

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

March 23, 1998

Mr. Jon A. Turner Fleetwood Cleaners 4343 henderson Boulevard #110 Tampa, Florida 33629

Re: Facility No.: 0571192

Dear Mr. Turner:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 27, 1998.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Thomas Shelton, Hillsborough County

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

	MPLAINT/DISCOVERY RE-INSPECTION RE-INSPECTION
TIME IN: 9:30 TIME OUT: 10:4:	5AIRS ID#: 571192
TYPE OF FACILITY: PERC DRY CLEANE	=R
FACILITY NAME: FLEET WOOD CLEA	NERS DATE: 6/15/98
FACILITY LOCATION: 4343 HENDERSON	BLUD, #110
TAMPA, FL 3362	
RESPONSIBLE OFFICIAL: JON TURNER	PHONE NUMBER: (813)25/-1605
Based on the results of the compliance requirements evaluation 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
RECORDED THE TEMP AND LEAK INSPECTION ON A MONTHLY BASIS	RE-INSPIECT IN GO DAYS
	P
	Bures OK
	A 3 1998 Nobile Sources
	anitoring description
<u> </u>	
COMMENTS:	
The Annual Compliance Certification form has been properly certific	ed and submitted to the inspector. YES NO NO
	DAYS
(Appr	roximate)
	GER ZHU
(Plea	PHONE NUMBER: (813) 272 - 5530
INSPECTOR'S SIGNATURE:	PHONE NUMBER:

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

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TYPE OF INSPECTION:	ANNUAL	×	COMPLAINT/DISC	COVERY &
-	RE-INSPECTION			COVERY OF SUIT NOTIFIED TO SEE
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AIRS ID#: 571192 FACILITY NAME: FACILITY LOCATION: _	_ DATE: 6/15/9	78 TIME I	N: 9=30 TIN	ие оит: 10 : 4 \$
FACILITY NAME:	FLEETWOOD	CLEA.	NERS	
FACILITY LOCATION:	4343 HEND	PERSON	BLVD	# 110
	TAMPA, FI	L 3362	-9	
RESPONSIBLE OFFICIAL	L: JON TUR,	NER	PHONE: (813)	251-1605
CONTACT NAME:			PHONE:	
PART I: NOTIFICATION				•
(check appropriate box)				-
1. New facility notified DAR	M 30 days prior to startu	ıp A		
2. Facility failed to notify DA	ARM to use general perm	vit /\	1/A	
PART II: CLASSIFICATI	ON			
Facility indicated on notific			□ No notification fo	orm
Facility indicated on notific (check appropriate box)			□ No notification fo	
Facility indicated on notific	ation form that it is:	2. New small a	☐ Drop store/out of	
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g	ation form that it is: ource	dry-to-dry only,	☐ Drop store/out of rea source x < 140 gal/yr	business/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gala	ation form that it is: ource	dry-to-dry only, transfer only, x	□ Drop store/out of rea source x < 140 gal/yr < 200 gal/yr	business/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g	ation form that it is: ource	dry-to-dry only, transfer only, x both types, $x < 1$	□ Drop store/out of rea source x < 140 gal/yr < 200 gal/yr	business/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9	purce 2 (al/yr 6 (b)) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	dry-to-dry only, transfer only, x both types, $x < 1$ (constructed on	Drop store/out of rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	business/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 galve both types, x < 140 gal/yr	ation form that it is: ource	dry-to-dry only, transfer only, x both types, $x < 1$ (constructed on 4. New large a	Drop store/out of rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	business/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1	ation form that it is: ource	dry-to-dry only, a transfer only, x both types, x < 1 (constructed on 4. New large a dry-to-dry only, transfer only, 20	Drop store/out of rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 40 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$	business/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,80	ation form that it is: Durce	dry-to-dry only, x transfer only, x both types, x < 1 (constructed on dry-to-dry only, transfer only, 20 both types, 140	Drop store/out of rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 40 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	business/petroleum
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PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON MINA			
2. Examining the containers for leakage?	OY ON TONIA			
3. Closing and securing machine doors except during loading/unloading?	ΣΩY □N			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON ON/A			
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON PAN/A			
PART IV: PROCESS VENT CONTROLS				
In Part II-A:				
If classification 1 has been checked, no controls are required. Proceed to Part V	<i>,</i> .			
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?	AY ON			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DAY ON ON/A			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY DN B(N/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY MAN			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON WINA			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	AY ON			

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?	χίΥ	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY		UN/A
	Is the temperature differential equal to or greater than 20° F?	ΔY	ПΝ	□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,			□N/A
	if machines are equipped with a carbon adsorber?			
	Is the perc concentration equal to or less than 100 ppm?	ЦY	ЦΝ	□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	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ИП	□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?	MO N□			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN MONA			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	מימוע אם צם			
4. Maintained calibration data? (for applicable direct reading instruments)				
5. Maintained exhaust duct monitoring data on perc concentrations?				
6. Maintained startup/shutdown/malfunction plan?				
7. Maintained deviation reports?				
Problem corrected?				
8. Maintained compliance plan, if applicable?	DY DN PN/A			

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection a	and repair			
inspection?	DY DAN			
2. Has the facility maintained a leak log?	MO AND			
3. Does the responsible official check the following areas for leaks?				
Hose connections, fittings, couplings, and valves	DY ON ON/A			
couplings, and valves Door gaskets and seating Thy DN DN/A Stills Filter gaskets and seating Thy DN DN/A Exhaust dampers	ØY ON ON/A			
Filter gaskets and seating 💲 🔘 🗆 🗆 🗀 N/A Exhaust dampers	DY ON ON/A			
Pumps Q QY N N/A Diverter valves Solvent tanks and containers QY N N/A Cartridge filter housings	A/NO NO YES			
Solvent tanks and containers $\mathcal{Q} \vee \mathcal{Q} \vee $	S DY ON ON/A			
Water separators ♥️ ÞY □N □N/A				
4. Which method of detection is used by the responsible official?				
Visual examination (condensed solvent on exterior surfaces)	pai ·			
Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor)				
Odor (noticeable perc odor)				
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
Halogen leak detector				
If using direct-reading instrumentation, is the equipment:				
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? UY UN				
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				
c. Inspected for leaks and obvious signs of wear on a weekly basis?				
d. Kept in a clean and secure area when not in use?				
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	OY ON			

Inspector's Name (Please Print)

Date of Inspection

COPYS

Inspector's Signature

Approximate Date of Next Inspection

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY FACILITY: Fleetwood Cleaners **PAGE** OF FACILITY ADDRESS: 4343 Henderson Blvd CITY: Tampa Suite 101 PHONE: (813) 251-1065 ZIP: 33629 CITY: Tampa FLA MAILING ADDRESS: Same INSPECTION TYPE: STATUS: INSPECTION DATE: TIME IN: TIME OUT: 9:30 10:45 non-CDS Minor June 15, 1998 Out Compliance 571192 NEDS NUMBER: SOURCE DESCRIPTION: Perc Dry Cleaner CONTACT(S): Jon Turner

Today's visit was to conduct the annual inspection.

There is a new machine (Union L-55, S/N 38-N5-867) in this facility. The perc usage was 404 gallons in the last 12 months according to the purchase receipts.

The machine was in operation today. No leaks or odors were noticed.

Mr. Turner who is the responsible official had recorded the temperature and leak inspection monthly instead of weekly required by rule. After I interpreted the record keeping requirement to him, he said his temperature log and leak log will be perfect on my next visit in 60 days.

RECENTED THE SOurces Bureau Monitor Sources

DICDECTED DV.	Dogge 7h.	DATE	: June 15, 1998
INSPECTED BY:	Roger Zhu	DAID	. Juic 13, 1990
	•		

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	FLEETWOOD CLEANERS / JON G. TURKER
2.	
	FRECT WOOD - CLEANORS
3.	Hazardous Waste Generator Identification Number:
	Facility Location: Street Address: 4343 Harters on Blut # 110
	City: County: Zip Code: TAMPA Hile Barough 33629 Facility Identification Number (DEP Use):
	1 AMPA HIC Barough 33629
25	Facility Identification Number (DEP Ose):
	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
	Responsible Official
6.	Name and Title of Responsible Official:
	Responsible Official Mailing Address: Organization/Firm: F4 ectrico d Ccarrer S Street Address: 4343 Hondors on Blub #110
7.	Responsible Official Mailing Address: Organization Firm: BLEGTHOOD CLASHED S
	Street Address: 4343 Hondorson Blub H110
	City: TAMPA County: 1-11/9 Moderate Zip Code: 33629
8.	Responsible Official Telephone Number:
	Telephone: (813) 251 - 1605 Fax: (813) 251 1605
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
,	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

RECEIVED

FEB 2 7 1998

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Bureau of Air Monitoring & Mobile Sources

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source Carbon adsorber Refrigerated condenser
New small area source Refrigerated condenser []
New large area source Refrigerated condenser
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site
•
•
Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring (d) Carbon adsorber exhaust perc concentration monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration
(f) Start-up, shutdown, malfunction plan
1) STOPICAK
3) CAII EPA 813-2725530
3) CALL EPA 810-01-27

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Surrender of Existing Air Permit(s)

Please indica	tte 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)
ίχ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
l will pro	emptly notify the Department of any changes to the information contained in this notification.
Q.	n Leen
Signature	Date

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 Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit									
(1) w/ ref. condenser		31-000	15						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls			· · · · · · · · · · · · · · · · · · ·						
(b) Control devices are (c) No control devices 2.(a) What was the total q [442	are re quanti gallo	equired to be ity of perchlo ins ow many? [_	installed [perc)	 _] purchased in				
3. What is the facility's son (Indicate with an "X". S Existing small are Existing large are	Selec ea so	t one classifi	cation only.) Ne	w sn	nitions found nall area sour	ce []		Part II?	
Existing large are	.u 301		146	44 1GH	5c area sould	~ 🗘	1		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

: [
add date control levice installed
Should not be marked Marbout
Should not be marked. Marbout and initial.
Existing large area source C.A.
Existing large area source C.A. should not be marked. Marbout and initial.
and initial
Responsible Official signand
Responsible Official signand DATE for changes.
8 Spoke to Jon Turner. Control
device install date is some as purchase
8 Spoke to Jon Turner. Control device installdate is some as purchase date.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

	PLAINT/DISCOVERY RE-INSPECTION X
TIME IN: 8-45 TIME OUT: 10-1 TYPE OF FACILITY: PERC DRY CLEANE FACILITY NAME: FLEETWOOD CLEAN FACILITY LOCATION: 4343 HENDERSON TAMPA, FL 33629	5 AIRS ID#: 571192
TYPE OF FACILITY: PERC DRY CLEANE	-R
FACILITY NAME: FLEETWOOD CLEA.	NERS DATE: 8/20/98
FACILITY LOCATION: 4343 HENDERSON	BLVD # 110
TAMPA, FL 33629	7
RESPONSIBLE OFFICIAL: JON TURNER	PHONE NUMBER: (813) 251-1605
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
· · · · · · · · · · · · · · · · · · ·	_
	
-	
·	
COMMENTS:	RECEIVED
	KLCEIVED
	SEP 1 7 1998
The Annual Compliance Certification form has been properly certifi	ed and submitted to the inspector. Bureau of Air Monitoring Mobile Source NO W
DATE OF NEXT INSPECTION:	YEAR_
(Арр	oroximate) SER ZHU
	ese Print) PHONE NUMBER: (813) 272 - 5530
NOTECTUR'S SIGNATURE:	FRUNE NUMBER:
Page	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINT/DISC	OVERY \square
	RE-INSPECTION	4 4		
	14 11.01 201101			
	9/20/0		0:15	10- =
AIRS 10#: 57/192				E OUT: 10215
FACILITY NAME:	FLEETWOOD	CLEA	NERS	
FACILITY LOCATION:	1217 11-11	75/260	01117 #	11.0
FACILITY LOCATION:			1300, 4	
	TAMPA, F	L 336	29	
				251-1605
RESPONSIBLE OFFICIA	$\mathbf{L} : \frac{\mathbf{L} \cdot \mathbf{L} \cdot \mathbf{L}}{\mathbf{L}}$	10,0010	PHONE:	
RESPONSIBLE OFFICIAL CONTACT NAME:	SAME		PHONE:	AME
PART I: NOTIFICATION	N			
(check appropriate box)				
New facility notified DA	RM 30 days prior to starti	цр		
2. Facility failed to notify D	ARM to use general perm	- nit		
PART II: CLASSIFICAT	ION			
Facility indicated on notifi			☐ No notification for	
Facility indicated on notific (check appropriate box)			☐ No notification for ☐ Drop store/out of b	
Facility indicated on notific (check appropriate box) A.	cation form that it is:	2. Now small o	Drop store/out of b	ousiness/petroleum
Facility indicated on notifice (check appropriate box) A. 1. Existing small areas	cation form that it is:	2. New small a	Drop store/out of t	
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140	cation form that it is:	dry-to-dry only,	Drop store/out of brea source x < 140 gal/yr	ousiness/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small areas dry-to-dry only, x < 140 transfer only, x < 200 ga	cation form that it is: source	,	Drop store/out of trea source x < 140 gal/yr < 200 gal/yr	ousiness/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140	cation form that it is: source	dry-to-dry only, transfer only, x both types, $x < 1$	Drop store/out of trea source x < 140 gal/yr < 200 gal/yr	ousiness/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 transfer only, x < 200 gas both types, x < 140 gal/y (constructed before 12/9/	cation form that it is: source	dry-to-dry only, transfer only, x soth types, x < 1 (constructed on	Drop store/out of trea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	ousiness/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small areas dry-to-dry only, x < 140 transfer only, x < 200 gate both types, x < 140 gal/y (constructed before 12/9/3). 3. Existing large areas	cation form that it is: source	dry-to-dry only, transfer only, x south types, x < 1 (constructed on 4. New large a	Drop store/out of the rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source	ousiness/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small areas dry-to-dry only, x < 140 transfer only, x < 200 gas both types, x < 140 gal/y (constructed before 12/9/ 3. Existing large areas dry-to-dry only, 140 ≤ x	cation form that it is: source	dry-to-dry only, transfer only, x south types, x < 1 (constructed on 4. New large a dry-to-dry only,	Drop store/out of the rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr	ousiness/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area of the dry-to-dry only, x < 140 transfer only, x < 200 gas both types, x < 140 gally (constructed before 12/9/13). 3. Existing large area of transfer only, 140 ≤ x of transfer only, 200 ≤ x ≤ 140 sally transfer only, 200 sally transfer only, 2	cation form that it is: source gal/yr (91) ource ≤ 2,100 gal/yr 1,800 gal/yr to	dry-to-dry only, transfer only, x sooth types, x < 1 (constructed on dry-to-dry only, transfer only, 20	Prop store/out of the real source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 140 \text{ gal/yr}$ or after $= 12/9/91$) real source $= 140 \le x \le 2,100 \text{ gal/yr}$ $= 140 \le x \le 1,800 \text{ gal/yr}$	ousiness/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 transfer only, x < 200 gas both types, x < 140 gal/y (constructed before 12/9/ 3. Existing large area so dry-to-dry only, 140 ≤ x = 140 for the second	cation form that it is: source gal/yr (gal/yr triple) ource 2,100 gal/yr (gal/yr triple) 1,800 gal/yr (gal/yr triple)	dry-to-dry only, transfer only, x transfer only, x tooth types, x < 1 (constructed on dry-to-dry only, transfer only, 20 to th types, 140 county	Drop store/out of the rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr	ousiness/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area is dry-to-dry only, x < 140 transfer only, x < 200 gas both types, x < 140 gal/y (constructed before 12/9/2) 3. Existing large area is dry-to-dry only, 140 \le x transfer only, 200 \le x \le both types, 140 \le x \le 1,8	cation form that it is: Source gal/yr yr tr 91) Source 2,100 gal/yr 1,800 gal/yr 00 gal/yr 91)	dry-to-dry only, transfer only, x transfer only, x tooth types, x < 1 (constructed on dry-to-dry only, transfer only, 20 to th types, 140 county	Prop store/out of the rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 200 \text{ gal/yr}$ or after $= 12/9/91$) From the source $= 140 \le x \le 2,100 \text{ gal/yr}$ $= 0 \le x \le 1,800 \text{ gal/yr}$ $= 0 \le x \le 1,800 \text{ gal/yr}$ $= 0 \le x \le 1,800 \text{ gal/yr}$	ousiness/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area is dry-to-dry only, x < 140 transfer only, x < 200 gas both types, x < 140 gal/y (constructed before 12/9/2) 3. Existing large area is dry-to-dry only, 140 ≤ x transfer only, 200 ≤ x ≤ 2 both types, 140 ≤ x ≤ 1,8 (constructed before 12/9/2) 5. This is a correct facility	cation form that it is: source gal/yr (a) l/yr (b) r (b) source (c) ≤ 2,100 gal/yr (c) 1,800 gal/yr (c) 1,800 gal/yr (c) y classification (c)	dry-to-dry only, transfer only, x sooth types, x < 1 (constructed on 4. New large a dry-to-dry only, transfer only, 20 to th types, 140 (constructed on	Prop store/out of the rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 200 \text{ gal/yr}$ or after $12/9/91$) Prea source $= 140 \le x \le 2,100 \text{ gal/yr}$ $= 200 \le x \le 1,800 \text{ gal/yr}$ $= 200 \le x \le 1,800 \text{ gal/yr}$ or after $= 12/9/91$)	ousiness/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area is dry-to-dry only, x < 140 transfer only, x < 200 gas both types, x < 140 gal/y (constructed before 12/9/2) 3. Existing large area is dry-to-dry only, 140 ≤ x transfer only, 200 ≤ x ≤ 150 both types, 140 ≤ x ≤ 1,8 (constructed before 12/9/2) 5. This is a correct facility of the constructed before 12/9/2.	cation form that it is: source gal/yr yr r 91) ource 4 2,100 gal/yr 1,800 gal/yr 00 gal/yr yy classification the appropriate classification	dry-to-dry only, transfer only, x both types, x < 1 (constructed on 4. New large a dry-to-dry only, transfer only, 20 to th types, 140 (constructed on 2)	Prop store/out of the real source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 200 \text{ gal/yr}$ or after $= 12/9/91$) Frea source $= 140 \le x \le 2,100 \text{ gal/yr}$ $= 0 \le x \le 1,800 \text{ gal/yr}$ or after $= 12/9/91$) Can not determine	ousiness/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area is dry-to-dry only, x < 140 transfer only, x < 200 gas both types, x < 140 gal/y (constructed before 12/9/2) 3. Existing large area is dry-to-dry only, 140 \le x transfer only, 200 \le x \le both types, 140 \le x \le 1,8 (constructed before 12/9/2) 5. This is a correct facility of the second of	cation form that it is: source gal/yr (a) l/yr (b) r (b) source (c) ≤ 2,100 gal/yr (c) 1,800 gal/yr (c) 1,800 gal/yr (c) y classification (c)	dry-to-dry only, transfer only, x transfer only, x tooth types, x < 1 (constructed on 4. New large a dry-to-dry only, transfer only, 20 to th types, 140 (constructed on 2)	Drop store/out of brea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $10 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) Can not determine mber above	ousiness/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area is dry-to-dry only, x < 140 transfer only, x < 200 gas both types, x < 140 gal/y (constructed before 12/9/2) 3. Existing large area is dry-to-dry only, 140 ≤ x transfer only, 200 ≤ x ≤ both types, 140 ≤ x ≤ 1,8 (constructed before 12/9/2) 5. This is a correct facility of the property of the proper	cation form that it is: Source gal/yr l/yr r 91) ource < 2,100 gal/yr 1,800 gal/yr 00 gal/yr y classification the appropriate classification the appropriate classification cility qualified for a generalicility exceeds above limits	dry-to-dry only, transfer only, x south types, x < 1 (constructed on d. New large a dry-to-dry only, transfer only, 20 to th types, 140 (constructed on d. New large and is not eligible).	rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr 00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91) □ Can not determine mber above ible for a general permi	ousiness/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area is dry-to-dry only, x < 140 transfer only, x < 200 gas both types, x < 140 gal/y (constructed before 12/9/2) 3. Existing large area is dry-to-dry only, 140 ≤ x transfer only, 200 ≤ x ≤ both types, 140 ≤ x ≤ 1,8 (constructed before 12/9/2) 5. This is a correct facility of the second	cation form that it is: Source gal/yr l/yr r 91) ource ≤ 2,100 gal/yr 1,800 gal/yr 00 gal/yr y classification the appropriate classificate cility qualified for a general cility exceeds above limits chloroethylene (perc) pure	dry-to-dry only, transfer only, x south types, x < 1 (constructed on 4. New large a dry-to-dry only, transfer only, 20 to th types, 140 (constructed on 14)	rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr 00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91) □ Can not determine mber above ible for a general permi	ousiness/petroleum

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY ON ON/A
2. Examining the containers for leakage?	DY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	DY DN
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	□Y □N □N/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V.	
If classification 2 has been checked, the machine should be equipped with a refrig (complete A below).	gerated condenser
. If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber mus 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).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	NO YO
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

В	. Has the responsible official of an existing large or new large area source also:	-	7	-
1	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	Δy	์ ผ	
2.	Measured and recorded the washer exhaust temperature at the condensor inlet and outlet weekly?	ΠY	□и	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	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?	\Box Y	ДЙ	□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?	ЦY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
	condenser coils?	ЦY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПΥ	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	OY ON			
2. Maintained rolling monthly averages of perc consumption?	OY ON			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	□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)	OY ON ON/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	□Y □N □N/A			
6. Maintained startup/shutdown/malfunction plan?	ŌХ ПИ			
7. Maintained deviation reports?	□Y □N □N/A			
Problem corrected?	□Y □N □N/A			
8. Maintained compliance plan, if applicable?	OY ON ON/A			

P.	ART VI: LEAK DETECTION AND	REPAIRS		
1.	Does the responsible official conduct	a weekly (for small so	ources, bi-weekly) leak detection a	ınd repair
	inspection?			\Box Y \Box N
2.	Has the facility maintained a leak log	?		מם עם
3.	Does the responsible official check th	e following areas for	caks?	
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	OY ON ON/A
	couplings, and varves			di di diva
	Door gaskets and seating	OY ON ON/A	Stills	OY ON ON/A
	Filter gaskets and seating	□Y □N □N/A	Exhaust dampers	OY ON ON/A
	Pumps	OY ON ON/A	Diverter valves	OY ON ON/A
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	OY ON ON/A
	Water separators	OY ON ON/A		
4.	Which method of detection is used by	the responsible offici	al?	
	Visual examination (condensed	solvent on exterior su	rfaces)	
	Physical detection (airflow felt t	hrough gaskets)		
	Odor (noticeable perc odor)			
	Use of direct-reading instrumen	tation (FID/PID/calor	imetric tubes)	
	Halogen leak detector			0
	If using direct-reading inst	rumentation, is the	equipment:	□N/A
	a. Capable of detecting	perc vapor concentra	tions in a range of 0-500 ppm?	OY ON
	b. Calibrated against a	standard gas prior to	and after each use	
	(PID/FID only)?			OY ON
	c. Inspected for leaks a			OY ON .
	d. Kept in a clean and			OY ON
	e. Verified for accuracy	y by use of duplicate s	amples (calorimetric only)?	OY ON
	<u>/</u>			
			21-	100
	LOGER ZH	J	8/20	198
_	Inspector's Name (Please Pr		Date of Inspe	ection
	part /h	m	1 YE	AR
_	Inspector's Signature		Approximate Date of I	Next Inspection

			SBOROUGH	COUNTY		
FACILITY: Fleetwood Cleaners PAGE 1 OF 1						
4343 Henders	on Blvd		CITY: Ta	ampa		
Suite 101			PHONE:	(813) 251-1065		
Same	(CITY: Tampa	FLA	ZIP: 33629		
TIME IN:	TIME OUT:	INSPECTIO	N TYPE:	STATUS:		
9:30	10:45	non-C	DS	Minor		
				Out Compliance		
71192						
N: Perc Dry	Cleaner					
Turner						
Today's visit was to conduct the annual inspection. There is a new machine (Union L-55, S/N 38-N5-867) in this facility. The perc usage was 404 gallons in the last 12 months according to the purchase receipts.						
•				re and leak inspection		
-			-	<u>-</u>		
-	-	-				
i i	Cleaners 4343 Henderse Suite 101 Same TIME IN: 9:30 71192 ON: Perc Dry of Turner conduct the annuine (Union Lenonths according peration today) the responsible ekly required by	Cleaners 4343 Henderson Blvd Suite 101 Same TIME IN: TIME OUT: 10:45 71192 ON: Perc Dry Cleaner Turner conduct the annual inspection ine (Union L-55, S/N 38-N5) months according to the purch operation today. No leaks or othe responsible official had ekly required by rule. After	Cleaners 4343 Henderson Blvd Suite 101 Same CITY: Tampa TIME IN: TIME OUT: INSPECTIO 9:30 10:45 non-C. 71192 ON: Perc Dry Cleaner Turner conduct the annual inspection. ine (Union L-55, S/N 38-N5-867) in this nonths according to the purchase receipts. operation today. No leaks or odors were no he responsible official had recorded the ekly required by rule. After I interpreted to	Cleaners PAGE 4343 Henderson Blvd CITY: Ta Suite 101 PHONE: Same CITY: Tampa FLA TIME IN: TIME OUT: INSPECTION TYPE: non-CDS 71192 ON: Perc Dry Cleaner Turner conduct the annual inspection. ine (Union L-55, S/N 38-N5-867) in this facility. Tampa In this facility In this facility. Tampa In this facility In thi		

Follow-up on 8/20/98: Mr. Turner has done a excellent job on improving his record keeping since my last visit in June. The temperature measurement and leak inspection have been logged

June 15, 1998

DATE:

clearly on every Friday.

INSPECTED BY:

Roger Zhu

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL Y	COMPLAINT/DISC	OVERY	RE-INSPECTION
TIME IN: 9-30 TIME OUT:	11:30	AIRS ID#:	571192
TYPE OF FACILITY: PERC DRY C	LEANCIL		
TYPE OF FACILITY: PERC DRY C FACILITY NAME: FLEET WOOD FACILITY LOCATION: 4343 HENDER	CLEANERS	<u> </u>	_DATE: 7/29/99
FACILITY LOCATION: 4343 HENDER	250N BLVD	# 11	<u> </u>
TAMPA, PL			
RESPONSIBLE OFFICIAL: JON TUR	NEAL P	HONE NUMBER:	(813) 251-1605
Based on the results of the compliance requirer compliance with DEP Rule 62-213.300, Florida		<u> </u>	cility is found to be in
Based on the results of the compliance requirer discrepancies were noted:	nents evaluated during this	s inspection, the fol	lowing compliance
COMPLIANCE REQUIREMENT/PROI	BLEM FOLL	LOW-UP ACTI	ON REQUIRED
		R E	
·		UG 10	
		Nonitoring Nonitoring	0
COMMENTS:		·	
The Annual Compliance Certification form has been pr	operly certified and submit	tted to the inspecto	r. YES NO
DATE OF NEXT INSPECTION:	(Approximate)		
INSPECTION CONDUCTED BY:	ROGER	ZHU	
INSPECTOR'S SIGNATURE: Rose	(Please Print)	HONE NUMBER	(8/3)272-5530
	Page of .		Revised 10/96

fac	
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AIRS ID#:	5	119	2
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Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	FLEETW	1000 C	LEANE	RS		DATE:	7/29/99
FACILITY NAME:	4343	HENDER	150N	BLVO,	#110		
PACIBITI EGGATION.	TAMPA	, FL	336:	<u> </u>			
		<u>, </u>	_				
Annual Reporting Period: _	Aug	20	19_9	28 to _	July a	29	1997
Based on each term or cond	lition of the Title	V general air pe	ermit, my faci	lity has remai	ned in complian	ce with DEI	Rule
62-213.300, Florida Admin	istrative Code (F	.A.C.), during th	ne period cove	ered by this sta	atement. Y Y	ES	□NO
If NO, complete the following	ng:						
#1. Term or condition of th	ne general permit	that has not bee	n in continuo	us compliance	e during the repo	orting period	stated above:
Exact period of non-complia	ance: from			to)		
Action(s) taken to achieve of	compliance:						
Method used to demonstrate	e compliance:		_				
#2. Term or condition of th	ne general permit	that has not bee	en in continuo	ous complianc	e during the repo	orting period	d stated above:
Exact period of non-complia	ance: from			to_	·		
Action(s) taken to achieve of	compliance:	_					
Method used to demonstrate	e compliance:				_		
As the responsible official, made in this notification ar upon rolling averages of pu year for transfer or combine RESPONSIBLE OFFICIA	e true, accurate of true, accurate of true, accurate of true, action facilities.	and complete. F does not exceed	Further, my a	nnual consum	ption of perchlo	roethylene s	olvent, based

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	/\$ 1 □	COMPLAINT/DISCO	VERY
AIRS 10#: 57119 Z				OUT: _//-0-0
FACILITY NAME:	PLEETWOOD	ae	ANERS	
FACILITY LOCATION: _	4343 HEND	ERSON	BLVD, #	110
	TAMPA, F	=L 336	529	
RESPONSIBLE OFFICIA	L. SON TU	RNER	PHONE: (813) 2	251-1605
RESPONSIBLE OFFICIAL CONTACT NAME:	SAMG		PHONE: 54	fm E
PART I: NOTIFICATION				
(check appropriate box)	<u>-</u>		•	
New facility notified DAI	RM 30 days prior to startu	D	11/1	
2. Facility failed to notify D			NA	
PART II: CLASSIFICAT	ION		<u>.</u>	
Facility indicated on notific (check appropriate box)	cation form that it is:		☐ No notification form☐ Drop store/out of be	
A.				
1. Existing small area s dry-to-dry only, x < 140 transfer only, x < 200 ga both types, x < 140 gal/y (constructed before 12/9/	gal/yr d. l/yr tr r b	. New small as ry-to-dry only, ransfer only, x < 1 to types, x < 1 to types, x < 1 to types.	x < 140 gal/yr < 200 gal/yr	
1. Existing small area s dry-to-dry only, x < 140 transfer only, x < 200 ga both types, x < 140 gal/y	gal/yr d. l/yr tr r b. 91) (0 ource □ 4 ≤ 2,100 gal/yr d. 1,800 gal/yr tr 00 gal/yr b	ry-to-dry only, x on types, x < 1 constructed on constructed only, ansfer only, 20 oth types, 140 constructed only, 20 oth types, 20	x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	_
 Existing small area s dry-to-dry only, x < 140 transfer only, x < 200 ga both types, x < 140 gal/y (constructed before 12/9/ Existing large area s dry-to-dry only, 140 ≤ x transfer only, 200 ≤ x ≤ both types, 140 ≤ x ≤ 1,8 	gal/yr d. l/yr tr r b. (91) (0 cource □ 4 ≤ 2,100 gal/yr d. 1,800 gal/yr tr 1,00 gal/yr b. (91) (0	ry-to-dry only, x on types, x < 1 constructed on constructed only, ansfer only, 20 oth types, 140 constructed only, 20 oth types, 20	x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91) rea source $140 \le x \le 2,100$ gal/yr $0 \le x \le 1,800$ gal/yr $\le x \le 1,800$ gal/yr	□ Æ
1. Existing small area s dry-to-dry only, x < 140 transfer only, x < 200 ga both types, x < 140 gal/y (constructed before 12/9/ 3. Existing large area s dry-to-dry only, 140 ≤ x transfer only, 200 ≤ x ≤ both types, 140 ≤ x ≤ 1,8 (constructed before 12/9/ 5. This is a correct facility of the property of the propert	gal/yr d. l/yr tr r b. (91) (0 cource □ 4 ≤ 2,100 gal/yr d. 1,800 gal/yr tr 1,00 gal/yr b. (91) (0	ry-to-dry only, ransfer only, x < oth types, x < 1 constructed on	$x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) \square Can not determine mber above	A

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

2 18

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	⊠ (Y	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condensor inlet and outlet weekly?	ΟY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΟY		-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?	ΩY	□N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	□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?	ΟÝ	ַחא	□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?	ΠY	□и	□N/Å
_				

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
Maintained receipts for perc purchased?	ØY □N				
2. Maintained rolling monthly averages of perc consumption?	MX DN				
3. Maintained leak detection inspection and repair reports for the following:	Í				
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON DXN/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?	באר אל אם אם אם				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ØN/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN MANA				
6. Maintained startup/shutdown/malfunction plan?					
7. Maintained deviation reports?	OY ON DONA				
Problem corrected?	A/NÆ NO YO				
8. Maintained compliance plan, if applicable?	DY DN MANA				

PART VI: LEAK DETECTION AND REPAIRS							
1. Does the responsible official conduct a	weekly (for	small sources, b	oi-weekly) leak detection ar	nd repair			
inspection?				MO N⊠			
2. Has the facility maintained a leak log?	•			1 □N			
3. Does the responsible official check the	following a	reas for leaks?					
Hose connections, fittings, couplings, and valves	MO AK	□N/A	Muck cookers	ØY □N □N/A			
Door gaskets and seating	ØY □N	□N/A	Stills	AAA ON ON/Y			
Filter gaskets and seating	ÀYY □N	□N/A	Exhaust dampers	DAY ON ON/A			
Pumps	M□ KM	□N/A	Diverter valves	ØY □N □N/A			
Solvent tanks and containers	ÃA □N	□N/A	Cartridge filter housings	XY ON ON/A			
Water separators	AA ON	□N/A					
4. Which method of detection is used by	the responsib	ole official?		•			
Visual examination (condensed s	solvent on ex	nerior surfaces)		Þ			
Physical detection (airflow felt the	⊠						
Odor (noticeable perc odor)	À						
Use of direct-reading instrument	ation (FID/P	ID/calorimetric	tubes)				
Halogen leak detector							
If using direct-reading inst	∭N/A						
a. Capable of detecting	DY DN						
b. Calibrated against a (PID/FID only)?	OY ON						
c. Inspected for leaks a	c. Inspected for leaks and obvious signs of wear on a weekly basis?						
d. Kept in a clean and	OY ON						
e. Verified for accuracy	OY ON						
	•						
ROGER ZH	ROGER ZHU 7/29/99						
Inspector's Name (Please Pr	int)		Date of Inspe	ection			
Rozen	hu	_	1 4	EAR			
Inspector's Signature			Approximate Date of	Next Inspection			

	DICRECTION DE	DODT FORM			
ENVIRONMENTAL I	INSPECTION RE PROTECTION COMM		SBOROUGH (COUNTY	
FACILITY: Fleetwood Cleaners			PAGE	1 OF 1	
FACILITY ADDRESS: 4343 Hen	derson Blvd	•	CITY: Tampa		
Suite 101			PHONE: (813) 251-1065		
MAILING ADDRESS: Same		CITY: Tampa		ZIP: 33629	
INSPECTION DATE: TIME IN		INSPECTIO		STATUS:	
July 29, 1999 9:30	11:00	non-C	DS _	In Compliance	
NEDS NUMBER: 571192					
SOURCE DESCRIPTION: Perc	Dry Cleaner				
CONTACT(S): Jon Turner					
Today's visit was to conduct the	annual inspection	ı.			
Mr. Turner's recordkeeping is	-	rc usage was 3	77 gallons	for the last 12 months	
according to the purchase receipt					
The machine was in operation d	uring my visit. N	o leaks or odor	s were noti	ced.	
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	•				
INSPECTED BY: Roger	Zhu		DA	TE: July 29, 1999	
				,	

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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X	COMPLAINT/DISCOVERY RE-INSPECTION !
TIME IN: 9:30TIME OUT: 10	245 AIRS ID#: 571192
TYPE OF FACILITY: PERC DRY CLER	NER
FACILITY NAME: FLEET WOOD CL	EANERS DATE: 6/15/98
FACILITY LOCATION: 4343 HENDERSE	ON BLUD, # 110
TAMPA, FL 33	
RESPONSIBLE OFFICIAL: JON TURNER	PHONE NUMBER: (813) 251 - 1605
RESI ONSIDEE OF TENE	
Based on the results of the compliance requirements compliance with DEP Rule 62-213.300, Florida Adn	s evaluated during this inspection, the facility is found to be in ministrative Code (F.A.C.).
Based on the results of the compliance requirements discrepancies were noted:	evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	M FOLLOW-UP ACTION REQUIRED
NECORDED THE TEMP. AND LEAK INSPECTION ON A MONTHLY BASIS	RE-INSPECT IN GO DAYS
·	
	P
	OF O
	Source Source Con the Control of the
	Ces TOTHING
OMMENTS:	
·	
	· · · · · · · · · · · · · · · · · · ·
ne Annual Compliance Certification form has been properly	certified and submitted to the inspector. YES NO
ATE OF NEXT INSPECTION:	60 DAYS
	(Approximate)
SPECTION CONDUCTED BY:	ROGER ZHU
•	(Please Print)
SPECTOR'S SIGNATURE: CLUY M	PHONE NUMBER: (813) 272 - 5530
,	1 1
Page_	Revised 10/90

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	, 2 5(C(OMPLAINT/DISCOVERY	
	RE-INSPECTION			
	•			
AIRS ID#: 571192	DATE: 6/15/9	78 TIME IN:	9=30 TIME OUT:	10:45
FACILITY NAME:	LEETWOOD	CLEAN	ERS	
FACILITY NAME:)
1	TAMPA, FI			
RESPONSIBLE OFFICIAL :	JON TUR,	NER PI	HONE: (813) 251-	1605
CONTACT NAME:		PI	HONE:	
PART I: NOTIFICATION				
(check appropriate box)				
New facility notified DARM	30 days prior to startu	JD A.	<i>f</i>	a l
2. Facility failed to notify DAR		· / /		
DADTH. OF ACCIDIOATION	7			
PART II: CLASSIFICATION				
Facility indicated on notificati (check appropriate box)			No notification form Drop store/out of business/p	etroleum
Facility indicated on notificati	ree		Drop store/out of business/p source 140 gal/yr 00 gal/yr gal/yr	etroleum
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	ree	2. New small area dry-to-dry only, x < 2 transfer only, x < 140 to types, x < 140 (constructed on or a 4. New large area	Drop store/out of business/p source 140 gal/yr 00 gal/yr gal/yr after 12/9/91) source 0 \le x \le 2,100 gal/yr \le 1,800 gal/yr \le 1,800 gal/yr	etroleum
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 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal/yr	ree	2. New small area dry-to-dry only, x < 2 transfer only, x < 140 (constructed on or a dry-to-dry only, 140 transfer only, 200 south types, 140 s x (constructed on or a dry-to-dry only, 140 s x (constructed on or a dry-to-dry only, 140 s x (constructed on or a dry-to-dry only, 140 s x (constructed on or a dry-to-dry only, 140 s x (constructed on or a dry-to-dry-dry-dry-dry-dry-dry-dry-dry-dry-dry	Drop store/out of business/p source 140 gal/yr 00 gal/yr gal/yr after 12/9/91) source 0 \le x \le 2,100 gal/yr \le 1,800 gal/yr \le 1,800 gal/yr	etroleum
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 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of fa	ce	2. New small area dry-to-dry only, x < 2 transfer only, x < 2 to the types, x < 140 (constructed on or a dry-to-dry only, 140 transfer only, 200 to the types, 140 < x (constructed on or a dry-to-dry only, 140 in the transfer only, 200 to the types, 140 < x (constructed on or a dry-to-dry only, 140 in the transfer only, 200 in the types, 140 in the transfer only, 200 in the types, 140 in the transfer only, 200 in the types, 140 in the transfer only, 200 in the types, 140 in th	Drop store/out of business/p source 140 gal/yr 00 gal/yr gal/yr after 12/9/91) source 0 \leq x \leq 2,100 gal/yr \leq 1,800 gal/yr \leq 1,800 gal/yr after 12/9/91) Can not determine	etroleum

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN MN/A 2. Examining the containers for leakage? ØY □N 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ONA least 24 hours prior to disposal? Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN \$N/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) MD YM 1. Equipped all machines with the appropriate vent controls? AYNO NO YAZ 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DYNA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY XIN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after MO YE 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?	χίχ	ΩΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY		ÚN/A
	Is the temperature differential equal to or greater than 20° F?	ΔY	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	\Box Y	ПИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПИ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion, and downstream from no other inlet?	ΟY	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser costs?	ΩY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	QΥ	ΩΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	ØY □N				
2. Maintained rolling monthly averages of perc consumption?	XIY □N				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN MAN/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 ANA				
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN BİN/A				
5. Maintained exhaust duct monitoring data on perc concentrations?					
6. Maintained startup/shutdowr/malfunction plan?					
7. Maintained deviation reports?					
Problem corrected?	□У □И ФРИА				
8. Maintained compliance plan, if applicable?	□Y □N ØN/A				

PART VI:	LEAK I	DETECTION	AND	REPAIRS
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inspection? 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves Door gaskets and seating Filter gaskets and seating Filter gaskets and seating Filter gaskets and seating Filter gaskets and containers Water separators Water separators 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)
3. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves Door gaskets and seating Filter gaskets and seating Filter gaskets and seating Pumps Solvent tanks and containers Wy DN DN/A Exhaust dampers Diverter valves Diverter valves Cartridge filter housings Wy DN DN/A 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)
Hose connections, fittings, couplings, and valves Door gaskets and seating Filter gaskets and containers Filter gaskets and seating Filter
Couplings, and valves Door gaskets and seating Filter gaskets and seating Pumps Solvent tanks and containers Water separators Water separators 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)
Pumps Pumps Solvent tanks and containers Water separators 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)
Pumps Pumps Solvent tanks and containers Water separators 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)
Water separators BY ON ON/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)
Water separators BY ON ON/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)
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)
Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor)
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:
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)?
c. Inspected for leaks and obvious signs of wear on a weekly basis?
d. Kept in a clean and secure area when not in use?
e. Verified for accuracy by use of duplicate samples (calorimetric only)?

ROGER ZHU	6/15/98
Inspector's Name (Please Print)	Date of Inspection
Deix Blu	60 DAYS
Inspector's Signature	Approximate Date of Next Inspection

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INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY								
FACILITY: Fleetwood Cleaners PAGE 1 OF 1								
FACILITY ADDRESS: 4343 Henderson Blvd Suite 101 CITY: Tampa PHONE: (813) 251-1065								
MAILING ADDRESS:	Same		CITY: Tampa		FLA	ZIP: 33629		
INSPECTION DATE: TIME IN: TIME OUT: INSPECTION TYPE: STATUS: June 15, 1998 9:30 10:45 non-CDS Minor Out Compliance NEDS NUMBER: 571192								
SOURCE DESCRIPTION: Perc Dry Cleaner								
CONTACT(S): Jon Turner								
Today's visit was to conduct the annual inspection. There is a new machine (Union L-55, S/N 38-N5-867) in this facility. The perc usage was 404 gallons in the last 12 months according to the purchase receipts. The machine was in operation today. No leaks or odors were noticed. Mr. Turner who is the responsible official had recorded the temperature and leak inspection								

Mr. Turner who is the responsible official had recorded the temperature and leak inspection monthly instead of weekly required by rule. After I interpreted the record keeping requirement to him, he said his temperature log and leak log will be perfect on my next visit in 60 days.

INSPECTED BY: Roger Zhu DATE: June 15, 1998 ---

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

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TYPE.	OF	INSPE	CTION:

ANNUAL

X D

COMPLAINT/DISCOVERY

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RE-INSPECTION

AIRS ID#: 0571192 DATE: 7-13-00 TIME IN: 0130 AM TIME OUT: 9:30 AM				
FACILITY NAME: Fleet wood C	leaver 9			
FACILITY LOCATION: 4343 Hende	rson Blud.			
Tampa, F-1				
RESPONSIBLE OFFICIAL: JON TU	rner PHONE: (813) 251-1605			
CONTACT NAME:	t(PHONE: / (
PART I: NOTIFICATION				
(check appropriate box)				
New facility notified DARM 30 days prior to sta	rtup ///			
2. Facility failed to notify DARM to use general pe	· /\/ ///f			
PART II: CLASSIFICATION				
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum			
1. Existing small area source dry-to-dry only, x < 140 gal/yr. transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)			
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)			
5. This is a correct facility classification	ÄY □N □Can not determine			
If no, please check the appropriate classif	eneral permit as number $A \cdot A$ above			
	mits and is not eligible for a general permit			

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?

2. Examining the containers for leakage?

3. Closing and securing machine doors except during loading/unloading?

4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?

5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

NO YE

DY ON ON/A

7

DY ON ON/A

DY ON

DY ON ON/A

DY DN

В.	Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?		1
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ØY ON	I DN/A
	Is the temperature differential equal to or greater than 20° F?	OY ON	I DAN/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?		I DINIA
H	Is the perc concentration equal to or less than 100 ppm?	OY O	VŅŒ 1
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?	נם צם	A DIN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ם צם	A LOUIÀ
6.	. Routed airflow to the carbon adsorber (if used) at all times?	ום צם	N DAVA

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	אם אם			
2. Maintained rolling monthly averages 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,	DY ON ON/A			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אומם מם עש. אומם אם אומ			
4. Maintained calibration data? (for applicable direct reading instruments)	A/NO NG YE			
5. Maintained exhaust duct monitoring data on perc concentrations?	DN DEN/A			
6. Maintained startup/shutdown/malfunction plan?	DAY DM			
7. Maintained deviation reports?	רא מם אם אם אם A			
Problem corrected?	עם אם אואַ			
8. Maintained compliance plan, if applicable?	OY ON PANIA			

PART VI: LEAK DETECTION AND REPAIRS

_				
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair			
	inspection?			er on
2.	Has the facility maintained a leak log	?		DY BY
3.	Does the responsible official check the	following areas for leaks?		·
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON ON/A
	Door gaskets and seating	MY ON ON/A	Stills	DY ON ON/A
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	DY ON ON/A
	Pumps	DY ON ON/A	Diverter valves	DY ON ON/A
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A
	Water separators	DY ON ON/A	·	
4.	Which method of detection is used by	•	/ .	
	Visual examination (condensed	œ j		
	Physical detection (airflow felt	122		
	Odor (noticeable perc odor)			
	Use of direct-reading instrumer			
	Halogen leak detector	□ .		
	If using direct-reading ins	□N/A		
ļ	a. Capable of detectin	OY ON		
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			
1	c. Inspected for leaks	אם צם		
	d. Kept in a clean and	ray on		
	e. Verified for accura	DY DN		
1		•		

Mohammad NoZari	7-13-00
Inspector's Name (Please Print)	Date of Inspection
•	
MINOZOU	(year
Inspector's Signature	Approximate Date of Next Inspection

ENIVIDONMEN		INSPECTION RE		TRADOLICII	COLDITY
FACILITY: Fleetwood Clean		ECTION COMMI	ISSION OF HILLS	PAGE	
FACILITY ADDRESS: 4343		n Rlvd		CITY: Tai	
Thomas Thomas Til	Henderson	I DIVU.			(813)251-1605
MAILING ADDRESS: Same			CITY: Tampa	FLA	. ,
	ME IN:	TIME OUT:	INSPECTIO	N TYPE:	STATUS:
3 333 323	:30 AM	9:30 AM	Annu	al	In Compliance
NEDS NUMBER: 571192					
SOURCE DESCRIPTION: Pe	erchloroeth	nylene (Perc) I	Dry Cleaner		
CONTACT(S): Jon Turner				-	
The purpose of the visit was		-		_	
1. The record keeping of the	•			organized.	
2. The gauge temperature reading was recorded weekly.					
•	3. The vicinity around the dry cleaning machine was very clean and well maintained.				
4. The Perc was loaded directly with a hookup connection. No container of perc was at the site.					
5. The monthly averages for perc consumption was recorded correctly and the total for past 12 months was 225 gallons and it was verified.					
_	6. The machines were in operation today. No leaks or odors were noticed.				
7. The waste from the dry cleaning machine was properly store in the tied lid containers to be disposed in accordance with regulations.					

INSPECTED BY:

Mohammad Nozari

DATE:

July 12, 2000

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 🄀	COMPLAIN	T/DISCOVERY	RE-INSPEC	пои 🗌
TIME IN: 8:30 AM TYPE OF FACILITY: Percent	TIME OUT:	9:30 An	AIRS ID#: 1	20571192 V	
FACILITY NAME: Flee	t wood Cle	uners	Chora En	DATE: 7-2	9-00
FACILITY LOCATION: 43		18100	Urc. Mo.		\
RESPONSIBLE OFFICIAL:	JON TURN	er	PHONE NUMBE	ER: (813) 25 1-1	1605
Based on the results of the compliance with DEP Ru				facility is found to be	e in
Based on the results of the discrepancies were noted		nts evaluated du	ring this inspection, the	e following compliance	æ
COMPLIANCE REQU	IREMENT/PROBI	EM	FOLLOW-UP AC	TION REQUIR	ED
				· -	
	· · · · · · · · · · · · · · · · · · ·	.		-	
					
					•
COMMENTS:					f
The Annual Compliance Certific	ation form has been pro-	perly certified an	d submitted to the incre	ector. YES	NO
DATE OF NEXT INSPECTION		1 Yeur	somman in me meb	wwi. IESM	140[]
DATE OF REAL INSPECTION		(Approxin	nate)		
INSPECTION CONDUCTED BY: M. NOZGM (Please Print)					
Dican coope cicy amine	11.102001	(I lease I	•		-5530

Page of .

Revised 10/96

	l	
	AIRS ID#:	0571192
v	-	

Revised	10/10/96
	,

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Fleet wood clean	ers		DATE: 7-13-00
FACILITY LOCATION: 4343 Henderson	Blud. #110		
Tampa, Fl 330			
	·		· .
Annual Reporting Period: July 29	19 <u>99</u>	10 3 mly 1	3 2000
Based on each term or condition of the Title V general a	ir permit, my facility	has remained in compliance	with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), durin	ng the period covered	by this statement. YE	s 🗆 NO
If NO, complete the following:			
#1. Term or condition of the general permit that has not	been in continuous o	compliance during the repor	ting 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	t been in continuous	compliance during the repor	ting 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: 100			
RESPONSIBLE OFFICIAL: Name (Please F		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.



0357535

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 # 0571192

. FLEETWOOD CLEANERS

, JON G TURNER

4343 HENDERSON BLVD #110

TAMPA FL 33629

FOR GOVERNMENT USE CONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

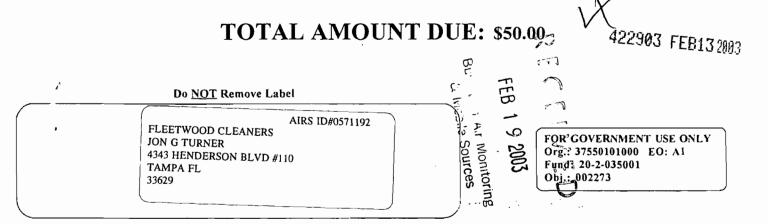
P 174 052 513 US Postal Service Receipt for Certified Mail AIRS ID # 0571192 FLEETWOOD CLEANERS JON G TURNER 4343 HENDERSON BLVD #110 **TAMPA FL 33629** Postage \$ Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees \$ Postmark or Date

	- And " There works the grant !-	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DEL	IVERY
 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: 	A. Received by (Please Print Clearly) C. Signature D. Is delivery address different from iter If YES, enter delivery address below	
AIRS ID # 0571192 FLEETWOOD CLEANERS JON G TURNER 4343 HENDERSON BLVD #110 TAMPA FL 33629	3. Service Type Certified Mail	····
P 174 052 573 2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee)	☐ Yes
PS Form 3811, July 1999 Domestic Ret	um Receipt	102595-99-M-1789



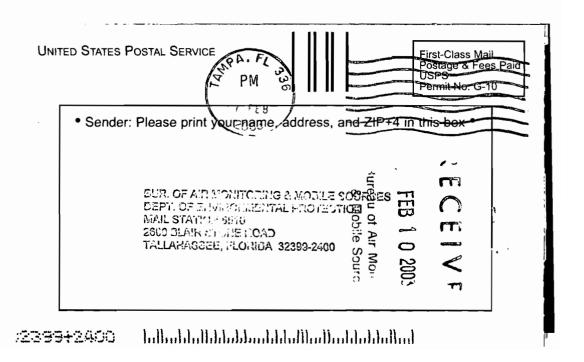
THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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



U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Qnly; No Insurance Coverage Provided) 76 7027 Postage Certified Fee Return Receipt Fee (Endorsement Required) 000 Restricted Delivery Fee (Endorsement Required) AIRS ID#0571192 **Total Pc** 20 FLEETWOOD CLEANERS Sent To 0 JON G TURNER ſŪ 4343 HENDERSON BLVD #110 Street, Ap 000 TAMPA FL 33629 City, State See Reverse for Instructions PS Form 3800, May 2000 TO THE RIGHT OF RETURN ADDRESS. PLACE STICKER AT TOP OF ENVELOPE **JETE THIS SECTION ON DELIVERY** A. Received by (Please Print Clearly) B. Date of Delivery ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse C. Signature so that we can return the card to you. □ Agent Attach this card to the back of the mailpiece, □ Addressee □ or on the front if space permits. D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery addites the 1 Article Addressed to: □ No AIRS ID#0571192 FLEETWOOD CLEANERS JON G TURNER 4343 HENDERSON BLVD #110 TAMPA FL 3. Service Type LExpress Mail 33629 Certified Mail □ Registered Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 2 Article Number (Copy from service label)

BEST AVAILABLE COPY



; ; ;	U.S. Postal Service CERTIFIED MAIL RECE (Domestic Mail Only; No In	EIPT surance Coverage Provided)	
, .	ר	· · · · · · · · · · · · · · · · · · ·	
SSBBGV NBN. BdOJBANB BO d SENDEN COMPLETE Complete items item 4 if Restrict Print your name so that we can re	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Pos 10 AIRS ID # 05 Recipien JON G TURNER FLEETWOOD CL Street, Api 4343 HENDERSO TAMPA FL 33629 TAMPA FL 33629 TOTAL POS TO	See Reverse for Instructions COMPLETE THIS SECTION ON DELIVE	Date of Delivery Care 1 Agent Addressee Yes
10 AIRS ID # 05		If YES, enter delivery address below:	□ No
JON G TURNER	EANEDS		
FLEETWOOD CL 4343 HENDERSO		3. Sepvice Type	
TAMPA FL 33629		Certified Mail	t for Merchandise
10000520	0002093721329	4. Restricted Delivery? (Extra Fee)	☐ Yes
Article Number (Transfer from servi	•		į.
PS Form 3811, Ma	arch 2001 Domestic Ret	urn Receipt	102595-01-M-1424



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413689 JAN31 2002

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 # 0571192 FLEETWOOD CLEANERS JON G TURNER 4343 HENDERSON BLVD #110 TAMPA FL 33629

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

Jon G. Turner DBA Fleetwood Cleaners 4343 Henderson Blvd. Tampa, FL 33629



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

This portion must be attached to remittance for proper handling 404002

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

Do NOT Remove Label

FLEETWOOD CLEANERS JON G TURNER 4343 HENDERSON BLVD #110 **TAMPA FL 33629**

TOTAL AMOUNT DUE: \$50.00

© Mobile Sources

AIRS ID # 0571192

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BLVD #110 501 F () FOR GOVERNMENT USE ONLY Ofg.: 37550101000 EO: AI TOTAL AMOUNT DUE: \$50.00

TOTAL AMOUNT DUE: \$50.00

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AIRS ID# 0571192

FLEETWOOD CLEANERS
JON G TURNER
4343 HENDERSON BLVD #110
TAMPA FL 33629

TOTAL AMOUNT DUE: \$50.00

FOR GOVERNMENT USE ONLY
OUR 37580101000 EO: B1
Fund: 20-27935001
Obj.: 002273

TAMPA ST 375852

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0391894

Please include your AIRS 1D# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0571192

FLEETWOOD CLEANERS JON G TURNER 4343 HENDERSON BLVD #110 TAMPA FL 33629

FOR GOVERNMENT USE ON CO CORD.: 37550101000 EO: Fund: 20-2-035001
Obj.: 002273