

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

December 29, 1998

Mr. Timothy G. Nolan Blue Moon Cleaners 1526 East Fowler Avenue Tampa, Florida 33612

Re: Facility No.: 0571215

Dear Mr. Nolan:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 18, 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 my changes in your mailing address, location address, responsible official, or phone number, please noting the Department at the following address:

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources MS 5510 Department of Environemntal 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, of 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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	$\mathcal{P}_{\mathbf{A}}$
7	, , , , , , , , , , , , , , , , , , ,
	Perchloroethylene Dry Cleaning Facility Notification Facility Name and Location Facility Owner/Company Name (Name of corporation, agency, or individual owner): KLAT PLATESSIONAL SERVICES, July DA CURRENT
	Facility Name and Location
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	KRPT PROFESSIONAL SERVICES, FIX DEA CLERICES
2.	Site Name (For example, plant name or number):
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location: Street Address: 1524 = Focusta NE City: The County: HILLS Balous HZip Code: 33612
	City: Tympa County: HILLS Bolours Hzip Code: 33612
5.	Facility Identification Number (DEP Use):
	0541215
	Responsible Official
6.	Name and Title of Responsible Official:
	TIMOTH, GNOVAN, PRESIDENT
7.	Responsible Official Mailing Address:
	Street Address: 1524 E Fourta Att
	City: TAMPA County: HECES, Zip Code: 3342
8.	Responsible Official Telephone Number: Telephone: (873) 615-14-15 Fax: () -
	Telephone. 9151911-1715
	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: () -

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Spoke to Tim Nolon and he stated that Blue Moon Cleaners has one dry today machine with a refriderated condenser. He also stated that the 120 gallons of per was initial fillup of machine.

WasherUnit info is not needed if unit does not use fere. Made out information and initial.

4. Existing large area source R.C. and New large area source R.C. should not be marked. Morts out and initial.

916

Responsible official sign and date for changes made.

Facility Information

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

	1	Date	Date		Date	Date		Date	Date
]		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	1	Installed	ID	Purchased	Installed
7,5001.112011110		1			1 41411	1			
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	#/	30A1L98	1852198						
(2) w/ carbon adsorber	1/	11	11						
(3) w/ no controis									
Washer 'Unit		0808691			•				
(4) w/ ref. condenser	#1	want	1858798	•					
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit					•				
(7) w/ ref. condenser									•
(8) w/ carbon adsorber						1			
(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 (b) If less than 12 mont Check why it is less	are re uanti gallo	equired to be ty of perchlo ns	installed [perc)	purchased in			ths?	
3. What is the facility's son (Indicate with an "X". S	irce o Selec	classification t one classific	based on the cation only.)	defii		l in section (3		•	
Existing large are	a sou	rce []	Ne	w lar	ge area sourc	:e []			

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4. What control technology is required (Indicate with an "X".)	on machines	oursuant to section (5) of	Part II of this notification form?
Existing large area source Carbon adsorber		Refrigerated condenser	X.
New small area source Refrigerated condenser	\leftarrow		
Refrigerated condenser New large area source Refrigerated condenser	L ı		
5. A facility which contains non-exem to Rule 62-213.300, F.A.C. Verify that exemption criteria or that no such units	t all steam and	_	
All steam and hot water generating uni boiler HP or less), and (2) are fired exc during which propane or fuel oil conta	clusively by na	tural gas except for perio	ds of natural gas curtailment
All steam and hot water generating unit No such units on-site	ts exempt		
		•	
Equipment !	Monitoring ar	nd Recordkeeping Inform	nation
Check all logs which are required to be	kept on-site ir	accordance with the requ	uirements of this general permit:
(a) Purchase receipts and solvent purcha	ases		LX)
(b) Leak detection inspection and repair	r		LX_
(c) Refrigerated condenser temperature	monitoring		LL)
(d) Carbon adsorber exhaust perc conce	entration moni	toring	
(e) Instrument calibration			LX.
(f) Start-up, shutdown, malfunction pla	ın		[X]

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

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Surrender of Existing Air Permit(s)

Please indicate	with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form: specifically, permit number(s)
4	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain ti	rsigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ation. I hereby certify, based on information and belief formed after reasonable inquiry, that the made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the thin the air pollution control equipment described above form.
I will prom	spily notify the Department of any changes to the information contained in this notification.
Signature	My 10 Ha 1998 Date

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT COMPLAINT/DISCOVERY X ANNUAL TYPE OF INSPECTION: **RE-INSPECTION** TIME IN: 9:00 10:00 AIRS ID#: NENE TIME OUT: PERC DRY CLEANER TYPE OF FACILITY: BLUE MOON FACILITY NAME: FACILITY LOCATION: 1526 FOWLER AVE PHONE NUMBER: (813)615-1415 RESPONSIBLE OFFICIAL: TIMOTHY Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). X Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED DROPPED OFF THE NOTIFICATION NEW FACILITY W/ A NEW MACHINE TODAY INSPECT IN GO DAYS PK K L A Surces Monitoring Monitoring Sources COMMENTS: YES The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: (Approximate) ROGER

INSPECTION CONDUCTED BY:

INSPECTOR'S SIGNATURE:

(Please Print)

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS, TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO		COMPLAINTA	SISCOVERY)	<u>/</u> s
AIRS ID#: NONE				TIME OUT: _	10:00
FACILITY NAME:					
FACILITY LOCATION:					
-	TAMPA, F				
RESPONSIBLE OFFICIA	I: Timothy	Nolan	_ phone: <u>(3</u> /	13)615-1	415
CONTACT NAME:	SAME		_ PHONE:	SAME	
		<u>.</u>			
PART I: NOTIFICATION	<u> </u>				
(check appropriate box)					
1. New facility notified DA	RM 30 days prior to star	rtup			
2. Facility failed to notify D	ARM to use general per	rmit			⊠ .
<u></u>				. ·	
PART II: CLASSIFICAT					
	ION				
Facility indicated on notifi			☐ No notificati	on form	
Facility indicated on notific (check appropriate box)		•		on form ut of business/pe	troleum
Facility indicated on notific (check appropriate box) A.	ication form that it is:	2. New small	☐ Drop store/o		troleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area of the dry-to-dry only, x < 140	source agal/yr		☐ Drop store/o	ut of business/pe	troleum
Facility indicated on notific (check appropriate box) A. 1. Existing small areas dry-to-dry only, x < 140 transfer only, x < 200 ga	source gal/yr	dry-to-dry only transfer only,	☐ Drop store/o area source y, x < 140 gal/yr x < 200 gal/yr	ut of business/pe	troleum
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 gal/y	source gal/yr ul/yr	dry-to-dry only transfer only, both types, x <	☐ Drop store/o area source y, x < 140 gal/yr x < 200 gal/yr ≤ 140 gal/yr	ut of business/pe	troleum
Facility indicated on notific (check appropriate box) A. 1. Existing small areas dry-to-dry only, x < 140 transfer only, x < 200 ga	source gal/yr ul/yr	dry-to-dry only transfer only, both types, x <	☐ Drop store/o area source y, x < 140 gal/yr x < 200 gal/yr	ut of business/pe	troleum
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	source	dry-to-dry only transfer only, south types, x < (constructed of the large)	Drop store/o area source y, x < 140 gal/yr x < 200 gal/yr 140 gal/yr n or after 12/9/91) area source	ut of business/pe	troleum
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	source gal/yr gal	dry-to-dry only transfer only, south types, x < (constructed of the large dry-to-dry only only only only only only only onl	Drop store/o area source y, x < 140 gal/yr x < 200 gal/yr 140 gal/yr n or after 12/9/91) area source y, 140 ≤ x ≤ 2,100	ut of business/pe	troleum
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 gal/y (constructed before 12/9/2) 3. Existing large area of the dry-to-dry only, 140 \le x transfer only, 200 \le x \le 1	source gal/yr d/yr // // // // // // // // // // // // //	dry-to-dry only transfer only, south types, x < (constructed of the large dry-to-dry only transfer only;	Drop store/o area source y, x < 140 gal/yr x < 200 gal/yr 140 gal/yr n or after 12/9/91) area source y, $140 \le x \le 2,100$ $200 \le x \le 1,800$ ga	ut of business/pe	troleum
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	source gal/yr ///////////////////////////////////	dry-to-dry only transfer only, both types, x < (constructed of the dry-to-dry only transfer only; both types, 140	Drop store/o area source y, x < 140 gal/yr x < 200 gal/yr 140 gal/yr n or after 12/9/91) area source y, 140 ≤ x ≤ 2,100	ut of business/pe	troleum
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 gal/y (constructed before 12/9) 3. Existing large area of transfer only, 140 \le x transfer only, 200 \le x \le both types, 140 \le x \le 1,8	source gal/yr gal	dry-to-dry only transfer only, both types, x < (constructed of the dry-to-dry only transfer only; both types, 140	Drop store/o area source y, $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ n or after $12/9/91$) area source $y, 140 \le x \le 2,100$ $200 \le x \le 1,800 \text{ gal/y}$ $0 \le x \le 1,800 \text{ gal/y}$	ut of business/pe	troleum
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 gal/y (constructed before 12/9) 3. Existing large area of transfer only, 200 \le x \le both types, 140 \le x \le 1,8 (constructed before 12/9) 5. This is a correct facilial of the dry-to-dry only, 140 \le x \le 1,8 (constructed before 12/9)	source gal/yr gal	dry-to-dry only transfer only, both types, x < (constructed of the dry-to-dry only transfer only; both types, 140 (constructed of the dry-to-dry only transfer only; both types, 140 (constructed of the dry-dry-dry-dry-dry-dry-dry-dry-dry-dry-	Drop store/o area source y, $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ n or after $12/9/91$) area source y, $140 \le x \le 2,100$ $200 \le x \le 1,800 \text{ gal/yr}$ n or after $12/9/91$) Can not determine the source of the s	ut of business/pe	troleum

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/A
2. Examining the containers for leakage?	אואם אוש עם
3. Closing and securing machine doors except during loading/unloading?	אם אם
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	אומם מם עם
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part	v.
If classification 2 has been checked, the machine should be equipped with a ref. (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with eithe condenser or a carbon adsorber (complete A and B below). Carbon adsorber m installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a ref (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	אם צם
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?	בארם אם צם A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	אם עם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	QY QN QN/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ФУ □И

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?	מט עם עם
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	אום אם צם
ls the temperature differential equal to or greater than 20° F?	OY ON ON/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	□Y □N □N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	OY ON
2. Maintained rolling monthly 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;	אותם אם צם
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON/A
4. Maintained calibration data? (sor 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?	אם צם
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	QY QN QN/A
8. Maintained compliance plan, if applicable?	DY DN DN/A

PART VI: LEAK DETECTION AND REPAIRS							
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
inspection?						\Box Y	אם 🗡
2. Has th	he facility maintained a leak log?					ΠY	אַם
3. Does	the responsible official check the f	ollowi	ng area	s for leaks?	•	/	
	Hose connections, fittings, couplings, and valves	ΠY	ם אם	IN/A	Muck cookers	ΟY	ON ON/A
	Door gaskets and seating	ΠY	ם אם	IN/A	Stills	ΠY	□N □N/A
	Filter gaskets and seating	ΩY	ם אם	IN/A	Exhaust dampers	□Y'	□N □N/A
	Pumps	ΠY	□и □	IN/A	Diverter valves	ΠY	□N □N/A
	Solvent tanks and containers	ΟY	□N □	IN/A	Cartridge filter housings	ΟY	□N □N/A
	Water separators	ΩY		IN/A			
4. Whic	h method of detection is used by th	e resp	onsible	official?			
	Visual examination (condensed so	lvent	on exter	rior surfaces)			
	Physical detection (airflow felt thr	ough	gaskets))			
	Odor (noticeable perc odor)						
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)							
Halogen leak detector							
If using direct-reading instrumentation, is the equipment:					□N/A	A.	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					\Box Y	ПN	
	b. Calibrated against a st	andar	d gas pi	rior to and afte	er each use		
	(PID/FID only)?					ΠY	אם
	c. Inspected for leaks and	d obvi	ous sigr	is of wear on a	weekly basis?	ΠY	ΠN
. ,	d. Kept in a clean and se	cure a	rea whe	en not in use?		$\Box Y$	□N .
-/	e. Verified for accuracy l	by use	of dupl	icate samples	(calorimetric only)?	ΠY	□и
					, ,		
	Roger Zhu 10/28/98						
	Inspector's Name (Please Prin	it)			Date of Inspe	ction	
	RoserBh	<u>~</u>		<u>. </u>	60	_ , '	
	Inspector's Signature				Approximate Date of	Next I	nspection

Revised 8/11/97

ENVIRONMENTAL PRO	INSPECTION REI		OROUGH C	COUNTY	
FACILITY: Blue Moon Cleaners		,	PAGE	1 OF	1
FACILITY ADDRESS: 1526 Fowler		CITY: Ta	•		
•//				13-615-1415	
MAILING ADDRESS: Same		C1TY: Tampa	FLA	ZIP: 33610	
INSPECTION DATE: TIME IN: Oct 28, 1998 9:00	TIME OUT: 10:00	INSPECTION non- CD		STATI	JS:
NEDS NUMBER:					
SOURCE DESCRIPTION: Perc Dr	y Cleaner				
CONTACT(S): Timothy Nolan				,	
This is a new facility with a new according to the owner, Mr. Timoth he'll do it today. The first annual inspection will be	y Nolan. I left	a Notification f			-
•					
·	•	•			
				٠.	
•				•'	1
	•				•
			٠		
					•
		. •			
INSPECTED BY: Roger 7	Zhu		DATE:	10/28/98	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COM	PLAINT/DISCOVERY	RE-INSPECTION.
TIME IN: NOTE	т <u>і</u> ме оит: <u>09</u> : о	AIRS ID#: 0 /	9:10
TYPE OF FACILITY:	y Cleaner		
FACILITY NAME: Blue	e Moon Clean	ers	DATE: 12/10/98
FACILITY LOCATION: 15	6 Fawler due		
Ta	mpa FL		
RESPONSIBLE OFFICIAL:	Emorty Holan	PHONE NUMBER:	813) 615-1415
	ne compliance requirements evaluule 62-213.300, Florida Administr	ated during this inspection, the facilirative Code (F.A.C.).	lity is found to be in
Based on the results of the discrepancies were noted	-	ated during this inspection, the follo	owing compliance
COMPLIANCE REQU	IREMENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
Hotefulien	utted	awaiten su	Cometal of
Hotofentien		of notificate	1 VED
\mathcal{U}		JAN 1	3 1999
		Bureau of A & Mobil	Air Monitoring le Sources
COMMENTS:		,	
The Annual Compliance Certific	ation form has been properly certi	ified and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION	N:	deen End Jun pproximate)	man 1999
INSPECTION CONDUCTED	BY: Brite M Line	Kager Zh	ν
INSPECTOR'S SIGNATURE:	Brus At Jung /	lease Print)PHONE NUMBER:	813-272-5530
	light Page_	_of	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	RE-INSPECTION	COMPLAINITIDIS	SCOVERY L
\sim		TIME IN: 09.020 T	IME OUT: <u>09:10</u>
FACILITY NAME:	lue Moon	Claner	.
FACILITY LOCATION:	26 Fawle	a Que. E.	
$\int a$	mpa, FI	· 	
RESPONSIBLE OFFICIAL : _		Notan PHONE: (8/3	3)615-1415
CONTACT NAME:		PHONE:	
PART I: NOTIFICATION		_	
(check appropriate box)			
1. New facility notified DARM 30	days prior to startup		٥
2. Facility failed to notify DARM	to use general permit		1
			
PART II: CLASSIFICATION			
Facility indicated on notification (check appropriate box) A.	form that it is:	☐ No notification☐ Drop store/out	form 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)	dry-to transf both t	ew small area source o-dry only, $x < 140$ gal/yr fer only, $x < 200$ gal/yr types, $x < 140$ gal/yr tructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$ gaboth types, $140 \le x \le 1,800$ gal (constructed before $12/9/91$)	0 gal/yr dry-w gal/yr transf /yr both t	ew large area source of the dry only, $140 \le x \le 2,100$ galfer only, $200 \le x \le 1,800$ galfy types, $140 \le x \le 1,800$ galfyr tructed on or after $12/9/91$)	
			•
5. This is a correct facility clas	sification \Box Y	□N □Can not determ	ine
If no, please check the ap	propriate classification: qualified for a general pe		ove

•	1

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? DY DN DN/A DY DN DN/A 2. Examining the containers for leakage? DY DN 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 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) DY DN 1. Equipped all machines with the appropriate vent controls? DY DN DN/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? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after

DY DN

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?	□Y (אכ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?		אב	□N/A
	Is the temperature differential equal to or greater than 20° F?	□Y (ИГ	□N/A
3.	Measured and recorded the perconcentration 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?		□и	□N/A
	Is the perc concentration equal to or less than 100 ppm?	□Y (□и	□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?	UY I	N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?		□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY (ПИ	□N/A
PA	ART V: RECORDKEEPING REQUIREMENTS			
	as the responsible official: neck appropriate boxes)			
1.	Maintained receipts for perc purchased?		□и	
2.	Maintained rolling monthly averages of perc consumption?	□Y (N	
3.	Maintained leak detection inspection and repair reports for the following:			
	a. documentation of leaks repaired w/in 24 hrs? or;		ПΝ	□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 (□и	□N/A
١.				

(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;	OY 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?	□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?	OY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	OY ON
7. Maintained deviation reports?	□Y □N □N/A
Problem corrected?	OY ON ON/A
8. Maintained compliance plan, if applicable?	OY ON ON/A

PA	PART VI: LEAK DETECTION AND REPAIRS		
1	1. Does the responsible official conduct a weekly (for small sources, bi-weekly)	leak detection and repair	ir
`	inspection?	ΩY	ПN
2.	2. Has the facility maintained a leak log?	. DA	ПΝ
3.	3. Does the responsible official check the following areas for leaks?		
	Hose connections, fittings, couplings, and valves $\Box Y \Box N \Box N/A$ Muck co-	okers 🗆 Y 🕻	□N/A
	Door gaskets and seating		⊃N □N/A
	Filter gaskets and seating	dampers □Y [ON/A
	Pumps	valves	A/ND NC
	Solvent tanks and containers	e filter housings DY [A/ND NC
	Water separators		
4.	4. Which method of detection is used by the responsible official?		
	Visual examination (condensed solvent on exterior surfaces)	0	
	Physical detection (airflow felt through gaskets)	0	
	Odor (noticeable perc odor)		
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)		
	Halogen leak detector	0	
	If using direct-reading instrumentation, is the equipment:	□N/A	`
	a. Capable of detecting perc vapor concentrations in a range of	of 0-500 ppm?	⊓א
	b. Calibrated against a standard gas prior to and after each us (PID/FID only)?	e □Y	מם
	c. Inspected for leaks and obvious signs of wear on aweekly b	pasis?	□и
	d. Kept in a clean and secure area when not in use?	ΠY	מ□
	e. Verified for accuracy by use of duplicate samples (calorine	etric only)?	מם
ı		~	

Bruc M. Visig Roger Zhu
Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Visited this facility to determine why ko had not submitted the pry Cleaner's beneal Permit.

M. Holar stated that he had mailed the notefication to over I fine on 12/8/98.

Mr. Noten was also given the FDEP 1999 Celender and was louged on What record keeping requirements We const maintain

Will re-enspect Jan 1999



TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMP	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:00	D AIRS ID#: 571215
TYPE OF FACILITY: PERC DRY CLEANER	
TYPE OF FACILITY: PERC DRY CLEANER FACILITY NAME: BLUE MOON CLEANE	DATE: 12/23/98
FACILITY LOCATION: 1526 FOWLER AVE 1	<u> </u>
TAMPA, FL RESPONSIBLE OFFICIAL: TIMOTHY NOLAN	
RESPONSIBLE OFFICIAL: TIMOTHY NOLAN	PHONE NUMBER: (813) 615 - 1415
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluate discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
JUST STAKTED THE RELOAD KEEPING	RECEIVED
	JAN 1 3 1999
	Bureau of Air Monitoring
-	& Mobile Sources
	·
,	
CONDUCTOR	
COMMENTS:	
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO NO
	DAYS
DATE OF NEXT INSPECTION:	proximate)
	GER ZHU
(PI	ease Print)
INSPECTOR'S SIGNATURE: Roger Bhr	PHONE NUMBER: \$13 -272 -553
Page_ <u>/</u> _	of Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTIO	9 4	COMPLAINT/DISCOVER	Y 🗆
II .			N: 10:60 TIME OU	T: 12:00
FACILITY NAME:	BLUE MOOD	N CLEAN	VERS	
FACILITY LOCATION: _	1526 FOWL	LER AVE	= E _.	
<u> </u>	TAMPA, F			
RESPONSIBLE OFFICIA	L: TIMOTHY /	NOLAN	PHONE: (813)615 PHONE: SAM	- 1415
CONTACT NAME:			PHONE: SAM	E
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DAF		•	•	
2. Facility failed to notify D.	ARM to use general per	rmit ——————	<u></u>	
OT LOCKETOLOGIC				
PART II: CLASSIFICATI	ON		انمو	
Facility indicated on notific (check appropriate box)	cation form that it is:		☐ No notification form ☐ Drop store/out of busine	ss/petroleum
Facility indicated on notific (check appropriate box) A.	cation form that it is:		☐ Drop store/out of busine	ss/petroleum
(check appropriate box)	ource gal/yr //yr	2. New small a dry-to-dry only transfer only, x both types, x < (constructed on	□ Drop store/out of busine area source □ x < 140 gal/yr < 200 gal/yr	ss/petroleum
(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	ource □ gal/yr l/yr g1) ource □ ≤ 2,100 gal/yr 1,800 gal/yr 00 gal/yr	dry-to-dry only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 2 both types, 140	☐ Drop store/out of busine area source ☐ X < 140 gal/yr < 200 gal/yr 140 gal/yr	ss/petroleum
(check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gatransfer only, x < 200 gat both types, x < 140 gat/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	ource □ gal/yr //yr f 91) ource □ ≤ 2,100 gal/yr 1,800 gal/yr 00 gal/yr 91)	dry-to-dry only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 2 both types, 140	Drop store/out of busine area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) Area source $x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	ss/petroleum
(check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gatransfer only, x < 200 gat both types, x < 140 gat/yr (constructed before 12/9/9 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,80 (constructed before 12/9/9 5. This is a correct facility. If no, please check the face of the second secon	ource □ gal/yr //yr r 91) ource □ ≤ 2,100 gal/yr 1,800 gal/yr 00 gal/yr 91) y classification the appropriate classific cility qualified for a ger	dry-to-dry only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 2 both types, 140 (constructed on PY PN cation:	Drop store/out of busine area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) area source $x \le 1,800 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	ss/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?	OY ON ON/A
2. Examining the containers for leakage?	OY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	OY ON
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).	erated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must 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?	OY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	□Y □N.□N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	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?	מם צם
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?	מם עם

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?	Ω Υ,	NO	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	, DY	□N ·	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	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, if machines are equipped with a carbon adsorber?	ΩY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	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?	ΠY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□N	□N/A
_				
PA	ART V: RECORDKEEPING REQUIREMENTS			
	as the responsible official: heck appropriate boxes)			
1.	Maintained receipts for perc purchased?	$\Box Y$	ПΝ	
2.	Maintained rolling monthly averages of perc consumption?	\Box Y	ПΝ	

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?	מם עם
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY 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?	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?	□Y □N □N/A
6. Maintained startup/shutdown/malfunction plan?	ОУ ОИ
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	□Y □N □N/A
8. Maintained compliance plan, if applicable?	OY ON ON/A

PART	VI: LEAK DETECTION AND I	REPAIRS		
l. Do	es the responsible official conduct a	weekly (for small sources	s, bi-weekly) leak detection as	nd repair
ins	pection?			אָם צם
2. Ha	s the facility maintained a leak log?			DY ÓN
3. Do	es the responsible official check the	following areas for leaks?	?	
	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	□Y □N □N/A
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	□Y □N □N/A
	Pumps	□Y □N □N/A	Diverter valves	□Y □N □N/A
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	OY ON ON/A
10 10 10 10 10 10 10 10 10 10 10 10 10 1	Water separators	OY ON ON/A	<i>;</i>	
4. Wh	nich method of detection is used by t	he responsible official?		
	Visual examination (condensed s	olvent on exterior surface	s)	
	Physical detection (airflow felt th	rough gaskets)		
	Odor (noticeable perc odor)			
	Use of direct-reading instrumenta	auon (FID/PID/calorimetr	ric tubes)	
	Halogen leak detector			
	If using direct-reading instr	umentation, is the equip	oment:	□N/A
	a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	□Y □N
		standard gas prior to and	after each use	
	(PÍD/FID only)?			DY DN
	Z. Inspected for leaks ar	nd obvious signs of wear of	on a weekly basis?	□Y □N
	d. Kept in a clean and s	ecure area when not in us	se?	OY ON
	e. Verified for accuracy	by use of duplicate sample	les (calorimetric only)?	NO YO
/				
	LOGER ZHU		(2/23)	198

Inspector's Name (Please Print)

Date of Inspection

Logu Mu

Inspector's Signature

(2/23/98

Date of Inspection

Approximate Date of Next Inspection

ENVIRO	NMENTAL PROT	INSPECTION REI		BOROLIGH	COLINT	Ϋ́	
FACILITY: Blue Moor				PAGE	1	OF	1
FACILITY ADDRESS:	1526 Fowler A	Ave. E.		CITY: T PHONE:	_	 5-1415	
MAILING ADDRESS:	Same		CITY: Tampa	FLA		33610	_
INSPECTION DATE: Dec 23, 1998	TIME IN: 10:00	TIME OUT: 12:00	INSPECTION non- C			STATU	JS:
NEDS NUMBER: 5712							
SOURCE DESCRIPTIO	N: Perc Dry	Cleaner					
CONTACT(S): Tim	othy Nolan						
procedures he should for It is a new machine (down/malfunction plane). The next inspection was keeping is on the right	(Union 45, SN is kept on site will be conduct	N 132-B7-0005 e.). The owner	rs manual	includ	ling sta	-
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		·					

•.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COM	PLAINT/DISCOVERY	RE-INSPECTION X
TIME IN: 13-35	TIME OUT:	15 AIRS ID#:	571215
TYPE OF FACILITY: PER	C DRY CLEAVER	_	
BID BID	F MADN /IFAMI	-R 5	DATE: 2/17/99
FACILITY NAME: 52 FACILITY LOCATION: 152 TA: RESPONSIBLE OFFICIAL: 71	L FAULTED MIFE	F-	DATE: -/ / /
FACILITY LOCATION: 172	TI 22/1	<u>,</u>	
	MPA, FC 3361		(0.0)
RESPONSIBLE OFFICIAL:	MOTHY NOLAN	PHONE NUMBE	R: (813) 615 -1417
	e compliance requirements evaluale 62-213.300, Florida Administr		facility is found to be in
Based on the results of the discrepancies were noted	e compliance requirements evaluate	ated during this inspection, the	following compliance
COMPLIANCE REQUI	REMENT/PROBLEM	FOLLOW-UP AC	TION REQUIRED
		RECE	IVED
		91 to	1.3 1993
		Bureau	of Air Monitorin.
•		& M	oplie 201
			<u> </u>
		•	
COMMENTS:			
CONTRACTOR OF THE CONTRACTOR O			
		·	
The Annual Compliance Certifica	tion form has been properly certi	fied and submitted to the inspec	ctor. YES NO ~
·-	1	YEAR	
DATE OF NEXT INSPECTION		proximate)	
	ρ	GER ZHU	
INSPECTION CONDUCTED B	11.		
INSPECTOR'S SIGNATURE:_	pose sh	ease Print)PHONE NUMBI	ER: (813) 272-5530
	Page_	of	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	и 💆	COMPLAINT/DISCOVERY	<i>r</i> o .
AIRS ID#: 571215 FACILITY NAME:	n 1	99 TIME I	n: <u>13:35</u> time out ERS	: 15:15
FACILITY LOCATION:				
			PHONE: (813) 615- PHONE: SAME	-1415
PART I: NOTIFICATION			PHONE:	
(check appropriate box)				
New facility notified DA	RM 30 days prior to start	tup	. 11	۵
2. Facility failed to notify D	ARM to use general per	mit	\mathcal{N}/\mathcal{P}	٥
PART II: CLASSIFICAT	ION			
Facility indicated on notifi (check appropriate box)	cation form that it is:		☐ No notification form ☐ Drop store/out of business	s/petroleum
1. Existing small area s dry-to-dry only, x < 140 transfer only, x < 200 ga		2. New small a dry-to-dry only,	,	
both types, x < 140 gal/y (constructed before 12/9/	r	transfer only, x both types, x < (constructed on	< 200 gal/yr	
	ource □ ≤ 2,100 gal/yr 1,800 gal/yr 800 gal/yr	both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140	< 200 gal/yr 140 gal/yr or after 12/9/91)	
(constructed before $12/9/3$) 3. Existing large area s dry-to-dry only, $140 \le x$ transfer only, $200 \le x \le 10$ both types, $140 \le x \le 10$	ource □ ≤ 2,100 gal/yr 1,800 gal/yr 800 gal/yr	both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140	< 200 gal/yr 140 gal/yr or after 12/9/91) area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$	
(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 factor of the facto	Frource \$\leq 2,100 \text{ gal/yr} \\ 1,800 \text{ gal/yr} \\ 800 \text{ gal/yr} \\ 91) ty classification the appropriate classification generally gualified for a general	both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140 (constructed on Y New large a dry-to-dry only, attack types, 140 (constructed on types).	< 200 gal/yr 140 gal/yr or after 12/9/91) area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after 12/9/91) Can not determine	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) Y UN UN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ZÁY □N □N/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? $\square N$ 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/A least 24 hours prior to disposal? 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) ДУ ПИ 1. Equipped all machines with the appropriate vent controls? A'NO NO YE 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 ØY □N □N/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the MY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after ŬY □N verifying that the coolant had been completely charged?

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official: (check appropriate boxes)				
1. Paintained receipts for perc purchased? ☑Y □N				
2. Maintained rolling monthly averages of perc consumption?				
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ÓSÍN∕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 MONA			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ⊠N/A			
5. Maintained exhaust duct monitoring data on pere concentrations?				
6. Maintained startup/shutdown/malfunction plan? ✓ Y □N				
7. Maintained deviation reports?				
Problem corrected?	OY ON QİN/A			
8. Maintained compliance plan, if applicable?	DY DN X NA			

PART VI: LEAK DETECTION AND R	EPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?					
2. Has the facility maintained a leak log?			MA □N		
3. Does the responsible official check the following areas for leaks?					
Hose connections, fittings, couplings, and valves	∯Y □N □N/A	Muck cookers	DÝY 🗆 Ú ON/A		
Door gaskets and seating	AND NO YÉ	Stills	MY ON ON/A		
Filter gaskets and seating	ĐÝY ON ON/A	Exhaust dampers	ØY □N □N/A		
Pumps	ÖY □N □N/A	Diverter valves	MY ON ON/A		
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	MY ON ON/A		
Water separators	ΦY ON ON/A				
4. Which method of detection is used by th	ne responsible official?				
Visual examination (condensed so	lvent on exterior surfaces)		₹		
Physical detection (airflow felt thr	ough gaskets)		Þ		
Odor (noticeable perc odor)			Þ Þ		
Use of direct-reading instrumentar	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
Halogen leak detector					
If using direct-reading instru	mentation, is the equipm	ent:	ØN/A		
a. Capable of detecting p	erc vapor concentrations is	n a range of 0-500 ppm?	OY ON		
b. Calibrated against a st (PID/FID only)?	andard gas prior to and af	ter each use	מם עם		
c. Inspected for leaks and	d obvious signs of wear on	a weekly basis?	OY ON		
d. Kept in a clean and se	cure area when not in use?	?	OY ON		
e. Verified for accuracy	by use of duplicate samples	s (calorimetric only)?	OY ON		
00:00 71		/ /	1a 4		
Inspector's Name (Please Prin		Date of Inspe			
REGERAN I YEAR					
Inspector's Signature Approximate Date of Next Inspection					

ENVIRONMENT.		PECTION RE FION COMM		LLSBOR	OUGH COUNTY
FACILITY: Blue Moon				PAGE	1 OF 1
FACILITY ADDRESS:	1526 Fowler A	Ave. E.		CITY: T	ampa 813-615-1415
MAILING ADDRESS: S	Same		CITY: Tampa	FLA	ZIP: 33610
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTION	TYPE:	STATUS:
Dec 23, 1998	10:00	12:00	non- CD	S	In Compliance
NEDS NUMBER: 57121	5				
SOURCE DESCRIPTION	N: Perc Dry	Cleaner			_
CONTACT(S): Time	othy Nolan				
procedures he should for It is a new machine (down/malfunction plan The next inspection w keeping is on the right t	Union 45, SN is kept on site fill be conduct	I 132-B7-000	5). The owner	s manual	including startup/sh
The record keeping h December, 1998. Ther perc was 120 gallons) a The machine looks ve inspection.	e was only 10 ccording to the	gallons of pe e purchase rec	erc purchased in ceipt.	n Feb, 199	99 (the initial fill-up
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·					
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL 🔀 COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: $9:30$ TIME OUT: $10:1$	5 AIRS ID#: 57/2/5
TYPE OF FACILITY: PERC DRY CLEANER	
FACILITY NAME: BLUE MOON CLEANER	25 DATE: 12/21/99
FACILITY LOCATION: 1526 FOWLER AVE	, E.
TAMPA, FL 33	6610
TYPE OF FACILITY: PERC DRY CLEAVER FACILITY NAME: BLUE MOON CLEAVER FACILITY LOCATION: 1526 FOWLER AVE TAMPA, FL 33 RESPONSIBLE OFFICIAL: TIMOTHY NOZAN	PHONE NUMBER: (813) 615-1415
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
	P
	Bureau Mar CE
	Modifie Sources Montains
	es aline
COMMENTS:	
COMMENTS.	
	· · · · · · · · · · · · · · · · · · ·
The Annual Compliance Certification form has been properly certi	
DATE OF NEXT INSPECTION: /	YEAR pproximate)
0.0	GER ZHJ
	lease Print)
INSPECTOR'S SIGNATURE: Rose Shu	PHONE NUMBER: (8/3) 272 - 5530
Page	of Revised 10/96

AIRS ID#:	571215	

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: BLUE MO FACILITY LOCATION: 1526 F	ON CLEANE	RS	DATE:	12/15/99
FACILITY LOCATION: 1526 F	OWLER AVE	, E.		
TAMPA	, FL 3361	O		
				
Annual Reporting Period: Dec	181	98 _{TO}	Pec 15	19 <u>99</u>
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.	= = =		<u> </u>	P Rule NO
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in conti	nuous compliance du	ring the reporting period	stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				·
#2. Term or condition of the general permit	that has not been in conti	nuous compliance du	ring the reporting perio	d stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:		<u> </u>		
As the responsible official, I hereby certify, and in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Nat	and complete. Further, m does not exceed 2,100 ga	y annual consumptio	n of perchloroethylene state of 1,80	solvent, based
Nar	ne (riease rtint)	/ 51	gnature	Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COMPLAINT/DISCOVERY

ANNUAL

TYPE OF INSPECTION:

	RE-INSPECTION	1 0			
AIRS ID#: 57/2/5				IME OUT: 10	:15
FACILITY LOCATION:	1526 FOWL	ER AUG	, E.		
RESPONSIBLE OFFICIA	AL: TIMOTHY	NOLAN	PHONE: (8/3) 615 - 141	5
CONTACT NAME:	SAME		PHONE:	SAME	· ·
PART I: NOTIFICATIO	N				·
(check appropriate box)				-	
1. New facility notified DA	ARM 30 days prior to start	מנו			ÞI ÞI
2. Facility failed to notify l		. *		,	
PART II: CLASSIFICAT	FION		•		1
				<u> </u>	
Facility indicated on notificated (check appropriate box)	<u> </u>	·	☐ No notification☐ Drop store/out	form of business/petrol	eum
11	fication form that it is: source gal/yr al/yr	2. New small a dry-to-dry only, transfer only, x both types, x < (constructed on	□ Drop store/out rea source x < 140 gal/yr < 200 gal/yr		eum
(check appropriate box) A. 1. Existing small area dry-to-dry only, x < 140 transfer only, x < 200 g both types, x < 140 gal/	fication form that it is: source gal/yr yr 9/91) source x \le 2,100 gal/yr 1,800 gal/yr ,800 gal/yr	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140	□ Drop store/out rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	of business/petrol	eum
(check appropriate box) A. 1. Existing small area dry-to-dry only, x < 140 transfer only, x < 200 g both types, x < 140 gal/ (constructed before 12/9) 3. Existing large area dry-to-dry only, 140 ≤ x transfer only, 200 ≤ x ≤ both types, 140 ≤ x ≤ 1,	fication form that it is: source gal/yr yr 9/91) source x \le 2,100 gal/yr 1,800 gal/yr ,800 gal/yr 9/91)	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140	☐ Drop store/out Trea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) Trea source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	of business/petrol	eum
(check appropriate box) A. 1. Existing small area dry-to-dry only, x < 140 transfer only, x < 200 g both types, x < 140 gal/ (constructed before 12/9) 3. Existing large area dry-to-dry only, 140 ≤ x transfer only, 200 ≤ x ≤ both types, 140 ≤ x ≤ 1, (constructed before 12/9) 5. This is a correct facil If no, please check	fication form that it is: source gal/yr yr 9/91) source x \le 2,100 gal/yr 1,800 gal/yr ,800 gal/yr 9/91)	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140 (constructed on \[\text{Y} \text{DN} \] ation: leral permit as nu	□ Drop store/out Frea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) Frea source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) □ Can not determinates	of business/petrol	eum

Daviced 9/11/07

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 XXNA DY DN **X**N/A 2. Examining the containers for leakage? MO Y D 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? DY DN DANA 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN **X**IN/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? MA DN ØY □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 KOY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated May □N condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the KOY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after MD Y 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?	ÆÝ	מם	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	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,			
	if machines are equipped with a carbon adsorber?	ΟY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПΝ	□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	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	Y	ПΝ	□N/A
6.	Douted airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) **₩**Y □N 1. Maintained receipts for perc purchased? DY ON 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: OY ON ANA a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days AMA NO YO and parts installed w/in 5 days of receipt? DY DN \$\fmathbf{y}\text{IN/A} 4. Maintained calibration data? (for applicable direct reading instruments) DY ON MN/A 5. Maintained exhaust duct monitoring data on perc concentrations? MY UN 6. Maintained startup/shutdown/malfunction plan? DY DN KN/A 7. Maintained deviation reports? □Y □N MN/A Problem corrected? DY DN MANA 8. Maintained compliance plan, if applicable?

Darger 8/1,10

P.ª	RT VI: LEAK DETECTION AND I	REPAIRS			
I.	I. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			ØY □N	
2.	Has the facility maintained a leak log?			¢γY □N	
3.	Does the responsible official check the	following areas for leaks	?	,	
	Hose connections, fittings, couplings, and valves	ØY □N □N/A	Muck cookers	MY ON ON	/A
	Door gaskets and seating	XY ON ON/A	Stills	MY ON ON	/A
	Filter gaskets and seating	AY ON ON/A	Exhaust dampers	MY ON ON	/A
	Pumps	AND ND YA	Diverter valves	MY ON ON	/A
	Solvent tanks and containers	\$ ON □N/A	Cartridge filter housings	MA DN DN	/A
	Water separators	YY ON ON/A			
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed s	solvent on exterior surface	es)	\$ 4	
	Physical detection (airflow felt th	rough gaskets)		Þ	
	Odor (noticeable perc odor)			X	
	Use of direct-reading instrument	ation (FID/PID/calorimet	ric tubes)	o o	
	Halogen leak detector			۵	
	If using direct-reading inst	rumentation, is the equi	pment:	X N/A' _\	
	a. Capable of detecting	perc vapor concentration	s 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	on a weekly basis?	OY ON	
	d Kent in a clean and	secure area when not in a	ice?		

ROGER ZHU	12/21/99
Inspector's Name (Please Print)	Date of Inspection
loge show	1 YEAR
Inspector's Signature	Approximate Date of Next Inspection

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

OY ON

		DE CETAL L DE					
ENVIRONMENT			PORT FORM		DOI IC	LL COLIN	ITV
FACILITY: Blue Moon		TION COMIN	1001011 01 11	PAG		OF	1
FACILITY ADDRESS:		Ave. E.		CITY:	Tampa		
,					: 813-6	15-1415	
MAILING ADDRESS:			CITY: Tampa			P: 33610	
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO			STATU	
Dec 21, 1999 NEDS NUMBER: 5712	9:30	10:15	non- C	. DS .		In Compl	nance
		Claanar					
SOURCE DESCRIPTION		——————————————————————————————————————					
CONTACT(S): Tim Today's visit was to	nothy Nolan						
The facility is very cl The recordkeeping is week consistently. Th Mr. Nolan told me the location. I suggested facility.	in a good shap e perc usage w hat he's consid	pe. The temperas 90 gallons lering adding	rature and lead for the past 12 one more faci	k checks -month. lity with	a mac	hine at a	different
,							
						<i>j</i>	
				,			٠.
							•
	•						
INSPECTED BY:	Roger 2	Zhu		DATE	<u>:</u> :	12/21/99	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

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Miles	1
17/50	1
	, ι

TYPE OF INSPECTION: ANNUAL COME	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: $9 = 30$ TIME OUT: 10 =	30 AIRS ID#: 57/2/5
TYPE OF FACILITY: PERC DRY CLEANER	
FACILITY NAME: BLUE MOON CLEANE	PAS DATE: 12/6/00
FACILITY LOCATION: 1526 FOWLER WE,	€.
TAMPA, FL 336	010
RESPONSIBLE OFFICIAL: TIMOTHY NOLAN	PHONE NUMBER: (813) 615-1415
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
	7)
	Bureau K
	A 2000 Par Mobile Sources
:	ces s
COMMENTS:	<u> </u>
·	
·	·
The Annual Compliance Certification form has been properly cert	
DATE OF NEXT INSPECTION: (A)	YEAR pproximate)
INSPECTION CONDUCTED BY:	lease Print)
INSPECTOR'S SIGNATURE: Roger Bl	PHONE NUMBER: (8/3) 272 - 553c

Page of

° AIRS ID#: 571215

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: BLUE NO. FACILITY LOCATION: 1526 TAMPA	OON CLE	ANERS		DATE:	12/6/00
FACILITY LOCATION: 1526	FOWLER	AVE , E.			
TAMPZ	, FL	33610			
_					
Annual Reporting Period:	16	19 <u>_9</u> 9 то	Dee	-	20 00
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.	-				P Rule
If NO, complete the following:	rec.), turing the po	inde covered by this se		125	
#1. Term or condition of the general permit	that has not been in	continuous complianc	e during the re	porting perio	od stated above:
Exact period of non-compliance: from		t	o		· · · · · · · · · · · · · · · · · · ·
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:					
#2. Term or condition of the general permit	that has not been in	continuous complianc	e during the re	eporting peri	od 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 a upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL: // MOTHER	and complete. Furth does not exceed 2,10	er, my annual consun	nption of perch	loroethylene	solvent, 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

COMPLAINT/DISCOVERY (CI) □

ANNUAL (INS1, INS2)

RE-INSPECTION (FUI) □

TYPE OF INSPECTION:

	O TIME IN: 9:30 TIME OUT: 10:30
FACILITY NAME: BLUE MOON	
FACILITY LOCATION: 1526 FOWLE	R ME, E.
	FL 33610
RESPONSIBLE OFFICIAL: TIMOTHY	NOLAN PHONE: (813) 615-1415
CONTACT NAME: SAME	NOLAN PHONE: (813) 615 - 1415 PHONE: SAME
PART I: NOTIFICATION	
(check appropriate box)	Facility Compliance Status: IN 🙇
1 New facility notified DARM 30 days prior to star	tup 🗴 (ARMS Data) MNC 🗅
2. Facility failed to notify DARM to use general per	mit 🗆 SNC 🗅
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form☐ Drop store/out of business/petroleum
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
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 □N □Can not determine
☐ facility exceeds above lim	neral permit as number above nits and is not eligible for a general permit archased within the preceding 12 months by this dry cleaning

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 WN/A DY DN XNA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? KAY □N 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? DY DN MINA 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MINA 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) MY DN 1. Equipped all machines with the appropriate vent controls? KAY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the MY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated $\Delta Y \square N$ condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the ANO NO YER condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after 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?	ПY	ND	
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° F?	ΠY	ПN	□N/A·
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	ПИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	Δλ	ΠN	□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	ПN	.· □N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	מם	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) ИП Y**K**Ö 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? MD AK 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; DY DN XXNA b. documentation of parts ordered to repair leak and leak repaired w/in 2 days □Y □N **¤**N/A and parts installed w/in 5 days of receipt? DY DN XXNA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN MAN/A 5. Maintained exhaust duct monitoring data on perc concentrations? \mathbf{x} Y \square N 6. Maintained startup/shutdown/malfunction plan? DY DN \$MA 7. Maintained deviation reports? Problem corrected? DY DN SAN/A DY DN \$MN/A 8. Maintained compliance plan, if applicable?

P/	ART VI: LEAK DETECTION AND R	EPAIRS		
l.	Does the responsible official conduct a	weekly (for small source	s, bi-weekly) leak detection an	ıd repair
	inspection?			XXY □N
2.	Has the facility maintained a leak log?		·	y y . □n
3.	Does the responsible official check the	following areas for leaks	?	·
	Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	¥Y □N □N/A
	Door gaskets and seating	XY ON ON/A	Stills	YY ON ON/A
	Filter gaskets and seating	AND NO YA	Exhaust dampers	XAY ON ON/A
	Pumps	X Y 🗆 N 🗆 N/A	Diverter valves	XY ON ON/A
	Solvent tanks and containers	XY ON ON/A	Cartridge filter housings	Y ON ON/A
	Water separators	XY ON ON/À	;	
4.	Which method of detection is used by t	he responsible official?		
	Visual examination (condensed se	olvent on exterior surfac	es)	×
	Physical detection (airflow felt th	rough gaskets)	•	×
	Odor (noticeable perc odor)			× ·
	Use of direct-reading instrumenta	ation (FID/PID/calorimet	ric tubes)	<u> </u>
	Halogen leak detector			
	If using direct-reading instr	umentation, is the equi	pment:	M N/A
	a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	OY ON
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and	after each use	□Y □N
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	DY DN
	d. Kept in a clean and s	ecure area when not in u	se?	DY DN
	e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	NO AC

d. Kept in a clean and secure area when no	t in use?
e. Verified for accuracy by use of duplicate	e samples (calorimetric only)?
ROGER ZHU	12/6/00
Inspector's Name (Please Print)	Date of Inspection
Roser Blum	1 YEAR

•					
	INSPECTION RE	PORT FORM			
ENVIRONMENTAL PRO	TECTION COMM	ISSION OF H	ILLSBOR	OUGH COU	NTY
FACILITY: Blue Moon Cleaners			PAGE	1 OF	1
FACILITY ADDRESS: 1526 Fov	vler Ave. E.			ampa 313-615-1415	
MAILING ADDRESS: Same		CITY: Tampa	FLA	ZIP: 33610	
INSPECTION DATE: TIME I		INSPECTION		STATU	12.
Dec 6, 2000 9:30		non- CI		In Compl	
NEDS NUMBER: 571215					
SOURCE DESCRIPTION: Per	c Dry Cleaner				
CONTACT(S): Timothy Nola					
The machine was in operation The recordkeeping is very go method has been applied actuall The 12-month perc usage was	ood. Especially for y with no deviation	r the perc mo		ling total, the	e logging
INSPECTED BY: Rog			DATE:	12/6/00	
INSTECTED DI: KO	ger Zhu		DATE:	12/6/00	



413653 JAN30 2892

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 # 0950285
TROPICAL CLEANERS
JOSEPH D GRIFFIN
2770 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO FL
32805

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413652 JAN30 2002

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0571215

BLUE MOON CLEANERS TIMOTHY NOLAN 1526 E FOWLER AVE TAMPA FL 33612

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1



413655 JAN30 2002

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TOTAL AMOUNT DUE: \$50.00



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AIRS ID # 0112441

HERITAGE CLEANERS ERIC LACOV 6594 TAFT STREET HOLLYWOOD FL 33024

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413654 JAN30 2882

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AIRS ID # 0990421

STAR BRITE CLEANERS CHARLES WHITE 71 EAST INDIANTOWN ROAD JUPITER FL 33477

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Org.: 37550101000 EO: A1



413657 JAN30 2002

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AIRS ID # 0250928

CHANTRES CLEANERS ENRIQUE CHANTRES 2555 SW 8TH STREET MIAMI FL 33135

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Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



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AIRS ID # 0250964 AMERICANO CLEANER'S ABDUL BASIT

6552 NW 186TH STREET

MIAMI FL 33015 Обј.:

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1



Praxair Surface Tehcnologies, Inc. P.O. Box 24184 1500 Polco Street Indianapolis, IN 46224

ENVIRONMENTAL PROTECTION AGEN(
ENVIRONMENTAL PROTECTION
FLORIDA DEPARTMENT
TALLAHASSEE FL 32399-2400

To Open This Side - Silde Finger Under This Edge --



INDIANAPOLIS, IN 46224 PLEASE DETACH BEFORE DEPOSITING VENDOR CODE SOURCE NAME CHECK NUMBER CHECK DATE Accounts Payable 2000212222 24-JAN-02 7265 INVOICE NUMBER Amount P.O. NUMBER INVOICE DATE 010102 50.00 01-JAN-02

Direct Inquires To:
Accounts Payab
P.O. Box 24184

Indianapolis, IN 46224

TOTALS

\$50.00

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P.O. Box 24184, 1500 Polco Street INDIANAPOLIS, IN 46224

CHEMICAL BANK DELAWARE

1201 Market St. WILMINGTON DE 19801

CHECK DATE 24-JAN-02 1158-09

CHECK NUMBER

954

PAY

Fifty Dollars And 00 Cents*

ENVIRONMENTAL PROTECTION AGENCY
ENVIRONMENTAL PROTECTION

FLORIDA DEPARTMENT

TALLAHASSEE, FL 32399-2400

CHECK AMOUNT

\$50.00

/ Thomas 2 Mgel

CASH PROMPTLY, NOT VALID AFTER 180 DAYS

3755 2273

MRS ID # 0112482

	P 174 05	52, 517		
BLU TIM 1526	US Postal Service Receipt for Cer JE MOON CLEANERS OTHY NOLAN 5 E FOWLER AVE MPA FL 33612	AIRS ID # 0571215		
	Postage	\$		
	Certified Fee		}	
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	Restricted Delivery Fee		}	
1995	Return Receipt Showing to Whom & Date Delivered		[
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 Complete items 1, ∠, a item 4 if Restricted De Print your name and a so that we can return Attach this card to the or on the front if space 1. Article Addressed to: 	elivery is desired. Iddress on the reverse the card to you. Idday back of the mailpiece,	A. Received by (Please Print Cleafly) B. Date of Deliver C. Signature Agent Addresse D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
BLUE MOON CLEANER FIMOTHY NOLAN 1526 E FOWLER AVE FAMPA FL 33612	AIRS ID # 0571215 S	3. Service Type Certified Mail Express Mail
P174052	SIM	Registered Return Receipt for Merchandis Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Copy from		165

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			CEIPT ce Coverage Provided)	
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		JRN ADDRESS.	E RIGHT OF RETU	HT 01	
SENDEF 3d013AN3 30 d0.L IV 83X0LIS 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. Article Addressed to: AIRS ID # 0571215 BLUE MOON CLEANERS TIMOTHY NOLAN			complete ired. ne reverse rou. mailpiece,	A. Received by (Please Print Clarity) B. Date of Delivery C. Signature X Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:	
1526 EFOW TAMPA FL		·		3. Service Type Certified Mail	
2. Article Number (Copy from service label)					
7000 0600 0026 4126 6039 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789					

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A signature Agent Addressee B. Received by (Finited Name) C. Date of Delivery of School of Delivery of Delivery of School of Delivery of Delivery of Delivery of School of Delivery of Del	
1 Article Addressed to:	D. Is delivery address different from item 1?	
05712T500TAG BLUE MOON CLEANERS IMOTHY NOLAN		
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	4. Restricted Delivery? (Extra Fee) ☐ Yes	
7003 0500 0004 0144	3371	

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100 BLAIR STONE ROAD
101 SEE, FLORIDA 32399-2400

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TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0571215

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422178 JAN24 2003

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JAN 2 9 2003

Bureau in Air Monitoring
& Mobile Sources

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Org.: 37550101000 EO; A1 Fund: 20-2-035001

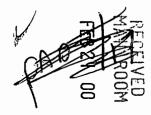
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