA County: HILLS BORO WEHT Zip Code: 3564 1- 2001
5.	Facility Identification Number (DEP Use):
	057//33
	Responsible Official
6.	Name and Title of Responsible Official:
	ERNEST J. BERGER, PRESIDENT
7.	Responsible Official Mailing Address:
	Organization/Firm: Street Address:/6029 TAMPA PARMS BLVD. W.
	Street Address: 16029 1491114 VACUUS DEVO. CO. City: TAMPA County: ALLS below 6H Zip Code: 33647-2001
	2.10 county // 2.10
8.	
	Telephone: (813) 971-5100 Fax: (813) 972 - 0303
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10	Facility Contact Address:
10.	racinty Comact Addices.
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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 N	Machine (ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example		#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Di	ry Unit									
(1) w	/ ref. condenser		01-14-88	AL-JUL-88						
(2) w	/ carbon adsorber				-					
(3) w	/ no controls									
Washer U	Jnit						•			
(4) w	/ ref. condenser									
(5) w	/ carbon adsorber									
(6) w	/ no controls				-					
Dryer Un	nit	_							1	
(7) w	/ ref. condenser									
(8) w	/ carbon adsorber									
(9) w	/ no controls									
Reclaimer	Unit	_					ı			
(10)	w/ ref. condenser									
	w/carbon adsorber									
(11)	w/carbon adsorber w/ no controls									
(b) Co (c) No 2.(a) Wh		are re quanti gallo	equired to be ity of perchlo ons ow many? [_	installed [_ oroethylene (] months	perc)	purchased i				
(b) Co (c) No 2.(a) Wh (b) If I Ch 3. What is	ontrol devices are control devices at was the total questions than 12 mont	are requanting allowing the second se	equired to be ity of perchlo ons ow many? [_ 12 months:	installed [] months New owner:	perc)	purchased i	e: [] Did Ind in section (not k	eep records:	

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

(Indicate with an "X".)			
Existing large area source Carbon adsorber	<u>e</u>	Refrigerated condenser	
New small area source Refrigerated condenser			
New large area source Refrigerated condenser			
-			,
5. A facility which contains non-eto Rule 62-213.300, F.A.C. Verifiexemption criteria or that no such	y that all steam an	d hot water generating un	
All steam and hot water generating boiler HP or less), and (2) are fire during which propane or fuel oil c	ed exclusively by n	atural gas except for peri	ods of natural gas curtailment
All steam and hot water generating	g units exempt		
The sach diffes on site			
The such different site.			
The Such Lines on Site			
		December 1-60	
Equipn	_	and Recordkeeping Info	
Equipm Check all logs which are required	to be kept on-site		quirements of this general permit:
Equipn	to be kept on-site		quirements of this general permit:
Equipm Check all logs which are required	to be kept on-site		quirements of this general permit:
Equipmed Check all logs which are required (a) Purchase receipts and solvent parts.	to be kept on-site ourchases repair		quirements of this general permit:
Equipm Check all logs which are required (a) Purchase receipts and solvent p (b) Leak detection inspection and	to be kept on-site ourchases repair rature monitoring	in accordance with the red	quirements of this general permit:
Equipm Check all logs which are required (a) Purchase receipts and solvent p (b) Leak detection inspection and (c) Refrigerated condenser temper	to be kept on-site ourchases repair rature monitoring	in accordance with the red	quirements of this general permit:

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)		
Ĺ	No air permits currently exist for the operation of the facility indicated in this notification form.		
	Responsible Official Certification		
this state mai com	e undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the ements made in this notification are true, accurate and complete. Further, I agree to operate and nation the air pollutant emissions units and air pollution control equipment described above so as to ply with all terms and conditions of this general permit as set forth in Part II of this notification form.		
- Sigr	Date 1997		

Part III. Notification

The Perchloroethylene Dry Cleaning Facility Notification, pages 13-16 of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operation, or by September 1, 1996, whichever is later. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department of sonnel.

The responsible official of the facility, as defined to the facility complies with all applier. The responsible for ensuring that the facility complies with all applier. The facility complies with all applier to the facility complies with all applier. The facility complies with all applier to the facility complies with all

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Instructions

Facility Name and Location

- i. Facility Owner/Company Name Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
- Site Name Enter the common name, if any, of the facility site: for example, Plant A, Metropolis plant, etc. If
 more than one facility is owned, a notification form must be completed for each.
- 1. Hazardous Waste Generator Identification Number Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
- Facility Location Enter the street address and zip code of the facility and the city and county in which it is located.
- Facility Identification Number (DEP Use) Enter the facility identification number assigned by ARMS.

Responsible Official

- Name and Title of Responsible Official Enter the name and title of the designated responsible official for the
 facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the
 requirements of Part II of this toufficiation form and Rule 62-213-300, F.A.C.
- 7. Responsible Official Mailing Address Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
- 8. Responsible Official Telephone Number Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. Name and Title of Facility Contact. Enter the name of the facility contact, it other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections

DEP Form No. 62-313 900(*) Effective: 6-25-96

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

$\left\{ 1.\right\}$	The second se		
Į	Facility Owner/Company Name (Name of	corporation, agency, or individu	ial owner):
	Karll 11		
	DAY HIER CLEANERS	Tole .	
2.	Site Name (For example, plant name or num	nber):	
Ì	• •		
ì			
13.	Hazardous Waste Generator Identification N	\$10mm been	
		· dinoci.	
1	FLD 984169409		
-	1 2 1 1 1 1 1 1 1 1	والمراقبة والمراقبة المراقبة والمراقبة والمراق	. Ti madrish di Mga dili (2001) (2001) dilimin digiri spinorena diana arinama distributa e diametra arinama di
4.	Facility Location:	2	
1	Street Address: 5626 507# Com	misce PARK ELIB.	
1	City: TAMPA Cou	inty: HTELS SECOUSH	Zip Code: 33610
<u> </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5.	Facility Identification Number (DEP Use):		Some Start
ł	The state of the s		
L	The state of the s		
	O an	sponsible Official	
	1/63	sponsible Official	
່ ວ.	Name and Title of Responsible Official:		
		2	
	ERNEST J. DELGER	TRES.	
7.	Responsible Official Mailing Address:		
	Organization/Firm:	-1	
	Street Address / Gas 3.4 The 21	the same of the sa	i
	The same in the way of the same and the same	FALLOS DE VE W.	
	City:	County: And The County	Zip Code: 22/1/7 2
	Organization/Firm: Street Address: 16029 Transput City: Transput	County: HILLS BUSINESS	Zip Code: 33647-2601
8		County: Att Lis besieved	Zip Code: 33647.2601
8.	Responsible Official Telephone Number:		
8.		County: HILLS besieved H	
8.	Responsible Official Telephone Number:		
8.	Responsible Official Telephone Number: Telephone: (813) 977 · STou	Fax: (813)タ	72-033
8.	Responsible Official Telephone Number: Telephone: (813) 977 · STou		72-033
8.	Responsible Official Telephone Number: Telephone: (813) 977 - 100 Facility Contact (If di	Fax: (813)9	72-033
8 .	Responsible Official Telephone Number: Telephone: (813) 977 · STou	Fax: (813)9	72-033
	Responsible Official Telephone Number: Telephone: (813) 977 - 100 Facility Contact (If di	Fax: (813)9	72-033
	Responsible Official Telephone Number: Telephone: (813) 977 - 100 Facility Contact (If di	Fax: (813)9	72-033
9.	Responsible Official Telephone Number: Telephone: (\$13)977 - \$100 Facility Contact (If di Name and Title of Facility Contact For exam	Fax: (813)9	72-033
9.	Responsible Official Telephone Number: Telephone: (813) 977 - 100 Facility Contact (If di	Fax: (813)9	72-033
9.	Responsible Official Telephone Number: Telephone: (\$13)977 - Soo Facility Contact (If di Name and Title of Facility Contact (For exam Facility Contact Address:	Fax: (813)9	72-033
9.	Responsible Official Telephone Number: Telephone: (\$13)977 - \$100 Facility Contact (If di Name and Title of Facility Contact (For exam Facility Contact Address: Street Address:	Fax: (813) 9 Ifferent from Responsible Off inple, plant manager):	72-0323
9.	Responsible Official Telephone Number: Telephone: (\$13)977 - \$100 Facility Contact (If di Name and Title of Facility Contact (For exam Facility Contact Address: Street Address:	Fax: (813)9	72-033
9.	Responsible Official Telephone Number: Telephone: (\$13)977 · \$100 Facility Contact (If di Name and Title of Facility Contact For exam Facility Contact Address: Street Address: City: Contact Address	Fax: (813) 9 Ifferent from Responsible Off inple, plant manager):	72-0323
9.	Responsible Official Telephone Number: Telephone: (\$13)977 - \$100 Facility Contact (If di Name and Title of Facility Contact if or exam Facility Contact Address: Street Address: City: Contact Telephone Number:	Fax: (813) 9 Ifferent from Responsible Off inple, plant manager): unty:	フレーの当む3 iciul) Zip Code:
9.	Responsible Official Telephone Number: Telephone: (\$13)977 · \$100 Facility Contact (If di Name and Title of Facility Contact For exam Facility Contact Address: Street Address: City: Contact Address	Fax: (813) 9 Ifferent from Responsible Off inple, plant manager):	フレーの当む3 iciul) Zip Code:
9.	Responsible Official Telephone Number: Telephone: (\$13)977 - \$100 Facility Contact (If di Name and Title of Facility Contact if or exam Facility Contact Address: Street Address: City: Contact Telephone Number:	Fax: (813) 9 Ifferent from Responsible Off inple, plant manager): unty:	フレーの当む3 iciul) Zip Code:

RECEIVED

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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JUL = 6 1998

Bureau of Air Monitoring & Mobile: Sources

Facility Information

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

		Daic	Date	1	Date	Date	1	Date	Date
	ĺ	Machine	Control		Machine	Contro		Machine	Control
		Initially	Device	i	Initially	Device		Initially	Device
Type of Machine	ID	Initially Purchased	Installed	10	Purchased	Installed	!D	Purchased	Installed
Example		03-OCT-93		#2	98-DEC-91	an Mariania, Affaile 4, 101 a Maille Paul I na Alba Au 9 a annéadh Bh	¥3	02-MAR-92	02-MAR
Dry-to-Dry Unit			and the second s						
(1) w/ ref. condenser		\$1 301-88	0 1. DVL-81		1				
(2) w/ carbon adsorber					i				
(3) w/ no controls		}		1					
Washer Unit							-		-
(4) w/ rei, condenser									-
(5) w/ carbon adsorber		İ	1		1	-		1	
(6) w/ no controis]	1	ì	j			i	
Dryer Unit		man almost & a semporal					-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(7) w/ ret. condenser		}		į	,	1	!		
(8) w/ carbon adsorber						į			1
(9) wi no controls			}		1	1			
Reclaimer Unit		Darrie Wilderster Richard Ballerstein Lang 4, mary							
(10) w/ ref. condenser									
(11) wicarbon adsorber				1	 				
(12) w/ no controls	·			ł		;			
(b) Control devices are (c) No control devices a 2.(a) What was the total q (b) If less than 12 month Check why it is less 3. What is the facility's sou	uanti gallo ns, ho than	equired to be ty of perchlo ns ow many? [installed [perc)] purchased in	Did	not ki	eep records: [
(Indicate with an "X". S Existing small are				w 5a1	ail area sour	re []			
Existing large are:	a sou	rce	Ne	w lar	ge area sourc	:e []			
3 3		Nadangumayan yard			_		C	EIVE	D

DEP Form No. 62-213,900(2)

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JUL - 6 1998

Bureau of Air Monitoring & Mobile Sources

4. What control technology is required (Indicate with an "X")	ired on machines	pursuant to section (5) of	Part II of this notification form?
Existing large area source Carbon adsorber		Refrigerated condenser	
New small area source Refrigerated condenser		•	
New large area source Refrigerated condenser			
5. A facility which contains non-exto Rule 62-213,300, F.A.C. Verify exemption criteria or that no such u	that all steam and		
All steam and hot water generating botter HP or less), and (2) are fired during which propane or fuel oil co	l exclusively by na	tural gas except for period	ds of n <mark>atural gas curtailme</mark> nt
All steam and hot water generating No such units on-site	mitz exempt		
Engine	at Magitaring as	id Recordkeeping Inform	nation
Check all logs which are required to	-		
(a) Purchase receipts and solvent pu			(<u>*</u>)
(b) Leak detection inspection and re			
(c) Refrigerated condenser temperan	are monitoring		[<u>v</u>]
(d) Carbon adsorber exhaust perc co	ncentration monit	oring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunction	pian		

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

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Surrender of Existing Air Permit(s)

ease maica	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ري	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. 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 such all terms and conditions of this general permit as set forth in Part II of this notification form.
l will pro	mptly notify the Department of any changes to the information contained in this notification
Signatura	30, JUNE 1998

DEP Form No. 62-213.900(2) Page 16 of 16

Effective: 6-25-96

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED

Part III. Notification of Intent to Use General Permit PC 2 2 2000

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 rives.

Facility Name and Location
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number):
BAY ALEA CLEANERS
3. Hazardous Waste Generator Identification Number:
FLD 984/69409
A Facility Location:
Street Address: 5626 56TH Commerce PALL BLUD.
City: TAMPA County: HILLS box 2006H Zip Code: 336/0
MININ
5 Facility Identification Number (DEP Use ONLY – do not till in);
Responsible Official
6. Name and Title of Responsible Official:
Name: ERNEST J. BELGER Title: PLESIDENT
7. Responsible Official Mailing Address:
Organization/Firm: BAY ALEA CLEANELS Street Address: 16029 TAMBA PALMS BLVD.
Street Address. 16029 7411104 142113 Devo.
City: TAMOA County: HILLS BOLOVAH Zip Code: 33647-2001
8. Responsible Official Telephone Number:
Telephone: (813) 977-5500 Fax: (813) 972-3100
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
DOD CROWSE - DRY CLEANER
10. Facility Contact Address:
·
Street Address: 5626 56TH Commerce PAST BLVB
City: County: Zip Code: 33610
City: County: Zip Code: 33610 TAMPA HILLS box of CH
11. Facility Contact Telephone Number:
Telephone: (63) 630-0700 Fax: () - NONE

DEP Form No. 62-213.900(2) Effective: 2/24/99

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Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY How many dry-to-dry machines do you have on-site? For each dry-to-dry machine on-site, please provide the following information: Date Initially Purchased Status Control Device Required* Date Control Device Installed From Manufacturer (circle one) (if already included at time of (circle one) purchase, write "SAME") 1-1-1988 Existing/New RC/CA/None required Existing/New ROCA/None required Existing/New RC/CA/None required RC = refrigerated condenser *CONTROL DEVICE KEY: 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 Status Control Device Required* Date Control Device Installed From Manufacturer (circle one) (circle one) (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? [/ Ja] 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 _____

DEP Form No. 62-213.900(2) Effective: 2/24/99

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 [X]
Transfer only on-site (used 140 - 2,100 gallons of perc per year) Both machine types on-site (used 200 - 1,800 gallons of perc per year) (used 140 - 2,100 gallons of perc per year) (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 Carbon adsorber 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 No such units on-site OR
How many boilers do you have on-site?
For each boiler, indicate its horsepower (HP) rating: [25] []
What type of fuel do you use? [] propane [] natural gas [] No. 2 fuel oil [] No. 4 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
(b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring (d) Carbon adsorber exhaust perc concentration monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Startup, shutdown, malfunction plan

DEP Form No. 62-213.900(2) Effective: 2/24/99

	7. Surrender o	of Existing DEP Air Permit(s)
	Please indicat	e 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
	\bowtie	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
_	Responsible	Official Certification
	this notif statemen maintain comply w I will pro	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in faction. I hereby certify, based on information and belief formed after reasonable inquiry, that the its 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. Somptly notify the Department of any changes to the information contained in this notification. Therefore Therefo
	Signature	Date Date

17

9507513

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	*	COMPLAINT/DISCO	OVERY 🗅
05/7/133 AIRS ID#:	DATE: 3/13/97	TIME	n:10'15 tim	е оит: <u>11; 45</u>
FACILITY NAME:	BRY AREA C	LEDNER	23	
FACILITY LOCATION:	16029 TAM	PA PAL	m wast	
PART I: NOTIFICATION				
(check appropriate box)				
1. Existing facility notified D.	ARM by 9/1/96			
2. New facility notified DARM	M 30 days prior to startu)		a .
3. Facility failed to notify DA	RM to use general perm	t		
PART II: CLASSIFICATIO	N			
Facility indicated on notifica (check appropriate box)	tion form that it is:			
A. 1. Existing small area soudry-to-dry only, x<140 gal/transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91	/yr d ti b	ansfer only, x oth types, x<1	, x<140 gal/ут <200 gal/ут	٥
3. Existing large area soudry-to-dry only, 140 <x<2, (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91<="" before="" both="" g.="" only,="" td="" transfer="" types,=""><td>100 gal/yr d) gal/yr ti al/yr b</td><td>ansfer only, 2 oth types, 140</td><td>area source , 140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td></x<2,>	100 gal/yr d) gal/yr ti al/yr b	ansfer only, 2 oth types, 140	area source , 140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,>	
This is a correct facility classi	fication	(Y ОИ		
If no, please check the approp	oriate classification:			
facility guali	fied for a general permit	as number	above	
	eds above limits and is n			
B. The total quantity of perch facility was 60 gallon		hased within t	he preceding 12 months	s by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxcs) 1. Storing perchloroethylene in tightly scaled and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been prior to September 22, 1993 installed 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? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the IY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly 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:	
l.	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?	ОУ ОИ
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?	OY ON
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ОУ ОИ
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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	ραν αν
2. Maintained rolling monthly averages of perc consumption?	OY XV
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	MA DN
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
4. Maintained calibration data? (for direct reading instruments only)	OY ON XIN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	AVV K NO AO
6. Maintained startup/shutdown/malfunction plan?	XY DN ,
7. Maintained deviation reports?	OY N X N
Problem corrected?	אין דאל אום אם אין אין
8. Maintained compliance plan, if applicable?	OY ON MN/A

Problem corrected? 8. Maintained compliance plan, if applicable?	OY ON XIN/A
PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	AY DN

2.	Which method of detection is used by t	he respon	nsible offici	ial?				
	Visual examination (condensed solvent on exterior surfaces)							
	Physical detection (airflow felt through gaskets)							
	Odor (noticeable perc odor)						l	
	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 instrum	entation,	is the equ	ipment:				
	a. Capable of detecting	perc vapo	or concentr	ations in a range of 0-500 ppm?	ΠY	ПΝ		
	b. Calibrated against a s (PID/FID only)?	standard g	gas prior to	and after each use	ΠY	□N		
	c. Inspected for leaks ar	id obviou	s signs of v	vear on a weekly basis?	ΠY	□и		
	d. Kept in a clean and s	ecure are	a when not	t in use?	ПY	□и		
	e. Verified for accuracy	by use of	duplicate	samples (calorimetric only)?	ПY	□и		
3.	Has the facility maintained a leak log?			•	YQY	□и		
4.	Does the responsible official check the	following	g areas for	leaks?				
	Hose connections, fittings, couplings, and valves	Spry	□N	Muck cookers	ΠY	□N	മ	N/D
	Door gaskets and seating	ζ Y Y	ПN	Stills	ΈχΥ	ПИ		
	Filter gaskets and seating	XY	ПИ	Exhaust dampers	Y	Пυ		
	Pumps	X (Y	□N	Diverter valves	XY	ΠN		
	Solvent tanks and containers	XY	ПN	Cartridge filter housings	XX	ΠN		
	Water separators	A	ПИ					
	Name of Responsible Official NENL B. JANI Inspector's Name (Please Pri	ک		3/13/97 Date of Insperience of Approximate Date of		Inspection	n	-

NERDS TO SUBMIT AIR PERMIT TO FORP

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:30 TIME OUT: 12:	AIRS ID#: 57/133
TYPE OF FACILITY: PERC DRY CLEANE	R
FACTITY NAME BAY AREA CLEANE	RS DATE: 8/31/98
FACILITY LOCATION: 5626 56 +4 COMM	ERCE PARK BLVD
TAMPA, FL 3361	18
RESPONSIBLE OFFICIAL: ERNEST BERGER	PHONE NUMBER:
Based on the results of the compliance requirements evaluations compliance with DEP Rule 62-213.300, Florida Administration of the compliance requirements evaluation of the compliance requirements and the compliance requirements are compliance of the compliance requirements and the compliance requirements are compliance of the compliance of the compliance requirements are compliance of the compliance of the compliance requirements are compliance of the compl	
Based on the results of the compliance requirements evaludiscrepancies were noted:	nated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
NO LEAK LOG	RE-INSPECT IN GO DAYS
·	
·	
COMMENTS:	RECEIVED
	SEP 1 7 1998
	Bureau of Air Monitoring
The Annual Compliance Certification form has been properly certif	& Mobile Sources
DATE OF NEXT INSPECTION:	DAYS
(Ap	proximate)
INSPECTION CONDUCTED BY:	SER ZHU
(Pie	ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 813-272-5530

Page of .

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	×	COMPLAINT/DISCO	VERY	
	RE-INSPECTION	DN , □			
AIRS 10#: 57//33 DA				OUT: 12	200
FACILITY NAME: BA	Y AREA	CLEANE	125		
FACILITY LOCATION: 562				SUP	
	mpA,	FL 3361	8		
RESPONSIBLE OFFICIAL: $\frac{\tilde{\mathcal{E}}}{\mathcal{E}}$	ERNEST	BERGER	_PHONE: (813) 9	77-55	00
RESPONSIBLE OFFICIAL:	z Kn	IERA	рноне: <u>630=</u> 6	700	
PART I: NOTIFICATION			-		
(check appropriate box)					
1. New facility notified DARM 30	days prior to star	rtup	NA	C	ם ∥
2. Facility failed to notify DARM to	o use general per	rmit 			ם
PART II. CLASSIFICATION					
PART II: CLASSIFICATION Facility indicated on notification f	form that it is:		□ No notification form		
Facility indicated on notification f (check appropriate box)	form that it is:		☐ No notification form ☐ Drop store/out of but		eum
Facility indicated on notification f	form that it is:	2. New small a dry-to-dry only, transfer only, x both types, x < 1 (constructed on	☐ Drop store/out of but rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr		eum
Facility indicated on notification f (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	gal/yr al/yr	dry-to-dry only, transfer only, x both types, x < 1 (constructed on dry-to-dry only, transfer only, 20	Drop store/out of but rea source $x < 140 \text{ gal/yr}$ < 200 gal/yr .40 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	siness/petrole	eum
Facility indicated on notification f (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 transfer only, 200 ≤ x ≤ 1,800 gal both types, 140 ≤ x ≤ 1,800 gal/yr	gal/yr al/yr	dry-to-dry only, transfer only, x both types, x < 1 (constructed on dry-to-dry only, transfer only, 20 both types, 140 stransfer only, 20 str	Drop store/out of but rea source $x < 140 \text{ gal/yr}$ < 200 gal/yr .40 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	siness/petrole	eum
Facility indicated on notification for (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 transfer only, 200 ≤ x ≤ 1,800 gal/y (constructed before 12/9/91) 5. This is a correct facility classiful fino, please check the apprent facility questions.	gal/yr al/yr fication ropriate classification	dry-to-dry only, transfer only, x both types, x < 1 (constructed on dry-to-dry only, transfer only, 20 both types, 140 (constructed on dry \boxed{DN} \boxed{DN} \boxed{DN}	Drop store/out of but rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 40 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) or after $12/9/91$)	siness/petrole	eum

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 PANIA				
2. Examining the containers for leakage?	DY DN MANA				
3. Closing and securing machine doors except during loading/unloading?	AN ON				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	XY ON ON/A				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON PÁNA				
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 ref (complete A below).	rigerated condenser				
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					
condenser or a carbon adsorber (complete A and B below). Carbon adsorber m					
condenser or a carbon adsorber (complete A and B below). Carbon adsorber m	ust have been				
condenser or a carbon adsorber (complete A and B below). Carbon adsorber m installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refu	ust have been				
condenser or a carbon adsorber (complete A and B below). Carbon adsorber m installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below). A. Has the responsible official of all new sources and existing large area sources:	ust have been				
condenser or a carbon adsorber (complete A and B below). Carbon adsorber m installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refu (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?	rigerated condenser				
condenser or a carbon adsorber (complete A and B below). Carbon adsorber m installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refu (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?	rigerated condenser				
condenser or a carbon adsorber (complete A and B below). Carbon adsorber m installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrecemplete 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	rigerated condenser OY ON ON/A				
condenser or a carbon adsorber (complete A and B below). Carbon adsorber m installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrequency (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	ust have been rigerated condenser OY ON ON/A				

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?	ΠY	N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ΠN	□N/A
ĺ	Is the temperature differential equal to or greater than 20° F?	ПY	ΠN	□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
N N	Is the perc concentration equal to or less than 100 ppm?	ΠY	□N	□N/A
4.	Assured that the sampling port on the earbon 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?	ΟY	ΠN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПΝ	□N/A
7				

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
Maintained receipts for perc purchased?	OY ON				
2. Maintained rolling monthly averages of perc consumption?	OY ON				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON MANA				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON EXNA				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON \$10/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DINA				
6. Maintained startup/shutdown/malfunction plan?	ØY □N				
7. Maintained deviation reports?	□Y □N 🏂N/A				
Problem corrected?	DY DN ANIVA				
8. Maintained compliance plan, if applicable?	DY DN DN/A				

PART VI: LEAK DETECTION AND REPAIRS						
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?		⊉ Υ □Ν				
2. Has the facility maintained a leak log?		DY DAN				
3. Does the responsible official check the following areas for leaks?						
Hose connections, fittings,	, ,					
couplings, and valves	ck cookers	OY ON ON/A				
Door gaskets and seating	ls $\frac{3}{3}$	OY ON ON/A				
Filter gaskets and seating Fumps Pumps Pum	naust dampers	OY ON ON/A				
Pumps Q DIVE	erter valves	DY DN DN/A				
Solvent tanks and containers $\Im / \Box Y \Box N \Box N/A$ Cart	tridge filter housings	DY ON ON/A				
Water separators						
4. Which method of detection is used by the responsible official?						
Visual examination (condensed solvent on exterior surfaces)		Þ				
Physical detection (airflow felt through gaskets)		A				
Odor (noticeable perc odor)		A				
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	5)					
Halogen leak detector						
If using direct-reading instrumentation, is the equipment:		X IN/A				
a. Capable of detecting perc vapor concentrations in a rar	nge of 0-500 ppm?	OY ON				
b. Calibrated against a standard gas prior to and after eac (PID/FID only)?	ch use	OY ON				
c. Inspected for leaks and obvious signs of wear on a weel	ekly basis?	OY ON				
d. Kept in a clean and secure area when not in use?	•	OY ON				
e. Verified for accuracy by use of duplicate samples (calor	orimetric only)?	DY DN				
LOGER ZHU	8/31/	198				
Inspector's Name (Please Print)	Date of Inspec	tion				
Dent Bhu	60	DAYS				
Inspector's Signature A	Approximate Date of N	ext Inspection				

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY					
FACILITY: Bay Area C		Le Hon Colvilation	SSION OF THEES	PAGE	1 OF 1
FACILITY ADDRESS:		nmerce Park B	lvd	CITY: T	`ampa
					813-630-0700
MAILING ADDRESS: S	Same		CITY: Tampa	FLA	ZIP: 33610
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTION		STATUS:
Aug 31, 1998	Aug 31, 1998 9:30 12:00 non- CDS				Minor
NEDS NUMBER: 57	1133				Out Compliance
SOURCE DESCRIPTION	N: Perc Dry	Cleaner			
	st Berger				
		first annual in	anastian after	the mach	vina was moved to this
new facility.	conduct the	nrst annual in	spection after	me mach	nine was moved to this
,	achine is the	same one used	in the previo	ous locatio	on at 16029 W. Tampa
Palm Blvd (the main of			_		- 1
equipped with a closed-					
					there is no requirement
on temperature measure	ment. Howev	ver, no leak log	g could be pro	vided at th	ne time I conducted the
inspection. Mr. Peter R					
been writing them down					
Also, he did not have t			n site, but for	warded the	em to the main office.
They did have the rollin	-		no inspect this	a mlant on	a mara tima within 60
days to see whether or n		•			e more time within 60
days to see whether of h	of the record	keeping meets	the requireme	1165.	
•					
					,
					·
INSPECTED BY:	Roger Zh			DATE:	8/31/98
INSPECTED BY:	Roger Zn	u		DATE.	0131170

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINT	DISCOVERY	*
	RE-INSPECTION	ם אכ		A -	,
		3133		Ch 1/2	
AIRS 10#: 571133	_ DATE: 5/21/	/98 _{TIME}	IN: 10 200	TIME OUT:	1 = 4 B
FACILITY NAME:	BAY AREA C	CLEANER	5	A Substitution	19gg (F)
FACILITY NAME:	16029 7AM	UPA PALI	MS BLVD	, with	
II -					· .
RESPONSIBLE OFFICIA	L: ERNEST A	BERGER	PHONE: 8	3 - 977 -	-5500
CONTACT NAME:	SAME		PHONE:	SAME	
PART I: NOTIFICATION	<u> </u>				
(check appropriate box)					
1. New facility notified DAI	RM 30 days prior to stat	rtup .			
2. Facility failed to notify D	ARM to use general per	rmit			
PART II: CLASSIFICATI	ION				_
			O No notificat	ion form	
PART II: CLASSIFICATI Facility indicated on notific (check appropriate box)		' /	○ No notificat	ion form out of business/p	etroleum
Facility indicated on notific (check appropriate box) A.	cation form that it is:	' /	☐ Drop store/o		etroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so	cation form that it is:	2. New small	☐ Drop store/o		etroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g	cation form that it is: ource gal/yr	dry-to-dry only	☐ Drop store/o area source , x < 140 gal/yr		etroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gatransfer only, x < 200 gal	cation form that it is: ource gal/yr /yr	dry-to-dry only transfer only, x	☐ Drop store/c area source , x < 140 gal/yr : < 200 gal/yr		etroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g	cation form that it is: ource gal/yr /yr	dp/-to-dry only transfer only, x both types, x <	☐ Drop store/c area source , x < 140 gal/yr : < 200 gal/yr		etroleum
Facility indicated on notifice (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gatransfer only, x < 200 gall both types, x < 140 gal/yr (constructed before 12/9/9	cation form that it is: ource gal/yr /yr	dry-to-dry only transfer only, x both types, x < (constructed on	□ Drop store/of area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)		etroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gallyr (constructed before 12/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9/9	cation form that it is: ource gal/yr /yr	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large:	Drop store/of area source , x < 140 gal/yr < < 200 gal/yr 140 gal/yr or after 12/9/91) area source	out of business/p	etroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gatransfer only, x < 200 gall both types, x < 140 gal/yr (constructed before 12/9/s) 3. Existing large area so dry-to-dry only, 140 ≤ x ≤	cation form that it is: ource gal/yr /yr 91) ource \(\(\) 2,100 \(\) gal/yr	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only	Drop store/of area source, $x < 140 \text{ gal/yr}$ $0 < 200 \text{ gal/yr}$ $0 < 200 \text{ gal/yr}$ or after $12/9/91$) Area source, $0 < 140 \le x \le 2,100$	ut of business/p	etroleum
Facility indicated on notifice (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1	cation form that it is: ource gal/yr /yr 91) ource ≤ 2,100 gal/yr ,800 gal/yr	dry-to-dry only transfer only, x both types, x < (constructed on dry-to-dry only transfer only, 2	□ Drop store/of area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) area source , $140 \le x \le 2,100$ $00 \le x \le 1,800$ gal	out of business/pour of	etroleum
Facility indicated on notifice (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 \le x \le transfer only, 200 \le x \le 1 both types, 140 \le x \le 1,80	cation form that it is: ource gal/yr /yr 91) ource ≤ 2,100 gal/yr ,800 gal/yr	dry-to-dry only transfer only, x both types, x < (constructed on dry-to-dry only transfer only, 2 both types, 140	Drop store/of area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) area source , $140 \le x \le 2,100$ $00 \le x \le 1,800$ gal/y $\le x \le 1,800$ gal/y	out of business/pour of	etroleum
Facility indicated on notifice (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1	cation form that it is: ource gal/yr /yr 91) ource ≤ 2,100 gal/yr ,800 gal/yr	dry-to-dry only transfer only, x both types, x < (constructed on dry-to-dry only transfer only, 2 both types, 140	□ Drop store/of area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) area source , $140 \le x \le 2,100$ $00 \le x \le 1,800$ gal	out of business/pour of	etroleum
Facility indicated on notifice (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 \le x \le transfer only, 200 \le x \le 1 both types, 140 \le x \le 1,80	cation form that it is: ource gal/yr /yr 91) ource ≤ 2,100 gal/yr ,800 gal/yr 00 gal/yr	dry-to-dry only transfer only, x both types, x < (constructed on dry-to-dry only transfer only, 2 both types, 140	Drop store/of area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) area source , $140 \le x \le 2,100$ $00 \le x \le 1,800$ gal/y $\le x \le 1,800$ gal/y	ut of business/pour of	etroleum
Facility indicated on notifice (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 \le x \le transfer only, 200 \le x \le 1 both types, 140 \le x \le 1 transfer only, 200 \le x \le 1 both types, 140 \le x \le 1 transfer only, 200 \le x \le 1 both types, 140 \le x \le 1,80 (constructed before 12/9/9) 5. This is a correct facility. If no, please check the facility of the constructed before 12/9/9 facility.	cation form that it is: ource gal/yr /yr 91) ource ≤ 2,100 gal/yr ,800 gal/yr 00 gal/yr	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140 (constructed on PY PN ation: eral permit as no	□ Drop store/of area source , x < 140 gal/yr <p>140 gal/yr 140 gal/yr 140 gal/yr or after $12/9/91$) area source , $140 \le x \le 2,100$ $00 \le x \le 1,800$ gal/y or after $12/9/91$) □ Can not determine.</p>	gal/yr mine above	etroleum

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	DY DN DN/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?	OY 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 refrie (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber musinstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	□Ү. □И
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?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אם צם

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?	ΩY	DM	
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	Δy	ПΝ	□N/A
ls the temperature differential equal to or greater than 20° F?	\Box Y	ПN	□N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber if machines are equipped with a carbon adsorber?	ΠY	ПИ	□N/A
Is the perc concentration equal to or less than 100 ppm?	ΠY	ПИ	□N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	□И	N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПΝ	□N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	□N/A
PART V: RECORDKEEPING REQUIREMENTS		•	
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	\Box Y	ПΝ	
2. Maintained rolling monthly averages of perc consumption?	ΩY	ПΠ	
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	\Box Y	ПИ	□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?	ΟY	ПΠ	□N/A
4. Maintained calibration data? (for applicable direct reading instruments)	ΠY	ПИ	□N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	\Box Y	ЙП	□N/A
6. Maintained spartup/shutdown/malfunction plan?	\Box Y	ПΝ	
7. Maintained deviation reports?	$\Box v$	ПΝ	□N/A
	- 1		
Problem corrected?			□N/A

PART	PART VI: LEAK DETECTION AND REPAIRS					
1. Doc	s the responsible official conduct a	wcekl	y (for	small sources, b	oi-weekly) leak detection as	nd repair
insp	ection?					OY ON
2. Has	the facility maintained a leak log?					DN DN
3. Doe	s the responsible official check the	lollow	ing a	reas for leaks?		
Hose connections, fittings, couplings, and valves					OY ON ON/A	
	Door gaskets and seating	ΠY	ΠN	□N/A	Stills	OY ON ON/A
	Filter gaskets and seating	ΠY	Πи	□N/A	Extraust dampers	OY ON ON/A
	Pumps	ПY	ПN	□N/A	Diverter valves	DY ON DN/A
	Solvent tanks and containers	ΠY	ПN	□N/A	Cartridge filter housings	□Y □N □N/A
	Water separators	ΠY	ΠN	DIX/A		
4. Whi	ch method of detection is used by th	ic rest	onsit	ole official?		
	Visual examination (condensed so	lvent	on ex	terior surfaces)		
	Physical detection (airflow felt thr	ongh	gaske	ts)		
	Odor (noticeable perc odor)					
	Use of direct-reading instrumental	tion (F	FID/P	ID/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?						OY ON
b. Calibrated against a standard gas prior to and after each use						
	(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?					DY ON	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?					OY ON	
- William - Will			٠	···	· · · · · · · · · · · · · · · · · · ·	
	ROGER ZHU			*	5/27/	98
	Inspector's Name (Please Prin	it)			Date of Inspe	ection
ant Mm 60 D					PAYS	
Inspector's Signature Approximate Date of N					Next Inspection	

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY FACILITY: Bay Area Cleaners **PAGE** OF FACILITY ADDRESS: 16029 Tampa Palms Blvd, W. CITY: Tampa PHONE: (813) 977-5500 MAILING ADDRESS: Same CITY: Tampa FLA ZIP: 33647 INSPECTION DATE: TIME IN: INSPECTION TYPE: TIME OUT: STATUS: May 21, 1998 10:00 11:45 non-CDS NEDS NUMBER: 571133 SOURCE DESCRIPTION: Perc Dry Cleaner CONTACT(S): Ernest Berger It was found on today' visit (annual inspection) that this facility is going to be a drop store soon. The machine in this store will be moved to a new facility located on 5626 56th Commerce Park Blvd in Tampa according to the responsible official, Mr. Ernest Berger. Also, I was told that the new facility will start operating next week and add an another machine eventually. I told Mr. Berger that it is not necessary to continue my annual inspection today because of the move in near future. However, I'm going to visit the new facility within two months. I also mentioned to Mr. Berger that we've learned from the FDEP that they haven't received the payment of the annual operation fee. Mr. Berger asked me who he should call in the Department and he said he will contact the FDEP this afternoon. Follow-up on 5/27/98: Today I stopped by the facility to give Mr. Berger the Notification Form for that new facility. Mr. Berger told me that he is going to file the application as soon as possible and the new facility is going to start operating on 6/1/98. PKCK XKL SOOR SOUTH SOUT

INSPECTED BY: Roger Zhu DATE: Mar 21, 1998

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

323 (85-38)

0571133

	ملحة		or ADMINISTRA	_	1	
TYPE OF INSPECTION:	ANNUAL 🔼		PLAINT/DISCO	OVERY	RE-INSI	PECTION L
TIME IN: 0', 15	TIME OUT:	10:45		_AIRS ID#:	Uane	^
TYPE OF FACILITY:	RY CLEONE					10100
FACILITY NAME:		LEANE			DATE:	13/97
FACILITY LOCATION:	,029 TAN	NPA F	mems 1	JEST	· · · · · · · · · · · · · · · · · · ·	
RESPONSIBLE OFFICIAL:	ERNEST	BERGE	SC PI	IONE NUMB	er: 977-	5500
Based on the results of the compliance with DEP R					e facility is found	to be in
Based on the results of the discrepancies were noted	-	ements evalua	ited during this	inspection, th	e following comp	liance
COMPLIANCE REQU	IREMENT/PRO	BLEM	FOLL	OW-UP AC	CTION REQU	TRED
NO DIR PER	TIM		SUBMIT	AIR	PRRMIT	TO FORF
<u> </u>						
					 	
COMMENTS:						
	•		y			
	·				· · · · · · · · · · · · · · · · · · ·	/
The Annual Compliance Certific			_	ed to the insp	ector. YESIZ	Д иоГ
DATE OF NEXT INSPECTIO	N:		KNR proximate)		·	
INSPECTION CONDUCTED	BY:	EPL B	JANI	5		
	11		ase Print)			
INSPECTOR'S SIGNATURE:	1 leuf 1	· Jus	PE	IONE NUMI	BER: 272-	5530
	/	Page	of			Revised 10/96

AIRS ID#:	Done
111100 100 11.	

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Annual Reporting Period: 1996 TO MARCH 1996 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. WES NO. If NO, complete the following:
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
#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
#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
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: Name (Please Print) Signature Name (Please Print)

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT



TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9=30 TIME OUT: 11=0 TYPE OF FACILITY: PERC DRY CLEANER FACILITY NAME: BAY ALEA CLEANER	All Oldwin Dw.
FACILITY LOCATION: 5626 56 th COMMENTS TAMPA, FL 33618	LCE PARK BLVD
RESPONSIBLE OFFICIAL: ERNEST BERGER	PHONE NUMBER:
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
THE PERC PURCHASE RECEIPTS	MADE APPRINTMENT W/ THE R.O.
ALE KEPT IN THE MAIN OFFICE	WILL GO THERE TOMOFROW TO TAKE LOOK THE RECEIPTS
<u>.</u>	PK
	SURVEY OF L
	Olle Sources of the S
·	
COMMENTS:	. ——
<u> </u>	· · · · · · · · · · · · · · · · · · ·
The Annual Compliance Certification form has been properly certif	
DATE OF NEXT INSPECTION:	YCA-Rproximate)
INSPECTION CONDUCTED BY:	GGCN ZHU
INSPECTOR'S SIGNATURE: Roge Mu	PHONE NUMBER: (813) 272-5530

Page of .

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	Þ	COMPLAINT/DISCOVERY	
ll .			7: 9=30 TIME OUT:	11:00
facility name: β	AY AREA CL	EANER	.5 	
			RCE PARK BLVI	2
	TAMPA, FL			
RESPONSIBLE OFFICIAL	: ERNEST BER	RGER	PHONE: (8/3) 977 -	5500
CONTACT NAME:	STER RIVER	Â	PHONE: $\frac{(8/3)977-}{(8/3)630-}$	-070-0
PART I: NOTIFICATION				
(check appropriate box)	·			
1. New facility notified DARM	M 30 days prior to startu	ip	3/A	٠ .
2. Facility failed to notify DA	RM to use general perm	út		
				
PART II: CLASSIFICATIO)N			
Facility indicated on notifica (check appropriate box)			☐ No notification form ☐ Drop store/out of business/p	petroleum
Facility indicated on notifica	urce 2 al/yr d	2. New small a dry-to-dry only, ransfer only, x sooth types, x < 1 (constructed on	☐ Drop store/out of business/prea source ☐ x < 140 gal/yr < 200 gal/yr	petroleum
Facility indicated on notifica (check appropriate box) A. 1. Existing small area son dry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr	ation form that it is: urce 2 al/yr d yr tr b 1) (c) urce 2,100 gal/yr d 800 gal/yr tr 0 gal/yr b	iry-to-dry only, ransfer only, x coth types, x < 1 (constructed on a large and dry-to-dry only, transfer only, 20 to th types, 140 coth types,	☐ Drop store/out of business/prea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	petroleum
Facility indicated on notifica (check appropriate box) A. 1. Existing small area son dry-to-dry only, x < 140 ga transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area son dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800	ation form that it is: urce 2 al/yr d yr tr b 1) (0 urce 2,100 gal/yr d 800 gal/yr tr 0 gal/yr b 1) (0	iry-to-dry only, ransfer only, x coth types, x < 1 (constructed on a large and dry-to-dry only, transfer only, 20 to th types, 140 coth types,	☐ Drop store/out of business/prea source $x < 140 \text{ gal/yr}$ < 200 gal/yr 40 gal/yr or after 12/9/91) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ ≤ $x \le 1,800 \text{ gal/yr}$	petroleum
Facility indicated on notifica (check appropriate box) A. 1. Existing small area son dry-to-dry only, x < 140 ga transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area son dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1,800 (constructed before 12/9/9) 5. This is a correct facility If no, please check the	ation form that it is: urce 2 al/yr d yr ur 1) (c) urce 2,100 gal/yr d 800 gal/yr t 0 gal/yr b 1) (c) classification 5 are appropriate classification ility qualified for a generical	iry-to-dry only, ransfer only, x - coth types, x < 1 (constructed on a dry-to-dry only, transfer only, 20 coth types, 140 constructed on a dry-to-dry only, transfer only, 20 coth types, 140 constructed on a dry-to-dry only, transfer only, 20 coth types, 140 constructed on a dry IN ion:	□ Drop store/out of business/prea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 40 \text{ gal/yr}$ or after $12/9/91$) The source $= 140 \le x \le 2,100 \text{ gal/yr}$ $= 0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) □ Can not determine	petroleum

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	DAY □N □N/A
2. Examining the containers for leakage?	DANO NO TAR
3. Closing and securing machine doors except during loading/unloading?	- Ø(Y □N
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	OXY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	בארופל אם אם אם
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
/ If classification 1 has been checked, no controls are required. Proceed to Part V	7.
If classification 2 has been checked, the machine should be equipped with a 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 mu installed prior to September 22, 1993	<u> </u>
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?	OY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekiy/bi-weekly basis?	OY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded ÷5°F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after	MY UN

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	מס עם
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?	OY ON ON/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?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY`ON ON/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) I. Maintained receipts for perc purchased? DY DN 2. Maintained rolling monthly averages of perc consumption? MY DN 3. Maintained leak detection inspection and repair reports for the following: DY DN DYNA 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 DN SIN/A DY DN MN/A 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? DY DN MN/A 6. Maintained startup/shutdown/malfunction plan? MY UN DY DN DYNA 7. Maintained deviation reports? Problem corrected? DY DN BN/A 8. Maintained compliance plan, if applicable? DY DN **S**IN/A

PART VI: LEAK DETECTION AND F	REPAIRS		,		
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?			OK ON		
2. Has the facility maintained a leak log?			ZALY □N		
3. Does the responsible official check the	following areas for leaks?				
Hose connections, fittings, couplings, and valves	ØY □N □N/A	Muck cookers	MY ON ON/A		
Door gaskets and seating	ÞÍY 🗆 N 🗆 N/A	Stills	ANA NO YE		
Filter gaskets and seating	YY ON ON/A	Exhaust dampers	AND ND Y		
Pumps .	AND NO YA	Diverter valves	XY ON ON/A		
Solvent tanks and containers	AND NO YOU	Cartridge filter housings	DY ON ONA		
Water separators	AND ND YE		·		
4. Which method of detection is used by the	he responsible official?				
Visual examination (condensed so	olvent on exterior surfaces)		A		
Physical detection (airflow felt the	rough gaskets)		⋈		
Odor (noticeable perc odor)			Ø		
Use of direct-reading instrumenta	tion (FID/PID/calorimetric	tubes)			
Halogen leak detector					
If using direct-reading instr	umentation, is the equipm	ent:	X N/A		
a. Capable of detecting	perc vapor concentrations in	a range of 0-500 ppm?	□Y □N		
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and aft	er each use	□Y □N		
c. Inspected for leaks an	d obvious signs of wear on	a weekly basis?	OY ON		
d. Kept in a clean and s	ecure area when not in use?		□Y □N		
e. Verified for accuracy	by use of duplicate samples	(calorimetric only)?	OY ON		
	·				
ROGER Z	¥V	10/19/	198		
Inspector's Name (Please Prin	nt)	Date of Inspe	ection		
LogerB	hi	1 YEA	R		
Inspector's Signature		Approximate Date of	Next Inspection		

		NODECTICALET	DODT FORM			
INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY						
FACILITY: Bay Area Cleaners PAGE 1 OF 1						
FACILITY ADDRESS:	5626 56 th Con	merce Park I	Blvd	CITY: T	ampa	
17					813-630-0700	
MAILING ADDRESS:	Same		CITY: Tampa	FLA	ZIP: 33610	
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	N TYPE:	STATUS:	
Aug 31, 1998	9:30	12:00	non- C	DS	Minor	
					Out Complianc	e
NEDS NUMBER: 5	71133					
SOURCE DESCRIPTION	N: Perc Dry	Cleaner				
CONTACT(S): Erne	est Berger					
Today's visit was t	to conduct the	first annual i	nspection afte	r the mach	nine was moved to	this
new facility.		inst umiuu.	ispection are			
The dry cleaning n	nachine is the	same one use	d in the previ	ous location	on at 16029 W. Ta	ampa
Palm Blvd (the main o						
equipped with a closed		-	_	_		
Based on this facili						ment
on temperature measur	•		-		_	
inspection. Mr. Peter						11
been writing them dov		-				
_			_			- 11
Also, he did not have the perc purchase records on site, but forwarded them to the main office. They did have the rolling total, however.						
As pointed out in t	•		l re-inspect th	is plant or	ne more time withi	in 60
days to see whether or					ie moje jime wiem	
days to see whether of	not the record	keeping meet	s the requirem	Onto.		
Follow-up on 10/19/98	8: As results o	f today's re-ii	nspection, the	machine o	operator showed m	e the
leak log which has be	**	- ,	-	• '		
office where I need to	-	•	-	-	pto are rept in the	
office whole I need to	mane one more	o and to get an	is doile compi			
Follow-up on 10/20/9	8: I stopped b	y the main of	fice today for	the purpos	se of verifying the	perc
1		•	•			_
usage within the last 12 months. There has been 134 gallons of perc purchased according to the receipts that Mr. Berger showed to me.						
	•					
INSPECTED BY:	Roger Zl	nu		DATE:	8/31/98	

TYPE OF INSPECTION:	ANNUAL CO	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 10 = 0-0	TIME OUT: 11=4		571133
TYPE OF FACILITY: PER	C DRY CLEAN	ER	
FACILITY NAME: BAY	AREA CLEAN	ERS	DATE: 5/21/98
FACILITY LOCATION: 160	29 TAMPA PAL	MS BLVD, W.	
TAI	IPA, FL 3364	7	
responsible official: ERA		PHONE NUMBE	R. 813-977-5500
Based on the results of the compliance with DEP Rule	•	uated during this inspection, the trative Code (F.A.C.).	facility is found to be in
Based on the results of the c	ompilance requirements eval	nated during this inspection, the	following compliance
COMPLIANCE REQUIR	EMENT/PROBLEM	FOLLOW-UP AC	
THE MACHINE WILL	BE MOVED TO	INSPECT THE	NEW FACILITY
THE NEW FAGLITY	500 N	IN 60 DAYS	/
			P
			*
		Q _{UT} e _s	Un T.
		100 of 10	W S logg FO
			Tro, tro, ing
MMENTS:			
e Annual Compliance Certification i	orm has been properly certifi	ed and submitted to the inspecto	r. YES NO مر
•	60	DAYS	
TE OF NEXT INSPECTION:		roximate)	
SPECTION CONDUCTED BY: _		SER ZHU	
		ase Print)	
spector's signature:	dif Bhu	PHONE NUMBER	813 - 272 - 5530
	Page / o	£ /.	Revised 10/96

AIRS ID#	5	7	11	3	3	
AIKS ID#.						

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	BAY AREA	CLEAN	IEILS		DATE:	10/21/98
FACILITY LOCATION:	5626 5	6th coi	MERCE	PARK	BLVD	
_	TAMPA,	FL 330	618			
Annual Reporting Period:	7/2		_19 <u>98</u> TO		/21	19_98
Based on each term or condi	tion of the Title V ger	neral air permit, i	my facility has re	emained in comp	oliance with DE	P Rule
62-213.300, Florida Admini	strative Code (F.A.C.)), during the peri-	od covered by th	is statement. <	YES	□NO
If NO, complete the following	ıg:					
#1. Term or condition of the	e general permit that l	nas not been in co	ontinuous compl	iance during the	reporting perio	nd stated above:
		·	·			·
Exact period of non-complia	nce: from		-	to	-	
•	 .					
Action(s) taken to achieve co	ompliance:		•			
Method used to demonstrate	compliance:					
*						
#2. Term or condition of the	e general permit that l	has not been in co	ontinuous compl	iance during the	reporting perio	nd stated above:
Exact period of non-complia	nce: from		·	to		
Limit police of non-to-spin				_ ~		
Action(s) taken to achieve co	ompliance:			 		<u> </u>
Method used to demonstrate	compliance:					
			11 1: 66			
As the responsible official, I made in this notification are		-		-	•	
upon rolling averages of pur		•	•		•	
year for transfer or combina				_	/	3 7
RESPONSIBLE OFFICIA	L: FRNEST	T. BERGE		met t	3	10,2198
		lease Print)		Signature	10	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.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DU

Do NOT Remove Label

AIRS ID# 0571133

BAY AREA CLEANERS INC ERNEST J BERGER 16029 TAMPA PALMS BLVD W TAMPA FL 33647-2001

& Mobile Sources

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:00 TIME OUT:	11=30AIRS ID#: 571133
TYPE OF FACILITY: PERC DRY CLE	EANER
FACILITY NAME: BAY AREA CLE	EANERS DATE: 7/1/98
	PALMS BLVD, W.
TAMPS, FL 33	3647
RESPONSIBLE OFFICIAL: ERNEST BERGE	
Based on the results of the compliance requirement compliance with DEP Rule 62-213.300, Florida A	its evaluated during this inspection, the facility is found to be in dministrative Code (F.A.C.).
Based on the results of the compliance requirement discrepancies were noted:	its evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLE	
THE MACHINE WAS MOVED TO	WILL INSPECT NOW LOCATION
NEW LOCATION. THIS IS A	WITHN GODAYS.
DROP STORE ONLY	
	P_
	700
	Model Ri Montante
	S. S.
	<i>₹</i>
OMMENTS:	·
	VEST NOT A
e Annual Compliance Certification form has been properly	<i>'</i> .
ATE OF NEXT INSPECTION:	N/A
	(Approximate) 206ER ZHU
SPECTION CONDUCTED BY:	
SPECTOR'S SIGNATURE:	(Please Print) M PHONE NUMBER: (813) 272 - 553
 '	7 10/0
Pag	Revised 10/9

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	Þ.	COMPLAINTA	DISCOVER &	Allo K
AIRS ID#: 57/133 FACILITY NAME:	BAY AREA C	CLEANE	R5		M 3380
FACILITY LOCATION:	16029 TAM TAMPA, FL	3364	LMS BL	vo, w.	
RESPONSIBLE OFFICIAL CONTACT NAME:	L: ERNEST BI	ERGER	_ phone: <u>(</u>	13)977- SAME	5500
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DAF	RM 30 days prior to startu	р			
2. Facility failed to notify D.	ARM to use general perm	it			
PART II: CLASSIFICATI	ON				
Facility indicated on notific (check appropriate box) A.	cation form that it is:		☐ No notificat ☐ Drop store/	tion form out of business/p	etroleum
1. Existing small area s dry-to-dry only, x < 140 g transfer only, x < 200 gal both types, x < 140 gal/yi (constructed before 12/9/	gal/yr /yr t	ransfer only, x both types, $x < x$	x < 140 gal/yr < 200 gal/yr	<u> </u>	
3. Existing large area s dry-to-dry only, $140 \le x \le 1$ transfer only, $200 \le x \le 1$ both types, $140 \le x \le 1.8$ (constructed before 12/9/	< 2,100 gal/yr	transfer only, 2 both types, 140	rea source , $140 \le x \le 2,100$ $00 \le x \le 1,800$ g $\le x \le 1,800$ gal/ or after $12/9/91$	al/yr 'yr	
5. This is a correct facilit	y classification	DY DN	□Can not det	ermine	
∫ ∆ fa	the appropriate classificat scility qualified for a gene scility exceeds above limit	ral permit as n		above al permit	
B. The total quantity of per					

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?	OY ZN ON/A
2. Examining the containers for leakage?	DX ON ON/A
3. Closing and securing machine doors except during loading/unloading?	/DY DN
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	בארם אם צם
PART IV: PROCESS VENT CONTROLS	· · · · · · · · · · · · · · · · · · ·
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V.	
If classification 2 has been checked, the machine should be equipped with a refri (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mulinstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	אם צם
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?	ОУ ОИ ОИ/А
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	אם אם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	DY DN DN/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ОУ ОИ

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?	מי נוא
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	
	ls the temperature differential equal to or greater than 20° F?	DY 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 adsorbor, if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppin?	איאם אם צם
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?	מא טא מאיע
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A
·==		
P.	ART V: RECORDKEEPING REQUIREMENTS	
ш	as the responsible official: heck appropriate boxes)	
1.	Maintained receipts for perc purchased?	DY DN
2.	Maintained rolling monthly averages of perc consumption?	DA DM
3.	Maintained leak detection inspection and repair reports for the following:	
	a. documentation of looks repaired w/in 24 hrs? or;	DY ON ONA
	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 ON ON/A
4	. Maintained calibration data? (for applicable direct reading instruments)	DY DN DN/A
5	. Maintained exhaust duct monitoring data on perc concentrations?	בא בא בא בא איא
6	. Maintained startup/shutdown/malfunction plan?	DY DN
7	. Maintained deviation reports?	DY ON DNA
	Problem corrected?	DY DN DN/A
	Maintained compliance plan, if applicable?	DY DN DN/A

PART VI: LEAK DETECTION AND R	EPAIRS			
1. Does the responsible official conduct a v	cekly (for small sources, b	oi-weekly) leak detection and	d repair ·	
inspection?			OY ON	
2. Has the facility maintained a leak log?			אם עם	
3. Does the responsible official check the f	ollowing areas for leaks?			
Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	DY ON ON/A	
Door gaskets and seating	□Y □N □N/A	Stills	מ/אם אם צם	
Filter gaskets and seating	'מאם אם אם	Exhanst dampers	מ/אם אם צם	
Pumps	OY ON ON/A	Diverter valves	DY DN DN/A	
Solvent tanks and containers	מאם אם אם	Cartridge filter housings	באמם אם צם	
Water separators	באום אם צם			
4. Which method of detection is used by the	ie responsible official?			
Visual examination (condensed solvent on exterior surfaces)				
Physical detection (airflow felt through gaskets)				
Odor (noticeable perc odor)				
Use of direct-reading instrumenta	tion (FID/PID/calorimetri	c tubes)		
Halogen leak detector				
If using direct-reading instr	umentation, is the equip	nent:	□N/A	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				
b. Calibrated against a standard gas prior to and after each use PID/FID only)?				
. Inspected for leaks and obvious signs of wear on a weekly basis?				
d. Kept in a clean and secure area when not in use?				
e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	□У □И	

	•
ROGGR ZHU	7/1/98
Inspector's Name (Please Print)	Date of Inspection
Rix Bm	N/A (DROP STORE)
Inspector's Signature	Approximate Date of Next Inspection

•					
.,					
	INSPECTION REP		DODOLIC		I/PS I
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY					
FACILITY: Bay Area Cleaners			PAG	E 1	OF 1
FACILITY ADDRESS: 16029 Tampa	Palms Blvd, V	N.	CITY:	ampa	
	e**		PHONE	: (813)	977-5500
MAILING ADDRESS: Same		CITY: Tampa	FL	A ZII	P: 33647
INSPECTION DATE: TIME IN:	TIME OUT:	INSPECTIO	N TYPE:		STATUS:
May 21, 1998 10:00	11:45	non-C	DS ·		
NEDS NUMBER: 571133					
SOURCE DESCRIPTION: Perc Dry C	Cleaner				
CONTACT(S): Ernest Berger					
It was found on today' visit (annual	inspection) th	at this facility	is going	to be	a drop store soon.
The machine in this store will be moved to a new facility located on 5626 56th Commerce Park					
Blvd in Tampa according to the responsible official, Mr. Ernest Berger. Also, I was told that the					
new facility will start operating next week and add an another machine eventually. I told Mr.					
Berger that it is not necessary to conti					-
future. However, I'm going to visit the new facility within two months.					

I also mentioned to Mr. Berger that we've learned from the FDEP that they haven't received the payment of the annual operation fee. Mr. Berger asked me who he should call in the Department and he said he will contact the FDEP this afternoon.

Follow-up on 5/27/98: Today I stopped by the facility to give Mr. Berger the Notification Form for that new facility. Mr. Berger told me that he is going to file the application as soon as possible and the new facility is going to start operating on 6/1/98.

Follow-up on 7/1/98: I called Mr. Berger yesterday to ask whether he has filed the Notification form with FDEP for the new facility. We also learned from FDEP that they haven't received the annual compliance certification from Bay Area Cleaners. Mr. Berger said he has not done these aper work yet because lling (he couldn't find those forms 1 gave old" facility. The machine was moved to that new tacing, pickup. I also saw a press machine in this facility.

Mr. Berger filled out both forms when I was there. He said he will play in the way to the land of the land paper work yet because of moving. Also he needs blank Notification and Certification forms for filing (he couldn't find those forms I gave to him on my last visit). Whet with Mr. Berger in the "old" facility. The machine was moved to that new facility on 6/13/98 and this store is just for pickup. I also saw a press machine in this facility.

INSPECTED BY:	Roger Zhu	DATE: Mar 21, 1998

•	571133	
AIRS ID#:	7/11/2/	

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: BAY AREA CLEANERS DATE: 7/1/98 FACILITY LOCATION: 16029 TAMPA PALM BLVD, W. TAMPA, FL 33647
FACILITY LOCATION: 16029 TAMPA PALM BLVD, W.
TAMPA FL 33647
Annual Reporting Period: MAKEST 13, 1997 TO TOLY 1, 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.
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 repesting period stated above:
Exact period of non-compliance: from
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: Name (Please Print) Signature Name (Please Print)

^{*}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.

TYPE OF INSPECTION: ANNUAL COM	MPLAINT/DISCOVERY RE-INSPECTION X
TIME IN: 9:00 TIME OUT: // =:	30AIRS ID#: 57/1/33
TYPE OF FACILITY: PERC DRY CLEAN	CR
FACILITY NAME: BAY AREA CLEANI	E725 DATE: 7/1/98
FACILITY LOCATION: 16029 TAMPA PAL	
TAMPA, FL 3364	7
RESPONSIBLE OFFICIAL: ERNEST BERGER	PHONE NUMBER: (813) 977 - 5500
	 _
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Fiorida Administration	· · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaludiscrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
THE MACHINE WAS MOVED TO	WILL INSPECT NOW LOCATION
NEW LOCATION. THIS IS A	WITHN GODAYS.
DROP STORE ONLY	
	But DEC CE
	ODING SOUND TO THE
	es oring
	· .
	•
COMMENTS:	
he Annual Compliance Certification form has been properly certifi	
ALE OF NEXT INSPECTION:	//
SPECTION CONDUCTED BY:ROG	OPOXIMATE) SER ZHU
SPECTOR'S SIGNATURE: CITY M	Print) PHONE NUMBER: (813) 272 - 553 C
Page	f Revised 10/96

PERMALLOROETHYLENE DRY CLL. NERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	k r .	OMPLAINT/DISCOVERY	
AIRS ID#: 57/133 FACILITY NAME:	DATE: 7/1/98 BAY AREA CL	TIME IN:	9=0-0 TIME OUT:	11-30
FACILITY NAME: FACILITY LOCATION: _	16029 TAMP	DA PALI	MS BLVD, W	
FACILITY LOCATION: _	TAMPA, FL	33647		
RESPONSIBLE OFFICIAL	. ERNEST BEL	RGER P	HONE: (813) 977-	5500
CONTACT NAME:	SAME	P	HONE: SAME	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DAR	LM 30 days prior to startup			
2. Facility failed to notify DA	ARM to use general permit			
				-
			/	1
PART II: CLASSIFICATI				
Facility indicated on notific (check appropriate box)			☐ No notification form ☐ Drop store/out of business/p	petroleum
Facility indicated on notific	cation form that it is: Durce		□ Drop store/out of business/p a source □ < 140 gal/yr 200 gal/yr 0 gal/yr	petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 140 gal/yr both types, x < 140 gal/yr	eation form that it is: Durce	New small are reto-dry only, x onsier only, x < 140 onstructed on or New large are y-to-dry only, 140 onsier only, 200	☐ Drop store/out of business/p a source ☐ < 140 gal/yr 200 gal/yr 0 gal/yr after 12/9/91) a source ☐ $40 \le x \le 2,100 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$	petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gallyr (ransfer only, x < 140 gallyr (constructed before 12/9/9 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,8	ation form that it is: Durce	New small are y-to-dry only, x onsfer only, x < 140 onstructed on or New large are y-to-dry only, 140 sinsfer only, 200 th types, 140 sinstructed on or onstructed on or onstructed on or	☐ Drop store/out of business/p a source ☐ < 140 gal/yr 200 gal/yr 0 gal/yr after 12/9/91) a source ☐ $40 \le x \le 2,100 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$	petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gallyr transfer only, x < 200 gall both types, x < 140 gallyr (constructed before 12/9/5 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,8 (constructed before 12/9/5 5. This is a correct facility of the property of	ation form that it is: Durce	New small are y-to-dry only, x onsfer only, x < 140 onstructed on or New large are y-to-dry only, 140 sinsfer only, 200 th types, 140 sinstructed on or Y \bigcup N	□ Drop store/out of business/p a source < 140 gal/yr 200 gal/yr 0 gal/yr after 12/9/91) a source $ 40 \le x \le 2,100 \text{ gal/yr} $ $ x \le 1,800 \text{ gal/yr} $	petroleum

PART HI: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	DY ZN DN/A
2. Examining the containers for leakage?	DX ON ON/A
3. Closing and securing machine doors except during loading/unloading?	אם צם
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	OY ON ON/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY 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 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 me installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refu (complete A and B below).	rigerated 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?	NO YO
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY DN. DN/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	מם עם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	A/אֹם אם צם
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ОУ ОИ

Davis at 9/11/07

/* /- :

٠.

В.	Has the responsible official of an existing large or new large area source also:		7	
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?	98	ÜИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	CIY	□N ¹	□N/A
	Is the temperature differential equal to or greater than 20° F?	DΥ	ПN	□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,	5 117	5 333	<u></u>
	Is the perc concentration equal to or less than 100 ppm?			□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring			
	perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	DΥ	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПИ	N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПΝ	□N/A

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

ART VI: LEAK DETECTION AND REPAIRS					
. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?			OY ON		
2. Has the facility maintained a leak log?			אם אם		
3. Does the responsible official check the f	ollowing areas for leaks	7			
Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	ОУ ОИ ОИ∕А		
Door gaskets and seating	OY ON ON/A	Stills	□Y □N □N/A		
Filter gaskets and seating	A/NO NO YO	Exhanst dampers	OY ON ON/A		
Pumps	OY ON ON/A	Diverter valves	OY ON ON/A		
Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	OY ON ON/A		
Water separators	אעם אם צם				
4. Which method of detection is used by the	ne responsible official?				
Visual examination (condensed s	olvent on exterior surfac	ces)	a ·		
Physical detection (airflow felt th	rough gaskets)		Ö		
Odor (noticeable perc odor)					
Use of direct-reading instruments	tion (FID/PID/calorime	etric tubes)			
Halogen leak detector					
If using direct-reading instr	umentation, is the equ	ipment:	□N/A		
a. Capable of detecting	perc vapor concentratio	ns in a range of 0-500 ppm?	OY ON		
b. Calibrated against a second (PID/FID only)?	standard gas prior to an	d after each use	מם עם		
c. Inspected for leaks a	nd obvious signs of wear	r on a weekly basis?	OY ON		
d. Kept in a clean and s	ecure area when not in	use?	OY ON		
e. Verified for accuracy	by use of duplicate san	nples (calorimetric only)?	OY ON		

ROGER ZHU
Inspector's Name (Please Print)
Ruif Som
Inspector's Signature

7/1/98

Date of Inspection

N/A (DROP STORE)
Approximate Date of Next Inspection

INSPECTION REPORT FORM								
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY								
FACILITY: Bay Area Cleaners PAGE 1 OF 1						1		
FACILITY ADDRESS: 16029 Tampa Palms Blvd, W. CITY: Tampa								
				PHONE	: (8	13) 9	77-5500	0
MAILING ADDRESS:	MAILING ADDRESS: Same CITY: Tampa FLA ZIP: 33647							
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	N TYPE:			STATI	US:
May 21, 1998 10:00 11:45 non-CDS								
NEDS NUMBER: 571133								
SOURCE DESCRIPTION: Perc Dry Cleaner								
CONTACT(S): Ernest Berger								

It was found on today' visit (annual inspection) that this facility is going to be a drop store soon. The machine in this store will be moved to a new facility located on 5626 56th Commerce Park Blvd in Tampa according to the responsible official, Mr. Ernest Berger. Also, I was told that the new facility will start operating next week and add an another machine eventually. I told Mr. Berger that it is not necessary to continue my annual inspection today because of the move in near future. However, I'm going to visit the new facility within two months.

I also mentioned to Mr. Berger that we've learned from the FDEP that they haven't received the payment of the annual operation fee. Mr. Berger asked me who he should call in the Department and he said he will contact the FDEP this afternoon.

Follow-up on 5/27/98: Today I stopped by the facility to give Mr. Berger the Notification Form for that new facility. Mr. Berger told me that he is going to file the application as soon as possible and the new facility is going to start operating on 6/1/98.

Follow-up on 7/1/98: I called Mr. Berger yesterday to ask whether he has filed the Notification form with FDEP for the new facility. We also learned from FDEP that they haven't received the annual compliance certification from Bay Area Cleaners. Mr. Berger said he has not done these paper work yet because of moving. Also he needs blank Notification and Certification forms for filing (he couldn't find those forms I gave to him on my last visit). I met with Mr. Berger in the "old" facility. The machine was moved to that new facility on 6/13/98 and this store is just for pickup. I also saw a press machine in this facility.

Mr. Berger filled out both forms when I was there. He said he will put in the mail today.

INSPECTED BY:	Roger Zhu	DATE:	Mar 21, 1998	-

P 174 052 657 US Postal Service **Receipt for Certified Mail** No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to AIRS ID # 0571133 BAY AREA CLEANERS ERNEST J BERGER 16029 TAMPA PALMS BLVD W TAMPA FL 33647-2001 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address 3800 **TOTAL Postage & Fees** Postmark or Date Form S Fold at line over top SENDER: wish to receive the ■Complete items 1 and/or 2 ioi following services (for an ■ Complete items 3, 4a, and 4b.
■ Print : Ir name and address on the reverse of this form so that we can return this card to you. extra fee): RETURN ADDRESS completed on the reverse Service Attach this form to the front of the mailpiece, or on the back if space does not 1. Addressee's Address 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 2. A Restricted Delivery Return Receipt Consult postmaster for fee. delivered. 4a, Article Number 3. Article Addressed to: 4b. Service Type AIRS ID # 0571133 Certified BAY AREA ČLEANERS Registered ERNEST J BERGER ☐ Insured Express Mail 16029 TAMPA PALMS BLVD W □ Return Receipt for Merchandise □ COD TAMPA FL 33647-2001 7. Date of Delivery You Thank 8. Addressee's Address (Only if requested 5. Received By: (Print Name) and fee is paid) ls your n Receipt

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TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY	RE-INSPECTION [
	-45 AIRS	D#: 571133
TYPE OF FACILITY: PERC DRY CLE	NER	·
FACILITY NAME: BAY AREA CLE		DATE: 5/21/98
FACILITY LOCATION: 16029 TAMPA	PALMS BLVD, L	<i>V</i> .
TAMPA, FL 33	647	
RESPONSIBLE OFFICIAL: ERNÉST BERGET	PHONE N	UMBER: 813-977-5500
Based on the results of the compliance requirement compliance with DEP Rule 62-213.300. Florida Ad		on, the facility is found to be in
Based on the results of the compliance requirement discrepancies were noted:	evaluated during this inspection	on, the following compliance
COMPLIANCE REQUIREMENT/PROBLE	1 FOLLOW-U	P ACTION REQUIRED
THE MACHINE WILL BE MOVED		THE NEW FACILITY
THE NEW FACILITY SOON	IN 60 DI	+42
		1
		DE CK
		30
		No of Prince of
		Le Sauces Comme
	·	
COMMENTS:		
		~ ∞,
The Annual Compliance Certification form has been properly	ertified and submitted to the s	nspector. YES NO NO
DATE OF NEXT INSPECTION:	(Approximate)	
DISTRICTION CONDUCTOR TV	LOGER ZHU	
INSPECTION CONDUCTED BY:	(Please Print)	
INSPECTOR'S SIGNATURE: KLYL'SI	PHONE NO	MBER:
Page	/ af	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	N 0	COMPLAINT/DIS	SCOVERY	<i>†</i>
AIRS 10#: 571133	DATE: 5/21/	98 TIME	N: <u>10 -0-0</u> TI	ME OUT: _	it =4 5
FACILITY NAME:	BAY AKEA C	LEANE C.			
FACILITY LOCATION:	16029 TAM	IPA PALA	15 BLVD,	ω _.	
	TAMPA, FL	3364	·7		
RESPONSIBLE OFFICIA	L: ERNEST B	ERGER	PHONE: 813	-977 -	5500
RESPONSIBLE OFFICIA CONTACT NAME:	SAME		PHONE:	54mE	
PART I: NOTIFICATION	v				.]
(check appropriate box)					
1. New facility notified DA	RM 30 days prior to start	tup			
2. Facility failed to notify D	ARM to use general per	mit			
PART II: CLASSIFICAT	ION	_			
Facility indicated on notificheck appropriate box)			No notification :		roleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area s	cation form that it is:	2. New small a	□ Drop store/out of		roleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area s dry-to-dry only, x < 140	cation form that it is:	dry-to-dry only,	□ Drop store/out of trea source x < 140 gal/yr	of business/pet	roleum
Facility indicated on notific (check appropriate box) A. 1. Existing small areas dry-to-dry only, x < 140 transfer only, x < 200 ga	cation form that it is: source gal/yr l/yr	dry-to-dry only, transfer only, x	□ Drop store/out of trea source x < 140 gal/yr < 200 gal/yr	of business/pet	roleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area s dry-to-dry only, x < 140	cation form that it is: source gal/yr l/yr	dry-to-dry only, transfer only, x both types, x <	□ Drop store/out of trea source x < 140 gal/yr < 200 gal/yr	of business/pet	roleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area is dry-to-dry only, x < 140 transfer only, x < 200 gas both types, x < 140 gal/y (constructed before 12/9/ 3. Existing large area is dry-to-dry only, 140 ≤ x transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,8	cation form that it is: source gal/yr 1/yr r 91) source ≤ 2,100 gal/yr 1,800 gal/yr 00 gal/yr	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140	Drop store/out of trea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	of business/pet	roleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area is dry-to-dry only, x < 140 transfer only, x < 200 gas both types, x < 140 gal/y (constructed before 12/9/ 3. Existing large area is dry-to-dry only, 140 \le x transfer only, 200 \le x \le 1 both types, 140 \le x \le 1,8 (constructed before 12/9/	cation form that it is: source gal/yr 1/yr r 991) source ≤ 2,100 gal/yr 1,800 gal/yr 00 gal/yr 91)	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140 (constructed on	Drop store/out of trea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	of business/pet	roleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area is dry-to-dry only, x < 140 transfer only, x < 200 gas both types, x < 140 gal/y (constructed before 12/9/ 3. Existing large area is dry-to-dry only, 140 ≤ x transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,8 (constructed before 12/9/ 5. This is a correct facility of the property	cation form that it is: source gal/yr 1/yr r 991) source ≤ 2,100 gal/yr 1,800 gal/yr 00 gal/yr 91)	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140 (constructed on Y New large and dry-to-dry only, transfer only, 20 both types, 140 (constructed on the constructed on the cons	□ Drop store/out of trea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) □ Can not determinate the source about the source and the source are source and the source are source and the source are source as a source are source as a source are source as a source are source are source are source as a source are sourc	of business/pet	roleum

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

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?	אם צם
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
ls the temperature differential equal to or greater than 20° F?	OY ON ON/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A
PART V: RECORDKEEPING REQUIREMENTS	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes)	
Has the responsible official:	-
Has the responsible official: (check appropriate boxes)	ОУ ПИ ПО У ПИ
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	□У □И
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	OY ON ON/A
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON/A
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A OY ON ON/A
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations?	 □Y □N □N/A □Y □N □N/A □Y □N □N/A □Y □N/A
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained skartup/shutdown/malfunction plan?	 □Y □N □N/A □Y □N □N/A □Y □N □N/A □Y □N □N/A □Y □N

PART VI: LEAK DETECTION AND R	REPAIRS		
1. Does the responsible official conduct a	weekly (for small sources,	bi-weckly) leak detection at	ıd repair
inspection?			DY TIN
2. Has the facility maintained a leak log?			DN DN
3. Does the responsible official check the	following areas for leaks?		
Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	OY ON ON/A
Door gaskets and seating	OY ON ON/A	Stills	□Y □N □N/A
Filter gaskets and seating	OY ON ON/A	Exhaust dampers	OY ON ON/A
Pumps	OY ON ON/A	Diverter valves	OY ON ON/A
Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	□Y □N □N/A
Water separators	אואס אם גם	·	
4. Which method of detection is used by the	ne responsible official?		
Visual examination (condensed so	olvent on exterior surfaces)	
Physical detection (airflow felt the	rough gaskets)		
Odor (noticeable perc odor)			
Use of direct-reading instrumenta	tion (FID/PID/calorimetric	c tubes)	
Halogen leak detector			<u> </u>
. If using direct reading instr	umentation, is the equipr	ment:	□N/A
a. Capable of detecting p	perc vapor concentrations	in a range of 0-500 ppm?	OY ON
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and a	fter each use	OY ON
c. Inspected for leaks an	d obvious signs of wear or	n a weekly basis?	OY ON
d. Kept in a clean and so	ecure area when not in use	??	DY DN
e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	OY ON

ROGER ZHU	5/27/98
Inspector's Name (Please Print)	Date of Inspection
Rich Mm	60 DAYS
Inspector's Signature	Approximate Date of Next Inspection

		· .		
		_ <u>.</u> `		
INSPECTION REP ENVIRONMENTAL PROTECTION COMMIS		POLICH CO	IINTV	
FACILITY: Bay Area Cleaners		PAGE	1 OF	1
FACILITY ADDRESS: 16029 Tampa Palms Blvd, W		TY: Tamp		<u> </u>
	PH	IONE: (81	13) 977-5500	
	CITY: Tampa		ZIP: 33647	
INSPECTION DATE:	INSPECTION T non-CDS	YPE:	STATU	JS:
NEDS NUMBER: 571133				
SOURCE DESCRIPTION: Perc Dry Cleaner				
CONTACT(S): Ernest Berger				
The machine in this store will be moved to a new Blvd in Tampa according to the responsible official new facility will start operating next week and ad Berger that it is not necessary to continue my annua future. However, I'm going to visit the new facility I also mentioned to Mr. Berger that we've learned payment of the annual operation fee. Mr. Berger as and he said he will contact the FDEP this afternoon. Follow-up on 5/27/98: Today I stopped by the factor that new facility. Mr. Berger told me that he is and the new facility is going to start operating on 6/1	I, Mr. Ernest Berd an another made inspection todal within two months from the FDEP sked me who he cility to give Mr. going to file the a	ger. Also achine every because hs. that they should ca	o, I was tolentually. It is of the moven't recall in the De	told Mr. ye in near elived the epartment
·				
				·
·				
			·	
INSPECTED BY: Roger Zhu		DATI	E: Mar 21,	1998
MOST ECTED DT. Roger Zild		DAII	□. IVIAL 4.1,	

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TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11:30 TIME OUT: 13:6	AIRS ID#: 57//33
TYPE OF FACILITY: PERC DRY CLEANER	
FACILITY NAME: BAY AREA CLEANERS	D/11D. / - 1
FACILITY LOCATION: 5626 56 th COMMEN	CE PARK BLUD
TAMPA, FL 33618	
RESPONSIBLE OFFICIAL: ERVEST BERGER	PHONE NUMBER: (813) 977 - 5500
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
,	
	•
•	
	, ,
	·
GOLD 673 TTG	<u>-</u>
COMMENTS:	
The Annual Compliance Certification form has been properly certification	/
DATE OF NEXT INSPECTION:	YEAR
(A _I	oproximate)
	OCER ZHU
(P)	lease Print) PHONE NUMBER: (813) 272-5530
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (01)
Page	of Revised 10/96

AIRS ID#:	571133
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Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: BAY ARES	A CLEANERS		DATE: 1/11/00
FACILITY LOCATION: 5626	56 th COMMERCE 1	DARK BLUD	. , ,
TAMDA	. FL 33618		
Annual Reporting Period:	- 2Z <u>19</u> 98	To Jan 11	\$ 200
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		<u> </u>	
If NO, complete the following:			
#1. Term or condition of the general permit	that has not been in continuous co	ompliance during the repor	ting period stated above:
Exact period of non-compliance: from	9	to	-
Action(s) taken to achieve compliance:	9		
Method used to demonstrate compliance:		-	
#2. Term or condition of the general permit	that has not been in continuous co	ompliance during the repor	rting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			·
Method used to demonstrate compliance:			
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Further, my annua	l consumption of perchlor	oethylene solvent, based
RESPONSIBLE OFFICIAL: ERNE.	ST J. BERGER	Jumb 17	Jug 1-11-00
Nai	ne (riease 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 CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

C	COMPLIANCE INSP	ECTION CHECKI	LIST	
TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	р сомі	PLAINT/DISCOVERY	<u> </u>
AIRS ID#: 57//33 DA FACILITY NAME: BAY FACILITY LOCATION: 563	AREA CLE	ANERS COMMERCIE		13:0-0
RESPONSIBLE OFFICIAL :	ELNEST BERGE	PHON	NE: (813) 977- NE: (813) 630-	5500 0700
		·		:
PART I: NOTIFICATION			· 	
(check appropriate box)				
1. New facility notified DARM 30				þ.
2. Facility failed to notify DARM	to use general permit	· <u>-</u>		
PART II: CLASSIFICATION		<u> </u>	· 	
Facility indicated on notification (check appropriate box)	form that it is:	_ -	notification form op store/out of business/p	etroleum
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)	dry train bot	New small area sound x -to-dry only, $x < 140$ insfer only, $x < 200$ g. The types, $x < 140$ galant ructed on or after) gal/yr al/yr yr	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$	00 gal/yr dry	New large area sou y-to-dry only, $140 \le x$ nsfer only, $200 \le x \le x$	k ≤ 2,100 gal/yr E 1,800 gal/yr	
both types, $140 \le x \le 1,800$ gal (constructed before 12/9/91)		h types, $140 \le x \le 1$ instructed on or after		
	(co	instructed on or after		· ·
(constructed before 12/9/91) 5. This is a correct facility clas If no, please check the ap	sification (constitution (constitution) propriate classification qualified for a general exceeds above limits a	nstructed on or after Y	12/9/91) n not determine above a general permit	ry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN **X**N/A DY DN DN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? ØY □N 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? **V**Y ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber OY ON **X**N/A 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? \Box Y \Box N 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? \Box Y \Box N 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? □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?	ΩY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	מם	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПN	□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?	ΠY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	□N	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)	· .				
1. Maintained receipts for perc purchased?					
2. Maintained rolling monthly averages of perc consumption?					
3. Maintained leak detection inspection and repair reports for the following:	,				
a. documentation of leaks repaired w/in 24 hrs? or,	OY ON S IN/A				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	oy on y in/a				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON X N/A				
5. Maintained exhaust duct monitoring data on perc concentrations?					
6. Maintained startup/shutdown/malfunction plan?					
7. Maintained deviation reports?					
Problem corrected?	OY ON \$\\				
8. Maintained compliance plan, if applicable?	OY ON DANA				

-						
PA	RT VI: LEAK DETECTION AND R	EPAIRS				
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			AA DN		
2.	Has the facility maintained a leak log?			j o λλ □N		
3.	Does the responsible official check the	following areas for leaks	?			
	Hose connections, fittings, couplings, and valves	AY ON ON/A	Muck cookers	ANG NG YA		
	Door gaskets and seating	Y ON ON/A	Stills	Y ON ON/A		
	Filter gaskets and seating	Y ON ON/A	Exhaust dampers	MY ON ON/A		
	Pumps	Y ON ON/A	Diverter valves	MY ON ON/A		
	Solvent tanks and containers	YY ON ON/A	Cartridge filter housings	MY ON ON/A		
	Water separators	YY ON ON/A	•			
4.	Which method of detection is used by the	ne responsible official?		•		
	Visual examination (condensed solvent on exterior surfaces)					
	X					
	A					
	Halogen leak detector					
	If using direct-reading instr	X N/A				
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?						
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					
	c. Inspected for leaks an	OY ON				
	d. Kept in a clean and so	□Y □N				
	e. Verified for accuracy	oles (calorimetric only)?	□Y □N			
<u> </u>		,				
	ROGER ZI	<i>+U</i>	1/7/	00		
	Inspector's Name (Please Prin	nt)	Date of Inspe	ction		
	D. M.		1 Ye	AP		

Approximate Date of Next Inspection

Inspector's Signature

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY							
ENVIRO	NMENTAL PROT	ECTION COMM	11221ON OF HILLS	SBOKOOGI	1 COON	NIY	
FACILITY: Bay Area	Cleaners	•		PAGI	E 1	OF	1
FACILITY ADDRESS:	FACILITY ADDRESS: 5626 56 th Commerce Park Blvd CITY: Tampa						
	PHONE: (813) 977-5500						
MAILING ADDRESS: Same CITY: Tampa FLA ZIP: 33618							
INSPECTION DATE:	INSPECTION DATE: TIME IN: TIME OUT: INSPECTION TYPE: ST				STATU	JS:	
Jan 7, 2000	11:30	13:00	3:00 non-CDS In Compliance			iance	
NEDS NUMBER: 571133							
SOURCE DESCRIPTION: Perc Dry Cleaner							
CONTACT(S): Ernest Berger							
Today's visit was to conduct the annual inspection. The machine is an existing small unit and well maintained. The machine was in operation during							

The machine is an existing small unit and well maintained. The machine was in operation during my inspection. No leaks or odors were found.

The machine operator, Mr. Peter Rivera, keeps a good recordkeeping. He has logged his leak checks every week. Also he showed me that the coil for the refrigerated condenser was replaced because the top portion of the coil was vibrating while the machine was running.

The perc usage was 120 gallons for the past 12 months.

INSPECTED BY:	Roger Zhu	,	DATE:	Jan 7, 2000

ALCES!

Revised 10/96

TYPE OF INSPECTION: ANNUAL \boxtimes COME	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:00 TIME OUT: 10:15	AIRS ID#: 57//33
TYPE OF FACILITY: PERC DRY CLEANER	
FACILITY NAME: BAY AREA CLEANER FACILITY LOCATION: 5626 56 th COMMER	DAIL. /
FACILITY LOCATION: 5626 36 COMMER TAMPA, FL 336	
RESPONSIBLE OFFICIAL: ERNEST BERGER	PHONE NUMBER: (813) 977 -5500
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	- · · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaluadiscrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	Bureau of & Mo
	2 2000 PED Sources
	ing
· . ·	
COMMENTS:	· · · · · · · · · · · · · · · · · · ·
	•
The Annual Compliance Certification form has been properly certification form has been properly certification.	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: (A _I	pproximate)
(P)	OGER ZHU lease Print)
INSPECTOR'S SIGNATURE: Loge Shi	PHONE NUMBER: (813) 272-55 30

Page of

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	BAY AR	EA C	LEANE	RS		D	ATE:	2/15/00
FACILITY NAME:	5626	56 th	COMP	MERCE	PARK	BLVD	-	
	TAMPA	,	FL	33618	,			
Annual Reporting Period:	Jan	12			De De	c 15	-	20 0
Based on each term or cond 62-213.300, Florida Admin		_	_				_	Rule NO
If NO, complete the following	ng:							
#1. Term or condition of th	ne general permit	that has no	ot been in co	ontinuous com	pliance durin	g the reportin	ng period	stated above:
Exact period of non-compli	ance: from				to			
Action(s) taken to achieve of	compliance:			· .	•			
Method used to demonstrat	e compliance:							
#0 T #ition \$1		that has m	-• b i	+:				James da barrer
#2. Term or condition of the	ne general perimit	шаг паз па	or been in c	onunuous con	физисе сити	ig the report	mg period	i stated above.
Exact period of non-compli	iance: from				to		,	
Action(s) taken to achieve	compliance:					<u> </u>		
Method used to demonstrate	te compliance:		•		· ·			
As the responsible official, made in this notification as upon rolling averages of p year for transfer or combine RESPONSIBLE OFFICE	re true, accurate surchase receipts, nation facilities.	and comple	ete. Furthe exceed 2,10	er, my annual o	consumption of	of perchloroe	ethylene s	solvent, based
		(,			- 0		

Page of

^{*}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

COMPLAINT/DISCOVERY (CI) □

ANNUAL (INS1, INS2)

RE-INSPECTION (FUI) □

TYPE OF INSPECTION:

AIRS ID#: 57 11 33 DATE: 12/8/0	O TIME IN: 9:00 TIME OUT: 10:15					
FACILITY NAME: BAY AREA CLEANERS						
AIRS ID#: 571133 DATE: 12/8/00 TIME IN: 9:00 TIME OUT: 10:15 FACILITY NAME: BAY AREA CLEANERS FACILITY LOCATION: 5626 56 th COMMERCE PARK BLVD TAMPA, FL 33618						
TAMPA, F	FL 33618					
RESPONSIBLE OFFICIAL: ERNEST BERGER PHONE: (813) 977-5500 CONTACT NAME: SAME PHONE: SAME						
CONTACT NAME:SAME	PHONE: SAME					
PART I: NOTIFICATION						
(check appropriate box) Facility Compliance Status: IN						
1. New facility notified DARM 30 days prior to star	tup 💢 (ARMS Data) MNC 🗆					
2. Facility failed to notify DARM to use general per	mit 🗆 SNC 🗅					
PART II: CLASSIFICATION						
Facility indicated on notification form that it is:	☐ No notification form					
(check appropriate box)	☐ Drop store/out of business/petroleum					
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	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 before 12/9/91)	both types, x < 140 gal/yr (constructed on or after 12/9/91)					
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)					
,	·					
5. This is a correct facility classification	□Y ★N □Can not determine					
5. This is a correct facility classification If no, please check the appropriate classific	□Y XIN □Can not determine					
5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a get	□Y XIN □Can not determine Pation: The real permit as number 4 above.					
5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a get	□Y XIN □Can not determine					

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN XNA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN XN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? XOY □N 4. Draining cartridge filters in their housing or in sealed containers for at DY DN XXN/A least 24 hours prior to disposal? Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? OY ON XN/A PART IV: PROCESS VENT CONTROLS In Part II-A: √ If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must kuve 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? DY DN DY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN 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? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	% (Y	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ΠN	DN/A
	Is the temperature differential equal to or greater than 20° F?	BY	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	□и	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПN	□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?	ПY	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΠИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) MD AK 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? XY DN 3. Maintained leak detection inspection and repair reports for the following: DY DN XNA 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 □Y □N X\N/A and parts installed w/in 5 days of receipt? DY DN XNA 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? DY DN YN/A ∇X 6. Maintained startup/shutdown/malfunction plan? DY DN XN/A 7. Maintained deviation reports? DY DN SAN/A Problem corrected? DY DN \$\forall N/A 8. Maintained compliance plan, if applicable?

_						
P.	ART VI: LEAK DETECTION AND	D REPAIRS		_		
l.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			≱ YY □N		
2.	Has the facility maintained a leak lo	g?		½ Y . □N		
3.	Does the responsible official check t	he following areas for leaks	s?			
	Hose connections, fittings, couplings, and valves	M Y □N □N/A	Muck cookers	ØY □N □N/A		
	Door gaskets and seating	Y ON ON/A	Stills	XY ON ON/A		
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	ØY □N □N/A		
	Pumps	MY ON ON/A	Diverter valves	XY ON ON/A		
) 	Solvent tanks and containers	XY ON ON/A	Cartridge filter housings	XY ON ON/A		
	Water separators	M Y ON ON/A				
4	. Which method of detection is used b	by the responsible official?	, ,			
	Visual examination (condense	d solvent on exterior surfac	es)	À		
	Physical detection (airflow fel	t through gaskets)		≨		
	Odor (noticeable perc odor)			×		
	Use of direct-reading instrume	entation (FID/PID/calorime	tric tubes)			
	Halogen leak detector					
	If using direct-reading instrumentation, is the equipment:			X/N/A		
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			OY ON		
	b. Calibrated against (PID/FID only)?	OY ON				
	c. Inspected for leak	OY ON				
	d. Kept in a clean an	OY ON				
	e. Verified for accur	acy by use of duplicate sam	ples (calorimetric only)?	OY ON		

ROBER ZHU	12/15/00
Inspector's Name (Please Print)	Date of Inspection
Roser Bhu	1 YEAR
Inspector's Signature	Approximate Date of Next Inspection

<u> </u>						
INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY						
ENVIRO	NMENTAL PROT	ECTION COMM	IISSION OF HILLS	SBOROU	GH C	COUNTY
FACILITY: Bay Area C	Cleaners			PAC	GE	1 OF 1
FACILITY ADDRESS:	5626 56th Com	merce Park Bly	vd	CITY:	Ta	mpa
•				PHONI	E: 8	13-977-5500
MAILING ADDRESS:	Same		CITY: Tampa	F	LA	ZIP: 33610
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	N TYPE	3:	STATUS:
Dec 15, 2000	9:00	10:15	non- C	non- CDS		In Compliance
NEDS NUMBER: 5711	33					
SOURCE DESCRIPTION: Perc Dry Cleaner						
CONTACT(S): Ernest Berger						
Today's visit was to	Today's visit was to conduct the annual inspection.					

There is a second dry cleaning machine (AERO-TECH ES2100-553) installed in this facility two weeks ago. It is a new unit equipped with the appropriate vent controls and closed-loop vapor system. The initial fill-up was 150 gallons of perc.

I gave Mr. Berger a notification form for him to fill out and mail it to FDEP. He said he would send out as soon as possible.

The old machine is an existing small unit. The recordkeeping is good. The 12-month perc usage was 120 gallons.

INSPECTED BY: Roger Zhu DATE: 12/8/00



0389938

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

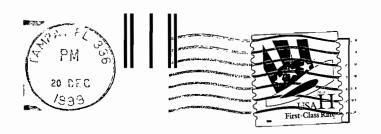
AIRS ID # 0571133

BAY AREA CLEANERS ERNEST J BERGER 16029 TAMPA PALMS BLVD W TAMPA FL 33647-2001 AIL ROOM EC 22 99

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 BAY AREA CLEANERS, INC. 16029 Tampa Palms Blvd. West TAMPA, FL 33647-2001



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

32312X3030



	. 7 333 1	12 971	
I I I	US Postal Service Receipt for Cert Id Incurance Coverage F BAY AREA CLEANERS ERNEST J BERGER 6029 TAMPA PALMS I FAMPA FL 33647-2001	ified Mail Provided. AIRS ID 057111 INC	33
1	Postage	\$	_
1	Certified Fee		
	Special Delivery Fee		
_	Restricted Delivery Fee		
1995	Return Receipt Showing to Whom & Date Delivered		
April	Return Receipt Showing to Whom Date, & Addressee's Address		
00 ,	TOTAL Postage & Fees	\$	
PS Form 3800 , April 1995	Postmark or Date		
nd 4b. dress o	additional services.		I also wish to receive the following services (for an extra fee):
ont of t	the mailpiece, or on the back	1 D Addrossoo's Addros	

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 space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to receive the following services (for an extra fee): 1.
ADDRESS completed	AIRS ID 0571133 BAY AREA CLEANERS INC ERNEST J BERGER 16029 TAMPA PALMS BLVD W TAMPA FL 33647-2001	4b. Service 1 ☐ Registere ☐ Express I	Type ad
is your RETURN	Received By: (Print Name) Signature: (Addressed of Agent) X	8. Addressee and fee is	ř ř
	PS Form 3811 , December 19 94		Domestic Return Receipt

Z 333 613 697

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID# 0571133 BAY AREA CLEANERS INC ERNEST J BERGER 16029 TAMPA PALMS BLVD W TAMPA FL 33647-2001

1	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
מפפו ייוקה	Return Receipt Showing to Whom & Date Delivered	
Ž	Return Receipt Showing to Whom, Date, & Addressee's Address	
3	TOTAL Postage & Fees	\$
2000 11101	Postmark or Date	
ָב ה		

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.	ve can return this	I also wish to refollowing service extra fee):	
 Attach this form to the front of the mailpiece, or on the back if spa permit. Write "Return Receipt Requested" on the mailpiece below the artice. The Return Receipt will show to whom the article was delivered a delivered. 	de number.	Address Restrict Consult postma:	•
3. Article Addressed to: AIRS ID#.0571133 BAY AREA CLEANERS INC ERNEST J BERGER	4a. Article N Z 33 4b. Service Registers	umber 3 6/3 60 Type	
16029 TAMPA PALMS BLVD W TAMPA FL 33647-2001	Express Return Re 7. Date of De	ceipt for Merchandis	☐ Insured e ☐ COD
5. Received By: (Print Name) 6. Signature: (Addressee or Agenti)	8. Addresse and fee is	e's Address (Only paid)	if requested

Z 333 613 491 US Postal Service Receipt for Certified Mail AIRS ID # 0571133 **BAY AREA CLEANERS** ERNEST J BERGER 16029 TAMPA PALMS BLVD W TAMPA FL 33647-2001 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 \$ TOTAL Postage & Fees Postmark or Date Form PS Fold at line over top of envelope to SENDER: sh to receive the ■Complete items 1 and/or 2 for addr Complete items 3, 4a, and 4b. following services (for an ■Print your name and address on the reverse of this form so that we can return this extra fee): card to you.

Attach this farm to the front of the mailpiece, or on the back if space does not 1. Addressee's Address permit.

Write "Return Receipt Requested" on the mailpiece below the article number. 2.

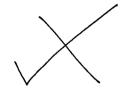
Restricted Delivery ■The Return Receipt will show to whom the article was delivered and the date Receipt Consult postmaster for fee. ADDRESS completed on 3. Article Addressed to: 4a. Article Number 2333613 491 AIRS ID # 0571133 **BAY AREA CLEANERS** □ Certified ☐ Registered ERNEST J BERGER using ☐ Express Mail ☐ Insured 16029 TAMPA PALMS BLVD W ☐ Return Receipt for Merchandise ☐ COD TAMPA FL 33647-2001 φ 7. Date of Delivery Thank you 5. Received By: (Print Name) 8. Addressee's Address (Only if requested and fee is paid) 6. Signature: (Addressee Domestic Return Receipt PS Form 3811, December 1994



434075 DEC10 2003

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

571133 ERNEST BERGER BAY AREA CLEANERS 16029 TAMPA PALMS BLVD W TAMPA FL 33647

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273

0361090

TOTAL AMOUNT DUE: \$50.00 Report Nonline Source Sour Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

Do NOT Remove Label

BAY AREA CLEANERS ERNEST J BERGER 16029 TAMPA PALMS BLVD W TAMPA FL 33647-2001

FEB 19 99

WAIL ROOM

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

UNITED STATES POSTAL SERVICE

PM

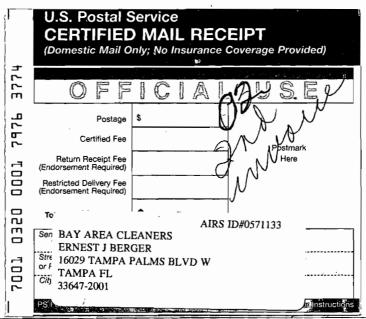
Postage & Fees Paid
USPS
Permit No. G-10

Sender: Please print your name, address, and ZIP+4 in this box

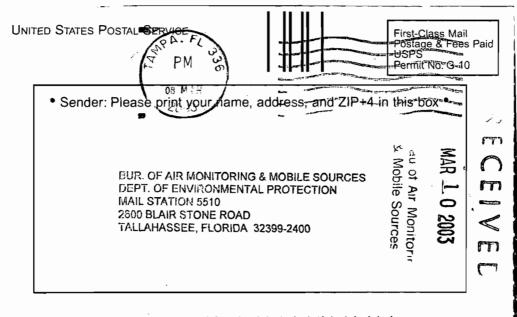
BUR OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)					
1.841	OFFICIAL USE,	一 ノ				
3109	Postage \$ Certified Fee					
0013	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)					
7000 1670	Total I AIRS ID#0571133 Sent To BAY AREA CLEANERS ERNEST J BERGER Street, A 16029 TAMPA PALMS BLVD W TAMPA FL City, Stat 33647-2001					
)	PS Form 3800, May 2000 See Reverse for Instruction	ns				

PS Form 3800, May 200	and the same of th	everse for Instructions
KELINKN YDDKEZZ	PLACE STICKER AT TO THE RIGHT OF F	
SENDE	TA GUICKED AT	SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reso that we can return the card to you. Attach this card to the back of the major on the front if space permits. 	everse . Signature	Buzbee Agent Addressee
1. Article Addressed to: AIRS ID#0 BAY AREA CLEANERS ERNEST J BERGER 16029 TAMPA PALMS BLVD W	If YES, enter de	ss different AM (Nein 1? Yes Yes No
TAMPA FL 33647-2001	3. Service Type A Certified Mail ☐ Registered ☐ Insured Mail	□ Express Mail □ Return Receipt for Merchandise □ C.O.D.
	4. Restricted Delive	ery? (Extra Fee)
2. Article Number (Copy from service label)	91841	
PS Form 3811, July 1999	Domestic Return Receipt	102595-99-M-1789



SENDER: COMPLETE THIS SECTION	COMPLETÉ THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature Agent Addressee B. Degeived by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1?
1. Article Addressed to: AIRS ID#057 F133 BAY AREA CLEANERS ERNEST J BERGER 16029 TAMPA PALMS BLVD W	If YES, enter delivery address below: No
TAMPA FL 33647-2001	3. Service Type Certified Mail
2. Article Number 7001 0320 0	001 7976 3774



	CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
571.5	lofficial vusell	
7027	Contified Fee	
	Restricted Delivery Fee (Endorsement Re	
000 2870	Sent To ERNEST J BERGER 16029 TAMPA PALMS BLVD W TAMPA FL 33647-2001	
N VOOBERS E ENNELOPE E BAJAMIOD : HADINAS	PS Form 3800, May 2000 See Reverse for Instructions O LHE BIGHT OF BETINEN O LHE WICH SECTION ON DELIVERY FOR THIS SECTION ON DELIVERY	
 Complete items 1, 2, a item 4 if Restricted De Print your name and a so that we can return that the card to the or on the front if space 	elivery is desired. address on the reverse the card to you. be back of the mailpiece, e permits.	gent Idressee
Article Addressed to:	D. Is delivery address different from item 1? Ye	1
BAY AREA CLEANERS ERNEST J BERGER 16029 TAMPA PALMS BLV TAMPA FL		
33647-2001	3. Service Type Certified Mail	:handise
2. Article Number (Copy from	2000 702 757/5 4. Restricted Delivery? (Extra Fee)	:s
PS Form 3811, July 199	Domestic Return Receipt 102595-99)-M-1789

•



Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label. 2002

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0571133 **BAY AREA CLEANERS** ERNEST J BERGER 16029 TAMPA PALMS BLVD W TAMPA FL 33647-2001

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

Obj.: 002273

	8499					
}	4128	Postage \$ Certified Fee		Postmark		
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; ;	7000 0600	AIRS ID # 0571133 BAY AREA CLEANERS ERNEST J BERGER 16029 TAMPA PALMS BLVD W TAMPA FL 33647-2001				
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 ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0571133 BAY AREA CLEANERS ERNEST J BERGER 16029 TAMPA PALMS BLVD W 			C X	A. Received by (Please Print Clearly) B. Date of Deliv C. Signature Agent Address D. Is delivery address different from item 1? Yes If YES, enter delivery address below:		

PS Form 3811, July 1999

TAMPA FL

33647-2001

Domestic Return Receipt

3. Service Type

Certified Mail

Registered

☐ Insured Mail

4. Restricted Delivery? (Extra Fee)

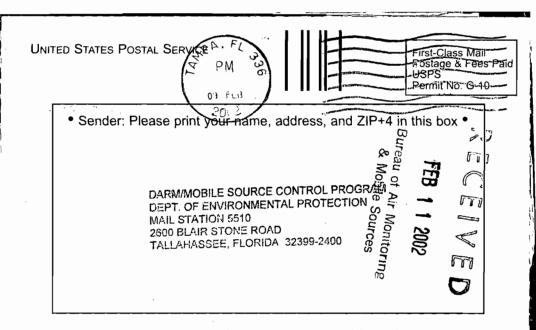
☐ Express Mail

☐ C.O.D.

☐ Return Receipt for Merchandise

102595-00-M-0952

☐ Yes



	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)							
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SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY ■ Complete items 1, 2, and 3. Also complete A. Received by (Please Print Clearly) B. Date of Delivery item 4 if Restricted Delivery is desired. Print your name and address on the reverse C. Signature so that we can return the card to you. ☐ Agent Attach this card to the back of the mailpiece, ☐ Addressee or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: ☐ No AIRS ID # 0571133 **BAY AREA CLEANERS** ERNEST J BERGER 16029 TAMPA PALMS BLVD W TAMPA FL Cerego Mail 33647-2001 ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise Dinsured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 7001 0320 0001 7976 1350 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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 # 0571133

BAY AREA CLEANERS ERNEST J BERGER 16029 TAMPA PALMS BLVD W TAMPA FL 33647-2001

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

	U.S. Postal Service CERTIFIED MAI (Domestie Mail On	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestive Mail Only; No Insurance Coverage Provided)						
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{	City, Sta TAMPA FL 33 PS Form 3800, May 2000	See Reverse for Instructions						
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 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee								
Article Add	ressed to:	D. Is delivery address different f	from item 1?					
I0 ERNEST	AIRS ID # 05711330 J BERGER	OIAG OFFICE						
BAY ARE 16029 TA	EA CLEANERS MPA PALMS BLVD W FL 33647-2001		ress Mail urn Receipt for Merchandise .D.					
		4. Restricted Delivery? (Extra I	Fee) 🗆 Yes					
2. Article Num	ber (Copy from service label)							
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