

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

July 7, 1998

Ms. Marcia Ann Bartell Touch of Class Dry Cleaners 6402 U.S. Highway 41 North Apollo Beach, Florida 33572

Re: Facility No.: 0571202

Dear Ms. Bartell:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 16, 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,

er Dotty Diltz, Chief

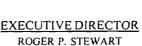
Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Thomas Shelton, Hillsborough County

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

COMMISSION
PAT FRANK
CHRIS HART
JIM NORMAN
JAN PLATT
THOMAS SCOTT
RONDA STORMS
BEN WACKSMAN





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

February 9, 2000

Ms. Dottie Diltz
Chief, Bureau of Air Monitoring and Mobile Sources
Florida Department of Environmental Protection
Twin Towers Building
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Re: Inspections conducted January 2000

Dear Ms. Diltz:

Enclosed are the inspection reports for the facilities that the Environmental Protection Commission of Hillsborough County conducted in January, 2000. EPC staff inspected 18 possible and known NESHAP sources.

Seventeen (17) inspection reports are enclosed for the permitted (15) dry cleaners and (1) halogenated solvent degreaser. Annual Compliance Certifications are being addressed during our annual inspections and any completed forms are included. All ARMS entries for permitted (16) facilities have been made. Based on our inspections, the following corrections need to be made to your data base:

AIRS ID# 0571202, Touch of Class Dry Cleaners, at 6402 N. US Hwy 41, Apollo Beach, changed its ownership. The facility's name remains the same. The new owner, Mr. Randy Blanton, was instructed to submit the notification form to FDEP when it was visited on 1/14/00.

AIRS ID# 0571141, \$1.49 Dry Cleaners, at 2425 S. Dale Mabry Hwy, Tampa, sold the business to South Dale Cleaners. The new owner, Mr. Julio Moran, was instructed to submit the notification form to FDEP when it was visited on 1/19/00.

AIRS ID# 0571117, George Michel's Cleaners, at 5303 E. Fowler Ave, Tampa, is out of business. The facility was vacant when it was visited on 1/4/00.

If you have any questions, please call me at (813)-272-5530.

Sincerely,

Leroy Shelton,

Environmental Manager,

Air Toxics and Air Monitoring Department





# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

July 7, 1998

Ms. Marcia Ann Bartell Touch of Class Dry Vleaners 6402 U.S. Highway 41 North Apollo Beach, Florida 33572

Re: Facility No.: 0571202

Dear Ms. Bartell:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 16, 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.

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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,

Le 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"

# AMENDED Perchloroethylene Dry Cleaning Facility Notification

### Facility Name and Location

	·					
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
	Apollo Beach Cleaners, Inc.					
2.	Site Name (For example, plant name or number):					
•	Touch of Class Dry Cleaners					
3.	Hazardous Waste Generator Identification Number:					
	FLD 982109837-16130					
4.	The state of the s					
	Street Address: 6402 U.S. Highway 41 North City: Apollo Beach County Hillsborough Zip Code: 33572					
5.	Facility Identification Number (DEP Use):					
	057/202					
	Responsible Official					
6.	Name and Title of Responsible Official:					
i	Marcia Ann Bartell, operator					

6.	Name and Title of Responsible Official:
1	Marcia Ann Bartell, operator
7.	Responsible Official Mailing Address:
	Organization/Firm: Touch of Class Dry Cleaners Street Address: 6402 U.S. Highway 41 North
	Street Address: 6402 U.S. Highway 47 North
	City: Apollo Beach County: Hillsborough Zip Code: 33572
8.	Responsible Official Telephone Number:
	Telephone: (813) 645-7997 Fax: (813) 645-5933
l	=47 1771

### Facility Contact (If different from Responsible Official)

9.	Name and Title of Facility Cont	act (For example, plant	manager):				
	same as responsib	le official					
10.	0. Facility Contact Address:						
	Street Address: City:	County:		Zip Code:			
11.	Facility Contact Telephone Num Telephone: ( ) -		Fax: ( )	-			

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ţ	
	Spoke to Debrah P. Chambers, Paralegal
	for Couch of Class Dry Clearers, and she stated that Mories Ann Bartel is the overall operations monager for Couch of Class Dry Cleaners. The Cleaners Inc. to be the Kesfonsible Official of Couch of Class Dry Cleaners
	stated that Maris ann Bartell is
ı	the overall operations monager
-	for Touch of Class Dry Cleaners. The
	less been authorised by Apollo Beach
!	Cleaners Inc. to be the Kestonsello
	Official of Couch of Class Drillenes
7/2/98	Stake to Moria and Bartelland she stated that she is the operating manager for Touch of Class Dry Cleaner
	she stated that she is the operating
	manager for Touch of Class Dry Cleaner
:	
:	
<del>-</del>	

### **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		lnitially	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-9.
Dry-to-Dry Unit									
		Suprema	<u>1982 pi</u>	irc	hased	·	_		1
(1) w/ ref. condenser		1989	install	ŧα			<u> </u>		
(2) w/ carbon adsorber				-					
(3) w/ no controls		<u> </u>							<u> </u>
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									
(c) No control devices	(b) Control devices are required, but not yet installed []  (c) No control devices are required to be installed []								
2.(a) What was the total q							mon	ths?	
(b) If less than 12 month Check why it is less					] New store:	Did ı	not k	eep records:	
					-				
-									
<ol><li>What is the facility's sou (Indicate with an "X". S</li></ol>				defi	nitions found	in section (3	) of I	Part II?	
Existing small are		_ ~ ~ ~		w sm	all area sour	ce			
Existing large are	a sou	rce [XXX]	ρ Ne	w lar	ge area sourc	:e			
,			-						

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<ol> <li>What control technology is required on machines (Indicate with an "X".)</li> </ol>	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber  New small area source Refrigerated condenser  New large area source Refrigerated condenser	Refrigerated condenser $\begin{bmatrix} xx \\ y \end{bmatrix}$ on existing machine installed by Cleaner Equipment
to Rule 62-213.300, F.A.C. Verify that all steam an 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 atural gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	[XXX] ~W
, ,	and Recordkeeping Information in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	[xx]
(b) Leak detection inspection and repair	[ <u>xx</u> ]
(c) Refrigerated condenser temperature monitoring	. [xx]
(d) Carbon adsorber exhaust perc concentration mon	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[xx]

- UtharidOnanu

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### Surrender of Existing Air Permit(s)

		Control of Emerica
Ple	ease 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)
	Mb)	No air permits currently exist for the operation of the facility indicated in this notification form.
		Responsible Official Certification
	this notifica statements maintain th	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 see air pollutant emissions units and air pollution control equipment described above so as to hall terms and conditions of this general permit as set forth in Part II of this notification form.
:	I will prom	ptly notify the Department of any changes to the information contained in this notification.
	Mar	cia Jun Bartell 6/25/98/
	Marc	in an Bartell UN198
	Signature ]	Marcia Bartell Date

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### Perchloroethylene Dry Cleaning Facility Notification

### Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Apollo Beach Cleaners, Inc.
2.	Site Name (For example, plant name or number):
ļ	Touch of Class Dry Cleaners \$\mathscr{C}_2\$.
	ng nga nga nga nga nga nga nga nga nga n
3.	Henrydow Ware Comment Identification Number
٠.	Hazardous Waste Generator Identification Number:
	FID 000400000 1/400
	FLD 982109837-16130
	<u> </u>
4.	Facility Location: Apollo Beach Plaza
	Street Address: 6402 U.S. Highway 41 North City: Apollo Beach County Hillsborough Zip Code: 33572
	Cinc. A 33 D 1 Country 33 1 7in Code: 00.750
	City: Apollo Beach County Hillsborough Zip Code: 33572
5.	Facility Identification Number (DEP Use):
**************************************	
+	

### Responsible Official

6.	Name and Title of Responsible Official:  Marcia Ann Bartell, operator
7.	Responsible Official Mailing Address: Organization/Firm: Touch of Class Dry Cleaners Street Address: 6402 U.S. Highway 41 North City: Apollo Beach County: Hillsborough Zip Code: 33572
8.	Responsible Official Telephone Number: Telephone: (813) 645-7997  Fax: (813) 645-5933

### Facility Contact (If different from Responsible Official)

9.	Name and Title of Facility Contact (For example, plant manager):						
	same as	responsible	official				
10.	). Facility Contact Address:						
	Street Address:		_		<b></b>		
	City:		County:		Zip Code:		

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### **Facility Information**

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

		Date	Date		Date	Date		Date	Date
	ł	Machine	Control	1	Machine	Control		Machine	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-9
Dry-to-Dry Unit		Suprema	1982 ni	ıral	hasod				
(1) w/ ref. condenser			nstalle		laseu				
(2) w/ carbon adsorber									
(3) w/ no controls		İ	<u> </u>						
Washer Unit									
(4) w/ ref. condenser		]							
(5) w/ carbon adsorber	-								
(6) w/ no controls						l			
Dryer Unit					· .				
(7) w/ ref. condenser									
(8) w/ carbon adsorber						Ì			
(9) w/ no controls						1			
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									_
(12) w/ no controls									
<ul> <li>(b) Control devices are required, but not yet installed []</li> <li>(c) No control devices are required to be installed []</li> <li>2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [ 426.6] gallons July 1996 - June 1997</li> <li>(b) If less than 12 months, how many? [ months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []</li> </ul>									
(Indicate with an "X". S	What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)								
Existing small are	a sol	nce [XX]	146	w sm	all area sour	ce []			
Existing large are	a sou	rce []	Ne	w lar	ge area sourc	:e []			

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4. What control technology is required on machine (Indicate with an "X".)	s pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber  New small area source Refrigerated condenser  New large area source Refrigerated condenser  []	Refrigerated condenser $[xx]$ on existing machine installed by Cleaners Equipment
to Rule 62-213.300, F.A.C. Verify that all steam an 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 natural gas except for periods of natural gas curtailment
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	[ <u>xx</u> ]
(b) Leak detection inspection and repair	[xx]
(c) Refrigerated condenser temperature monitoring	[xx]
(d) Carbon adsorber exhaust perc concentration mon	itoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[xx]

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

### Surrender of Existing Air Permit(s)

لــا	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in faction. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	emptly notify the Department of any changes to the information contained in this notification.
Mas	Cai Ann Bartell  Marcia Bartell  Date

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

# MICHAEL L. PETERSON, P.A.

### Attorney At Law

REPLY TO 218 Apollo Beach Boulevard Apollo Beach, Florida 33572 (813) 645-0966 Fax (813) 641-9296

June 25, 1998

Mr. Rick Butler
General Permits Section
Bureau of Air Monitoring and
Mobile Sources, MS5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

S CINB

REPLY TO 🗌

1635 N. Tampa Street

Tampa, Florida 33602 (813) 221-1141

ax (813) 223-6908

Re:

Amended Title V Notification for Apollo Beach Cleaners, Inc., d/b/a/ Touch of Class Dry Cleaners, Apollo Beach, Hillsborough County, Florida

Dear Mr. Butler:

Pursuant to our discussion on June 18<sup>th</sup> regarding changes to the above referenced Notification application, attached please find our revised notification. Ms. Bartell has made the necessary changes, has initialed each, and has re-executed her signature in the appropriate box.

Should additional documentation or information be required, please do not hesitate to contact me at your convenience.

Sincerely,

Deborah P. Chambers,

Paralegal/Administrative Assistant

Leading the state of the state

dpc/01 \litigation\dc0672598.abcleaners

attachment

CC: Marcia Bartell

# MICHAEL L. PETERSON, P.A.

### Attorney At Law

REPLY TO L 218 Apollo Beach Boulevard Apollo Beach, Florida 33572 (813) 645-0966 Fax (813) 641-9296

June 12, 1998

REPLY TO 

1635 N. Tampa Street
Tampa, Florida 33602
(813) 221-1141
Fax (813) 223-6908

General Permits Section
Bureau of Air Monitoring and
Mobile Sources, MS5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Re: Title V Notification for Apollo Beach Cleaners, Inc., d/b/a/ Touch of Class Dry Cleaners, Apollo Beach, Hillsborough County, Florida

To Whom It May Concern:

Enclosed please find the executed original Perchloroethylene Dry Cleaning Facility Notification application as required under Title V air general permit for processing by your office. Should you require additional information or documentation, please contact this office immediately.

Thank you for your attention to this matter.

Deborah P. Chambers,

Sincerely,

Paralegal/Administrative Assistant

dpc/02 \litigation\dc061298.abcleaners

Attachment

VIA CERTIFIED MAIL

·: · · · ·

CC: Kay Strother, EPC Air Division, Tampa Leroy Sheldon, EPC Air Division, Tampa Vernon Wagner, Esquire; EPC Tampa

### MICHAEL L. PETERSON

### ATTORNEY AT LAW

218 Apollo Beach Boulevard Apollo Beach, Florida 33572



Mr. Rick Butler General Permits Section Bureau of Air Monitoring and Mobile Sources, MS5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Florida 32399-2400

32399%2400



### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT	/DISCOVERY 🗅
AIRS ID#: <u>57/202</u> FACILITY NAME: <u>TRUE</u> FACILITY LOCATION: <u>6</u>	ul of Closs	My Clear	
RESPONSIBLE OFFICIAL :		el FL 335 phone (81) phone:	
PART I: NOTIFICATION		R	B K
(check appropriate box)  1. New facility notified DARM  2. Facility failed to notify DAR	X		To the Soll of the
PART II: CLASSIFICATION	ī	<u> </u>	E A A
Facility indicated on notificati (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gal		☐ No notifica ☐ Drop store/ Jew small area source	out of business/petroleum
transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	trans both	lo-dry only, x 140 gal/yr sfer only < 200 gal/yr types, x < 140 gal/yr structed on or after 12/9/91	)
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 (constructed before 12/9/91)  5. This is a correct facility cl	trans both (cons 100 gal/yr 00 gal/yr gal/yr both (cons	fo-dry only, $x = 140 \text{ gal/yr}$ for only, $x < 200 \text{ gal/yr}$ types, $x < 140 \text{ gal/yr}$ structed on or after $12/9/91$ few large area source to-dry only, $140 \le x \le 2,100$ for only, $200 \le x \le 1,800 \text{ gal/structed}$ structed on or after $12/9/91$ $\square N \square Can \text{ not det}$	)    Gal/yr   al/yr   yr   )

	·			
I	B. Has the responsible official of an existing large or new large area source also:			
	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ПΝ	
l	2. Measured and recorded the washer exhaust temperature at the condepser			
١	inlet and outlet weekly?	$\Box$ Y	ПΝ	□N/A
I	Is the temperature differential equal to of greater than 20° F?	$\Box$ Y	ПN	□N/A
l				
١	3. Measured and recorded the perc concentration in the exhaust stream weekly			
١	at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ПΥ	ПΝ	□N/A
١	/ /			_
I	Is the perc concentration equal to or less than 100 ppm?	ЦY	UИ	□N/A
	4. Assured that the sampling port on the parbon adsorber exhaust for measuring			
I	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?	ΩY	Ωи	□N/A
	5. Equipped transfer machines (dryers, reclaimers, and washers) with individual			
1	condenser coils?	ЦY	UN	□N/A

中的原因为企业

6. Routed airflow to the carbon adsorber (if used) at all times?

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

□Y □N □N/A

PA	PART VI: LEAK DETECTION AND REPAIRS				
I.	Does the responsible official conduct	a weekly (for small source	ces, bi-weckly) leak detection ar	nd repair	
	inspection?			אם אם	
2.	Has the facility maintained a leak los	?		NO YO	
3.	Does the responsible official check th	e following areas for Ical	cs?		
	Hose connections, fittings, couplings, and valves	אומם מם עם A	Muck cookers	□Y □N □N/A	
	Door gaskets and seating	OY ON ON/A	Stills	OY ON ON/A	
	Filter gaskets and seating	באמם אם צם	Exhaust dampers	□Y □N □N/A	
	Pumps	ол ои бич	Diverter valves	□Y □N □N/A	
	Solvent tanks and containers	אוארם אם אם	Cartridge filter housings	□Y □N □N/A	
	Water separators	אום אם אם 🖈			
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed	solvent on exterior surfa	ces)		
	Physical detection (airflow felt t	hrough gaskets)			
	Odor (noticeable perc odor)			0	
	Use of direct-reading instrumen	tation (FID/PID/calorim	etric\tubes)		
	Halogen leak detector				
	If using direct-reading ins	trumentation, is the equ	oipment\	□N/A	
	a. Capable of detecting	g perc yapor concentration	ons in a range of 0-500 ppm?	OY ON	
	<ul><li>b. Calibrated against a (PID/FID only)?</li></ul>	standard gas prior to an	d after each use	OY ON	
	c. Inspected for leaks	and obvious signs of wea	r on a weekly basis?	OY ON	
	d. Kept in a clean and secure area when not in use?			OY ON	
	e. Verified for accurac	y by use of duplicate san	nples (calorimetric only)?	DY DN	

Boxe mxing/ROCER ZHU	9/10/98
Inspector's Name (Please Print)	Date of Inspection
Bruge to Sum / Part John	9/15/98
Inspector's Signature	Approximate Date of Next Inspection
<i>'</i>	

ADDITIONAL SITE INFORMATION:
RO not avuelable.
Scheduled the annual inspection
for 10:00 A.m September 15, 1998
·

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMP	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:05 TIME OUT: 10:3	
TYPE OF FACILITY: Phelilosothy lene	y fry Cleaner
FACILITY NAME: Touch of Class Day Cla	DATE: 4/15/98
FACILITY LOCATION: 6402 (1.5. Hwy 41N, 6	appello Beach, FL 335') 2
	,,
RESPONSIBLE OFFICIAL: Marsine Bortell	PHONE NUMBER (8/3)645-543 3
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 evalua discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	P
	Burgar Oct C
	& Maria Source S
	So Tilled
COMMENTS:	
The Annual Compliance Certification form has been properly certif	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 60 a	2040
INSPECTION CONDUCTED BY: KINCE IN LINE	proximate)  Subsection of the
INSPECTOR'S SIGNATURE: Muce M June	PHONE NUMBER: (213) 272-5536
Page_/	of Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

1. 3 . A. 3 153 A. Cart

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: ANNUAL	ON C
FACILITY NAME: Tauch of Classical Gradies of Gradles.	
PART I: NOTIFICATION	,
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	urtup 🔲
2. Facility failed to notify DARM to use general pe	ermit 🔲
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)  A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification	Y DN DCan not determine
If no, please check the appropriate classific facility qualified for a ge facility exceeds above lin	cation: eneral permit as number above mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) p facility was 734 gallons. 09/97 —	surchased within the preceding 12 months by this dry cleaning $09/98$

### 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? 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 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?

В.	Has the responsible official of an existing large or new large area source also:	/		Ì
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° 79?	ΠY	Ωи	□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	ΩΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΩИ	□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?	ΩY	ΩΝ	□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?	ΠY	ΩΝ	□N/A

## PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	NO V
2. Maintained rolling monthly averages of perc consumption?	MO AL
3. Maintained leak detection inspection and repair reports for the following:	`
a. documentation of leaks repaired w/in 24 hrs? 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?	DY ON AMYA
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON ANIA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON DANA
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	DY ON ANIA
Problem corrected?	DY ON ATN/A
8. Maintained compliance plan, if applicable?	DY ON XW/A

# PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? New machine—Inspection of Start 09/18/98 □Y 2. Has the facility maintained a leak log?

	inspection // etc.// uocito	c 21,1900 0 1 1	, ,,	
2.	Has the facility maintained a leak log?	·		DY DN
3.	Does the responsible official check the	following areas for leaks	:7	
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	OY ON ON/A
	Door gaskets and seating	□Y □N □N/A	Stills	OY ON ON/A
	Filter gaskets and scating	□Y □N □N/A	Exhaust dampers	מאם אם צם
	Pumps	OY ON ON/A	Diverter valves	מאמם אם צם
	Solvent tanks and containers	□Y □N □N/A	Cartridge filter housings	DY DN DN/A
	Water separators	OY ON ON/A		
4.	Which method of detection is used by the	he responsible official?		
	Visual examination (condensed se	olvent on exterior surface	es)	
	Physical detection (airflow felt the	rough gaskets)		
	Odor (noticeable perc odor)			
	Use of direct-reading instrumenta	tion (FID/PID/calorimet	ric tubes)	
	Halogen leak detector		ŧ	
	If using direct-reading instr	umentation, is the equi	pment:	□N/A
	a. Capable of detecting	perc vapor concentration	is in a range of 0-500 ppm?	DY DN
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and	after each use	אם עם
	c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	DY DN

Inspector's Name (Please Point)

Oate of Inspection

Approximate Date of Next Inspection

e. Verified for accuracy by use of duplicate samples (calorimetric only)?

d. Kept in a clean and secure area when not in use?

OY ON

QY QN

ADDITIONAL SITE INFORMATION:
Note: Section B
Facility has new machine installed September 8, 1998. Temperature measurements
September 8, 1998. Temperature measurements
and inspections will start September 18,98.
RO will be using FIEP Calendar to
demonstrate confliance (record keeping)
Will re-inspect facility bodays to llenging
Will re-inspect faulity bodays to Umby record keeping.
Change status from existing to
new large
no leaks or odoes noted deering enspection
Dry Cleaner
Home: Forenta
Model: 345
Sh#: 133 F8 0048
Looding: 45 165
Loodenz' 45 165 Solvent Cap: 131 gallon

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: A	NNUAL COM	PLAINT/DISCOVERY RE-INSPECTION			
TIME IN: 9,20		AIRS ID#: 57/202			
TYPE OF FACILITY:	1 Cleaner				
FACILITY NAME: Tauch	p Clay Du	DATE: 12/7/97			
FACILITY LOCATION: 6402	0 11.5. Hwy 41	/N.			
Andle	la Brale	FL 33572			
RESPONSIBLE OFFICIAL: Man	au Butill	PHONE NUMBER: 7/3 - 645 - 7992			
	ompliance requirements evalua 2-213.300, Florida Administr	ated during this inspection, the facility is found to be in rative Code (F.A.C.).			
Based on the results of the co	ompliance requirements evalua	ated during this inspection, the following compliance			
COMPLIANCE REQUIRE	EMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED			
		RECEIVED			
		101 1 3 1777			
		Bureau of Air Monitoring & Mobile Sources			
	<u> </u>	& Mos			
	<del> </del>				
COMMENTS:					
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES  NO					
DATE OF NEXT INSPECTION:_					
INSPECTION CONDUCTED BY: Bruce Mi Ling Rober ZHU					
INSPECTOR'S SIGNATURE:		ease Print)  PHONE NUMBER: 8/3-272-5-5-30			
Z.O. ZOZOLO DIGINITURE:	The state of the s	J WOLL			
	Page	of Revised 10/96			

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPE					
AIRS ID#: \$7/202 DATE: 12  FACILITY NAME: Truch /	18/98 TIME IN: 9:20 TIME OUT: 11:15 Class by Chaners				
FACILITY LOCATION: 640 2	1.5. Hwy 41 N.				
appor	Lo Bench, F1 33572 a Bartell PHONE: 313 - 645-7997				
RESPONSIBLE OFFICIAL:	1 1) antill PHONE: 3/3 ~ 645 - 1997				
CONTACT NAME:	PHONE:				
DADE L. NOTIFICATION					
(check appropriate box)					
New facility notified DARM 30 days prior	to startup				
2. Facility failed to notify DARM to use gene					
	2. Facility failed to holly DARM to use general permit				
PART II. CLASSIFICATION					
PART II: CLASSIFICATION					
Facility indicated on notification form that (check appropriate box)	it is:  □ No notification form □ Drop store/out of business/petroleum				
Facility indicated on notification form that	1				
Facility indicated on notification form that (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 (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 (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)  5. This is a correct facility classification  If no, please check the appropriate classified for	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				

### 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)
- 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/biaseddy 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 Y

MO NO YE

MY DN DN/A

/

71 -11

DY DN DYVA

NO YOU

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?	DY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ONA
	Is the temperature differential equal to or greater than 20° F?	DY DN DNA
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?	אות אם אם אם
	Is the perc concentration equal to or less than 100 ppm?	AVA NO YO
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 DONA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	AY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	AVA NO YO

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	DY DN			
2. Maintained rolling monthly averages of perc consumption?	ÞY □N			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or,	אומם מם אלם			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON TONA			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON DONA			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DWA			
6. Maintained startup/shutdown/malfunction plan?	NO AN			
7. Maintained deviation reports?	DY DN DN/A			
Problem corrected?	DY ON ZON/A			
8. Maintained compliance plan, if applicable?	DY DN DN/A			

### PART VI: LEAK DETECTION AND REPAIRS

_					
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			DN DN	
2.	Has the facility maintained a leak log?	?		NO YO	
3.	Does the responsible official check the	following areas for leaks?	?	1	
	Hose connections, fittings, couplings, and valves	אורם אם אלם	Muck cookers	AVO NO YP	
	Door gaskets and seating	AVO UN DN/A	Stills	OY ON ON/A	
	Filter gaskets and seating	AYON ON/A	Exhaust dampers	AV ON ON/A	
	Pumps	DY ON ON/A	Diverter valves	AVO NO YA	
	Solvent tanks and containers	AVU UN UN/A	Cartridge filter housings	AVO NO VA	
	Water separators	AVO NO Y		1	
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed	solvent on exterior surface	s)	X	
	Physical detection (airflow felt the	hrough gaskets)			
	Odor (noticeable perc odor)				
	Use of direct-reading instrument	ation (FID/PID/calorimetr	ric tubes)		
	Halogen leak detector		·		
	If using direct-reading inst	rumentation, is the equip	ment:	□N/A	
	a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	OY ON	
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON	
	c. Inspected for leaks a	nd obvious signs of wear o	on a weekly basis?	OY ON	
	d. Kept in a clean and	secure area when not in us	e?	OY ON	
	e. Verified for accuracy	by use of duplicate sample	les (calorimetric only)?	□Y □N	

Inspector's Name (Please Print)

Sun Mary Rose Bh

Date of Inspection

, .

Approximate Date of Next Inspection

RO is usen FOED calender for record keiping. No odors detected dienny deener Focilety very clean no further action

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  RE-INSPECTION	COMPLAINT/DISCOVERY D				
FACILITY, NAME: Touch of	198 TIME IN: 9:21 TIME OUT: 11:15  les by Changs  Hwy 41 N. 32  Beuch, F. 335322  Bartell PHONE: 785-645-7957  PHONE:				
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 30 days prior to sta	rtup				
2. Facility failed to notify DARM to use general pe	fmit				
	<del> </del>				
PART II: CLASSIFICATION					
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	□ No notification form □ 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)				
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 (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				

### 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-woldy 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?

DN DN/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?	A Y	ПИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY.	ΩΝ	DN/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	QΥ	ПИ	MN/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПN	DAN/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?	XY	_N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	ПN	DOV/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	MG Y			
2. Maintained rolling monthly averages of perc consumption?	XY ПИ			
3. Maintained leak detection inspection and repair reports for the following:	1			
a. documentation of leaks repaired w/in 24 hrs? or;	אואם אם אלם			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON DN/A			
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DINIA			
6. Maintained startup/shutdown/malfunction plan?	DY ON			
7. Maintained deviation reports?	DY DN DNIA			
Problem corrected?	DY DN ANA			
8. Maintained compliance plan, if applicable?	אואל אם צם			

### PART VI: LEAK DETECTION AND REPAIRS

_						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			DY DN		
2.	Has the facility maintained a leak log?	?		NO AC		
3.	Does the responsible official check the	following areas for leaks	?	'		
,	Hose connections, fittings, couplings, and valves	DAY DW DN/A	Muck cookers	Y ON ON/A		
٠	Door gaskets and seating	AV ON ON/A	Stills	OY ON ON/A		
	Filter gaskets and seating	AY DW DN/A	Exhaust dampers	AY ON ON/A		
	Pumps	AVO NO YA	Diverter valves	AVA NO NA		
	Solvent tanks and containers	אומם מם צום	Cartridge filter housings	A'NO NO NA		
	Water separators	AVO NO VA		,		
4.	Which method of detection is used by	the responsible official?				
	Visual examination (condensed s	solvent on exterior surface	<b>:</b> s)	X		
	Physical detection (airflow felt th	hrough gaskets)				
	Odor (noticeable perc odor)			X		
	Use of direct-reading instrument	ation (FID/PID/calorimet	ric tubes)	۵		
	Halogen leak detector					
H	If using direct-reading inst	rumentation, is the equip	pment:	□N/A		
	a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	מם צם		
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON		
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	OY ON		
	d. Kept in a clean and	secure area when not in us	se?	OY ON		
	e. Verified for accuracy	y by use of duplicate samp	les (calorimetric only)?	OY ON		

Bruce Miting Rosor Thu Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

### ADDITIONAL SITE INFORMATION:

Ro is using FDER calender for record skeeping. No odors detected during during Focilety very clean no further ortion

# TT' E V AIR QUALITY GENERAL PE' (IT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COMPI	LAINT/DISCOVERY	RE-INSPECTION
TIME IN: 9.20	TIME OUT: // i/ S	AIRS ID#: 5	7/202
TYPE OF FACILITY:	y Cleaner		
FACILITY NAME: Taul	Do Clas Du	Cleaner	DATE: /2/7/97
	Duc War Wil	N.	DRIE. 12/1/2
FACILITY LOCATION: 640 2	$\frac{\partial}{\partial x} = \frac{\partial}{\partial x} $		
	to Bearly	FL 33572	
RESPONSIBLE OFFICIAL:	rold Bartell	PHONE NUMBER:	13-645-7992
compliance with DEP Rule	compliance requirements evaluate 62-213.300, Florida Administrat compliance requirements evaluate	ive Code (F.A.C.).	•
COMPLIANCE REQUIR	REMENT/PROBLEM	FOLLOW-UP ACTION	N REQUIRED
			·
		·	
COMMENTS:			
The Annual Compliance Certificati	on form has been properly certifie	ed and submitted to the inspector	YES NO
DATE OF NEXT INSPECTION:	Med		
INSPECTION CONDUCTED BY INSPECTOR'S SIGNATURE:	: Bruce Mi Kine	roximate)  See Print)  PHONE NUMBER:	HU 813-272-5530
	Pageo	<u>f</u> .	Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	COMPLAIN	r/discovery 🗆
RESPONSIBLE OFFICIAL:	els & Closs 402 U.S. Hwy Ppollo Bec	Any Cles 41 N web FL 335 tell phone (81)	72
PART I: NOTIFICATION			
(check appropriate box)  1. New facility notified DARM 3  2. Facility failed to notify DARM	· · · × ·		<u> </u>
PART II: CLASSIFICATION			
Facility indicated on notificatio (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 < x < 2,1	e	□ No notifica □ Drop store.  No notifica □ Drop	/out of business/petroleum
			U 931/VF

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DN/A 2. Examining the containers for leakage? DY DN DN/A 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY 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 DN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 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 Septembe 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY DN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so artflow will be directed away from the condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 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 UY UN 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	
1	אם צב
on ary-to-ary, recarmer, and aryer machines on a weekly basis:	
2. Measured and recorded the washer exhaust temperature at the condenser	
inlet and outlet weekly?	IY ON ON/A
In the temperature differential equal to a greater than 200 E2	DY ON ON/A
Is the temperature differential equal to of greater than 20° F?	AMD ND IL
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?\	DY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	⊃Y □N □N/A
4. Assured that the sampling port on the garbon adsorbed 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,	
	DY ON ON/A
or expansion, and downstream no other mee:	TI UN UNA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual	
condenser coils?	DY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	DY ON ON/A

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? □Y □N 2. Maintained rolling monthly averages of peraconsumption? DY DN 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; DY DN DN/A b. documentation of parts ordered to repair cak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? DY DN DN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DN/A DY DN DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? $\Box$ Y $\Box$ N 6. Maintained startup/shutdown/mal/function plan? 7. Maintained deviation reports? DY DN DN/A DY DN DN/A Problem corrected? 8. Maintained compliance plan, if applicable? DY DN DN/A

#### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair ΠN inspection? $\square N$ 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY DN DN/A Muck cookers □Y □N □N/A couplings, and valves DY DN DN/A Stills DY DN DN/A Door gaskets and seating DY DN/A Filter gaskets and seating Exhaust/dampers □Y □N □N/A OY ON ON/A OY ON ON/A **Pumps** Diverter valves Solvent tanks and containers OY ON ONA Cartridge filter housings DY DN DN/A DY DN DN/A 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) Halogen leak detector If using direct-reading instrumentation, is the equipment □N/A DY DN 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 DY DN (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? OY ON

Bouxe mxing/ROSER ZHU	9/10/98
Inspector's Name (Please Print)	Date of Inspection
Brue m Sum / Och Ash	9/15/98
Inspector's Signature	Approximate Date of Next Inspection

# ADDITIONAL SITE INFORMATION: not available. Schiduled the onnual inspection for 10:00 A.m September 15, 1998

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

TYPE OF INSPECTION: ANNUAL $\square$ COMI	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 13:00 TIME OUT: 14:	30 AIRS ID#: 571202
TYPE OF FACILITY: PERC DRY CLEANE	=R
PACILITY NAME.	DRY CLEAVERS DATE: 1/14/00
FACILITY LOCATION: 6402 US HWY 41,	~ · · · · · · · · · · · · · · · · · · ·
APPOLO BEACH, F	5C 3357Z
RESPONSIBLE OFFICIAL: MARCIA BARTELLT	PHONE NUMBER: (813)645-5933
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 evalua discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
MNC - NEW OWNER	JUBMIT NOTIFICATION
	P
	OLINA, COMPANY
	TOOL SOLL STATE OF THE SOLL ST
	S. City
COMMENTS: QWNENSHIP CHANGE	
THE NEW OWNER W	AS INSTRUCTED TO SEND
•	, , , , , , , , , , , , , , , , , , , ,
THE FORM TO FDEP.	
The Annual Compliance Certification form has been properly certification form has been properly certification.	fied and submitted to the inspector. YES NO
(Ap	proximate)
MSFECTION CONDUCTED DI.	SER ZHU
INSPECTOR'S SIGNATURE: Rose Sh	ease Print)
Page	of Revised 10/96

## PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPE		
FACILITY NAME: TOUCH OF	14/00 TIME IN: 13:00 TIME OUT:  CLASS DRY CLEANERS  US HWY 41 N.  BEACH FL 33572	14:30
FACILITY LOCATION: 6402 U  APPOLO  RESPONSIBLE OFFICIAL: MARCIA  CONTACT NAME: SAM	BARTELL PHONE: (813) 645  E PHONE: SAME	-5933
PART I: NOTIFICATION		
(check appropriate box)  1. New facility notified DARM 30 days prior  2. Facility failed to notify DARM to use gene	-	⊠ ·
	·	•
PART II: CLASSIFICATION		
Facility indicated on notification form that (check appropriate box) A.	☐ Drop store/out of business/p	petroleum
Facility indicated on notification form that (check appropriate box)		petroleum
Facility indicated on notification form that (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/g  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	petroleum
Facility indicated on notification form that (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/g  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	petroleum
Facility indicated on notification form that (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)  5. This is a correct facility classification  If no, please check the appropriate classified for	Drop store/out of business/g  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  □ Can not determine	petroleum

## PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DYNA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? MD YM 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? OXY □N □N/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? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? OMY □N □N/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? MY ON ONA 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? ØXY □N 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? MY ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:		•	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ďΥ	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	ON/A
	Is the temperature differential equal to or greater than 20° F?	<u>OY</u>	ND	□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	ΠИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	□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?	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	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	<b>¼</b> Y □N
2. Maintained rolling monthly averages of perc consumption?	DXY □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON <b>Ø</b> 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?	OY ON <b>M</b> N/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON MIN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ANA
6. Maintained startup/shutdown/malfunction plan?	AY ON
7. Maintained deviation reports?	OY ON MON/A
Problem corrected?	OY ON <b>M</b> N/A
8. Maintained compliance plan, if applicable?	OY ON ANA

			· · · · · · · · · · · · · · · · · · ·	
PA	ART VI: LEAK DETECTION AND R	EPAIRS		
l.	Does the responsible official conduct a v	veekly (for small sources	, bi-weckly) leak detection an	d repair
	inspection?			MY DN
2.	Has the facility maintained a leak log?			MY ON
3.	Does the responsible official check the f	ollowing areas for leaks?	?	
	Hose connections, fittings, couplings, and valves	, May on on/a	Muck cookers	ØY □N □N/A
	Door gaskets and seating	YY ON ON/A	Stills	ON/A
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	OMY ON ON/A
	Pumps	AND NO YA	Diverter valves	XY ON ON/A
	Solvent tanks and containers	Y ON ON/A	Cartridge filter housings	XY ON ON/A
	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 surface	es)	<b>×</b>
	Physical detection (airflow felt thr	ough gaskets)		<b>k</b> <b>k</b>
	Odor (noticeable perc odor)			7
	Use of direct-reading instrumenta	tion (FID/PID/calorimet	ric tubes)	Ó
	Halogen leak detector			
	If using direct-reading instr	umentation, is the equip	oment:	<b>M</b> N/A
	a. Capable of detecting p	erc vapor concentrations	s in a range of 0-500 ppm?	OY ON
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	after each use	OY ON
	c. Inspected for leaks an	d obvious signs of wear o	on a weekly basis?	OY ON
	d. Kept in a clean and se	ecure area when not in us	se?	OY ON
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	OY ON
	,			
_		·		
	LOGER Z	HV	1/14/	00
	Inspector's Name (Please Prin	nt)	Date of Inspe	ction
	Rocers	h	1 Ye	AR_

Revised 8/11/97

Approximate Date of Next Inspection

Inspector's Signature

ENIMBO		INSPECTION RE	EPORT FORM	SBOBC	MICH C	ירותו וחי		
FACILITY: Touch of C			IISSION OF HILL		AGE	1	OF	1
FACILITY ADDRESS:				CITY	Y: App			
MAILING ADDRESS:	<u>-</u>		CITY: Appolo Beach		FLA		33511	
INSPECTION DATE: Jan 14, 2000	TIME IN: 13:00	TIME OUT: 14:30	INSPECTIO non-C		PE:	Ir	STATU Compli	
NEDS NUMBER:								
SOURCE DESCRIPTION	N: Perc Dry	Cleaner						
CONTACT(S): Ran	dy Blanton							
equipment business – s Mr. Blanton has logg the business. The perc The facility is very cl I gave Mr. Blanton th this weekend.	ed the temper usage was on ean with the s	ature and leak ly 30 gallons ame machine.	checks on a v for the past 12 No odors or l	veekly mont eaks v	hs. were n	oticed		

INSPECTED BY: Roger Zhu DATE: Jan 14, 2000

# ACOP

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAIN	T/DISCOVE	ery 🗌	RE-INSPECTI	ои 🗌
TIME IN: 9:30 AM	TIME OUT:	10:30 B	2m AI	RS ID#: 05	71202	
TYPE OF FACILITY: Perc					,	
FACILITY NAME: Touch	OF Class De	+ clean	ers		DATE: 12-13	-00
facility location: <u>640</u>	2 US Hwy	41 N.				
• • •		33572				
RESPONSIBLE OFFICIAL:	undy Bleat	0~	PHON	NE NUMBER: (	P13) 645- <u>5</u>	933
	he compliance requiremenule 62-213.300, Florida A				lity is found to be	i <b>n</b>
Based on the results of the discrepancies were noted	he compliance requirement:	ats evaluated du	ring this ins	pection, the follo	owing compliance	
COMPLIANCE REQU	TREMENT/PROBL	EM	FOLLOY	W-UP ACTIO	ON REQUIRE	D .
					P	
				Bureau of	C F	
				Air Monito		
				ine		
						,
COMMENTS:					_	
The Annual Compliance Certific	cation form has been prop	perly certified ar	nd submitted	to the inspecto	r. YES	NO
DATE OF NEXT INSPECTIO	)N:\	Year				
INSPECTION CONDUCTED		(Approxi Noze (Please I	<b>3/ 1</b> Print)	<u>.</u>		
INSPECTOR'S SIGNATURE	. M. NORCO.		PHC	NE NIMPEP	. (813)272.	-7230

Page / of /.



# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Touch OF C	class Dry c	leaners	DAT:	E: 12-13-00
FACILITY LOCATION: 6402 U	5 Huy 41	N·		
APPOLO B				
Annual Reporting Period: 1 ~ 14		<b>19</b> O TO _	12 - 13	2000
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.		*	<u> </u>	DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in con	tinuous complianc	æ during the reporting p	eriod stated above:
Exact period of non-compliance: from		t	ο	·
Action(s) taken to achieve compliance:		•		
Method used to demonstrate compliance:				
#2. Term or condition of the general permit	that has not been in con	itinuous complian	œ during the reporting p	period stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:		· 		
Method used to demonstrate compliance:		·		
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.  RESPONSIBLE OFFICIAL: Responsible Name of the control of the con	and complete. Further,	my annual consul	mption of perchloroethy	ene solvent, based

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

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSPECTION	•
111	$\sim$		٠

ANNUAL (INSI, INS2) COMPLAINT/DISCOVERY (CI)

RE-INSPECTION (FUI)

·						
	-00 TIME IN: 9:30 Am TIME OUT: 10:30 Am					
FACILITY NAME: Touch OF class cleaners						
FACILITY LOCATION: 6402 US	•					
APPOLO Beach	, Fl 33572					
RESPONSIBLE OFFICIAL: Pardy BU	anton PHONE: (813) 645-5933					
CONTACT NAME:	PHONE:					
PART I: NOTIFICATION						
(check appropriate box)	Facility Compliance Status: IN					
1. New facility notified DARM 30 days prior to star	rtup (ARMS Data) MNC					
2. Facility failed to notify DARM to use general per	rmit SNC 🗆					
PART II: CLASSIFICATION						
Facility indicated on notification form that it is:	☐ No notification form					
(check appropriate box)  A.	☐ Drop store/out of business/petroleum					
1. Existing small area source	2. New small area source					
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr					
transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$	both types, x < 140 gal/yr					
(constructed before 12/9/91)	(constructed on or after 12/9/91)					
3. Existing large area source	4. New large area source					
dry-to-dry only, $140 \le x \le 2,100$ gal/yr dry-to-dry only, $140 \le x \le 2,100$ gal/yr						
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$					
both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before $12/9/91$ )	both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )					
(00.000.000.000.000.000.000.000.000.000						
5. This is a correct facility classification	MY □N □Can not determine					
If no, please check the appropriate classific	eation:					
☐ facility qualified for a ge	neral permit as number 🚹 📗 above					
a facility exceeds above lir	nits 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?	MY ON ON/A				
2. Examining the containers for leakage?	ANY ON ONA				
3. Closing and securing machine doors except during loading/unloading?	<b>X</b> Y □N				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	May □n □n/a				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY <b>M</b> N ON/A				
PART IV: PROCESS VENT CONTROLS					
In Part II-A:					
(XIII 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)					
Equipped all machines with the appropriate vent controls?	אם אם				
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?	□Ү □И				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 459 7?	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				

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B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	9×	
2.	Measured and recorded the washer exhaust temperature at the condenser		<b>.</b>	0.44
	inlet and outlet weekly?	ЧY	UМ	□N/A
,	Is the temperature differential equal to or greater than 20° F?	QY	ПD	□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?	QY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	□И	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duet diameters downstream of any bend, contraction, or expansion; is at least 2 duet diameters upstream from any bend, contraction,	·		
	or expansion; and downstream from no other inlet?	QΥ	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser oils?	ΠY		□N/A
	condition of the condit			
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DZY ON
2. Maintained rolling monthly total of perc consumption?	<b>⊠</b> Y □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ZY 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?	ORY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	Y ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY PAN ON/A
6. Maintained startup/shutdown/malfunction plan?	oxy on ∫
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	OY DAN ON/A
8. Maintained compliance plan, if applicable?	A/VE NES AE

PA	RT VI: LEAK DETECTION AND R	EPAIRS				
1.	Does the responsible official conduct a v	veekly (for small sou	rces, t	oi-weekly) leak detection an	d repair	
	inspection?				ZY ON	
2.	Has the facility maintained a leak log?				□Y . ØN	
3.	Does the responsible official check the f	ollowing areas for le	aks?			
1	Hose connections, fittings, couplings, and valves	MY ON ON/A		Muck cookers	DAY ON ON/A	
	Door gaskets and seating	DY ON ON/A		Stills	MY ON ON/A	
	Filter gaskets and seating	ZY ON ON/A		Exhaust dampers	DY ON ON/A	
	Pumps	MY ON ON/A	•	Diverter valves	DY ON ON/A	
	Solvent tanks and containers	MY ON ON/A		Cartridge filter housings	WY ON ON/A	
	Water separators	MY ON ONA				
4.	4. Which method of detection is used by the responsible official?					
Visual examination (condensed solvent on exterior surfaces)						
Odor (noticeable perc odor)						
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	Halogen leak detector					
	If using direct-reading instrumentation, is the equipment:				□N/A	
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				OY ON	
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				OY ON	
ļ	c. Inspected for leaks and obvious signs of wear on a weekly basis?			OY ON		
				OY ON		
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?			s (calorimetric only)?	OY ON	
	·					
-		-				

mohammad Nozari	12//3/00
Inspector's Name (Please Print)	Date of Inspection
M.NORoni	\ Year
Inspector's Signature	Approximate Date of Next Inspection

· *						
INSPECTION C ENVIRONMENTAL PROTECTION C		PORT FORM SSION OF HII	LISB	OROU	IGH COUNTY	
FACILITY: Touch of class Dry Cleaners	Olvilli	,		AGE 1		
FACILITY ADDRESS: 6402 US Hwy 41 North			CITY	Y: Apo	llo Beach	
<u> </u>			PHO	HONE: (813) 645-5933		
MAILING ADDRESS: Same		CITY: Apollo Beach		FLA	ZIP: 33511	
INSPECTION DATE: TIME IN: TIME	OUT:	INSPECTIO	N TY	PE:	STATUS:	
December 13, 2000 9:30 AM 11:00	AM	Annu	al		In Compliance	
NEDS NUMBER: 571202						
SOURCE DESCRIPTION: Perchloroethylene (P	erc) Dr	y Cleaner				
CONTACT (S): Randy Blanton						
<ol> <li>The purpose of the visit was an annual inspect.</li> <li>The record keeping of the Perc purchases.</li> <li>The gauge temperature reading was record.</li> <li>The vicinity around the dry cleaning mach.</li> <li>The Perc was loaded directly with a hook.</li> <li>The monthly averages for Perc consumption months was 45 gallons and it was verified.</li> <li>The machines were in operation today. Now the waste from the dry cleaning machine disposed in accordance with regulations.</li> </ol>	was ve ded we nine wa up conr on was o leaks	ry good and of ekly.  Is very clean an ection. No contract recorded correct or odors were	and wontain rectly	ized.  vell maner of liver and the	Perc was at the site. he total for past 12	

INSPECTED BY:	DATE:
Mohammad Nozari	December 13, 2000



#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0354354

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

TOTAL AMOUNT DUE:

DEC 15 99

Do NOT Remove Label

AIRS ID # 0571202

TOUCH OF CLASS DRY CLEANERS MARCIA ANN BARTELL 6402 US HIGHWAY 41 NORTH APOLLO BEACH FL 33572

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

### P 174 052 515

# US Postal Service Receipt for Certified Mail

AIRS ID # 0571202 TOUCH OF CLASS DRY CLEANERS MARCIA ANN BARTELL 6402 US HIGHWAY 41 NORTH APOLLO BEACH FL 33572

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
200	Return Receipt Showing to Whom & Date Delivered	-
2	Return Receipt Showing to Whorn, Date, & Addressee's Address	
	TOTAL Postage & Fees	\$
	Postmark or Date	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery 2 - 2 - 2  C. Signature
AIRS ID # 0571202	
OUCH OF CLASS DRY CLEANERS ARCIA ANN BARTELL	
02 US HIGHWAY 41 NORTH	
APOLLO BEACH FL 33572	3. Service Type Certified Mail Registered Insured Mail C.O.D.
P174052515	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-99-M-1789