

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

August 26, 1997

Mr. Elliet S. Hibbs The Superior Cleaner 14428 North Dale Mabry Highway Tampa, Florida 33618

Re: Facility No. 0571166

Dear Mr. Hibbs:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 23, 1997.

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

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

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

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

Sincerely

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Thomas Shelton, Hillsborough County

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

COMMISSION

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ADMINISTRATIVE OFFICES, LEGAL & WATER MANAGEMENT DIVISION 1900 - 9TH AVENUE TAMPA, FLORIDA 33605 TELEPHONE (813) 272-5960 FAX (813) 272-5157

AIR MANAGEMENT DIVISION TELEPHONE (813) 272-5530

WASTE MANAGEMENT DIVISION TELEPHONE (813) 272-5788

WETLANDS MANAGEMENT DIVISION TELEPHONE (813) 272-7104

' August 25, 1997

Mr. Elliot Hibbs, The Superior Cleaners of Tampa Bay, Inc. 14428 N. Dale Mabry Highway Tampa, Fl 33618

Subject:

Corrections to Air General Permit Application

Reference: Air General Permit 0571166

Dear Mr. Hibbs,

The Florida Department of Environmental Protection has completed the review process for your application, and has assigned a permit number to your facility, as referenced above.

In the FDEP's review process of this application, the need to make some corrections has been identified. These corrections (indicated by orange dots on the attached copy) are required to be completed by you, as the indicated "Responsible Official", making sure you also sign and date the final page again, and mail to the following address:

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

If you have any questions, please don't hesitate to contact me at (813) 272-5530.

Sincerely,

James O. Holton, PE Air Toxics Engineer RECEIVED

FEB 1 0 1998

Bureau of Air Monitoring & Mobile Sources

3618

#057/166

The Superior Cleaner

P./4 1.(c) mark out "X"

P./5 5.(f) required

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AUG 22 1997

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	Tele	ret	1 0 1998		
		Rureau	of Air Manie		
		& Mo	of Air Monit bile Source	oring	
			Sile Courte	5 5	
·····	Name and Title of Facility Contact (I	For example, plant manage	er).		
	rame and trace of the army contact ()	or example, plant manag	,01).		
	N/A				
0.	Facility Contact Address:				
	Street Address:				
		_			
	City:	County:		Zip Code:	
				Zip Code:	

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JUN 2 3 1997

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	THE SUPERIOR CLEANUR OF LAMPA BAY THE
2.	Site Name (For example, plant name or number):
	THE SUPPRIOR CLEMEN
3.	Hazardous Waste Generator Identification Number:
	Facility Location: 14428 N. DAGE MARRY HWY
4.	Street Address:
1	Street Address: City: Tompa County: Historia Zip Code: 33618
	City. () Jack 154 County. (1 14-c) 15 (16-c) 21 county.
5.	Facility Identification Number (DEP Use):
	문교교교 1945년 (1951년 1일급) 대한민국교 전문교교 대한민국교 1951년
(1) 2007	0571/66
	Responsible Official
6.	Name and Title of Responsible Official:
	ELLIOT S. HIBBS / TRUS
7	Responsible Official Mailing Address:
/ .	_ '
	Street Address: 1442 & N. DALE MABRY HUY
	Organization/Firm: Street Address: 17423 N. DALE MABRY HUY City: TAMPA County: H. LLS BERD Zip Code: 1
	, 14/7/4
8.	Responsible Official Telephone Number:
l	Telephone: (\$13) 264-1063 Fax: () -
	Facility Contact (If different from Responsible Official)
0	Name and Title of Facility Contact (For example, plant manager):
, J.	Name and Title of Facility Contact (For example, plant manager).
	N/A
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device	ł	Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit									
(1) w/ ref. condenser		APRIL-84	APRILG	-	I		Ι	T	
(2) w/ carbon adsorber		MANL 17	MIXIL Y	!	ļ	 	<u> </u>		
(3) w/ no controls							 		ļ
Washer Unit		<u> </u>				<u> </u>	l	L	<u>-</u> .
(4) w/ ref. condenser		T	·		<u> </u>			Τ΄	
(5) w/ carbon adsorber					-	-	-		
(6) w/ no controls		-			-	1	ļ	1	
Dryer Unit		L	L				<u> </u>		<u> </u>
(7) w/ ref. condenser				1	T		ı —	Τ	T
				ļ					
(8) w/ carbon adsorber									
(9) w/ no controls		<u></u>				L		1	
Reclaimer Unit		,						1	_
(10) w/ ref. condenser					<u> </u>	ļ		ļ	
(11) w/carbon adsorber				ļ					
(12) w/ no controls			;						
(b) Control devices are(c) No control devices						pf			•
2.(a) What was the total q			roethylene (perc)	purchased in	n the latest 12	? mor	iths?	
(b) If less than 12 mont Check why it is less					_] New store	: [] Did	not k	eep records:]
3. What is the facility's social (Indicate with an "X".					nitions found	d in section (I	3) of	Part II?	
Existing small are	ea so	urce []	Ne	w sn	nall area sour	ce [<u>x</u>]		
Existing large are	a sou	arce []	Ne	w lai	rge area sour	ce [}		

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4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing large area source	
Carbon adsorber []	Refrigerated condenser []
New small area source	₽
Refrigerated condenser New large area source Refrigerated condenser	
New large area source Refrigerated condenser []	
Non-igoration condense:	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural 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	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	(K)
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	ĹŽI
(d) Carbon adsorber exhaust perc concentration mon	
(e) Instrument calibration	<u></u> ;
(f) Start-up, shutdown, malfunction plan	X

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Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
(X)	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statemeni maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification. C/6/57 Date//

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	<u></u>
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	THE SUPERIOR CLEANER OF TOMPA BAY TUC
2	Site Name (For example, plant name or number):
۷.	
4	Hazardous Waste Generator Identification Number:
3.	Hazardous Waste Generator Identification Number:
1	Facility Location: 14428 N. DALE MARRY HWY
4.	
	Street Address: City: Tampa County: Hills porco Zip Code: 33618
5.	Facility Identification Number (DEP Use):
4.4	057/166
h . *	
	Responsible Official
6.	Name and Title of Responsible Official:
	ELLIOT S. HIBBS / ROS
7.	Responsible Official Mailing Address: Organization/Firm:
	Street Address: 14428 N. DALE MABRY HWY
	City: TANPA County: HILLSBORD Zip Code:
8.	Responsible Official Telephone Number:
	Telephone: (813) 264 - 1003 Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	NA
10	Facility Contact Address:
10.	1 active Contact Address.
	Street Address:
	City: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

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JUN 2 3 1997

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Bureau of Air Monitoring & Mobile Sources

#0571166

The Superior Cleaner

P.14 1.(c) mark out "X" P.15 5.H) required

Facility Information

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit					<u></u>				
(1) w/ ref. condenser	,	APAIL-84	APRILGO	F					
(2) w/ carbon adsorber		74, 144 11							
(3) w/ no controls									
Washer Unit		· · · · · ·			I			ı	
(4) w/ ref. condenser								T	
(5) w/ carbon adsorber		-	-						
(6) w/ no controls			-						1
Dryer Unit		_	1					1	
(7) w/ ref. condenser			1						
(8) w/ carbon adsorber	l						 		
(9) w/ no controls									
Reclaimer Unit	-	<u> </u>	<u> </u>			<u> </u>			
(10) w/ ref. condenser		T	Ī			1			
(11) w/carbon adsorber		 							
(12) w/ no controls			 	-					
(b) Control devices are (b) No control devices 2.(a) What was the total of [/&o]	are r	equired to be	installed [_	X		n the latest 12	2 mor	nths?	
(b) If less than 12 mont Check why it is less3. What is the facility's so (Indicate with an "X".	than	12 months:	New owner: based on the	[·	
Existing small ar	ea so	urce []	Ne	ew sm	nall area sou	rce [<u>X</u>)]		
Fyisting large are	29 501	urce []	Ne	w la	ge area sour	rce [1		

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4. What control technology is required on mac (Indicate with an "X".)	chines pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
to Rule 62-213.300, F.A.C. Verify that all stee exemption criteria or that no such units exist of All steam and hot water generating units on-sit	ite (1) have a total heat input of 10 million BTU/hr or less (298 ly by natural gas except for periods of natural gas curtailment o more than one percent sulfur is fired.
Equipment Monito	oring and Recordkeeping Information
Check all logs which are required to be kept or	n-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	L / E)
(c) Refrigerated condenser temperature monitor	oring [X]
(d) Carbon adsorber exhaust perc concentration	n monitoring []
(e) Instrument calibration	
ff Start-up, shutdown, malfunction plan	
	•

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

Surrender of Existing Air Permit(s)

Please indicate	with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
X	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain ti	rsigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ation. I hereby certify, based on information and belief formed after reasonable inquiry, that the made in this notification are true, accurate and complete. Further, I agree to operate and he air pollutant emissions units and air pollution control equipment described above so as to the help that the help this notification form.
I will prom	aptly notify the Department of any changes to the information contained in this notification. C 6 57 Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X CON	APLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 9=00	TIME OUT: 9:4	45AIRS ID#:	571166
TYPE OF FACILITY:	PERC DRY CLEAR E SUPERIOR CU	WER	
FACILITY NAME: TH	= SUPERIOR CL	EANGRS	DATE: 3/23/98
	428 N. DALE M	HABRY HWY	DRIE
ACILITY LOCATION: 17	4 28 /0: 27/19	2 / / /	
	AMPA, FL 33618	<u> </u>	(0) 20/4 /007
ESPONSIBLE OFFICIAL:	LILET HIBBS	PHONE NUMBER	2: (813) 264-1003
	the compliance requirements evaluate 62-213.300, Florida Administra		facility is found to be in
Based on the results of discrepancies were note	he compliance requirements evaluded:	ated during this inspection, the f	following compliance
COMPLIANCE REQU	JIREMENT/PROBLEM	FOLLOW-UP ACT	TON REQUIRED
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			APR 1 3 1998 ureau of Air Monitoring & Mobile Sources
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MMENTS:		· ·	
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	•		
	•		
e Annual Compliance Certifica	nion form has been properly certifi		or. YES NO /
TE OF NEXT INSPECTION	i: 1 Y	CAR	_ _
		roximate)	
SPECTION CONDUCTED B	v. ROG	SER ZHU	
RECITOR COMPUCTED D	· · ·	ase Print)	
SPECTOR'S SIGNATURE:_	Kenxi Bhin	PHONE NUMBER	(813) 272 - 5530
	Page	,	Revised 10/

30000

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0571166
THE SUPERIOR CLEANER OF TAMPA BAY
INC
ELLIOT S HIBBS
14428 N DALE MABRY HWY
TAMPA FL 33618

Do NOT Remove Label

Annual Reporting Period:		_19 TO		
Based on each term or condition of the 62-213.300, Florida Administrative C If NO, complete the following:	• •	•	<u></u> \(\frac{\frac{1}{2}}\)	DEP Rule
#1. Term or condition of the general	permit that has not been in co	ntinuous compli	iance during the reporting p	eriod stated above:
Exact period of non-compliance: from	n		. to	· · · · · · · · · · · · · · · · · · ·
Action(s) taken to achieve compliance	; 		- '_	
Method used to demonstrate complian	nce:			<u> </u>
#2. Term or condition of the general p	permit that has not been in co	ntinuous compli	ance during the reporting po	eriod stated above:
Exact period of non-compliance: from	n		_ to	
Action(s) taken to achieve compliance				
Method used to demonstrate complian	ce:			
As the responsible official, I hereby certinotification are true, accurate and compidoes not exceed 2,100 gallons per year for RESPONSIBLE OFFICIAL:	lete. Further, my annual consu	mption of perchle	reasonable inquiry, that the so oroethylene solvent, based upo	on purchase receipts,
AESI ONSIBLE OFFICIAL.	Name (Please Print)	<u>-,</u>	Signature	Date 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

	COMPLIANCE IN	SPECTION (& M. Or	2
TYPE OF INSPECTION:	ANNUAL	Ä	CHECKLIST COMPLAINT/	DISCOVERY	
	RE-INSPECTION			<u> </u>	Jonito III
AIRS ID#: 571166	DATE: 3/23/98	TIME	IN: 9 500	TIME OUT	: 9=45
FACILITY NAME:	E SUPERIO	R CL	GANERS	· .	
FACILITY LOCATION:	14428 N.	DALE	MABRY	Huy	
FACILITY NAME: 7746 FACILITY LOCATION:	TAMPA, F	- 330	618		
 RESPONSIBLE OFFICIAL :	ELLIET HI	BBS	_ PHONE: (81	3)264	-1003
RESPONSIBLE OFFICIAL :	SAME		_PHONE:	SAME	}
				_	
PART I: NOTIFICATION			·		
(check appropriate box)					
1. New facility notified DARM	30 days prior to startur	,	1,		۵
2. Facility failed to notify DAR	M to use general nermi	, μ	1/1-		a
2. Pacinty laned to floury DAR	TAL TO USE SCHELAL DELLIN		/		
			/		
PART II: CLASSIFICATION			/		
PART II: CLASSIFICATION Facility indicated on notificati (check appropriate box)	V		☐ No notification		petroleum
PART II: CLASSIFICATION Facility indicated on notificati	ion form that it is: ree	New small a y-to-dry only, ansfer only, x oth types, x < 1	□ Drop store/ou trea source x < 140 gal/yr < 200 gal/yr		petroleum
PART II: CLASSIFICATION Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr	ion form that it is: ce	New small a y-to-dry only, ansfer only, x oth types, x < : onstructed on New large a y-to-dry only, ansfer only, 20 oth types, 140	☐ Drop store/outrea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	at of business/j	petroleum
PART II: CLASSIFICATION Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 \le x \le 2, transfer only, 200 \le x \le 1,800 g both types, 140 \le x \le 1,800 g	ion form that it is: ce	New small a y-to-dry only, ansfer only, x oth types, x < onstructed on New large a y-to-dry only, ansfer only, 20 oth types, 140	Drop store/or area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	at of business/	petroleum
PART II: CLASSIFICATION Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sourd dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility classification, please check the a facility of the constructed before 12/9/91.	ion form that it is: ce	New small a y-to-dry only, ansfer only, x oth types, x < onstructed on New large a y-to-dry only, ansfer only, 20 onstructed on Y \bigcup N	□ Drop store/outrea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ or after $12/9/91$) $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) □ Can not determine	at of business/	petroleum

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ONA 1. Storing perchloroethylene in tightly scaled and impervious containers? □N □N/A 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 □N □N/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ANA beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? MY ON ON/A 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 XY ON ONA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the MY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after XY ON verifying that the coolant had been completely charged?

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

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?						
2. Maintained rolling monthly averages of perc consumption?	≱ y □n					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or;	ann e d no yo					
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 ½ N/A					
4. Maintained calibration data? (for applicable direct reading instruments)	ay an X aya					
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON KANA					
6. Maintained startup/shutdown/malfunction plan?						
7. Maintained deviation reports?	OY ON ÀNY					
Problem corrected?	OY ON A NA					
3. Maintained compliance plan, if applicable?	OY ON X N/A					

PART VI: LEAK DETECTION AND	PART VI: LEAK DETECTION AND REPAIRS							
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair								
inspection?		XXY □N						
2. Has the facility maintained a leak log?			XY ON					
3. Does the responsible official check the		•						
Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	MY ON ONA					
Door gaskets and seating	ØÍY □N □N/A	Stills	XY ON ON/A					
Filter gaskets and seating	אואם אם אמן	Exhaust dampers	ØY ON ON/A					
Pumps	MANO NO YÉ	Diverter valves	MANU NO YE					
Solvent tanks and containers	ØY □N □N/A	Cartridge filter housings	MY ON ON/A					
Water separators	YY ON ONA							
4. Which method of detection is used by the	e responsible official?		•					
Visual examination (condensed so	lvent on exterior surfaces)		ŒĴ					
Physical detection (airflow felt thr		æ						
Odor (noticeable perc odor)) 25						
Use of direct-reading instrumentat	ion (FID/PID/calorimetric	tubes)	a					
Halogen leak detector			٥					
If using direct-reading instru	mentation, is the equipme	ent:	A/N/A					
a. Capable of detecting p	erc vapor concentrations in	a range of 0-500 ppm?	OY ON					
b. Calibrated against a st (PID/FID only)?	andard gas prior to and afte	er each use	OY ON					
c. Inspected for leaks and	obvious signs of wear on a	a weekly basis?	OY ON					
d. Kept in a clean and sec	•	•	OY ON					
e. Verified for accuracy b		(calorimetric only)?	OY ON					
•								
ROGER ZHU 3/23/98								
Inspector's Name (Please Print		Date of Inspec						
Cux'son		1 YE						
Inspector's Signature	lext Inspection							

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY FACILITY: The Superior Cleaners PAGE OF FACILITY ADDRESS: 14428 N. Dale Mabry Hwy CITY: Tampa PHONE: (813) 264-1003 FLA | ZIP: 33618 MAILING ADDRESS: Same CITY: Tampa INSPECTION TYPE: INSPECTION DATE: TIME IN: TIME OUT: STATUS: In Compliance Mar 23, 1998 9:00 9:45 non-CDS NEDS NUMBER: 571166 SOURCE DESCRIPTION: Perc Dry Cleaner CONTACT(S): Elliet Hibbs Today's visit was to conduct the annual inspection. The dry cleaning machine is the same one noted in the last inspection and the serial number for this machine is 1676. The machine was in operation today. No leaks or odors were noticed. Mr. Hibb's record keeping is in good shape. His purchase receipts and the monthly rolling total indicated that he has purchased 59.6 gallons of perc over the last 12 months. The facility is very clean and well maintained.

DATE:

Mar 23, 1998

Roger Zhu

INSPECTED BY:



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

1300009

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#0571166
THE SUPERIOR CLEANER OF TAMPA BAY
INC
ELLIOT S HIBBS
14428 N DALE MABRY HWY
TAMPA FL 33618

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

ОЫ: 002273

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

		IPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 8 = 30 TYPE OF FACILITY: PERC FACILITY NAME: THE SU	TIME OUT: 10 = 0 DRY CLEANE PERIOR CLE	AIRS ID#:AIRS ID#:AIRS ID#:	571166 DATE: 5/7/99
FACILITY LOCATION: 14428 TAMP RESPONSIBLE OFFICIAL: EUL	N. DALE N DA, FL 336	IABRY HWY	DATE: // // /
RESPONSIBLE OFFICIAL:	IET HIBBS	PHONE NUMBE	ER: (813)264-1003
Based on the results of the concompliance with DEP Rule 62	=	ated during this inspection, the rative Code (F.A.C.).	facility is found to be in
discrepancies were noted:		ated during this inspection, the	following compliance
COMPLIANCE REQUIRE	MENT/PROBLEM	FOLLOW-UP AC	TION REQUIRED
			· .
·			PF
			Nobile IV 1990 D
			Ureal N 1999 D
			is B
COMMENTS:			
The Annual Compliance Certification	form has been properly cert	_	ector. YES NO
DATE OF NEXT INSPECTION:	/ (A)	PProximate)	
INSPECTION CONDUCTED BY:_	Ro	GER ZHV	
INSPECTOR'S SIGNATURE:		lease Print) PHONE NUMB	er: (813) 272 - 5530

Revised 10/96

AIRS ID#: 571166

Acc

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: FACILITY LOCATION:	THE SUP	PERIOR	CLEAR	NER	5	DATE:	5/7/99
FACILITY LOCATION:	14428	N. DAL	E MAB	RY	Hwy		
	TAMPA	, FL	33618				
-					-		
Annual Reporting Period: _	March	23	19 <u>_98</u>	то _	May	7	19_99
Based on each term or cond. 62-213.300, Florida Admini	istrative Code (F.A	-				<u>-</u> ^	P Rule NO
If NO, complete the following	ng:						
#1. Term or condition of th	e general permit t	hat has not been	n in continuous (complian	ice during th	ne reporting perio	d stated above:
Exact period of non-complia	ance: from _		-		to		
Action(s) taken to achieve c	ompliance:						
Method used to demonstrate	compliance: _						
#2. Term or condition of th	e general permit t	hat has not been	n in continuous	compliar	nce during th	he reporting perio	d stated above:
Exact period of non-complia	ance: from _			t	ο		
Action(s) taken to achieve c	ompliance: _						
Method used to demonstrate	e compliance:						
As the responsible official, a made in this notification are upon rolling averages of pu year for transfer or combine RESPONSIBLE OFFICIA	e true, accurate a rchase receipts, a ation facilities.	nd complete. Floes not exceed	urther, my annu 2,100 gallons p	al consu	mption of people dry-to dry	erchloroethylene y facilities or 1,81	solvent, based
	Nam	e (Please Print)			Signatur	t	Dane

^{*}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

RE-INSPECTION	COMPLAINT/DISCOVERY
FACILITY LOCATION: 14428 N.	199 TIME IN: 8:30 TIME OUT: 10:00 10R CLEANERS DALE MADRY HWY FL 33618
RESPONSIBLE OFFICIAL: ELLIET CONTACT NAME: SAMG	HIBBS PHONE: (813) 264 - 1003 PHONE: SAME
PART I: NOTIFICATION	
(check appropriate box) 1. New facility notified DARM 30 days prior to state 2. Facility failed to notify DARM to use general per	/V / />
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	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)
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	dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr
 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) Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) This is a correct facility classification If no, please check the appropriate classificacily qualified for a general source of the source o	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, $140 \le x \le 2,100$ 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 $12/9/91$) Y $\square N$ \square Can not determine

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN ZNA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN MN/A 2. Examining the containers for leakage? XIY ON 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 beds according to the manufacturer's specifications? DY DN MN/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) MID YMD 1. Equipped all machines with the appropriate vent controls? KOY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the MY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated ďAY □N condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the MY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after ØY □N verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ØY	N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ΩΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΠY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	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?	·Ξ	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□И	• □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	QY	ПИ	□N/A
PA	ART V: RECORDKEEPING REQUIREMENTS			

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?						
2. Maintained rolling monthly averages of perc consumption?						
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or;	אמ צ מם צם					
 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 BANA					
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON DIN/A					
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON \$\frac{1}{2}N/A					
6. Maintained startup/shutdown/malfunction plan?	ØY □N					
7. Maintained deviation reports?	DY DN DAN/A					
Problem corrected?	OY ON W/N/A					
8. Maintained compliance plan, if applicable?	אומלן אם צם					

PA	PART VI: LEAK DETECTION AND REPAIRS							
1.	Does the responsible official conduct a	weekly (for	small sources, l	pi-weekly) leak detection as	nd rep	air		
	inspection?				XΊΥ	ПN		
2.	Has the facility maintained a leak log?				×Υ	ПN		
3.	Does the responsible official check the	following a	reas for leaks?					
	Hose connections, fittings, couplings, and valves	ØY □N	□N/A	Muck cookers	ÞΊΥ	ON ON/A		
	Door gaskets and seating	ØY □N	□N/A	Stills	ŻΊΥ	□N □N/A		
	Filter gaskets and seating	XY ON	□N/A	Exhaust dampers	фY	□N □N/A		
	Pumps	ØAY □N	□N/A	Diverter valves	ÞΥ	□N □N/A		
	Solvent tanks and containers	XY DN	□N/A	Cartridge filter housings	ŽΊΥ	□N □N/A		
	Water separators	MY DN	□N/A					
4.	Which method of detection is used by t	he responsi	ble official?					
	Visual examination (condensed se	olvent on ex	xterior surfaces)		ф			
	Physical detection (airflow felt th	rough gask	ets)		X			
	Odor (noticeable perc odor)				À À			
	Use of direct-reading instrumenta	tion (FID/I	PID/calorimetric	tubes)				
	Halogen leak detector							
	If using direct-reading instr	umentatio	n, is the equipm	ient:	ØN/	'A		
	a. Capable of detecting	perc vapor	concentrations i	n a range of 0-500 ppm?	ΈY	□N .		
	b. Calibrated against a s (PID/FID only)?	standard ga	s prior to and af	ter each use	ΠY	□N		
	c. Inspected for leaks ar	nd obvious s	signs of wear on	a weekly basis?	ΠY	□N		
	d. Kept in a clean and s	ecure area v	when not in use	?	ΩY	□N		
	e. Verified for accuracy	by use of d	uplicate sample:	s (calorimetric only)?	ΠY	□N		
_								
	0 2 6 6 7 1	r)		5/7	19	9		
_	ROGER ZH							
	Inspector's Name (Please Prin	nt)		Date of Inspe	cuon			
	RoserBh			(Ye	FAR			
_	Inchector's Signature			Approximate Date of	Next I	nspection		

					_	
ĖNVIRO	NMENTAL PROT	INSPECTION REP		SBOROLIGH (COUNTY	
FACILITY: The Superi		DOTTOTA COLUMNIA	DOIOIT OF THEEL	PAGE	1 OF 1	
<u> </u>	FACILITY ADDRESS: 14428 N. Dale Mabry Hwy					
	(813) 264-1003					
MAILING ADDRESS:			CITY: Tampa		ZIP: 33618	_
INSPECTION DATE: TIME IN: TIME OUT: INSPECTION May 7, 1999 8:30 10:00 non-C					STATUS:	
May 7, 1999 NEDS NUMBER: 5'	71166	10.00	non-C	D3 [In Complian	
SOURCE DESCRIPTION		<u>Cleaner</u>				
	et Hibbs				•	
		1.				
Today's visit was to o		-			.a	
The machine is well r		-]
Mr. Hibb's record ke						ig total
indicated that he has p	urchased 66.8	gallons of perc	over the last	12 months.		
						·
		•				
	•					
						,
INSPECTED BY:	Roger Zhu	<u>-</u>		DA	TE: May 7, 19	99
INTEGRED DI.	Roger Zilu				uj ,, 1)	

AIRS ID#: 57 1166

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: THE SUPERIOR CLEANERS DATE: 5/3/ FACILITY LOCATION: 14428 N. DALG MADRY HWY TAMPA, FL 33618	00
FACILITY LOCATION: 14428 N. DACE MADRY HWY	
TAMPA FL 33618	
Annual Reporting Period: May 8 19 99 TO May 3 2	000
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule	
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated ab	ove:
Exact period of non-compliance: from	
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 at	bove:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
Medica issue to demonstrate compliance.	
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statem made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, by upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons year for transfer or combination facilities.	ased
RESPONSIBLE OFFICIAL: (CLIOT O. 1718B) (COLIOT O. 1718B)	/ <u>Ø</u> Ø
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.

Page of .

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECK-

COMPLAINT/DISCOVERY

ANNUAL

TYPE OF INSPECTION:

R	E-INSPECTION	ģ	(
FACILITY LOCATION: 1442	SUPERIE	PALE	CLE MA	BRY A		10:00
RESPONSIBLE OFFICIAL:			•		813) 264 - SAME	1003
PART I: NOTIFICATION					·	
(check appropriate box) 1. New facility notified DARM 30 d 2. Facility failed to notify DARM to		_	•		· · · · · · · · · · · · · · · · · · ·	- X
PART II: CLASSIFICATION	* 					
Facility indicated on notification for (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)		dry-to-dr transfer o both type	y only, : only, x < s, x < l	rea source x < 140 gal/yr < 200 gal/yr	e/out of business	/petroleum
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ transfer only, $200 \le x \le 1,800$ gaboth types, $140 \le x \le 1,800$ gal/y (constructed before $12/9/91$)	gal/yr (il/yr : r !	dry-to-dr transfer (both type	y only, only, 20 s, 140 <u>s</u>	rea source $140 \le x \le 2,1$ $0 \le x \le 1,800$ $\le x \le 1,800$ ga or after $12/9/9$	gal/yr il/yr	
5. This is a correct facility classi	fication)	AY	ПΝ	□Can not d	etermine	
	ropriate classifica ualified for a gene xceeds above limi	eral perm				
B. The total quantity of perchloroes facility was 135.6 gallons.	thylene (perc) pur	rchased w	vithin th	e preceding l	2 months by 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 sealed and impervious containers?	MY ON ON/A	
2. Examining the containers for leakage?	MY ON ON/A	
3. Closing and securing machine doors except during loading/unloading?	אם צוא	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON ON/A	
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	MY ON ON/A	
PART IV: PROCESS VENT CONTROLS		
In Part II-A:		
If classification 1 has been checked, no controls are required. Proceed to Part V.		
/ If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).		
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993		
If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).		
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)		
1. Equipped all machines with the appropriate vent controls?	A ZY □N	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	אומם מם צאס	
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	אותם מם צמ	
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	A A □N	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	XY ON ON/A	
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	AST ON	

Deviced 8/11/97

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?	ÞÝ	ND	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	QY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ΩΝ	□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?	UY	UN	□N/A
i	Is the perc concentration equal to or less than 100 ppm?	ΠY	Πи	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΠY	ΠN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	מם	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	XY ON
2. Maintained rolling monthly averages of perc consumption?	AX ON
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?	מאול אם צם
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON MINA
6. Maintained startup/shutdown/malfunction plan?	Ø Y □N
7. Maintained deviation reports?	אוא א מם צם
Problem corrected?	DY DN XNA
8. Maintained compliance plan, if applicable?	DY ON ANA

.

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PART VI: LEAK DETECTION AND REPAIRS				
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?			MY □N	
2. Has the facility maintained a leak log?	• .		ALT ON.	
3. Does the responsible official check the f	ollowing areas for leaks?			
Hose connections, fittings, couplings, and valves	אוחם חם צאָ	Muck cookers	SATA ON ON/V	
Door gaskets and seating	MY ON ON/A	Stills	AY ON ON/A	
Filter gaskets and seating	MY ON ON/A	Exhaust dampers	MY ON ON/A	
Pumps	YY ON ON/A	Diverter valves	AND NO PA	
Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	AND NO PA	
Water separators	MY ON ON/A			
4. Which method of detection is used by the	ne responsible official?			
Visual examination (condensed so	olvent on exterior surfaces)		×	
Physical detection (airflow felt the	rough gaskets)		y a	
Odor (noticeable perc odor)			.₩	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
Halogen leak detector				
If using direct-reading instr	umentation, is the equipm	ient:	XN/A	
a. Capable of detecting	perc vapor concentrations i	n a range of 0-500 ppm?	OY ON	
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and af	ter each use 🦠	OY ON	
c. Inspected for leaks ar	nd obvious signs of wear on	a weekly basis? .	DY DN	
d. Kept in a clean and s	ecure area when not in use	?	OY ON	
e. Verified for accuracy	by use of duplicate sample	s (calorimetric only)?	OY ON	

ROGER ZHU	5/9/00
Inspector's Name (Please Print)	Date of Inspection
Roser Show	1 YEAR
Inspector's Signature	Approximate Date of Next Inspection

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HIL FACILITY: The Superior Cleaners	PAGE CITY: Ta			
ENVIRONMENTAL PROTECTION COMMISSION OF HIL	PAGE CITY: Ta			
FACILITY: The Superior Cleaners	CITY: Ta	1 OF 1		
FACILITY ADDRESS: 14428 N. Dale Mabry Hwy	PHONE:	ampa (813) 264-1003		
MAILING ADDRESS: Same CITY: Tamp				
INSPECTION DATE: TIME IN: TIME OUT: INSPECTION May 9, 2000 9:30 10:50 non-		STATUS: In Compliance		
NEDS NUMBER: 571166				
SOURCE DESCRIPTION: Perc Dry Cleaner				
CONTACT(S): Elliet Hibbs				
did not record any perc usage or keep any purchase receipts. He said he could get the copies of the purchase receipts from the supplier. I told him I'd come back to look those receipts for the amount of perc consumed in the 12 months period. Follow-up on 5/9/00: Today I met with Mr. Hibbs in this facility. He showed me the receipts, which indicated a total of 135.6 gallons of perc purchased in the past 12 months.				

INSPECTED BY: Roger Zhu DATE: May 9, 2000

- -				-1	15
PERCHL	OROETHYLE TITLE V GENEI MPLIANCE INSPEC	NE DRY	CLEANERS	acl	***
TYPE OF INSPECTION:	MITCLANCE INSPEC	. 1	COMPLAINT/DISCO	-	۵
AIRS ID#: 571166 DATE FACILITY NAME: THE FACILITY LOCATION: 144	SUPERIOR	cie	TANERS		0:50
76	MIDA FL	3361	18		
RESPONSIBLE OFFICIAL: EL	LIET HIBB	35	PHONE: (8/3)	264-18 SAME	003
PART I: NOTIFICATION					
(check appropriate box) 1. New facility notified DARM 30 of 2. Facility failed to notify DARM to		•			□ Ø
PART II: CLASSIFICATION					
Facility indicated on notification f (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	□ 2. N dry-t trans both	fer only, $x < types$, $x < 1$	x < 140 gal/yr < 200 gal/yr		oleum
3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 transfer only, 200 ≤ x ≤ 1,800 gal/south types, 140 ≤ x ≤ 1,800 gal/s (constructed before 12/9/91)	gal/yr dry-t al/yr trans yr both	afer only, 20 types, 140	rea source $140 \le x \le 2,100 \text{ gal/y}$ $0 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after 12/9/91)	п т	
☐ facility e	ropriate classification: pualified for a general p exceeds above limits an	permit as nu d is not elig	rible for a general perr	re mit	
B. The total quantity of perchloroe	thylene (nerc) nurchas	ed within th	e preceding 12 month	is by this dry	cleaning

NOT AVAILABLE AT TODAY'S UISIT

facility was ______ gallons.

PART III: GENERAL CONTROL REQUIREMENTS			
Is the responsible official of the dry cleaning facility: (check appropriate boxes)			
	OY ON	, ,	
	NO YO	M N/A	
3. Closing and securing machine doors except during loading/unloading?	NO Y		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON	≱ N/A	
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON	M/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 condenser or a carbon adsorber (complete A and B below). Carbon adsorber must installed prior to September 22, 1993	_		
If classification 4 has been checked, the machine should be equipped with a refrige (complete A and B below).	erated con	denser	
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?	A Y □N		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AA ON	□N/A	
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	RY ON	ON/A	
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ØYY □N	ŗ	
 Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 	MY ON	I □N/A	

В.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	אם עם
2.	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,	
	if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,	\
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser eoils?	OY ON ON/A
6.	Bouted airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	□Y XN
2. Maintained rolling monthly averages of perc consumption?	□Y ⁄a N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or,	OY ON XIN/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON MANA
4. Maintained calibration data? for applicable direct reading instruments)	OY ON MAN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	אוא 🌠 אם צם
6. Maintained startup/shutdown/malfunction plan?	ØYY □N
7. Maintained deviation reports?	DY DN ANA
Problem corrected?	ava x
8. Maintained compliance plan, if applicable?	ANA D YOL

PA	PART VI: LEAK DETECTION AND REPAIRS						
l.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?	A Y	אם				
2.	Has the facility maintained a leak log?	A Y	□N.				
3.	Does the responsible official check the following areas for leaks?						
	Hose connections, fittings, couplings, and valves AY ON ON/A Muck cookers	ΆĮΥ	□N □N/A				
	Door gaskets and seating YY ON ON/A Stills	A Y	ON ON/A				
	Filter gaskets and seating	YY	ON ON/A				
	Pumps Diverter valves	χY	□N □N/A				
	Solvent tanks and containers ' Y UN UN/A Cartridge filter housings	ΪΥ	מאַם אם				
	Water separators ¼ Y □N □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)	æ Æ					
	Odor (noticeable perc odor)	×					
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	Halogen leak detector						
	If using direct-reading instrumentation, is the equipment:	MN	/A				
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	ПY	ΠN				
	 b. Calibrated against a standard gas prior to and after each use (PID/FID only)? 	ΩY	□N				
	c. Inspected for leaks and obvious signs of wear on a weekly basis? .	ΩY	□N				
	d. Kept in a clean and secure area when not in use?	ΠY	. □N				
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	ΠY	. □N				
<u> </u>							

ROBER ZHU	5/3/00
Inspector's Name (Please Print)	Date of Inspection
Roger Bhu	NEXT WK
Inspector's Signature	Approximate Date of Next Inspection

Darrigad 8/11/97

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<u>-</u>		INSPECTION REF	OODT EODM				
ENVIRO		ECTION COMMI		SBOROUGH (COUNT	Y ·	
FACILITY: The Superi	or Cleaners			PAGE	1	OF	1
FACILITY ADDRESS: 14428 N. Dale Mabry Hwy CITY: Tampa							
PHONE: (813) 264-1003							
MAILING ADDRESS:	Same		CITY: Tampa	FLA	ZIP:	33618	
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO			STATU	
May 3, 2000	9:30	10:50	non-C	DS	Ir	Compl	iance ,
NEDS NUMBER: 57	71166						
SOURCE DESCRIPTION	N: Perc Dry	Cleaner					
CONTACT(S): Ellie	et Hibbs						
Today's visit was to on the facility is clean a Mr. Hibb has logged did not record any percontrol purchase receipts from of perc consumed in the	nd the machin his leak inspect usage or keep the the supplier.	e is well maint ctions and temp any purchase I told him I'd o	ained. No lea perature moni receipts. He	toring once said he cou	a wee	k. How	wever, he ies of the
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INSPECTED BY: Roger Zhu DATE: May 3, 2000

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY
TIME IN: 9:00 TIME OUT: 10:00 TYPE OF FACILITY: PEAC DRY CLEANE	
FACILITY LOCATION: 14428 N. DALE MARCHITY LOCATION: 14428 N. DALE MARCHITY LOCATION: 15428 N. DALE	CANCRS DATE: 5/9/00 MABRY HWY
RESPONSIBLE OFFICIAL: EL IET HIBBS	PHONE NUMBER: (813) 264-1003
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluated discrepancies were noted:	ative Code (F.A.C.).
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
. :	
	Burcau & N
· .	THE VE
	Moritoring Sources
· .	
COMMENTS:	
The Annual Compliance Certification form has been properly certification form has been properly certification.	fied and submitted to the inspector. YES NO
INSPECTION CONDUCTED BY:	oproximate) CCR ZHU lease Print)
INSPECTOR'S SIGNATURE: Rosu Br	lease Print) PHONE NUMBER: (8/3) 272-5530

Page of .

Revised 10/96

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X COME	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:30 TIME OUT: 10:	50 AIRS ID#: 57/166
TYPE OF FACILITY: PERC DRY CLEANS	=R
FACILITY NAME: THE SUPERIOR CLE	
FACILITY LOCATION: 144 Z8 N. DALE M.	ABRY HWY
TAMPA, FL 330	
RESPONSIBLE OFFICIAL: ELLIET HIBBS	PHONE NUMBER: (8/3)264-1003
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluadiscrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
PERC PURCHASE RECORDS ARE KEPT	per l'action de la company de
BY THE SUPPLIER, NOT AVAILABLE	FOR PERC USAGE
ON SITE, THE OWNER WILL CALL	-
SUPPLIEN FOR COPIES	
,	
	7 0
	NUC NOT
	Monit Source
	Monito Source
•	es
·	
COMMENTS:	·
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO.
DATE OF NEXT INSPECTION:	EXT WEEK
(Ap	proximate)
ENSTRECTION CONDUCTED DI:	SER ZHU
p . ∞	ease Print) PHONE NUMBER: (8/3) 272-5536
INSPECTOR'S SIGNATURE: Oge / Ohm	PHONE NUMBER: (873) 2/2-5536
Page	of Revised 10/96

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

MAGGA

Revised 10/96

	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:45 TIME OUT: 11:40 TYPE OF FACILITY: PERC DRY CLEANE FACILITY NAME: THE SUPERIOR CLE FACILITY LOCATION: 14428 N. DALE MA TAMPA, FL 3	AIRS ID#: 57/166
TYPE OF FACILITY: PERC DRY CLEANE	R
FACILITY NAME: THE SUPERIOR CL	EANERS DATE: 12/29/00.
FACILITY LOCATION: 14428 N. DALE MA	BRY HWY
TAMPA, FL 3	33618
RESPONSIBLE OFFICIAL: ELLIOT HIBBS	PHONE NUMBER: (8/3) 264 - 1003
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213 300, Florida Administra	
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
BUSINESS SOLD	CONTACT NEW OWNER SUBMIT NOTIFICATION FOR GENERAL PERMI
	NOTIFICATION FOR GENERAL PERMI
	e . C
	69 3
	Cources In Monitoring
	000000000000000000000000000000000000000
	5
	-
•	
COMMENTS:	
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	YEAR
0 0	oproximate)
EIST ECTION CONDUCTED BY:	Icase Print)
	PHONE NUMBER: (813) 272-5530

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL (IN	$(S1, INS2) \square$ COMPLAINT/DISCOVERY(CI) (X) .
RE-INSPECT	TION (FUI)
· 	
AIRS ID#: 571166 DATE: 12/29	7/00 TIME IN: 10:45 TIME OUT: 11:40
FACILITY NAME: THE SUPER FACILITY LOCATION: 14428 N	LIOR CLEANERS
FACILITY LOCATION: 14428 N	DALE MABRY HUY
TAMPA	FL 33618
RESPONSIBLE OFFICIAL: ELLIOT	HIBBS PHONE: (813) 264-1003 PHONE: SAME
CONTACT NAME: SAME	PHONE: SAME
•	
PART I: NOTIFICATION	
(check appropriate box)	Facility Compliance Status: IN
1. New facility notified DARM 30 days prior to s	startup 🕅 (ARMS Data) MNC 🗖
2. Facility failed to notify DARM to use general	permit SNC 🗆
·	·
PART II: CLASSIFICATION	
	· D No notification form
PART II: CLASSIFICATION Facility indicated on notification form that it is (check appropriate box) A.	:: ☐ No notification form ☐ Drop store/out of business/petroleum
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	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
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	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr
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	Drop store/out of business/petroleum 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
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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)	Drop store/out of business/petroleum 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □ Y □ N □ Can not determine
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) 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) 5. This is a correct facility classification If no, please check the appropriate classification are facility qualified for a	Drop store/out of business/petroleum 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □Y □N □Can not determine ification: general permit as number above
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) 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) 5. This is a correct facility classification If no, please check the appropriate classification are facility qualified for a	Drop store/out of business/petroleum 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □ Y □ N □ Can not determine ification:

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?	מוחם אם צם				
2. Examining the containers for leakage?	OY ON DN/A				
3. Closing and securing machine doors except during loading/unloading?	OY OM				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A				
PART IV: PROCESS VENT CONTROLS					
In Part II-A:					
If classification 1 has been checked, no controls are required. Proceed to Part V.	`				
If classification 2 has been checked, the machine should be equipped with a 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 refrig (complete A and B below).	erated 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/bi-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 ON/A				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON				

B. Has the responsible official of an existing large or new large area source also:	7
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	אם צע
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?	DY DN DN/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?	QY QN QN/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?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	OY -ON
2. Maintained rolling monthly total of perc consumption?	DY DN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	
a. documentation of leaks repaired w/iii 24 iiis? or,	DY DN DN/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	
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
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) 	□Y □N □N/A □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? 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? 	□Y □N □N/A □Y □N □N/A □Y □N □N/A

DY DN DN/A

8. Maintained compliance plan, if applicable?

PART V	PART VI: LEAK DETECTION AND REPAIRS						
1. Does	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspe	ection?			OY ON			
2. Has t	the facility maintained a leak log?			DY DW			
3. Does	the responsible official check the	following areas for lea	ks?				
·	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	ארם אם אם אם			
	Door gaskets and seating	□Y □N □N/A	Stills	OY ON ON/A			
	Filter gaskets and seating	QY QN QN/A .	Exhaust dampers	OY ON ON/A			
	Pumps	QY QN QN/A	Diverter valves	□Y □N □N/A			
	Solvent tanks and containers	QY QN QN/A	Cartridge filter housings	OY ON ON/A			
	Water separators	OY ON ON/À					
4. Whice							
··· .							
	Physical detection (airflow felt through gaskets)						
	Odor (noticeable perc odor)						
	Use of direct-reading instrumenta	tion (FID/PID/calorim	etric tubes)				
	Halogen leak detector						
	If using direct-reading instr	umentation, is the equ	aipment:	□N/A			
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?						
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?						
	c. Inspected for leaks an	nd obvious signs of we	ar on a weekly basis?	OY ON			
	d. Kept in a clean and secure area when not in use?			OY ON			
_	e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON			
<u> </u>							

•						
ENVIRO		INSPECTION REI		SBOROUGH (COUNTY	
FACILITY: The Superi	or Cleaners			PAGE	1 O	F 1
FACILITY ADDRESS:	14428 N. Dale	Mabry Hwy		CITY: Tar PHONE: (•	1003
MAILING ADDRESS:	Same		CITY: Tampa		ZIP: 336	
INSPECTION DATE: Dec 29, 2000	TIME IN: 10:45	TIME OUT: 11:40	INSPECTIO non-C			ATUS: ompliance
NEDS NUMBER: 5711	.66			'		
SOURCE DESCRIPTION	N: Perc Dry C	leaner				
CONTACT(S): Elli	ot Hibbs	,				
I have learned that T owner was not there. least 30 days prior to business card for the n	I told an emploeginning oper	oyee that the nation to the De	new owner sho epartment for	ould submi	t a notific	ation form at
						·
			٠			
				•		
INSPECTED BY: Roge	er Zhu			DA	ΓE: Dec	29, 2000

5797	= '	MAIL REC	EIPT Coverage Provided)
0026 4126	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	\$	Postmark · Here
7000 0600	THE SUPERIOR C ELLIOT S HIBBS 14428 N DALE M. TAMPA FL 33618	ABRY HWY	See Reverse for Instructions

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. D. Is a	gnature LS-Publ C delivery address different from item 1?	Agent Addressee Yes	
AIRS ID # 0571166 THE SUPERIOR CLEANER ELLIOT S HIBBS	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X		
14428 N DALE MABRY HWY TAMPA FL 33618	rvice Type Certified Mail	Merchandise	

2 Article Number (Copy nom Service label)
2000 0600 0026 4 26 5797
PS Form 3811, July 1999 Domestic Return Receipt

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 •

Latter late that the late of t

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BUR. OF AIR MONITORING & MOBILE SOURCES

BUPT. OF ENVIRONMENTAL PROTECTION

MAIL STATION 5510

2690 BLAIR STONE ROAD

TALLAHASSEE, FLORIDA 32399-2400

MODILE SOURCES

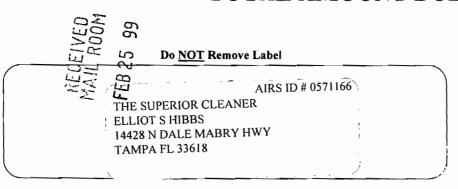
& Mobile Sources

U:S. Postal Service CERTIFIED MAIL RI (Domestic Mail:Only; No Insurar	
550	
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Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Here
Total THE SUPERIOR CLEANER ELLIOT S HIBBS Street, 14428 N DALE MABRY HV TAMPA FL 33618	
PS Form 3800; February 2000 SENDER: COI 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 # 0571166 E SUPERIOR CLEANER HOT S HIBBS 28 N DALE MABRY HWY MPA FL 33618	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
AFA FL 33010	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchan Insured Mail C.O.D.
70000600002641259056 2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) ☐ Yes
	teturn Receipt 102595-99-M-1

This portion must be attached to remittance for proper handling 0.361973

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TOTAL AMOUNT DUE: \$50.00



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Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



414446 FEB25 2002

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TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0571166 THE SUPERIOR CLEANER LATA PATEL 14428 N DALE MABRY HWY

TAMPA FL 33618

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Obj.: 002273

,Z 210 663 184 US Postal Service Receipt for Certified Mail ĀĪRS ID # 0571166 THE SUPERIOR CLEANER **ELLIOT S HIBBS** 14428 N DALE MABRY HWY **TAMPA FL 33618** \$ Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Form 3800, April Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees \$ Postmark or Date

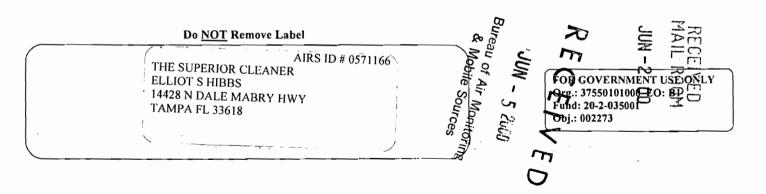
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0571166 THE SUPERIOR CLEANER ELLIOT S HIBBS	A. Received by (Please Print Clearly) C. Signature X
14428 N DALE MABRY HWY 17AMPA FL 33618 Z 210 663 184	3. Service Type Certified Mail
Article Number (Copy from service label)	

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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



P 174 052 655 **US Postal Service Receipt for Certified Mail** No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 0571166 THE SUPERIOR CLEANER **ELLIOT S HIBBS** 14428 N DALE MABRY HWY **TAMPA FL 33618** Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date Form Fold at line over top of envelope to SENDER: so wish to receive the Complete items 1 and/or 2 for additional services ■Complete items 3, 4a, and 4b. following services (for an Print your name and address on the reverse of this form so that we can return this extra fee): ■ Attach this form to the front of the mailpiece, or on the back if space does not Service 1. Addressee's Address permit.

Write "Return Receipt Requested" on the mailpiece below the article number. 2. A Restricted Delivery The Return Receipt will show to whom the article was delivered and the date delivered. Consult postmaster for fee. 3. Article Addressed to: Article Number completed AIRS ID # 0571166 4b. Service Type THE SUPERIOR CLEANER ☐ Registered Certified **ELLIOT S HIBBS** ☐ Express Mail ☐ Insured 14428 N DALE MABRY HWY ☐ Return Receipt for Merchandise ☐ COD TAMPA FL.33618 7. Date of Delivery **Thank** you 8. Addressee's Address (Only il requested 5. Received By: (Print Name) and fee is paid)

Domestic Return Receipt

6. Signature: (Addressee or Agent)

PS Ferm 3811, December 1994

US Postal Service
Receipt for Certified Mail

AIRS ID # 0571166

THE SUPERIOR CLEANER ELLIOT S HIBBS 14428 N DALE MABRY HWY TAMPA FL 33618

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

on the reverse side?	SENDER: Complete items Complete items Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write 'Return Receipt Requested' on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e can return this se does not e number.	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	eipt Service.
N ADDRESS completed on	AIRS ID # 0571166 THE SUPERIOR CLEANER ELLIOT S HIBBS 14428 N DALE MABRY HWY TAMPA FL 33618	4b. Service 1 Registere Express I	Type ed	you for using Return Rec
Is your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X AST PS Form 3811, December 1994	8. Addressee and fee is	o's Address (Only if requested paid) Domestic Return Receipt	Thank y
	1 O FORM OUT 1, December 1994		Domestic Return Receipt	

P 174 052 511

US Postal Service Receipt for Certified Mail

AIRS ID # 0571166

THE SUPERIOR CLEANER ELLIOT S HIBBS 14428 N DALE MABRY HWY TAMPA FL 33618

	Postage	\$
	Certified Fee	
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_	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
Apri	Return Receipt Showing to Whom, Date, & Addressee's Address	
g G	TOTAL Postage & Fees	\$
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SENDER: COMPLI of adolavna to dof 18	Mo Sold at line over
 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
1. Article Addressed to: AIRS ID # 0571166 THE SUPERIOR CLEANER ELLIOT S HIBBS	If YES, enter delivery address below: No
14428 N DALE MABRY HWY TAMPA FL 33618	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
P 174 052 51 2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) ☐ Yes
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789

x sjo PPs 492

US Postal Service

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AIRS ID # 0571166

THE SUPERIOR CLEANER **ELLIOT S HIBBS** 14428 N DALE MABRY HWY **TAMPA FL 33618**

	COLUNEO FOR	
	Special Delivery Fee	
,,	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form 3800 ,	Postmark or Date	
22		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1', 2, and 3. Also complet item 4 if Restricted Delivery is desired. Print your name and address on the rever so that we can return the card to you. Attach this card to the back of the mailpie or on the front if space permits. AIRS ID # 05 THE SUPERIOR CLEANER ELLIOT SHIBBS	c. Signature C. Signature Agent Addressee Is delivery address different from item 1? Yes If YES, enter delivery address below: No
14428 N DALE MABRY HWY TAMPA FL:33618 2. Article Number (Copy from service label)	3. Service Type Certified Mail
Z210 662 485	
PS Form 3811, July 1999 Do	omestic Return Receipt 102595-99-M-1789