

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

June 24, 1997

Mr. Clinton A. Baker Vice President Deluxe Uniform Rental 1622 West Kennedy Tampa, Florida 33606

Facility No.: 0571140

Dear Mr. Baker:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 18, 1997.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Thomas Shelton, Hillsborough County "Protect, Conserve and Manage Florida's Environment and Natural Resources"

#0571140
Deluxe Unitorm Rental
D/3 it add address if different
P.13 4 add address if different from 7
P.14 1.(a) mark out "N/A" and add date control device installed
1. (c) mark out "X" and initia
D.15 4. Should be new small area
P.15 4. Should be new small area source W/refrig. con.

Perchloroethylene Dry Cleaning Facility Notification Facility Name and Location

l.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	DELUXE UNIFORM RENTAL
2.	Site Name (For example, plant name or number): DELUXE UNIFORM RENTAL
	DELUXE CLEANERS
3.	Hazardous Waste Generator Identification Number:
	USEPA # FLD 984177 329
4)	Facility Location: Street Address:
	City: THMPA , County: HISBURIOUP Zip Code: 33606
	·
5.	Facility Identification Number (DEP Use):
	0541140
	Responsible Official
6.	Name and Title of Responsible Official:
	CLINTON A. BAKER UP
7.	Responsible Official Mailing Address: Organization/Firm: DELNYE
	Street Address: 1622 W KENNEDY
	City: TAMPA FLA County: Hills Bonorgh Zip Code: 33606
8.	Responsible Official Telephone Number:
	Telephone: $(813)254 - 2346$ Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

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APR 1 8 1997

Facility Information

1	DMACHINE JENSEN MODEH 452 pe of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Ex	ample	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02 - MAR-9
. Dr	y-to-Dry Unit									
ta	(1) w/ ref. condenser	T	10/1/92	- N/A-						
-	(2) w/ carbon adsorber		77	, ,					T -	
	(3) w/ no controls									
W	asher Unit							•		
h	(4) w/ ref. condenser									
	(5) w/ carbon adsorber						-	1		
	(6) w/ no controls									
Dr	yer Unit					1	•		L	
	(7) w/ ref. condenser									
	(8) w/ carbon adsorber									
	(9) w/ no controls									
Re	claimer Unit						I			
_	(10) w/ ref. condenser									
	(11) w/carbon adsorber						_			
	(12) w/ no controls		<u> </u>		-			+		
	b) Control devices are No control devices	-		-	 X]	,			,
2.(77 (3.	No control devices a) What was the total of 320 co. b) If less than 12 mont Check why it is less What is the facility's so	are r quant gallo hs, h thar	equired to be ity of perchlons (USI) ow many? [_1 12 months:	installed [IL	Mew store	wing- 1996.):: [] Did	HV.`L d not k	s PEÑ D	
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2.(No control devices a) What was the total of 320 columns b) If less than 12 mont Check why it is less What is the facility's so (Indicate with an "X".	are r quant gallo hs, h thar	equired to be ity of perchlo ons (US); ow many? [i 12 months: classification of one classification urce []	installed [define we sn	New store Initions found all area sound rge area sour ANY TH	toring 1996.) If grant Did it in section ree	this I not k (3) of L 2 m	eep records: Part II?	

(Indicate with an "X".)	bursuant to section (3) 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 []	
· •	
to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site: All steam and hot water generating units on-site (1) holder HP or less), and (2) are fired exclusively by no during which propane or fuel oil containing no more	nits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following have a total heat input of 10 million BTU/hr or less (298 stural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring a	nd Recordkeeping Information
Check all logs which are required to be kept on-site in	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	(X)
(b) Leak detection inspection and repair	ΓX
(c) Refrigerated condenser temperature monitoring	(X)
(d) Carbon adsorber exhaust perc concentration mon	toring
(e) Instrument calibration	LX
(f) Start-up, shutdown, malfunction plan	ĽX)

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

Surrender of Existing Air Permit(s)

ease indica	te with an "X" the appropriate selection	n:	
	I hereby surrender all existing air perfacility indicated in this notification		
Ļ	No air permits currently exist for the this notification form.	ne operation of the facility	v indicated in
	Responsible	Official Certification	
this notif statemen maintain	dersigned, am the responsible official, ication. I hereby certify, based on info ts made in this notification are true, ac the air pollutant emissions units and c with all terms and conditions of this ge	ormation and belief forme ccurate and complete. Fi air pollution control equi	ed after reasonable inquiry, that the urther, I agree to operate and pment described above so as to
(mptly notify the Department of any ch UKw ABAA	υρ	4-16-97
Signature	,	Date	



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

April 22, 1997

Mr. Clinton Baker Deluxe Uniform Rental Service, Inc. 1622 West Kennedy Boulevard Tampa, Florida 33606

Dear Mr. Baker:

The Bureau of Air Monitoring and Mobile Sources recently received your Perchloroethylene Dry Cleaning Notification Form and check (#2355) in the amount of \$50.

We appreciate your submittal. However, your check is being returned to you since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation and subject to the requirements of the general permit. The Department will send you an invoice in time for the text payment cycle.

If you have any questions, please call me at 904/488-6140.

Sincerely,

Sandra Bowman

Environmental Manager

Mobile Source Control Section

Bureau of Air Monitoring and

Mobile Sources

SB\

Enclosure

DELUXE UNIFORM RENTAL SERVICE, INC.

1622 W. KENNEDY BLVD.
TAMPA, FL 33606

PAY
TO THE
ORDER OF

Department of Environmental Protection
ORDER OF

DOLLARS E

FOR Clean air permit application

gineran gizyare	BEST AVAIL	ABLE COPY #057/140	
		Deluxe Unitorm Rental	1
1.	P.13	4. add address if different from 7.	
2.		1.(a) mark out "N/A" and add date control device installed	,
J.	P.15	1.(c) mark out "X" and initial 4. should be new small area source W/ refrig. con.	· ·
*Defailtheamhan		Source Wirefrig. Con.	3360k
5			H.C
6		ECEIVED	
		JUN 26 1997	
		EPC of HC AIR MANAGEMENT	p Code: 33606
L			
	· · · · · · · · · · · · · · · · · · ·		1/4
9.	Name and Title	of Facility Contact (For example, plant manager):	7/2:
10.	Facility Contac	t Address:	
	Street Address: City:	County: Zip Coo	le:
11.		t Telephone Number:	
	Telephone:	() - Fax: () -	

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location EPC of H	C
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	المنتالا
DELUXE UNIFORM RENTAL	
2. Site Name (For example, plant name or number): DELUXE LINIFORM RENTAL	
DELUXE CLEANERS	
3. Hazardous Waste Generator Identification Number: USEPA # FLD 984179 329	
4. facility Location: Street Address: 16 22 W. KENNEDY BLVD City: TAMPA County: HISBURING Zip Code: 33606	
5. Facility Identification Number (DEP Use): 0571140	S SECTION
Responsible Official	
6. Name and Title of Responsible Official: CLINTON A. BAKEN VP	
7. Responsible Official Mailing Address: Organization/Firm: DELNYE Street Address: 1622 W KENNED-1 City: TAMPA FLA County: Hills Brown Zip Code: 33600	,
8. Responsible Official Telephone Number: Telephone: (813) 254 - 2346 Fax: () -	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address:	
Street Address: City: County: Zip Code:	
11. Facility Contact Telephone Number: Telephone: () - Fax: () -	

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Facility Information

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

(1) MAChiNE										
-		Date	Date	j j	Date	Date		Date	Date]
JENSEN		Machine	Control		Machine	Control		Machine	Control	
MOD# 452		Initially	Device	1	Initially	Device		lnitially	Device	
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed	
Framula	#1	02 OCT 02	12-NOV-93	#2	08-DEC-91		#3	02-344R-02	02-MAR-92	
Example	# 1	03-001-93	12-1101-93	W ² 9	00-DEC-91		#3	02-MAN-92	02-MAN-92	
Dry-to-Dry Unit			 خد ز	\ 						1
(1))w/ ref. condenser	abla	10/1/92	10/1		r 1		$\overline{}$			1
(2) w/ carbon adsorber		12/1/22		101	1/40	005				1
(3) w/ no controls		 		1	10					1
Washer Unit					, •	•				1,
(4) w/ ref. condenser										
(5) w/ carbon adsorber										
(6) w/ no controls						_		a /	//	
Dryer Unit			1		-	$\cap U$			7	} .
(7) w/ ref. condenser							- [9/		
(8) w/ carbon adsorber	-	 		_	<u> </u>	_			α	
(9) w/ no controls					-			^	0 V	
Reclaimer Unit			<u>. </u>	<u> </u>	<u> </u>	NE:	ì	V12629	4	
(10) w/ ref. condenser	 	T -	Τ			163-	1		Λ ²	
(11) w/carbon adsorber	_	<u> </u>	_	+	 	100	1.	0-1-	99	
(12) w/ no controls		-		+	 		ľ	0 - 1		
								11-1		
						100	۸ ۱	TNI	•	
(b) Control devices are	: requ	ired, but not	yet installed	i []	"()) (M		_1	D	
	•					Dra	Y	and	, ν	
(c) No control devices	are r	equired to be	installed [V	_] ·		\wedge	in it	10	l
		-		_/_	_			1017	11	
										i
2.(a) What was the total of	_l uant	ity of perchl	oroethylene	(perc)	nurchased i	in the latest 1	2 mar	nths?		
7 [320.6]	gallo	ons (USI	14 2 /	hAC	hunts I	ocuring,	thi.	s pernio	Ð	
			LUNT	76	NOU.	1996)		•		
(b) If less than 12 mont	hs, h	ow many? [] month:	S	• •					
Check why it is less	thar	12 months:	New owner:	: [] New store	e: [] Did	not k	eep records	: []	
	3-				_					
•										
3. What is the facility's so	urce	classification	n based on th	ie defi	nitions foun	ıd in section ((3) of	Part II?		
(Indicate with an "X".	Selec	t one classif	ication only.)						
•										
Existing small ar	ea so	urce []	N	ew sn	nall area sou	rce X	J			
		r 7	3.7	1		r	1			
Existing large are	ea so	urce	N	ew lai	rge area sour	rce [J			
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DEP Form No. 62-213.90	0(2)		Page 14	ot 16	the	DM 7	70 -	Dry Li	STEN AV	さんじ
Effective: 6-25-96					TIN	JSEN! M	100=	7 1167	,	
					シック		. 000	- 7-12	-	

4. What control technology is required on machines pursua (Indicate with an "X".)	nt to section (5) of Part II of this notification form?
Existing large area source	gerated condenser []
5. A facility which contains non-exempt emissions units sh to Rule 62-213.300, F.A.C. Verify that all steam and hot we exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a boiler HP or less), and (2) are fired exclusively by natural during which propane or fuel oil containing no more than of	gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site]] .
Equipment Monitoring and Re	cordkeeping Information
Check all logs which are required to be kept on-site in acco	rdance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	ĹXJ
(c) Refrigerated condenser temperature monitoring	نب
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	· [X1

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indica	te with an "X" the appropriate selection:
نــا	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
()	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen 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 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.
I will pro	mptly notify the Department of any changes to the information contained in this notification. When the Department of any changes to the information contained in this notification. 4-16-47
Signature	Date

Corrections mude as requested Clinton & Baker UP 9/9/97 TBD00917

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT/DIS	COVERY
AIRS ID#: <u>0571140</u> DA	XE CLEANER	RS 4 LAUNDRY	ме оит: <u>12:00</u>
FACILITY LOCATION:	22 W. KENA		9-2340
PART I: NOTIFICATION			
(check appropriate box)			
Existing facility notified DARM	M by 9/1/96		a
2. New facility notified DARM 30	days prior to startup		a
3. Facility failed to notify DARM	to use general permit		×
PART II: CLASSIFICATION			
Facility indicated on notification (check appropriate box)	form that it is:		
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)	dry- tran both	New small area source to-dry only, x<140 gal/yr sfer only, x<200 gal/yr types, x<140 gal/yr structed on or after 12/9/91)	a
3. Existing large area source	□ 4. N	New large area source	X
dry-to-dry only, 140 <x<2, 100<br="">transfer only, 200<x<1,800 gal="" ya<br="">both types, 140<x<1,800 gal="" ya<br="">(constructed before 12/9/91)</x<1,800></x<1,800></x<2,>	gal/yr dry- l/yr tran r both	to-dry only, 140 <x<2, 100="" gal="" yr<br="">sfer only, 200<x<1,800 gal="" yr<br="">types, 140<x<1,800 gal="" yr<br="">structed on or after 12/9/91)</x<1,800></x<1,800></x<2,>	
transfer only, 200 <x<1,800 gal<br="">both types, 140<x<1,800 gal="" td="" yi<=""><td>gal/yr dry- l/yr tran r both (con</td><td>sfer only, 200<x<1,800 gal="" yr<br="">types, 140<x<1,800 gal="" yr<br="">structed on or after 12/9/91)</x<1,800></x<1,800></td><td></td></x<1,800></x<1,800>	gal/yr dry- l/yr tran r both (con	sfer only, 200 <x<1,800 gal="" yr<br="">types, 140<x<1,800 gal="" yr<br="">structed on or after 12/9/91)</x<1,800></x<1,800>	
transfer only, 200 <x<1,800 (constructed="" 12="" 140<x<1,800="" 9="" 91)="" a="" appropriate="" before="" both="" classificate="" correct="" facility="" gal="" is="" of="" qualified<="" td="" the="" this="" types,="" yr=""><td>gal/yr dry- l/yr tran. r both (con tion XY e classification:</td><td>sfer only, 200<x<1,800 12="" 140<x<1,800="" 9="" 91)<="" after="" gal="" on="" or="" structed="" td="" types,="" yr=""><td></td></x<1,800></td></x<1,800>	gal/yr dry- l/yr tran. r both (con tion XY e classification:	sfer only, 200 <x<1,800 12="" 140<x<1,800="" 9="" 91)<="" after="" gal="" on="" or="" structed="" td="" types,="" yr=""><td></td></x<1,800>	

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 MD Y least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN XIN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 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 Y 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 DY DN condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after NO YK verifying that the coolant had been completely charged?

Measured and recorded the exhaust temperature on the outlet side of the condenses on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	r located
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	AN KE NO YO
Is the temperature differential equal to or greater than 20° F?	DY DN X NYC
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 X
Is the perc concentration equal to or less than 100 ppm?	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?	AY BND YD
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON XIVA
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON Y N/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
	M ON
(check appropriate boxes)	AA ON AA ON
(check appropriate boxes) 1. Maintained receipts for perc purchased?	XY DN
(check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	· / / i
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: 	XX ON
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 da 	ys □N
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 da and parts installed w/in 5 days of receipt? 	At ON At ON
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 da and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) 	ys DY DN ys DY DN DY DN DXVA DY DN DX V/A
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 da and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? 	ys ys ys ys yo yo yo yo yo yo
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 da and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? 	ys DY DN ys DY DN DY DN DXVA DY DN DX V/A
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 da and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? 	ys ys ys yo yo yo yo yo yo yo
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 da and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? Maintained compliance plan, if applicable? 	
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 da and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? 	ys ys ys ys yo yo yo yo yo yo

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

2.	Which method of detection is used by	the respon	sible offi	cial?		
	Visual examination (condensed	solvent on	exterior		×	
	Physical detection (airflow felt t	hrough gas	skets)	,	X X	
	Odor (noticeable perc odor)					
	Use of direct-reading instrumen	tation (FII)/PID/cal			
	If using direct-reading instrun	nentation,	is the eq	uipment:		
	a. Capable of detecting	g perc vapo	r concen	trations in a range of 0-500 ppm?	ΠY	□N
	b. Calibrated against a (PID/FID only)?	standard g	gas prior	to and after each use	ΟY	□N
	c. Inspected for leaks a	ınd obviou	s signs of	wear on a weekly basis?	ПY	□и
	d. Kept in a clean and	secure area	a when n	ot in use?	ΠY	□N
	e. Verified for accurac	y by use of	duplicate	e samples (calorimetric only)?	ПY	□N
3.	Has the facility maintained a leak log	?			Ϋ́X	□N
4.	Does the responsible official check the	e following	g areas fo	r leaks?		
	Hose connections, fittings, couplings, and valves	XY	□и	Muck cookers	ΩY	□N
	Door gaskets and seating	YY	□N	Stills	×	□N·
	Filter gaskets and seating	∑ (Y	ПΝ	Exhaust dampers	Δ Y	ПN
	Pumps	XY	ΩИ	Diverter valves	XY	□и
	Solvent tanks and containers	X Y	Ωи	Cartridge filter housings	X Ý	□N ;
	Water separators	XY	מם			

CLINT BAKER	
Name of Responsible Official	
NEAL B. JANK	1/9/97
Inspector's Name (Please Print)	/ Date of Inspection
Ment B. Juno	APPROX 1 YEAR
/Inspector's Signature	Approximate Date of Next Inspection
/ //	

ADDITIONAL SITE INFORMATION:	·	
	•	
·		
•	•	
•		

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COM	PLAINT/D	ISCOVERY	RE-INSPECTION 🔀
TIME IN: 015	TIME OUT:	1125		AIRS ID#: 5	71140
TYPE OF FACILITY: PER	c DRY CLEAR	ER			
FACILITY NAME: DE	LUXE CLEANE	5R5 }	LAVN	ory	DATE: 9-4-97
FACILITY LOCATION:	622 W. KEN	UNEDY	BLVD)	
	TAMPA FL	336	06		
RESPONSIBLE OFFICIAL:	CUNT BAKER			_PHONE NUMBER:	254-2347
	the compliance requiremental tule 62-213.300, Florida				cility is found to be in
Based on the results of the discrepancies were note	the compliance requirements:	ents evalua	ated during	this inspection, the fol	lowing compliance
COMPLIANCE REQU	JIREMENT/PROBI	LEM	FO	LLOW-UP ACTI	ON REQUIRED
	ı		•		
					_
				_	
COMMENTS:					
. · · · · · · · · · · · · · · · · · · ·					N/A
The Annual Compliance Certific	ation form has been prop	Λ -		mitted to the inspector	r. YES NO
DATE OF NEXT INSPECTION	N:		AR		
INSPECTION CONDUCTED	BY: Jim	tou	proximate)		
INSPECTOR'S SIGNATURE:	Jan Ohlt	-		PHONE NUMBER	: 813-272-5530
		Page	of		Revised 10/90

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNU	· -	COMPLAINT/DISCOV	ERY 🗅
AIRS ID#: 57/140 DATE: FACILITY NAME: DELICE (FACILITY LOCATION: 1622	9-4-97 7 Cithrees	TIME IN: 1015 TIME	OUT:\\(\(\)25
FACILITY LOCATION: 1622	W. Kenne	oy BLUD	
_ lAmp	A, FL 336	06	
	· · · · · · · · · · · · · · · · · · ·		
PART I: NOTIFICATION			
(check appropriate box)			
1. Existing facility notified DARM by 9/1	/96		. • •
2. New facility notified DARM 30 days pr	ior to startup		<u>a</u>
3. Facility failed to notify DARM to use g	eneral permit		
PART II: CLASSIFICATION			
Facility indicated on notification form the (check appropriate box)	nat it is:		
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)	dry-to-di transfer both type	small area source ry only, x<140 gal/yr only, x<200 gal/yr es, x<140 gal/yr cted on or after 12/9/91)	1
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>dry-to-di transfer both type</td><td>large area source ry only, 140 < x < 2, 100 gal/yr only, 200 < x < 1,800 gal/yr es, 140 < x < 1,800 gal/yr cted on or after 12/9/91</td><td>3</td></x<2,>	dry-to-di transfer both type	large area source ry only, 140 < x < 2, 100 gal/yr only, 200 < x < 1,800 gal/yr es, 140 < x < 1,800 gal/yr cted on or after 12/9/91	3
This is a correct facility classification	ΩY	□и	
If no, please check the appropriate classifi	cation:	`	
facility qualified for a ge facility exceeds above lin	nits and is not eligi	ble for a general permit	
B. The total quantity of perchloroethylene facility was gallons.	(perc) purchased v	vithin the preceding 12 months b	y this dry cleaning

PART IN: 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 ON
2. Examining the containers for leakage?	□Y □N
3. Closing and securing machine doors except during loading/unloading?	□Y □N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	□Y □N
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	BY 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 re (complete A below).	frigerated condenser
If classification 3 has been checked, the machine should be equipped with eith condenser or a carbon adsorber (complete A and B below). Carbon adsorber not installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a re (complete A and B below).	frigerated 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?	QY QN QN/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	BY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	DY DW
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	□Y □N

1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on day-to-dry, reclaimer, and dryer machines on a weekly basis?	מם עם
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	מם עם
	Is the temperature differential equal to or greater than 20° F?	DY DN
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	□Y □N □N/A
	Is the perc concentration equal to or less than 190 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?	מס אם
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	QY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN DN/A
<u> </u>		
PA	ART V: RECORDKEEPING REQUIREMENTS	
	as the responsible official: neck appropriate boxes)	
(ci		OY ON
(c)	neck appropriate boxes)	מס עם מס עם
1. 2.	Maintained receipts for perc purchased?	
1. 2.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	
1. 2.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	OY ON
(c) 1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	OY ON
1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON OY ON
1. 2. 3. 4. 5.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only)	
1. 2. 3. 4. 5. 6.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?	OY ON OY ON OY ON ON/A OY ON
1. 2. 3. 4. 5. 6.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	OY ON OY ON OY ON ON/A OY ON
(cl 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?	OY ON OY ON OY ON OY ON ON/A OY ON OY ON OY ON
1. 2. 3. 4. 5. 6. 7. 8.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? Maintained compliance plan, if applicable?	OY ON OY ON OY ON OY ON ON/A OY ON OY ON OY ON OY ON OY ON
1. 2. 3. 4. 5. 6. 7. 8.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	OY ON OY ON OY ON OY ON ON/A OY ON OY ON OY ON OY ON OY ON

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

2. Which method of detection is used by t	he respo	nsible off	icial?			
Visual examination (condensed s	olvent o	n exterior	surfaces)			,
Physical detection (airflow felt th	rough g	askets)		. •		
Odor (noticeable perc odor)						
Use of direct-reading instrumenta	tion (FI	D/PID/cal	lorimetric	tubes)		
If using direct-reading instrume	entation	, is the ed	quipment:	:		
a. Capable of detecting	perc vap	or concen	itrations i	n a range of 0-500 ppm?	ПY	□N
b. Calibrated against a s (PID/FID only)?	tandard	gas prior	to and aft	er each use	ΩY	□N
c. Inspected for leaks an	d obvio	us signs o	f wear on	a weekly basis?	ΠY	□N
d. Kept in a clean and so					ΠY	□N
e. Verified for accuracy		. `			ΠY	□N
3. Has the facility maintained a leak log?	•	•	<i>'</i>		ΠY	□N
4. Does the responsible official check the	followin	g areas fo	r leaks?			
Hose connections, fittings,						
couplings, and valves	□Y .	□N		Muck cookers	\Box Y	□N
Door gaskets and seating	ΠY	ПN	٠	Stills	ΩY	□N
Filter gaskets and seating	ΠY	□И		Exhaust dampers	QY	□N
Pumps	ΠY	□И		Diverter valves	ΠY	Пи
Solvent tanks and containers	ΠY	ПП		Cartridge filter housings	ΠY	DV
Water separators	ΠY				,	
Cun Baktr						
Name of Responsible Officia				2		
Jim Houren	•			9-4-9	7_	
Inspector's Name (Please Prin	It)			Date of Inspe	ction	
ya O Holb				1_ye	e~	
// Inspector's Signature				Approximate Date of	Next I	nspection

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY FACILITY: Deluxe Cleaners and Laundry PAGE 1 OF FACILITY ADDRESS: 1622 West Kennedy Blvd CITY: Tampa PHONE: 254-2340 MAILING ADDRESS: same as above CITY: same FLA ZIP: 33606 INSPECTION TYPE: INSPECTION DATE: TIME OUT: STATUS: TIME IN: 1015 9/4/97 1125 Follow-up n/a AIR GENERAL PERMIT NUMBER: 0571140 SOURCE DESCRIPTION: perc dry cleaner CONTACT(S): Clint Baker This facility had an annual inspection performed on 1/9/97 and, at that time, it was discovered that the refrigerated condenser (RC) exhaust temperature on the dry cleaning machine was reading higher than the standard of 45°F (actual reading was approximately 60°F). It appears there was a misunderstanding on Mr. Baker's part as to the proper location of the temperature gauge and its required reading. He indicated he understood the indicator to be on the chilling unit, therefore he had been reading the wrong location. During this follow-up inspection, I explained to Mr. Baker the requirements regarding location of temperature measurements and the required standard he must meet. I instructed Mr. Baker to have a temperature probe installed prior to the end of this month, which is also the end of the fiscal year 1997. Mr. Baker was also instructed to notify me when the gauge is installed. Although the temperature measurements have been recorded from the wrong location, Mr. Baker had been logging the temperature on a weekly basis, per the requirements. Once he installs a proper temperature measurement source, measurements will resume on a weekly basis.

INSPECTED BY: James O. Holton, Air Toxics Engineer DATE: 9/4/97

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	OMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1030 TIME OUT: 1/15	AIRS ID#:57 // 40
TYPE OF FACILITY: PERC Dry Cleaner	
FACILITY NAME: Deline Cleaner & Laure	DATE: 9/30/57
FACILITY LOCATION: 1622 W Kenel Ken	nely Blad
Tamps, F1 3360.	
RESPONSIBLE OFFICIAL: Chat Boker	PHONE NUMBER: 254-2340
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administration of the compliance requirements evaluation of the compliance with DEP Rule 62-213.300, Florida Administration of the compliance with DEP Rule 62-213.300, Florida Administration of the compliance with the compliance of the compliance of the compliance with the compliance of	luated during this inspection, the facility is found to be in strative Code (F.A.C.).
Based on the results of the compliance requirements eval discrepancies were noted:	luated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
:	
•	• "
	-
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·	· · · · · · · · · · · · · · · · · · ·
	•
	·
	<u> </u>
COMMENTS:	
	M/4
The Annual Compliance Certification form has been properly cer	tified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	
(A	Approximate)
INSPECTION CONDUCTED BY: Tenes O Hol	Please Print)
INSPECTION CONDUCTED BY: Janes 0 Hole (INSPECTOR'S SIGNATURE: Gan Hole	PHONE NUMBER: (8/3) 272-550

Page / of /.

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY C
	7 TIME IN: 1030 TIME OUT: 1115
FACILITY LOCATION: 1622 6	Kenned OLD
PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	
2. New facility notified DARM 30 days prior to sta	rtup 👊
3. Facility failed to notify DARM to use general pe	rmit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)
1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr	dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr
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="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""><td>dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140<x<2, 100="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""></x<2,></td></x<2,>	dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 <x<2, 100="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""></x<2,>
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, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,></td></x<2,>	dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,>
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, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" a="" before="" both="" classification<="" correct="" facility="" gal="" is="" only,="" td="" this="" transfer="" types,="" yr=""><td>dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" ty<="" types,="" yr=""></x<2,></td></x<2,>	dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" ty<="" types,="" yr=""></x<2,>

PART III: GENERAL CONTROL REQUIREMENTS	
(s the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	OY ON
2. Examining the containers for leakage?	OY ON
3. Closing and securing machine doors except during loading/unloading?	OY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	□У □И
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 ref (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with eithe condenser or a carbon adsorber (complete A and B below). Carbon adsorber minstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a ref (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?	□Y □N
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 weekly basis?	OY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	□Ү □и

В	E. 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 (שר
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?		⊿и
	Is the temperature differential equal to or greater than 20° F?	QY (א⊂ י
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	□Y (⊐n □n/a
ľ	Is the perc concentration equal to or less than 100 ppm?	□Y (⊐и
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 (⊐и
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y (⊃N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y (□N □N/A
_			
P	ART V: RECORDKEEPING REQUIREMENTS\		
H	ART V: RECORDKEEPING REQUIREMENTS\ as the responsible official: heck appropriate boxes)		
H (c	as the responsible official:	□Y (
H (c	as the responsible official: heck appropriate boxes)	□Y (
H (c 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?		
H (c 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?		ПИ
H (c 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	□Y (□N
H (c 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days		□N
H (c 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?		
H (c 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only)		
H (c 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?		
H (c 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	OY (ON ON ON ON ON ON ON ON
H (c 1. 2. 3. 4. 5. 6. 7.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? **Gor direct reading instruments only**) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?	OY (ON ON ON ON ON ON ON ON
1. 2. 3. 4. 5. 6. 7. 8.	Maintained receipts for perc purchased? Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? Maintained compliance plan, if applicable?	OY (
1. 2. 3. 4. 5. 6. 7. 8.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	OY (ON

			·		<u> </u>	
2. Which method of detection is used by	the respo	nsible offic	ial?			
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 instru						
a. Capable of detecting	g perc vap	or concentr	rations in a range of 0-500 ppm?	ПY	ПN	
b. Calibrated against a (PID/FID only)?	b. Calibrated against a standard gas prior to and after each use					
c. Inspected for leaks	and obvio	us signs of	vear on a weekly basis?	ΠY	□N	
d. Kept in a clean and	secure ar	ea when no	t in use?	ΠY	□N	
e. Verified for accurac	y by use ç	f duplicate	samples (calorimetric only)?	ΠY	OY ON	
3. Has the facility maintained a leak log	3. Has the facility maintained a leak log?			□Y □N		
4. Does the responsible official check th	e followin	g areas for	leaks?			
Hose connections, fittings, couplings, and valves	•□Y	ΩΝ	Muck cookers	ΩY	□N ·	
Door gaskets and seating	ΩY	ПN	Stills	ΟY	ПΝ	
Filter gaskets and seating	\Box Y	ПN	Exhaust dampers	ПY	□N	
Pumps	\Box Y	ПN	Diverter valves	ΩY	□N	
Solvent tanks and containers	ΩY	ΩИ	Cartridge filter housings	QY	□N	
Water separators	ПY	מם	<u> </u>			
Clint Baker Name of Responsible Office	ial					
James O Holton Inspector's Name (Please Pr			9/30/87			
Inspector's Name (Please Pr	int)		9/3 o/87 Date of Inspe	ction		
and Holt			1/8			
Increator's Cignopure			Annrovimate Date of	NTore T	noncotion	

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY FACILITY: Deluxe Cleaners and Laundry PAGE FACILITY ADDRESS: 1622 West Kennedy Blvd CITY: Tampa PHONE: 254-2340 MAILING ADDRESS: same as above FLA ZIP: 33606 CITY: same INSPECTION TYPE: STATUS: INSPECTION DATE: TIME IN: TIME OUT: 9/30/97 1030 1115 Follow-up n/a AIR GENERAL PERMIT NUMBER: 0571140 SOURCE DESCRIPTION: perc dry cleaner CONTACT(S): Clint Baker This inspection was to perform a visual verification of the completion of the temperature instrument for measuring the Refrigerated Condenser on the dry cleaning machine at this facility. The temperature gauge has been installed, and Mr. Baker has begun taking the weekly measurements.

Mr. Baker asked me about all the measurements he had taken on the other instrument (see past reports), and I told him the information did not mean anything towards the requirements of the dry cleaning rule. I indicated to Mr. Baker that the first reading he took on the proper instrument is now his first piece of documentation for the temperature measurement requirement.

INSPECTED BY: James O. Holton, Air Toxics Engineer DATE: 9/30/97

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 🔀	COMPLA	INT/DISCOVERY	RE-INSPECTION
TIME IN: 12=30	TIME OUT:	2:00	AIRS ID#:	571140
TYPE OF FACILITY: PE	ERC DRY CL	EANER		
TACILLI I WANTE.		NERS 8	LAUNDRY	DATE: 4/29/18
FACILITY LOCATION: 16	22 W. KEN	NEDY 1	3CVD	
	LIMPA, FL 33			
RESPONSIBLE OFFICIAL:	LINTON BAKE	-R	PHONE NUMBE	R: (813) 253-0191
	the compliance requiremental compliance requiremental compliance requiremental complex		turing this inspection, the Code (F.A.C.).	facility is found to be in
Based on the results of t discrepancies were note		ents evaluated d	uring this inspection, the	following compliance
COMPLIANCE REQU	JIREMENT/PROBI	LEM	FOLLOW-UP AC	TION REQUIRED
				P
				Carried Control of the Control of th
_				Ources of the state of the stat
COMMENTS:			<u>. </u>	· · · · · · · · · · · · · · · · · · ·
The Annual Compliance Certifica	nion form has been prope			cor. YES NO NO
DATE OF NEXT INSPECTION	₹:	1 YEA	<u> </u>	
NSPECTION CONDUCTED B	BY:	(Approximate)	nate) 21tV	
NSPECTOR'S SIGNATURE:_	· Ruge,	Please P	rint)PHONE NUMBE	R: (813) 274-4535
	F	Page of		Revised 10/96

¶a	_	TY GENERAL PERMIT MMARY REPORT MODE OF THE PROPERTY OF THE PR
TYPE OF INSPECTION:	ANNUAL CO	MPLAINT/DISCOVERY PREINSPECTION
TIME IN: 9'.30	TIME OUT: 12.0	AIRS ID#:
	DRY CLEANER	FEB 1 7 1997
FACILITY NAME: OFIL	UXF CLEANERS	+ LAUIBLING Air MonRotte: 1/9/97
FACILITY LOCATION:	127 W. KENNED	Y BEND & Mobile Sources
RESPONSIBLE OFFICIAL:	LINT BAKER	PHONE NUMBER: 254 - 2340
	the compliance requirements evalue 62-213.300, Florida Adminis	luated during this inspection, the facility is found to be in strative Code (F.A.C.).
Based on the results of the discrepancies were note		luated during this inspection, the following compliance
	JIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
DROPPED OFF RULF	F & RESMIT FORM	SUBMITT FORM TO FDEP FOR
TO BE SUBMITTED	TO FORT	DIR PERMIT.
condrnser Temf	?s excerd	
TS F EVEN THOUG BEEN ATTEM	H REPAIRS HOUR	
		·
	·	
		·
00 101111100	CERTIFICATION L	EFT WITH R.O. WHO WILL
Forward to	0. DICI	
The Annual Compliance Certific		rtified and submitted to the inspector.
DATE OF NEXT INSPECTIO		
		Approximate)
INSPECTION CONDUCTED	1.010	Bloom Print
INSPECTOR'S SIGNATURE:		Please Print) PHONE NUMBER: 272-5530
	Page_/	of Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	Ø COMPI □	AINT/DISCOVER & TO GE
AIRS ID#: 571140 FACILITY NAME: DEL	DATE: 4/29/98 DXE CLEANE	TIME IN: 12=	30 TIME OUT: Z:00
FACILITY NAME: DEL	22 W. KENA	IEDY BLVI	>
	AMPA, FL		
RESPONSIBLE OFFICIAL :	CLINTON BAR	KER PHONE	: (813) 253-0191
CONTACT NAME:	SANIE	PHONE	:SAME
PART I: NOTIFICATION			
(check appropriate box)			
1. New facility notified DARM	30 days prior to startup		/ _A -
2. Facility failed to notify DARN	A to use general permit	,-,	
PART II: CLASSIFICATION			
PART II: CLASSIFICATION Facility indicated on notificatio (check appropriate box)	n form that it is:		otification form store/out of business/petroleum
Facility indicated on notificatio	te 🗆 2. Ne r dry-to transi both t		store/out of business/petroleum L L L L L L L L L L L L L
Facility indicated on notificatio (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	te	Drop ew small area source b-dry only, $x < 140$ gal/ fer only, $x < 200$ gal/y types, $x < 140$ gal/yr	store/out of business/petroleum al/yr yr /9/91) 2,100 gal/yr 800 gal/yr 0 gal/yr
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)	te	ew small area source o-dry only, $x < 140$ gal/yr tructed on or after 12 ew large area source o-dry only, $140 \le x \le 1$, ypes, $140 \le x \le 1$, ypes, $140 \le x \le 1$, tructed on or after 12 expression of the source o-dry only, $140 \le x \le 1$, and $140 \le x \le 1$, an	store/out of business/petroleum al/yr yr /9/91) 2,100 gal/yr 800 gal/yr 0 gal/yr
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility class of the property of the prop	te	ew small area source o-dry only, $x < 140$ gater only, $x < 200$ gal/sypes, $x < 140$ gatyr tructed on or after 12 ew large area source o-dry only, $140 \le x \le 1$ for only, $200 \le x \le 1$, sypes, $140 \le x \le 1$ are calculated on or after 12 error on or after 12 error only.	store/out of business/petroleum al/yr yr /9/91) 2,100 gal/yr 800 gal/yr 0 gal/yr 0 gal/yr /9/91) ot determine above

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 MONA
2. Examining the containers for leakage?	A/NEQ NO YO
3. Closing and securing machine doors except during loading/unloading?	MD AR
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ÄY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON PIN/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 refri (complete A below).	
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	<u> </u>
If classification 4 has been checked, the machine should be equipped with a refri (complete $\bf A$ and $\bf B$ 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?	р Í
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AND NO YE
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ÁY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ØY □N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	אואקט אם אם אם
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	Ду 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?	ΠY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□N/A
	Is the temperature differential equal to or greater than 20°F?	ΩY	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,	ΠV		□N/A
1	if machines are equipped with a carbon adsorber?		_•	
	Is the perc concentration equal to or less than 100 ppm?	ĽΥ	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?	ЦY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□И	□N/A
6,	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□и	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	ØY □N				
2. Maintained rolling monthly averages of perc consumption?	AN □N				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON X 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?	□Y □N Ø N/A				
4. Maintained calibration data? (for applicable direct reading instruments)	מאו ע אם אם אם				
5. Maintained exhaust duct monitoring data on perc concentrations?	oy on ¤ n/a				
6. Maintained startup/shutdown/malfunction plan?	ØY □N				
7. Maintained deviation reports?	□Y □N ØN/A				
Problem corrected?	ava@ nd yd				
8. Maintained compliance plan, if applicable?	OY ON MONA				

PART VI: LEAK DETECTION AND REPAIRS							
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
inspection?					QΥ		ПN
2. Has the facility maintained a leak log?					XY		ПΝ
3. Does the responsible official check the	following	, areas f	or leaks?		·		
Hose connections, fittings, couplings, and valves	AY O	מם מו	'A	Muck cookers	ДY	ПN	□N/A
Door gaskets and seating	Μ̈́Y 🗆	אם מ	'A	Stills	Μ̈́Y	□N	□N/A
Filter gaskets and seating	Σ Y Y Y	אם מו	Α	Exhaust dampers	Δ̈ΊΥ	מם	□N/A
Pumps	ØY 🗆	אם א	'A	Diverter valves	ФY	ПИ	□N/A
Solvent tanks and containers	φYY	אם א	A	Cartridge filter housings	ΌY	□N	□N/A
Water separators	фY П	אום א	A				
4. Which method of detection is used by the	ne respon	sible off	icial?				
Visual examination (condensed so	olvent on	exterior	surfaces)		Ø		
Physical detection (airflow felt thr	ough gas	kets)			XI.		
Odor (noticeable perc odor)							
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)							
Halogen leak detector							
If using direct-reading instrumentation, is the equipment:						Α	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					ΩY	ΩN	
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					ΩY	ח⊓	
c. Inspected for leaks and	d obvious	signs of	wear on a	weekly basis?	ΩY	□N	
d. Kept in a clean and se	cure area	when n	ot in use?		ΠY	ΩN	
e. Verified for accuracy b	y use of o	duplicate	e samples (calorimetric only)?	ΠY	ΠN	
			•				
ROGER ZHU 4/29/98							
Inspector's Name (Please Print	t)			Date of Inspec	cuon		
Kuxisom 1 YEAR						_	
Inspector's Signature				Approximate Date of N	Vext II	nspec	tion

ENVIDO	INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY						
ENVIRO	NIVIENTAL FROI	ECTION COMIN	11331ON OF HILL.	SDOK	JUUH	LOUNTI	
FACILITY: Deluxe Cleaners & Laundry				P	PAGE 1 OF 1		
FACILITY ADDRESS:	1622 W. Ken	nedy Blyd		CIT	Y: Tar	npa	
PHONE: (813) 253-0191							
MAILING ADDRESS: Same CITY: Tampa FLA ZIP: 33606							
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO	ON TYPE: S		STATUS:	
Apr 29, 1998	12:30	2:00	non-C	DS		In Compliance	
NEDS NUMBER: 5	71140				•		
SOURCE DESCRIPTION	N: Perc Dry	Cleaner					
CONTACT(S): Clin	iton Baker						
Today's visit was to	conduct the anr	nual inspection	n.				

The dry cleaning machine is the same one noted in the last inspection and the serial number for this machine is 27-E9-047.

The machine was not in operation today. No leaks or odors were noticed.

Mr. Baker's record keeping is in good shape. The leak log has been recorded on a weekly basis and the temperature log on a bi-weekly which is OK because of the "New small area source" classification. The perc usage within the last 12 months was 76.8 gallons according to the perc log and the purchase receipts.

There is a owners manual kept on site which includes startup, shutdown and malfunction plan.

RECEIVED

RECEIVED

MAY 18 1998

RECEIVED

MAY 18 1998

RECEIVED

INSPECTED BY:	Roger Zhu / Bruce King	DATE:	Apr 29, 1998
			•

DRY CLEANER AIR QUALITY GENERAL PERMIT

ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0571140 DELUXE UNIFORM RENTAL **CLINTON A BAKER** 1622 W KENNEDY **TAMPA FL 33606**

Bureau of Air Monitoring & Mobile Sources

	D o <u>I</u>	NOT Remove Label		
Annual Reporting Period:	+ 1	19 <u>99</u> то	march	1999
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	-	•	_/_	
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in	continuous compli	iance during the reporti	ng 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 compli	iance during the reporti	ng 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, bas notification are true, accurate and complete. F does not exceed 2,100 gallons per year for dry-t	urther, my annual co	nsumption of perchl	oroethylene solvent, base	d upon purchase receipts,
RESPONSIBLE OFFICIAL: CLINT	TON A. BA	KER (Signature	2/23/98 Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUA	т 🔀 сомі	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 9=00 TI	ME OUT:	9-0 AIRS ID#:	571140
TYPE OF FACILITY: PERC D	PRY CLEANE	-R_	
FACTITY NAME. PELUXE	CLEANERS	& LAUNDRY	DATE: 6/10/99
FACILITY LOCATION: 1622 N	1. KENNEDY	BLVD	
TAMPA	, FL 33606		
FACILITY LOCATION: 1622 W TAMPA RESPONSIBLE OFFICIAL: CLINTOI	U BAKER	PHONE NUMBE	R: (813)253-0191
Based on the results of the compliance with DEP Rule 62-213.	-		facility is found to be in
Based on the results of the complia discrepancies were noted:	nce requirements evalua	ited during this inspection, the	following compliance
COMPLIANCE REQUIREME	NT/PROBLEM	FOLLOW-UP AC	TION REQUIRED
		•	7
•			Bureau & N
		·	
			<u> </u>
			5 1999 e Source
			15 1999 Air Monitoring the Sources
	•		
	·		
		-	
	·		•
COMMENTS:			
			,
The Annual Compliance Certification form	has been properly certif		ctor. YES NO
DATE OF NEXT INSPECTION:		YEAR	·
		proximate)	
INSPECTION CONDUCTED BY:		GER ZHU ease Print)	
n.	ixi. M		ER: (813)272-5530
INSPECTOR'S SIGNATURE:	- y cc / 0 r m	PHONE NUMB	EK:
	Page	of .	Revised 10/96

AIRS ID#: 571140



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME DELUXE CLEAN	ER			DATE:	/10/99
FACILITY NAME: DELUXE CLEAN & FACILITY LOCATION: 1622 W. KENN TAMPA, FL	VEDY	BLVD		.DAIE/	
TAUPA FI	3360C		200		
	77000				_
Annual Reporting Period: Feb 23	19_92	у то	June	10	199
Based on each term or condition of the Title V general air per	· •	•	محد		_
62-213.300, Florida Administrative Code (F.A.C.), during theIf NO, complete the following:#1. Term or condition of the general permit that has not been			,	Bu	INO
#1. Term of condition of the general permit that has not oven	in continuous	comphane du	ing the report	ii Ai	
Exact period of non-compliance: from		to		Monitorin Sources	<u>§ <</u>
Action(s) taken to achieve compliance:				ring	
Method used to demonstrate compliance:	-			•	•
#2. Term or condition of the general permit that has not been	in continuous	s compliance du	ring the report	ting period	stated above:
Exact period of non-compliance: from		to			<u> </u>
Action(s) taken to achieve compliance:	<u>·</u>	_			_
Method used to demonstrate compliance:	,	· _	· ·		
As the responsible official, I hereby certify, based on informal made in this notification are true, accurate and complete. Fu upon rolling averages of purchase receipts, does not exceed 2 year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print)	irther, my ann	ual consumption per year for dry	n of perchloro	ethylene soi	lvent, based

^{*}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

	COMPLIANCE II	NSPECTION (CHECKLIST	Bu
TYPE OF DISPECTION.	ANNUAL	×	COMPLAINT/DISCOVER	JUL 15
TYPE OF INSPECTION:		•	COMPLAIN 1/DISCOVER	JUL 15 eall of Air g. Mobile
	RE-INSPECTION			e Ei n
· ·				Noni Noni
AIRS ID#: 571140	_ DATE:_6/10/	<u> 199</u> time:	in: <u>9=00</u> time ou	T: 118 80
FACILITY NAME:	DELUXE C	LEANERS	4 LAUNDRY	ing .
FACILITY LOCATION: _	1622 W. KE	ENNEDY	BLVD	
	TAMPA, F	=L 336	06	,
RESPONSIBLE OFFICIAL				3-0191
	SAME	•	SAME	 E
CONTACT NAME:	<u> </u>		_phone:same	
PART I: NOTIFICATION		-		
(check appropriate box)				-
1. New facility notified DAR	M 30 days prior to star	tup .	N/A	
2. Facility failed to notify DA	ARM to use general per	mit		
<u></u>				
PART II: CLASSIFICATION	ON		,	
PART II: CLASSIFICATION Facility indicated on notific			☐ No notification form	
Facility indicated on notific (check appropriate box)			☐ No notification form ☐ Drop store/out of busine	ess/petroleum
Facility indicated on notific (check appropriate box) A.	ation form that it is:	2. New small	☐ Drop store/out of busine	ess/petroleum
Facility indicated on notific (check appropriate box)	eation form that it is:	2. New small dry-to-dry only	☐ Drop store/out of busine	ess/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal	eation form that it is: ource cal/yr /yr	dry-to-dry only transfer only, >	☐ Drop store/out of busine area source 7, x < 140 gal/yr x < 200 gal/yr	ess/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gall both types, x < 140 gal/yr	eation form that it is: Durce gal/yr /yr	dry-to-dry only transfer only, x both types, x <	☐ Drop store/out of busine area source 7, x < 140 gal/yr x < 200 gal/yr 140 gal/yr	ess/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal	eation form that it is: Durce gal/yr /yr	dry-to-dry only transfer only, x both types, x <	☐ Drop store/out of busine area source 7, x < 140 gal/yr x < 200 gal/yr	ess/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gall both types, x < 140 gal/yr (constructed before 12/9/9	eation form that it is: ource gal/yr /yr	dry-to-dry only transfer only, x both types, x <	☐ Drop store/out of busine area source 7, x < 140 gal/yr x < 200 gal/yr 140 gal/yr n or after 12/9/91)	ess/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 galaboth types, x < 140 gal/yr	eation form that it is: ource	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large	☐ Drop store/out of busine area source 7, x < 140 gal/yr x < 200 gal/yr 140 gal/yr n or after 12/9/91)	ess/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gall both types, 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	eation form that it is: Durce	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2	Drop store/out of business area source $x, x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 300 \text{ gal/yr}$	ess/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gall both types, x < 140 gal/yr (constructed before 12/9/9 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,80	eation form that it is: Durce	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140	Drop store/out of business area source y , $x < 140$ gal/yr $x < 200$ gal/yr $x < 200$ gal/yr $x < 140$ gal/yr $x < 200$ gal/yr $x < 200$ gal/yr $x < 200$ gal/yr $x < 200$ $x < 200$ gal/yr $x < 200$ $x < 100$ gal/yr $x < 200$ $x < 100$ gal/yr $x < 200$ gal/yr	ess/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gall both types, 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	eation form that it is: Durce	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140	Drop store/out of business area source $x, x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 300 \text{ gal/yr}$	ess/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gall both types, x < 140 gal/yr (constructed before 12/9/9 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,80	eation form that it is: ource	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140	Drop store/out of business area source y , $x < 140$ gal/yr $x < 200$ gal/yr $x < 200$ gal/yr $x < 140$ gal/yr $x < 200$ gal/yr $x < 200$ gal/yr $x < 200$ gal/yr $x < 200$ $x < 200$ gal/yr $x < 200$ $x < 100$ gal/yr $x < 200$ $x < 100$ gal/yr $x < 200$ gal/yr	ess/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gall both types, x < 140 gal/yr (constructed before 12/9/9 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,80 (constructed before 12/9/9 5. This is a correct facility. If no, please check to	eation form that it is: Durce	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or \frac{\	□ Drop store/out of busines area source y, x < 140 gal/yr x < 200 gal/yr 140 gal/yr n or after 12/9/91) area source y, 140 ≤ x ≤ 2,100 gal/yr 200 ≤ x ≤ 1,800 gal/yr 0 ≤ x ≤ 1,800 gal/yr n or after 12/9/91) □ Can not determine	ess/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gall both types, x < 140 gal/yr (constructed before 12/9/9 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,80 (constructed before 12/9/9 5. This is a correct facility. If no, please check to face	eation form that it is: Durce	dry-to-dry only transfer only, x both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or 14) IN	Drop store/out of business area source 7, $x < 140$ gal/yr 140 gal/yr 140 gal/yr n or after 12/9/91) area source 7, $140 \le x \le 2,100$ gal/yr $200 \le x \le 1,800$ gal/yr $30 \le x \le 1,800$ gal/yr n or after 12/9/91) Can not determine	ess/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,80 (constructed before 12/9/9) 5. This is a correct facility. If no, please check to face	eation form that it is: Durce	dry-to-dry only transfer only, a both types, x < (constructed or 4. New large dry-to-dry only transfer only, 2 both types, 140 (constructed or \f Y \square N ation: heral permit as relits and is not eliteral.	□ Drop store/out of busines area source y, x < 140 gal/yr x < 200 gal/yr 140 gal/yr n or after 12/9/91) area source y, 140 ≤ x ≤ 2,100 gal/yr 200 ≤ x ≤ 1,800 gal/yr 0 ≤ x ≤ 1,800 gal/yr n or after 12/9/91) □ Can not determine	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DYNA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN MN/A 2. Examining the containers for leakage? MD YE 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN KON/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) KXY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? MY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the KOY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated KY 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? DAY ON ON/A Conducted all temperature monitoring after an appropriate cooldown period and after MD YX verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:	
1. Measured and recorded the exhaust temperature on the outlet side of the condenser l on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ocated DY DN
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	<u>.</u>
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?	DY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
. Maintained receipts for perc purchased? ✓ Y □N					
2. Maintained rolling monthly averages of perc consumption?	MAY □N				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON X 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?	מומולל מם עם				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON X IN/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN XXINA				
6. Maintained startup/shutdown/malfunction plan?	ØYY □N				
7. Maintained deviation reports?	oy on ¤ n/a				
Problem corrected?	OY ON X INA				
8. Maintained compliance plan, if applicable?	DY DN X				

PART	VI: LEAK DETECTION AND R	EPAIRS			
1. Does	s the responsible official conduct a v	veekly (for	small sources, b	i-weekly) leak detection ar	ıd repair .
insp	ection?				M Y □N
2. Has	the facility maintained a leak log?				MY □N
3. Does	s the responsible official check the f	ollowing ar	eas for leaks?		
	Hose connections, fittings, couplings, and valves	MAY □N	□N/A	Muck cookers	MY ON ON/A
	Door gaskets and seating	MY ON	□N/A	Stills	MY ON ON/A
	Filter gaskets and seating	MY DN	□N/A	Exhaust dampers	MY ON ON/A
	Pumps	NO YI	□N/A	Diverter valves	₩Y □N □N/A
	Solvent tanks and containers	MY ON	□N/A	Cartridge filter housings	YY ON ON/A
	Water separators	Ø Y □N	□N/A		
4. Whi	ch method of detection is used by th	e responsib	ole official?		-
	Visual examination (condensed so	lvent on ex	terior surfaces)		Þ
٠	Physical detection (airflow felt thr	ough gaske	ts)		p
	Odor (noticeable perc odor)				≱
	Use of direct-reading instrumental	tion (FID/P	ID/calorimetric	tubes)	
	Halogen leak detector				
	If using direct-reading instru	umentation	, is the equipm	ent:	M/A
	a. Capable of detecting p	erc vapor c	oncentrations in	n a range of 0-500 ppm?	OY ON
·	b. Calibrated against a st (PID/FID only)?	andard gas	prior to and aft	er each use	OY ON
	c. Inspected for leaks an	d obvious si	igns of wear on	a weekly basis?	OY ON
	d. Kept in a clean and se	cure area v	vhen not in use?		OY ON
	e. Verified for accuracy	by use of du	iplicate samples	(calorimetric only)?	DY DN
			_		
	ROGER ZHU			6/10/	99
	Inspector's Name (Please Prin	ıt)		Date of Inspe	
	Roger Mu	~		<u> </u>	EAR
	Inspector's Signature			Approximate Date of	Next Inspection

		NGDECTION DE	DOD'T FORM			
ENVIRONM		NSPECTION RE ECTION COMMI	PORT FORM SSION OF HILLS	BOROUGH C	COUNTY	
FACILITY: Deluxe Clean				PAGE	1 OF	1
FACILITY ADDRESS: 16	22 W. Kenr	nedy Blvd		CITY: Tan	npa 813) 253-019	
MAILING ADDRESS: Sai			CITY: Tampa	FLA	ZIP: 33606	
	TIME IN:	TIME OUT:	INSPECTION		STAT	
June 10, 1999	9:00	11:00	non-Cl	DS	In Comp	liance
NEDS NUMBER: 5711						
SOURCE DESCRIPTION:	Perc Dry (Cleaner				
CONTACT(S): Clintor	Baker					
Today's visit was to con The dry cleaning mach apparently. Mr. Baker keeps good weekly basis. The perc u and the purchase receipts.	ine is the s records. The sage within	ame one note	ed in the last	k logs hav	e been reco	rded on a
and the parenase receipts.	•					
						-
						,
•						
,						
		·				
						,
·						
				•		
·						
INSPECTED BY: RO	oger Zhu		-	DA	ΓE: June 10	1999

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

TYPE OF INSPECTION: ANNI	JAL CO	MPLAINT/DIS	SCOVERY	RE-INSPECTION	
	TIME OUT: 1 DRY CLEANE	4:30 R	AIRS ID#:	571140	
	CLEANERS	,		DATE: 6/15/01	
	U. KENNGBY			DAIL.	
TAMPA		33606		<u> </u>	
RESPONSIBLE OFFICIAL: CLIN-	TON BAKEN	0	PHONE NUMBER	(813) 253-019	<u>/</u>
Based on the results of the comp compliance with DEP Rule 62-2				acility is found to be in	
Based on the results of the comp discrepancies were noted:	liance requirements eva	luated during th	nis inspection, the	following compliance	
COMPLIANCE REQUIREM	ENT/PROBLEM	FOI	LOW-UP AC	TION REQUIRED	
				<u> </u>	
				0	
	,				
			·	Burre III. C	
				Mobile Solling R	
				urces .	
,					
COMMENTS:					
				•	
			<u> </u>		
The Annual Compliance Certification for	orm has been properly o	ertified and sub	mitted to the inspe	ctor, YES NO.	
DATE OF NEXT INSPECTION:	<i>i</i>	YEAR			
		(Approximate)			
INSPECTION CONDUCTED BY:	-	(Blassa Brint)	210	<u> </u>	
INSPECTOR'S SIGNATURE:	Rose M	(Please Print)	_PHONE NUMB	ER: (813)272-55	30
	Page_	of		Reviseo	d 10/9



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: DELUXI	E CLEAN	ER5		DATE: _	6/15/00
FACILITY LOCATION: 1622 U	. KENNED	y blub			
TAMPA	FL 3	3606			
		-	-	<u></u>	
Annual Reporting Period: June	11	19 <u>99</u> TO	June	15	2000
Based on each term or condition of the Title	V general air perm	it, my facility has re	mained in comp	liance with DEI	P Rule
62-213.300, Florida Administrative Code (I	.A.C.), during the	period covered by the	is statement.	YES	\square NO
If NO, complete the following:					
#1. Term or condition of the general permi	t that has not been i	n continuous compl	iance during the	reporting period	i stated above:
			<i>5</i>	~, ·	
		-			
Exact period of non-compliance: from	·		to		<u> </u>
Action(s) taken to achieve compliance:		·			
Method used to demonstrate compliance:	, .	·	· ·		
	. •		•	•	
#2. Term or condition of the general perm	t that has not been	in continuous compl	iance during the	e reporting perio	d stated above:
			_		·
Exact period of non-compliance: from	· 		_ to	•	
Action(s) taken to achieve compliance:					
•		- .			
Method used to demonstrate compliance:	· · · · ·		. ,		<u> </u>
					ř
As the responsible official, I hereby certify	hased on informat	ion and helief form	ed after reasona	hle inquiry that	the statements
made in this notification are true, accurate	and complete. Fu	rther, my annual co	nsumption of per	rchloroethylene	solvent, based
upon rolling averages of purchase receipt year for transfer or combination facilities.	, does not exceed 2	,100 gallons per yed	or for dry-to dry	facilities or 1,8	00 gallons per
RESPONSIBLE OFFICIAL: CL/	NTAN A	RAKER 1	Wester)	Hallo	6/15/0
	ame (Please Print)	UINA	Signature		Date
	,		_		

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

COMPLIANCE IN	SPECTION CHECKLIST
TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY
FACILITY NAME: DELUXE	
FACILITY LOCATION: 1622 W. K	CENNEDY BLVD
RESPONSIBLE OFFICIAL: CLINTON SAME	FL 33606 BAKER PHONE: (8/3) 253-019 SAME
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box) 1. New facility notified DARM 30 days prior to star 2. Facility failed to notify DARM to use general per PART II: CLASSIFICATION	·
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr. transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	□Y □Can not determine
	cation: eneral permit as number A above mits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 155 gallons.

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	□Y □N ∰N/A
2. Examining the containers for leakage?	OY ON MAN/A
3. Closing and securing machine doors except during loading/unloading?	AY DN
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON MANA
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON MONA
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 refrig (complete A below).	erated condenser
If classification 3 has been checked, the machine should be equipped with either a 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?	AT DN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AND NO PIE
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	MY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	X Y ·□N ·
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	9 (Y ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	MY DN

*:**

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?	ò t ⊼ ⊡и
2.	Measured and recorded the washer exhaust temperature at the condensor inlet and outlet weekly?	DY ON BN/A
	Is 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 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?	□Y □N □N/A
	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
<u> </u>		
P	ART V: RECORDKEEPING REQUIREMENTS	
ш	I as the responsible official: check appropriate boxes)	•

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

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PART VI: LEAK DETECTION AND REPAIRS

1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and	i repa	uir
	inspection?	XY	ПN
2.	Has the facility maintained a leak log?	A YY	ΠN
3.	Does the responsible official check the following areas for leaks?	•	
	Hose connections, fittings, couplings, and valves YY ON ON/A Muck cookers	5 4Y	□N □N/A
	Door gaskets and seating	A Y	ON ON/A
	Filter gaskets and seating YY ON ON/A Exhaust dampers	MY.	□N □N/A
	Pumps	A Y	□N □N/A
	Solvent tanks and containers Y ON ON/A Cartridge filter housings	AX.	□N □N/A
	Water separators TY ON ON/A		
4.	. Which method of detection is used by the responsible official?		
	Visual examination (condensed solvent on exterior surfaces)	Ø.	• •
	Physical detection (airflow felt through gaskets)	XI.	
	Odor (noticeable perc odor)	Æ	
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	' ם	•
	Halogen leak detector		
	If using direct-reading instrumentation, is the equipment:	XIN	/A .
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	ΩY	ND
	 b. Calibrated against a standard gas prior to and after each use (PID/FID only)? 	ΠY	_ □N
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	ΠY	מם ז
	d. Kept in a clean and secure area when not in use?	צם	Z DN
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	ΩY	r 🗆N

ROBER	ZHU

Inspector's Name (Please Print)

6/15/00

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

•				
INSPECTION RE	PORT FORM			-
ECTION COMMI	SSION OF HILLS	SBORO	UGH C	OUNTY
dry		PA	AGE	1 OF 1
nedy Blvd		CITY	: Tan	пра
		PHON	NE: (8	813) 253-0191
	CITY: Tampa		FLA	ZIP: 33606
TIME OUT:	INSPECTIO	N TYP	PE:	STATUS:
14:30	non-CDS			In Compliance
Cleaner				,
-				
iintained, no le	ak was notice	ed. It	was n	ot in operation during
•			_	
	TIME OUT: 14:30 Cleaner nual inspection intained, no leep expect 12-mont	CITY: Tampa CITY: Tampa TIME OUT: INSPECTIO 14:30 non-C Cleaner Tual inspection. Lintained, no leak was notice e past 12-month perc usage years.	rection COMMISSION OF HILLSBORD dry PA nedy Blvd CITY PHON CITY: Tampa TIME OUT: INSPECTION TYPE 14:30 Cleaner roual inspection. cintained, no leak was noticed. It	rection commission of Hillsborough Codry PAGE nedy Blvd CITY: Tam PHONE: (3 CITY: Tampa FLA TIME OUT: INSPECTION TYPE: 14:30 non-CDS Cleaner

on, that he needs to adjust his recordkeeping frequency to a weekly basis from the bi-weekly he

has been doing, and this requirement will reflect on our next annual inspection.

		·	
INSPECTED BY:	Roger Zhu		DATE: June 15, 2000

,	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) OFFICIAL USE
,	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)
	AIRS ID # 0571140 Sent DELUXE CLEANERS UNIFORM RENTAL CLINTON A BAKER Or PC 1622 W KENNEDY TAMPA FL 33606

,	
SENDER: COMPLETE THIS SECTION	COMPLETE 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. 1. Article Addressed to: AIRS ID # 0571140 DELUXE CLEANERS UNIFORM RENTAL CLINTON A BAKER 1622 W KENNEDY	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X
TAMPA-FL 33606	3. Service Type ☐ Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
7001 0350 0001 7976 1521	
PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-99-M-1789



414737 MAR 12002

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

4

TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0571140
DELUXE CLEANERS UNIFORM RENTAL
CLINTON A BAKER
1622 W KENNEDY
TAMPA FL
33606

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

ICKER AT TOP OF ENVELOPE	
SENDER: COMPLETE THIS SECTION	COMPLETE 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. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? Yes
1. Article Addressed to: AIRS ID # 0571140 DELUXE CLEANERS UNIFORM RENTAL CLINTON A BAKER 1622 W KENNEDY TAMPA FL	If YES, enter delivery address below: No
33606	3. Service Type Certified Mail Registered Insured Mail C.O.D.
70000600002641286440	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-00-M-0952

United States Postal Service



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DARM/MOBILE SOURCE CONTROL PROGRAM OF Air MODITOR MAIL STATION 5510
2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

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	0026 4126	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	\$			stmark dere	
item 4 if Restr Print your nam so that we can Attach this can	ns 1, 2 icted line and ne and ne to t	DELUXE CLEANED CLINTON A BAKE 1622 W KENNEDY TAMPA FL 33606 PS Form 3800, February ADDED	RS UNIFOR R 000 DIL 3HL OL DILS 3DV Id ete		See Reve	erse for Instructions CCTION ON DELI Se Print Clearly)	B. Date of Deli
or on the front Article Addresse DELUXE CLEAT CLINTON A BA 1622 W KENNET	ed to:	AIRS ID # 0571 UNIFORM RENTAL	140		•	different from iten ery address below	n 1? 🔲 Yes
TAMPA FL 3360			'	☐ Re	ce Type ertified Mail egistered sured Mail	☐ Express Ma ☐ Return Rece	il eipt for Merchan

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. 2751	U.S. Postal Service CERTIFIED MAII (Domestic Mail Only: No In	RECEIPT surance Coverage Provided)
9274 9200	Restricted Delivery Fee	Postmark Here
Print your-name so that we can resort that we can resort the front if	Reci DELUXE CLEANERS CLINTON A BAKER 1622 W KENNEDY City, TAMPA FL 33606 FINIT CHILD IN COLUMN TO THE PROPERTY OF THE PROPERT	C. Signature D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
1622 W KENNED TAMPA FL 33606	Y	3. Service Type Certified Mail
2. Article Number (Co. 7000 060) PS Form 3811, Ju	00026412611	775 Return Receipt 102595-99-M-1789

	U.S. Postal Service CERTIFIED MAIL RECEIPT			
0 h h 9	(Domestic Mail C	Only; No Insurance	Coverage Provide	d) .
2 9	Postage	\$		
<u>,</u>	Certified Fee		Postmark	
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0026	Restricted Delivery Fee (Endorsement Required)			
0600	Paginiantle Child	AIRS ID # E CLEANERS UNII N A BAKER KENNEDY	0571140 FORM RENTAL	
	Street, Apt. TAMPA	FL		
7000	City, State,			
	PS Form 3800, February 2	000	See Reverse for Ins	truction

 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 D C. Signature Age Add D. Is delivery andress different from item 12 Yes
1. Article Addressed to: 10 AIRS ID # 0571140001AG CLINTON A BAKER DELUXE CLEANERS UNIFORM RENTAL 1622 W KENNEDY TAMPA FL 33606	If YES, enter delivery address below: No No No Service Type Certified Mail Express Mail
	☐ Registered ☐ Return Receipt for Merch☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Copy from service label)	

406376 FEB272001

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DELUXE CLEANERS UNIFORM RENTAL
CLINTON A BAKER
1622 W KENNEDY
TAMPA FL 33606

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0571140 DELUXE CLEANERS UNIFORM RENTAL CLINTON A BAKER 1622 W KENNEDY TAMPA FL 33606

FEB 21 00

FOR GOVERNMENT USE ONI Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273

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

303733 FEB 25 90

Do <u>NOT</u> Remove Label

AIRS ID#0571140

DELUXE UNIFORM RENTAL CLINTON A BAKER 1622 W KENNEDY TAMPA FL 33606 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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

TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0571140

DELUXE CLEANERS UNIFORM RENTAL CLINTON A BAKER 1622 W KENNEDY TAMPA FL 33606 JAN -4

FOR GOVERNMENT USE ONE Org.: 37550101000 EO: B1

Org.: 37550101000 E0 Fund: 20-2-035001

Obj.: 002273

2-333 667 448

US Postal Service Receipt for Certified Mail DELUXE CLEANERS UNIFORM RENTAL

CLINTON A BAKER 1622 W KENNEDY TAMPA FL 33606

	Postage	\$
'	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	
800	TOTAL Postage & Fees	\$
PS Form 3800, April 1995	Postmark or Date	

SENDER: COMPLETE THIS SECTION	COMPLETE NO SON 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. 1. Article Addressed to: AIRS ID # 0571140 DELUXE CLEANERS UNIFORM RENTAL CLINTON A BAKER	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X
1622 W KENNEDY TAMPA FL 33606	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
2 333 667 448	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

US Postal Service Receipt for Cer	tified Mail AIRS ID 0571140
DELUXE UNIFORM CLINTON A BAKE 1622 W KENNEDY TAMPA FL 33606	1 RENTAL
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	'

on the reverse side?	-SENDER:	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.		ceipt Service.	
ADDRESS completed	AIRS ID 0571140 DELUXE UNIFORM RENTAL CLINTON A BAKER 1622 W KENNEDY TAMPA FL 33606	4b. Service ☐ ☐ Registere ☐ Express	, 3 (e I Z 9 Type ed Mail ceipt for Merchandise	Certified Insured	for using Return Re
Is your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) No. 100 (Addressee or Agent) PS Form 3811, December 1994	8. Addresse and fee is	e's Address (Only paid) Domestic Ret		Thank you