

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

February 23, 2000

Mr. Julio Moran  
South Dale Cleaners  
2425 South Dale Mabry  
Tampa, Florida 33629-6840

Re: Facility No.: 0571141-002

Dear Mr. Moran:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 21, 2000.

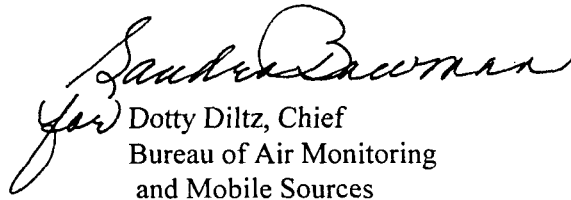
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

Printed on recycled paper.

RECEIVED

JAN 21 2000

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring  
& Mobile Sources

Part III. Notification of Intent to Use General Permit

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

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	SOUTH DALE CLEANERS		
2. Site Name (For example, plant name or number):	SOUTH DALE CLEANERS		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location: Street Address:	2425 S. DALE MABRY		
City:	County:	Zip Code:	
Tampa		33629-6840	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0571141-001		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	JULIO MORAN	Title:	OWNER
7. Responsible Official Mailing Address:			
Organization/Firm:	2425 S. DALE MABRY		
Street Address:			
City:	County:	Zip Code:	
Tampa		33629-6840	
8. Responsible Official Telephone Number:			
Telephone:	(813)254-8573	Fax:	(813)254-1983

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	RAY OPRISKO PLANT MGR.		
10. Facility Contact Address:			
Street Address:	2425 S. DALE MABRY		
City:	County:	Zip Code:	
Tampa		33629-6840	
11. Facility Contact Telephone Number:			
Telephone:	(813)254-8573	Fax:	(813)254-1983

**Facility Information**

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

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

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

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
<u>1/91</u>	<u>Existing</u> /New	RC/ <u>CA</u> /None required	<u>SAME</u>
<u>1/91</u>	<u>Existing</u> /New	RC/ <u>CA</u> /None required	<u>SAME</u>
_____	Existing/New	RC/CA/None required	_____

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

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

How many washers do you have on-site?

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

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

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

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

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

72.6 gallons (You must fill this in)

(b) If less than 12 months, how many? 3 months

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

New store:  New machine

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

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

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

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

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

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

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

How many boilers do you have on-site?

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

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

#### 6. Equipment Monitoring and Recordkeeping Information

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

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

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are \_\_\_\_\_
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

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

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

Julio MORAN  
Print name of responsible official

Julio Moran  
Signature

1/19/00  
Date

✓

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: <u>13:30</u>	TIME OUT: <u>14:45</u>	AIRS ID#: <u>571141</u>
TYPE OF FACILITY: <u>PERC DRY CLEANER</u>		
FACILITY NAME: <u>SOUTH DALE CLEANERS</u>		DATE: <u>3/9/00</u>
FACILITY LOCATION: <u>2425 S. DALE MABRY HWY</u> <u>TAMPA, FL 33629</u>		
RESPONSIBLE OFFICIAL: <u>JULIO MORAN</u>		PHONE NUMBER: <u>(813) 254-8573</u>

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

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

COMMENTS:

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

DATE OF NEXT INSPECTION: 1 YEAR  
(Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU  
(Please Print)

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

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID#: 571141 DATE: 3/9/00 TIME IN: 13:30 TIME OUT: 14:45  
 FACILITY NAME: SOUTH DALE CLEANERS  
 FACILITY LOCATION: 2425 S. DALE MABRY HWY  
TAMPA, FL 33629  
 RESPONSIBLE OFFICIAL: JULIO MORAN PHONE: (813) 254-8573  
 CONTACT NAME: RAY OPRISKO PHONE: (813) 254-8573

### PART I: NOTIFICATION

(check appropriate box)

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

### PART II: CLASSIFICATION

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

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

A.

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

If no, please check the appropriate classification:

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 261 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?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 2. Examining the containers for leakage?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading?  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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



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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:

(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N

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

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

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

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

- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:  N/A
  - a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
  - b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
  - c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
  - d. Kept in a clean and secure area when not in use?  Y  N
  - e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

ROGER ZHU

Inspector's Name (Please Print)

3/9/00

Date of Inspection

Roger Zhu

Inspector's Signature

1 YEAR

Approximate Date of Next Inspection

ACC

AIRS ID#: 571141

Revised 10/10/96

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

FACILITY NAME: <u>SOUTH DALE CLEANERS</u>	DATE: <u>3/9/00</u>
FACILITY LOCATION: <u>2425 S. DALE MABRY HWY</u>	
<u>TAMPA, FL 33629</u>	

Annual Reporting Period: Oct 1 1999 TO Mar 9 2000

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

If NO, complete the following:

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

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

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

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

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

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

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

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

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

RESPONSIBLE OFFICIAL: Julio MORAN Julio Moran 3/9/00  
Name (Please Print) Signature Date

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

INSPECTION REPORT FORM  
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: South Dale Cleaners			PAGE 1 OF 1		
FACILITY ADDRESS: 2425 S. Dale Mabry Hwy			CITY: Tampa PHONE: (813) 254-8573		
MAILING ADDRESS: Same		CITY: Tampa	FLA	ZIP: 33629	
INSPECTION DATE: Mar 9, 2000	TIME IN: 13:30	TIME OUT: 15:15	INSPECTION TYPE: non-CDS	STATUS: In Compliance	
NEDS NUMBER: 571141					
SOURCE DESCRIPTION: Perc Dry Cleaner					
CONTACT(S): Julio Moran					

Today's visit was to contact the first annual inspection since the ownership changed. Both the machines are well maintained and kept clean. No leaks or odors were noticed. The plant manager, Ray Oprisko, keeps good records. He used to work for the previous owner, so he's knowledgeable about our inspection procedures. The perc usage was 261 gallons for the past 12 months.

INSPECTED BY: Roger Zhu	DATE: Mar 9, 2000
-------------------------	-------------------

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 9:00 TIME OUT: 9:45 AIRS ID#: 571141  
 TYPE OF FACILITY: PERC DRY CLEANERS  
 FACILITY NAME: SOUTH DALE CLEANERS DATE: 12/13/00  
 FACILITY LOCATION: 2425 S. DALE MABRY HWY  
TAMPA, FL 33629  
 RESPONSIBLE OFFICIAL: JULIO MORAN PHONE NUMBER: (813)254-8573

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
NOTICED PERC ODORS DURING INSPECTION WHEN MACHINE # IN OPERATION	RE-INSPECT IN IN 2 WEEK(S)

RECEIVED  
 JAN 11 2001  
 Bureau of Air Monitoring  
 & Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: 1 ~ 2 WEEK(S)  
 (Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU  
 (Please Print)

INSPECTOR'S SIGNATURE: Roger Zhu PHONE NUMBER: (813)254-8573

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:      ANNUAL (INS1, INS2)       COMPLAINT/DISCOVERY (CI)   
    RE-INSPECTION (FUI)

AIRS ID#:	571141	DATE:	12/13/00	TIME IN:	9:00	TIME OUT:	9:45
FACILITY NAME:	SOUTH DALE CLEANERS						
FACILITY LOCATION:	2425 S. DALE MABRY HWY TAMPA, FL 33629						
RESPONSIBLE OFFICIAL:	JULIO MORAN	PHONE:	(813) 254-8573				
CONTACT NAME:	RAY OPRISKO	PHONE:	(813) 254-8573				

### PART I: NOTIFICATION

(check appropriate box)      Facility Compliance Status:    IN

1. New facility notified DARM 30 days prior to startup	<input checked="" type="checkbox"/>	(ARMS Data)	MNC	<input checked="" type="checkbox"/>
2. Facility failed to notify DARM to use general permit	<input type="checkbox"/>		SNC	<input type="checkbox"/>

### PART II: CLASSIFICATION

Facility indicated on notification form that it is:       No notification form  
 (check appropriate box)       Drop store/out of business/petroleum

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

If no, please check the appropriate classification:

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

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

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

**In Part II-A:**

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

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

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

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

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

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

**PART VI: LEAK DETECTION AND REPAIRS**

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

ROGER ZHU

Inspector's Name (Please Print)

12/13/00

Date of Inspection

*Roger Zhu*

Inspector's Signature

1 ~ 2 WEEK(S)

Approximate Date of Next Inspection



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

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

**PART V: RECORDKEEPING REQUIREMENTS**

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

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

INSPECTION REPORT FORM  
 ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: South Dale Cleaners PAGE 1 OF 1

FACILITY ADDRESS: 2425 S. Dale Mabry Hwy CITY: Tampa  
PHONE: (813) 254-8573

MAILING ADDRESS: Same CITY: Tampa FLA ZIP: 33629

INSPECTION DATE: Dec 13, 2000	TIME IN: 9:00	TIME OUT: 9:45	INSPECTION TYPE: non-CDS	STATUS: Minor Out Compliance
----------------------------------	------------------	-------------------	-----------------------------	------------------------------------

NEDS NUMBER: 571141

SOURCE DESCRIPTION: Perc Dry Cleaner

CONTACT(S): Julio Moran

Today's visit was to conduct the annual inspection.

There are two existing large machines in this facility. Both the machines were in operation during my inspection, I noticed strong perc odors from the back of the machine #1. I couldn't locate where the leaks actually occurred. Both the machines haven't been maintained properly. Both the machines looked unclean, particularly for those valves, pipes, connectors, and hoses on the back of the machines.

When the odors occurred, I noticed the machine #1 was "cooking" (muck cooker operating), and machine #2 was in drying cycle. The leaks could be attributed to the muck cooker, or something else. Therefore, I suggested the manager, Mr. Ray Oprisko, to clean the machines first, especially on the back, that may help him to diagnose the leaks. I also told him that the leaks should be fixed within 24 hours or advise me next day what was wrong with the machine #1 in case he needs to order parts.

INSPECTED BY: Roger Zhu

DATE: Dec 13, 2000

TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 9:00 TIME OUT: 10:00 AIRS ID#: 571141  
 TYPE OF FACILITY: PERC DRY CLEANER  
 FACILITY NAME: SOUTH DALE CLEANERS DATE: 12/27/00  
 FACILITY LOCATION: 2425 S. DALE MABRY HWY  
TAMPA, FL 33629  
 RESPONSIBLE OFFICIAL: JULIO MORAN PHONE NUMBER: (813) 254-8573

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

RECEIVED  
 JAN 17 2001  
 Bureau of Air Monitoring  
 & Mobile Sources

COMMENTS:

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

DATE OF NEXT INSPECTION: 1 YEAR  
 (Approximate)  
 INSPECTION CONDUCTED BY: ROGER ZHU  
 (Please Print)  
 INSPECTOR'S SIGNATURE: Roger Zhu PHONE NUMBER: (813) 272-5530

AIRS ID#: 571141

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: SOUTH DALE CLEANERS DATE: 12/27/00  
 FACILITY LOCATION: 2425 S. DALE MABRY HWY  
TAMPA, FL 33629

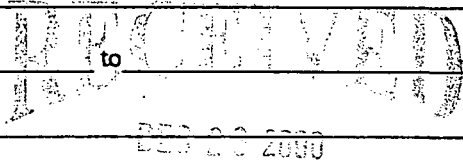
Annual Reporting Period: Mar 10 <sup>2000</sup> ~~20~~ TO Dec 27 2000

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

If NO, complete the following:

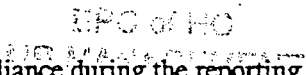
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

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



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

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



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

RESPONSIBLE OFFICIAL: Julio MORAN Julio Moran 12/27/00  
 Name (Please Print) Signature Date

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

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL (INS1, INS2)  COMPLAINT/DISCOVERY (CI)   
RE-INSPECTION (FUI)

AIRS ID#:	571141	DATE:	12/27/00	TIME IN:	9:00	TIME OUT:	10:00
FACILITY NAME:	SOUTH DALE CLEANERS						
FACILITY LOCATION:	2425 SOUTH DALE MABRY HWY TAMPA, FL 33629						
RESPONSIBLE OFFICIAL:	JULIO MORAN	PHONE:	(813) 254-8573				
CONTACT NAME:	RAY OPRISKO	PHONE:	(813) 254-8573				

### PART I: NOTIFICATION

(check appropriate box)

Facility Compliance Status: IN

- |   |                          |             |     |                          |
|---|--------------------------|-------------|-----|--------------------------|
| 1. New facility notified DARM 30 days prior to startup  | <input type="checkbox"/> | (ARMS Data) | MNC | <input type="checkbox"/> |
| 2. Facility failed to notify DARM to use general permit | <input type="checkbox"/> |             | SNC | <input type="checkbox"/> |

### PART II: CLASSIFICATION

Facility indicated on notification form that it is:

No notification form

(check appropriate box)

Drop store/out of business/petroleum

A.

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

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

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

If no, please check the appropriate classification:

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 236 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

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

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

**PART VI: LEAK DETECTION AND REPAIRS**

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

ROGER ZHU

Inspector's Name (Please Print)

12/27/00

Date of Inspection

Roger

Inspector's Signature

1 YEAR

Approximate Date of Next Inspection



INSPECTION REPORT FORM  
 ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: South Dale Cleaners	PAGE 1 OF 1
-------------------------------	-------------

FACILITY ADDRESS: 2425 S. Dale Mabry Hwy	CITY: Tampa PHONE: (813) 254-8573
--	--------------------------------------

MAILING ADDRESS: Same	CITY: Tampa	FLA	ZIP: 33629
-----------------------	-------------	-----	------------

INSPECTION DATE: Dec 27, 2000	TIME IN: 9:00	TIME OUT: 10:00	INSPECTION TYPE: non-CDS	STATUS: In Compliance
----------------------------------	------------------	--------------------	-----------------------------	--------------------------

NEDS NUMBER: 571141

SOURCE DESCRIPTION: Perc Dry Cleaner

CONTACT(S): Julio Moran

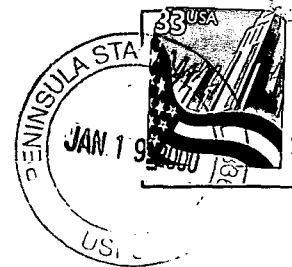
Today's visit was a follow-up inspection. The manager, Mr. Jay Oprikko, called our office day after the last inspection. He said he found the leaks actually from the door seal of the muck cooker. Also he said he ordered the gaskets-muck cooker for both the machines.

I stopped by the facility today. Both the machines were in operation, I didn't smell perc odors. Both the machines are being cleaned, and both pans underneath the machines are re-painted with a white color. Mr. Oprisko showed me the installed gaskets-muck cooker (parts # 0080.0311, 1/2"x1/2"x3'). I noticed he also put new insulation on the condenser coils.

Mr. Oprisko keeps good records. The repair log is very detailed for each repair job, and most of them were not related to perc control device. The 12-month perc usage was 236 gallons according the perc log.

INSPECTED BY: Roger Zhu	DATE: Dec 27, 2000
-------------------------	--------------------

SOUTH DALE CLEANERS  
2425 S. DALE MABRY  
TAMPA, FL 33629-6840



GENERAL PERMITS SECTION

BUREAU of AIR MONITORING & MOBILE SOURCES, MS 5510  
DEPARTMENT of ENVIRONMENTAL PROTECTION  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FL. 32399-2400

3203945342



U.S. Postal Service									
CERTIFIED MAIL RECEIPT									
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>									
<div style="float: right;">Postmark Here</div> <table border="1"> <tr> <td>Postage \$</td> <td></td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> </table>		Postage \$		Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)	
Postage \$									
Certified Fee									
Return Receipt Fee (Endorsement Required)									
Restricted Delivery Fee (Endorsement Required)									
AIRS ID # 0571141									
Total Postage: SOUTH DALE CLEANERS									
Recipient's Name: JULIO MORAN									
Street, Apt. No: 2425 S DALE MABRY									
City, State, ZIP: TAMPA FL 33629-6840									
PS Form 3800, February 2000 See Reverse for Instructions									

SENDER		ACTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Received by (Please Print Clearly) <b>L PRITCHETT</b></p> <p>B. Date of Delivery <b>2/9</b></p>	
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0571141</p> <p>SOUTH DALE CLEANERS            JULIO MORAN            2425 S DALE MABRY            TAMPA FL            33629-6840</p>		<p>C. Signature <b>L Pritchett</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No            If YES, enter delivery address below:</p>	
<p>2. Article Number (Copy from service label)</p> <p><b>70000600002671286631</b></p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

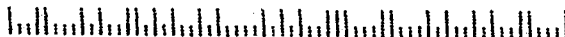
• Sender: Please print your name, address, and ZIP+4 in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 11 2002

RECEIVED



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

**OFFICIAL USE**

7000 2870 0000 7027 4338

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

Postmark  
Here  
*Rec'd*

Total Postage: 10 AIRS ID # 0571141001AG  
**Sent To** JULIO MORAN  
**Street, Apt. 1** SOUTH DALE CLEANERS  
**City, State, Z** TAMPA FL 33629-6840

PS Form 3800, May 2000 See Reverse for Instructions

<p>PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS</p> <p><b>SENDER: COMPLETE THIS SECTION</b></p>		<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p>	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Received by <i>(Please Print Clearly)</i> <b>L. PITCHETT</b> B. Date of Delivery <b>2/11</b></p>	
<p>1. Article Addressed to:</p> <p>10 AIRS ID # 0571141001AG                  JULIO MORAN                  SOUTH DALE CLEANERS                  2425 S DALE MABRY                  TAMPA FL 33629-6840</p>		<p>C. Signature  <i>x L. Pitchett</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number <i>(Copy from service label)</i></p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, July 1999</p>		<p>Domestic Return Receipt</p>	
		<p>102595-00-M-0952</p>	

3755  
2273



0643

**SOUTH DALE CLEANERS**  
2425 S DALE MABRY HWY  
TAMPA, FL 33629-6840

DATE 2/25/00

PAY TO THE ORDER OF Dept of Environmental Protection \$ 50.00

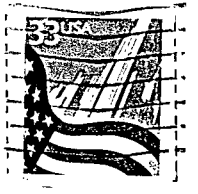
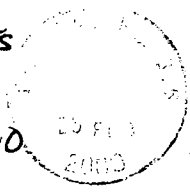
Fifty & 00/100 DOLLARS Security features include: Details on back.

**Manufacturers Bank** 1701 S. Dale Mabry Hwy  
Tampa, FL 33629  
OFF FLORIDA

FOR 0571141-002

*Julio Moran*

South Dale Cleaners  
2425 S. Dale Mabry  
Tampa, Fl. 33629-6840



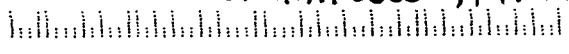
RECEIVED

FEB 29 2000

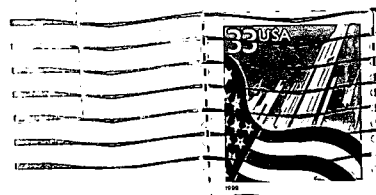
Bureau of Finance  
and Accounting  
REVENUE

Title V General Permits Office  
Bureau of Air Monitoring & Mobile  
Sources MS-551c  
Dept. of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, Fl. 32399-2400

33629-6842



South Dale Cleaners  
2425 S. Dale Mabry  
Tampa, Fl. 33629-6840



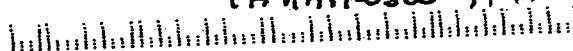
RECEIVED


FEB 29 2000

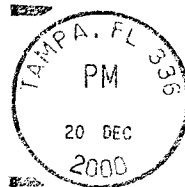
Bureau of Finance  
and Accounting  
REVENUE

3239346342

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

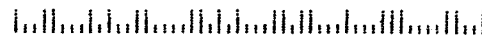


 South Dale Cleaners  
2425 S Dale Mabry Hwy.  
Tampa, FL 33629



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

32315X3070







THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400794

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

**TOTAL AMOUNT DUE: \$50.00 ✓**

Do **NOT** Remove Label

AIRS ID # 0571141  
SOUTH DALE CLEANERS  
JULIO MORAN  
2425 S DALE MABRY  
TAMPA FL 33629-6840

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

RECEIVED  
MAIL ROOM  
DEC 22 2001

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
TWIN TOWERS OFFICE BUILDING  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

**CERTIFIED**

Z 333 667 449

FEB 10 00  
FL

POSTAGE  
2.98  
POSTALIA 512167

**MAIL**

MC5521

BAMMS/BCO  
JOEY ROBE  
5510

RETURNED TO SENDER  
ATTEMPTED - NOT KNOWN

AIPS ID# 0571141

\$1.49 CLEANERS  
SAL DAILY  
2425 SALE MABRY  
TAMPA FL 33629

DNK

Bureau of Air Monitoring  
& Mobile Sources

FEB 18 2000

RECEIVED

BEST AVAILABLE COPY

- 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:

\$1.49 CLEANERS  
 SAL DALY  
 2425 S DALE MABRY  
 TAMPA FL 33629

AIRS ID # 0571141

Z 333 667 449

2. Article Number (Copy from service label)

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

C. Signature

X

Agent  
 Addressee

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

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

Z 333 667 449

US Postal Service  
**Receipt for Certified Mail**

\$1.49 CLEANERS  
 SAL DALY  
 2425 S DALE MABRY  
 TAMPA FL 33629

AIRS ID # 0571141

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	

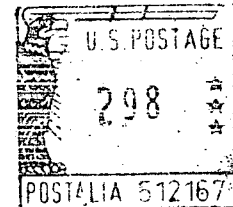
PS Form 3800, April 1995

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
TWIN TOWERS OFFICE BUILDING  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

**CERTIFIED**

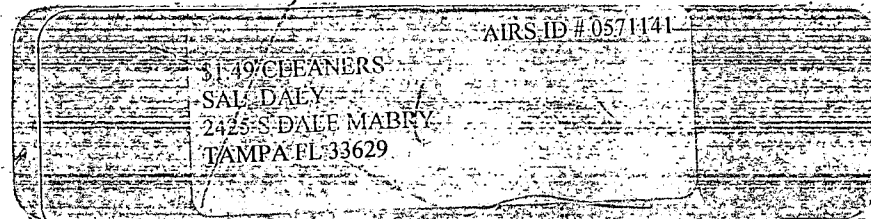
Z 210 662 467

**MAIL**



MC5521

BAMMS/BCO  
JOEY ROBERTS  
5510



Bureau of Air Monitoring  
& Mobile Sources

MAR 7 3 2001

RECEIVED

DATE 2/28

3232372800

BEST AVAILABLE COPY

**SENDER COMPLETE THIS SECTION**

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

1. Article Addressed to:

\$1.49 CLEANERS  
 SAL DALY  
 2425 S DALE MABRY  
 TAMPA FL 33629

AIRS ID # 0571141

2. Article Number (Copy from service label)

Z 210 662 467

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature

X

Agent  
 Addressee

D. Is delivery address different from item 1?  
 If YES, enter delivery address below:

Yes  
 No

3. Service Type

Certified Mail  Express-Mail  
 Registered  Return Receipt for Merchandise  
 Insured-Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

Domestic Return Receipt

102595-99-M-1789

Z 210 662 467  
 US Postal Service  
**Receipt for Certified Mail** 2000  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)  
 Sent to AIRS ID # 0571141

\$1.49 CLEANERS  
 SAL DALY  
 2425 S DALE MABRY  
 TAMPA FL 33629

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

PS Form 3800, April 1995