

Department of Environmental Protection

Jeb Bush Governor David B. Struhs Secretary

May 20, 1999

Mr. William Atkin Signature Cleaners 2020 West Brandon Boulevard, Suite 150 Brandon, Florida 33511

Re: Facility No.: 0571225

Dear Mr. Atkin:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on May 11, 1999.

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, 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

0571225 Spoke to William athins, owner, of Signature Cleaners. Mr. athing was unable to find a definite month for the furthere date. The facility is effected to use over 140 gallons year 4. Existing machines at a large area source Refugerated Condenser should not be marked. Mark autond initial. New machines at a large area source Refricierated condenser should be marked

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MAY 1 1 1999

Bureau of Air Monitoring

& Mobile Sources

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

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

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): PINNACLE CLEANERS INC. 2. Site Name (For example, plant name or number): Signanure (County County: BRANDON FL County: BRESPONSIBLE Official A Name and Title of Responsible Official: Name: William Attain Signanure CLEANER Street Address: Organization/Firm: Signanure CLEANER Street Address: Organization/Firm: Signanure CLEANER Street Address: County: HILL BROWNER Zip Code: 375/1 8. Responsible Official Telephone Number: Telephone: (8/8)/661-1948 Fax: (8/8)/643-5468 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): SAME 10. Facility Contact Address: Street Addre	Facility Name and Location	
2. Site Name (For example, plant name or number): Sign AVRE CLEANERS 3. Hazardous Waste Generator Identification Number: 4. Facility Location: Street Address: ZOZO W BRANDON BIVO SUME ISO City: BRANDON FL County: HILLSBOROWH Zip Code: 37511 Responsible Official 6. Name and Title of Responsible Official: Name: William Attern 7. Responsible Official Mailing Address: Organization/Firm: Signapare Cleaners Street Address: ZOZO W Brandon Blvo Svire iso City: Brandon FL HILL Bondoott Grounty: Gounty: Telephone: (813)661-1948 Fax: (813)643-5468 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): SAME 10. Facility Contact Address: Street Address: SAME City: County: Zip Code: 11. Facility Contact Telephone Number:	1. Facility Owner/Company Name (Name of corporation, agency, or individual	fual owner):
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3. Hazardous Waste Generator Identification Number: 4. Facility Location: Street Address: ZOZO W BRANDON BIVD SUME ISO City: BRANDON FL County: HILLSBORGER J Zip Code: 33511 5. Hazility Identification Number (PDPISE ONLY REGION HILLS) Responsible Official 6. Name and Title of Responsible Official: Name: William Atlain 7. Responsible Official Mailing Address: Organization/Firm: Signanda BlvD SUME ISO City: Brandon FL County: Street Address: ZOZO W Brandon BlvD SUME ISO City: Brandon FL County: Telephone: (813)661 - 1948 Fax: (813) 643 - 5468 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): SAME 10. Facility Contact Address: Street Address: SAME City: County: Zip Code: 11. Facility Contact Telephone Number: Telephone: Telephone Number: Telephone Contact Telephone Number:	2. Site Name (For example, plant name or number):	
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6. Name and Title of Responsible Official: Name: William Atkin 7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: County: Telephone: (913)661-1948 Fax: (913)643-5468 Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): SAME 10. Facility Contact Address: Street Address: Street Address: Street Address: Street Address: City: County: County: County: County: County: County: Zip Code: Telephone Number:	Responsible Official	11200
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DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information

1.(a) DRY-TO-DRY MA	CHINES ONLY	Y .		
How many dry-to-dry ma	chines do you ha	ve on-site?		
For each dry-to-dry mach	ine on-site, please	e provide the following informatio	n:	
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Devi (if already included purchase, write "S.	d at time of
1991	Existing/Ne	RC)CA/None required	SAME	-
·	Existing/Ne	ew RC/CA/None required		_
	Existing/Ne	ew RC/CA/None.required		
*CONTROL DEVICE KI	EY: RC=r	efrigerated condenser CA =	= carbon adsorber	
(f) TRANSFER MAC	HINES ONLY		. :	
How many washers do yo	ou have on-site?			
How many dryers/reclaim	iers do you have	on-site?		S. C. Starter
		l after September 22, 1993 are allower, please provide the following inf Control Device Required* (circle one)		ce Installed d at time of
	Existing/New	RC/CA None required		
	Existing/New	RC/CA None required		_
	Existing/New	RC/CA None required		
*CONTROL DEVICE K	EY: RC = 1	refrigerated condenser CA =	= carbon adsorber	· - · · · · ·
2 (a) How much perchlo Owned 1(6)99 gatto		have you used within the last 12 to lithis in)	months?	of 1/6/99
(b) If less than 12 mor	nths, how many?	[] months	י אוייי	->5/1/2
	•		ep records: []	
·		New store: New machi		
4		Unopened store [] (date of	f expected opening	<u>· ·</u>)

DEP Form No. 62-213.900(2) Effective: 2/24/99

3. What is the facility's source classification based of Indicate with an "X". Select one classification of	
Small Area Source	
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
Large Area Source	
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing machines at small area source (NONE REQUIRED)	New machines at small area source Refrigerated condenser []
Existing machines at large area source Carbon adsorber Refrigerated condenser	New machines at large area source Refrigerated condenser []
	units shall not be eligible to use the general permit pursuant to hot water generating units on-site meet the following exemption led memo for the criteria).
All steam and hot water generating units exempt No such units on-site	□ OR □ OR
How many boilers do you have on-site?	•
For each boiler, indicate its horsepower (HP) rating	<u> </u>
What type of fuel do you use? [] propane [] No. 2 fu	el oil No. 4 fuel oil
6. Equipment Monitoring and Recordkeeping Information	mation
Check all logs which are required to be kept on-site	e in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent	addition log
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mo	onitoring
(e) Startup, shutdown, malfunction plan	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

7. Surrender o	of Existing DEP Air Permit(s)
Please indicat	te with an "X" the appropriate selection:
	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are
ıΧı	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible	Official Certification
this notification statement maintain comply with the state of the stat	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in Ecation. 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. Impuly notify the Department of any changes to the information contained in this notification. The Alkins The of responsible official Solution Solu

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANN	TUAL X COM	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 9:20 TYPE OF FACILITY: PERC PERC PERC PERC PERC PERC PERC PERC	DRY CLEANER TURE CLEA W. BRANDON DON, FL AM ATKIN Diliance requirements evalua 213.300, Florida Administra	PHONE NUMBER ted during this inspection, the stative Code (F.A.C.).	DATE: $\frac{8/11/99}{150}$ R: $\frac{(813)661-1948}{150}$ Cacility is found to be in
discrepancies were noted:			
COMPLIANCE REQUIREM	LENT/PROBLEM	FOLLOW-UP ACT	TION REQUIRED
<u>.</u>			P
		Bu.es	
		au of Air Mobile	TO E
		ureau of Air Monitor. & Mobile Sources	99 E
	·		,
COMMENTS:			
The Annual Compliance Certification fo	rm has been nonnerby cortif	ied and submitted to the increase	tor. YES NO
•	/ / / / / / / /	YEAR	
DATE OF NEXT INSPECTION:		proximate) 66R ZHU	
INSPECTION CONDUCTED BY: INSPECTOR'S SIGNATURE:		ease Print) PHONE NUMBE	(813)272-553-0

Revised 10/96

AIRS ID#: 57/225

Hec

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: SIGNATO FACILITY LOCATION: 2020 1 BRAND	RE CLEANE	RS	DATE: 8/11/99
FACILITY LOCATION: 2020	N. BRANDON	BLVD, SU	ITE 150
BRANE	ON, FL	33511	
	,		
Annual Reporting Period: Jan	19	95 to <u>Aug</u>	· 1195
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		-	_
If NO, complete the following:			
#1. Term or condition of the general permit	that has not been in continu	nous compliance during the r	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 continu	ous compliance during the	reporting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
	and complete. Further, my does not exceed 2,100 gallo	annual consumption of perceions per year for dry-to dry for	hloroethylene solvent, based
Nar	ne (Please Print)	Signature	Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL	Æ	COMPLAINT/DISCOVER	Υ
	RE-INSPECTION	и _		
	·		<u> </u>	
AIRS ID#: 57/225	_		IN: 9:00 TIME OUT	r: <u>/0 : 3 0</u>
FACILITY NAME:	SIGNATULE			
FACILITY LOCATION:	2020 W. I	BRANDO	IN BLUD, SUIT	E 150
	BRANDON	, FL	33511	
RESPONSIBLE OFFICIA	I: WILLIAM	ATKIN	33511 PHONE: (813)66 1 PHONE: SAM	-1948
CONTACT NAME:	SAWIE		_ PHONE: SAM	15
			·	
PART I: NOTIFICATION	7			
(check appropriate box)				
1. New facility notified DAI	RM 30 days prior to star	tup	- 11/1	· a
2. Facility failed to notify D	ARM to use general per	mit	N/L	
			<u> </u>	
PART II: CLASSIFICAT	ION			*
			☐ No notification form	į.
Facility indicated on notific (check appropriate box)			☐ No notification form ☐ Drop store/out of busines	ss/petroleum
Facility indicated on notific (check appropriate box) A.	cation form that it is:	2. New small	☐ Drop store/out of busines	ss/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area s	cation form that it is:	2. New small dry-to-dry onl	☐ Drop store/out of busines	ss/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area s dry-to-dry only, x < 140 transfer only, x < 200 ga	cation form that it is: source gal/yr l/yr	dry-to-dry onl transfer only,	☐ Drop store/out of busines area source y, x < 140 gal/yr x < 200 gal/yr	ss/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area s dry-to-dry only, x < 140 transfer only, x < 200 ga both types, x < 140 gal/yr	cation form that it is: source gal/yr l/yr	dry-to-dry only transfer only, both types, x	☐ Drop store/out of busines area source y, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr	ss/petroleum
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Facility indicated on notific (check appropriate box) A. 1. Existing small area s dry-to-dry only, x < 140 transfer only, x < 200 ga both types, x < 140 gal/y (constructed before 12/9/ 3. Existing large area s	cation form that it is: source gal/yr 1/yr r (91)	dry-to-dry only transfer only, both types, x	☐ Drop store/out of busines area source y, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr n or after 12/9/91)	ss/petroleum
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Facility indicated on notific (check appropriate box) A. 1. Existing small area s dry-to-dry only, x < 140 transfer only, x < 200 ga both types, x < 140 gal/y (constructed before 12/9/ 3. Existing large area s dry-to-dry only, 140 ≤ x transfer only, 200 ≤ x ≤ x	cation form that it is: source gal/yr l/yr r /91) source ≤ 2,100 gal/yr 1,800 gal/yr	dry-to-dry only transfer only, both types, x (constructed of the large dry-to-dry only transfer only,	☐ Drop store/out of busines area source y, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr n or after 12/9/91) area source y, $140 \le x \le 2,100 \text{ gal/yr}$ $200 \le x \le 1,800 \text{ gal/yr}$	ss/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area s dry-to-dry only, x < 140 transfer only, x < 200 ga both types, x < 140 gal/y (constructed before 12/9/ 3. Existing large area s dry-to-dry only, 140 ≤ x transfer only, 200 ≤ x ≤ both types, 140 ≤ x ≤ 1,8	cation form that it is: source gal/yr l/yr r (91) source ≤ 2,100 gal/yr 1,800 gal/yr	dry-to-dry only transfer only, both types, x (constructed of the large dry-to-dry only transfer only, both types, 14	☐ Drop store/out of busines area source y, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr n or after 12/9/91) area source y, $140 \le x \le 2,100 \text{ gal/yr}$ $200 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$	ss/petroleum
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Facility indicated on notific (check appropriate box) A. 1. Existing small area s dry-to-dry only, x < 140 transfer only, x < 200 ga both types, x < 140 gal/y (constructed before 12/9/ 3. Existing large area s dry-to-dry only, 140 ≤ x transfer only, 200 ≤ x ≤ both types, 140 ≤ x ≤ 1,8	cation form that it is: source gal/yr l/yr r (91) source \$\frac{\leq}{2,100} \text{ gal/yr} 1,800 \text{ gal/yr} 600 \text{ gal/yr} (91)	dry-to-dry only transfer only, both types, x (constructed of the large dry-to-dry only transfer only, both types, 14	☐ Drop store/out of busines area source y, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr n or after 12/9/91) area source y, $140 \le x \le 2,100 \text{ gal/yr}$ $200 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$	ss/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area s dry-to-dry only, x < 140 transfer only, x < 200 ga both types, x < 140 gal/y (constructed before 12/9/ 3. Existing large area s dry-to-dry only, 140 ≤ x transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,8 (constructed before 12/9/ 5. This is a correct facility	cation form that it is: source gal/yr l/yr r (91) source \$\frac{\leq}{2,100} \text{ gal/yr} 1,800 \text{ gal/yr} 600 \text{ gal/yr} (91)	dry-to-dry only transfer only, both types, x (constructed of the large dry-to-dry only transfer only, both types, 14 (constructed of the large dry-to-dry only).	☐ Drop store/out of busines area source y, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr n or after 12/9/91) area source y, $140 \le x \le 2,100 \text{ gal/yr}$ $200 \le x \le 1,800 \text{ gal/yr}$ of or after 12/9/91) or or after 12/9/91)	ss/petroleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 stransfer only, x < 200 gas both types, x < 140 gal/yr (constructed before 12/9/ 3. Existing large area so dry-to-dry only, 140 < x stransfer only, 200 < x < 100 both types, 140 < x < 1,8 (constructed before 12/9/ 5. This is a correct facility of the property of the pro	cation form that it is: source gal/yr l/yr r '91) source ≤ 2,100 gal/yr 1,800 gal/yr 300 gal/yr yellossification the appropriate classification general source	dry-to-dry only transfer only, both types, x (constructed of the large dry-to-dry only transfer only, both types, 14 (constructed of the large dry-to-dry only) ation:	□ Drop store/out of busines 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 gal/yr 200 ≤ x ≤ 1,800 gal/yr 0 ≤ x ≤ 1,800 gal/yr on or after 12/9/91) □ Can not determine	ss/petroleum

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN MYNA 2. Examining the containers for leakage? MO YOR 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? DAY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN **X**N/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). Af classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? MY ON ON/A 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 XY ON ON/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 **M**Y ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after \mathbf{M} Y \square N 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?	ŻΥ	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	מם אם	J/A
	Is the temperature differential equal to or greater than 20° F?	OY		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	מם אם	√/A.
	Is the perc concentration equal to or less than 100 ppm?	ΠY	מם מם	V/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	מם אם	√A.
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	מם אם	√A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	מם אם	√/A

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

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official	conduct a weekly ((for small sources, b	i-weekly) leak detection an	_	
inspection?				ΣIY	מם
2. Has the facility maintained a	_	·		X Y	מם
3. Does the responsible official	check the followin	ig areas for leaks?			
Hose connections, fitti couplings, and valves	<u> </u>	□N/A	Muck cookers	MO YOM	I □N/A
Door gaskets and seati	ng 🕅 (□N □N/A	Stills	May □N	I □N/A
Filter gaskets and seat	ng % 1Y (⊃N □N/A	Exhaust dampers	₩A □V	I □N/A
Pumps	XX (□N □N/A	Diverter valves	XY ON	I □N/A
Solvent tanks and cont	ainers 🛱 Y 🛭	□N/A	Cartridge filter housings	MA OV	ĭ □N/A
Water separators	ATA (⊃N □N/A	•		
4. Which method of detection i	s used by the respo	nsible official?	·		
Visual examination (condensed solvent on exterior surfaces)			Þ		
Physical detection (airflow felt through gaskets)			Þ		
Odor (noticeable perc odor)			ΧĮ		
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
Halogen leak detector					
If using direct-rea	iding instrumenta	tion, is the equipm	ent:	ØN/A	i
a. Capable of	detecting perc var	or concentrations in	a range of 0-500 ppm?	OY O	1
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				1	
c. Inspected for leaks and obvious signs of wear on a weekly basis?			ם אם	1	
d. Kept in a clean and secure area when not in use?				1	
e. Verified fo	r accuracy by use of	of duplicate samples	(calorimetric only)?		1
					•
	 				
•			_		
Roger Zhu 8/11/99					
Inspector's Name	(Please Print)		Date of Inspe	ction	

Inspector's Signature

Approximate Date of Next Inspection

YEAR

ENVIDO		INSPECTION RE		SBODOLICH	LCOUNTY	
FACILITY: Signature Cleaners ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY PAGE 1 OF 1					1	
FACILITY ADDRESS:		don Blvd.		CITY: T		
	Suite 150	,		l	(813) 661-194	18
MAILING ADDRESS:	Same		CITY: Brando	n FLA	ZIP: 33511	
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO		STAT	NI NI
Aug 11, 1999	9:00	10:30	non-C	DS	In Comp	oliance
NEDS NUMBER: 57	71225	•				
SOURCE DESCRIPTIO	-	Cleaner				
	liam Atkin					
Today's visit was to of The new owner, Mr business on 1/6/99. The The dry cleaning mac	. Atkin, show he perc usage w	ed me consis as 160 gallon	stent recordke s for the past i	nonths of		u u
The machine was in o						
	•					
						,
						1
			•			
		i				
		٠				
INSPECTED BY:	Roger Zhu	<u> </u>		DA	ATE: Aug 11	1, 1999

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL \overline{X}	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:00 HM TIME OUT: 10	
TYPE OF FACILITY: Perc Dry cleane	rs
FACILITY NAME: Signature Cleaner	,
FACILITY LOCATION: 2020 W. Brandon	BIVO., Suite 150
Brandon, Fl 335/	
RESPONSIBLE OFFICIAL: WILLIAM A+KIN	PHONE NUMBER: (813) 661-1948
Based on the results of the compliance requirements e compliance with DEP Rule 62-213.300, Florida Admi	evaluated during this inspection, the facility is found to be in inistrative Code (F.A.C.).
Based on the results of the compliance requirements e discrepancies were noted:	evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	COR CO
	THE COLUMN THE PARTY OF THE PAR
	ources of the second
COMMENTS:	.
The Annual Compliance Certification form has been properly	certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	ear
	(Approximate)
INSPECTION CONDUCTED BY: Mchammad	Mozar,
	(Please Print)
INSPECTOR'S SIGNATURE: M. NO Pau	PHONE NUMBER: \$13)272-5530
· ·	eof Revised 10/96

Are

AIRS ID#: 57/225

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Bagnature Cleupers	DATE: 11-12-99
FACILITY LOCATION: 2020 W. Brandon Blvd., Suite 150	
Brandon, XI 33511	
<u> </u>	
Annual Reporting Period: Hug II, 1999 TO //-12	19 <u>99</u>
Based on each term or condition of the Title V general air permit, my facility has remained in compliance 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the report	ing period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the report	ing period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquade in this notification are true, accurate and complete. Further, my annual consumption of perchloroupon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities wear for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature	ethylene 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

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	© COM	PLAINT/DISCOVERY	<u> </u>
AIRS ID#: <u>0571225</u> D FACILITY NAME: 5,49,4	_	•	.'00AMrime out:	10: AM
FACILITY LOCATION: 20	20 w. Bran		cl	
RESPONSIBLE OFFICIAL :	William Atki	<i>√</i> PHO	NE: (813)661-1	948
CONTACT NAME:	"	РНО	NE:*	
PART I: NOTIFICATION				
(check appropriate box)			11 20 20 20 20 20 20 20 20 20 20 20 20 20	
1. New facility notified DARM 3	0 days prior to startup		1//	
2. Facility failed to notify DARM	I to use general permit		IY H	<u> </u>
	•	-		
PART II: CLASSIFICATION				
Facility indicated on notificatio (check appropriate box)	n form that it is:		o notification form rop store/out of business/	petroleum
Facility indicated on notificatio	e 🗆 2. N r dry- tran: both		rop store/out of business/j urce 0 gal/yr gal/yr /yr	petroleum
Facility indicated on notificatio (check appropriate box) A. 1. Existing small area sourc dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	e 2. Nor dry-transboth (con e 2. Nor dry-dry-transboth) gal/yr dry-gal/yr transboth	New small area so to-dry only, $x < 14$ sfer only, $x < 200$ types, $x < 140$ ga	rop store/out of business/jurce 0 gal/yr gal/yr /yr r 12/9/91) arce x \le 2,100 gal/yr \le 1,800 gal/yr	petroleum
Facility indicated on notificatio (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 ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 gal both types, 140 ≤ x ≤ 1,800 gal source dry-to-dry only, 140 ≤ x ≤ 1,800 gal source dry-to-dry only, 140 ≤ x ≤ 1,800 gal source dry-to-dry only, 140 ≤ x ≤ 1,800 gal source dry-to-dry only, 140 ≤ x ≤ 1,800 gal source dry-to-dry only, 140 ≤ x ≤ 1,800 gal source dry-to-dry only, 140 ≤ x ≤ 1,800 gal source dry-to-dry only, 140 ≤ x ≤ 1,800 gal source dry-to-dry only, 140 ≤ x ≤ 1,800 gal source dry-to-dry only, 140 ≤ x ≤ 1,800 gal source dry-to-dry only, 140 ≤ x ≤ 1,800 gal source dry-to-dry only, 140 ≤ x ≤ 1,800 gal source dry-to-dry only, 140 ≤ x ≤ 1,800 gal source dry-to-dry only, 140 ≤ x ≤ 1,800 gal source dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-dry-to-	e	New small area so to-dry only, $x < 14$ sfer only, $x < 200$ types, $x < 140$ gal structed on or after the large area so to-dry only, $140 \le$ sfer only, $200 \le x$ types, $140 \le x \le$ structed on or after the large area for the large area so to-dry only, $140 \le x \le 1$ types, $140 \le x \le 1$ structed on or after the large area so the larg	rop store/out of business/jurce 0 gal/yr gal/yr /yr r 12/9/91) arce x \le 2,100 gal/yr \le 1,800 gal/yr	petroleum
Facility indicated on notificatio (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 ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility class of the second	e	New small area so to-dry only, x < 14 sfer only, x < 200 types, x < 140 gall structed on or after only, 140 ≤ sfer only, 200 ≤ x types, 140 ≤ x ≤ structed on or after only only or after only contact on or after only conta	rop store/out of business/ urce 0 gal/yr gal/yr /yr r 12/9/91) urce x \le 2,100 gal/yr \le 1,800 gal/yr r 12/9/91) un 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? □N □N/A □N □N/A 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? DY DN DYN/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? 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?

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?	ZY	N	
2.	Measured and recorded the washer exhaust temperature at the condensor inlet and outlet weekly?	ΩY	ח□	W N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	ØN/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?	ПY	ПN	PAN/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠN	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?	ΟY	ПИ	6N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΩИ	ZN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПΝ	EN/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	Day Dn			
2. Maintained rolling monthly averages of perc consumption?	OPÝ □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?	OY ON DANJA:			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ØN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	DAY, ON ON/A			
6. Maintained startup/shutdown/malfunction plan?	מם עצ			
7. Maintained deviation reports?	DY ON ON/A			
Problem corrected?	אומם מם צם			
8. Maintained compliance plan, if applicable?	OY ON ZON/A			

PA	ART VI: LEAK DETECTION AND	REPAIRS		
1.	Does the responsible official conduct a	weekly (for small source	s, bi-weckly) leak detection at	ıd repair
	inspection?		•	MD N
2.	Has the facility maintained a leak log?			DY E Ñ
3.	Does the responsible official check the	following areas for leaks	; ?	,
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON ON/A
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A
	Filter gaskets and seating	ey on on/a	Exhaust dampers	MY ON ON/A
	Pumps	DY ON ON/A	Diverter valves	MY ON ON/A
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A
٠	Water separators	DY ON ON/A		
4.	Which method of detection is used by	the responsible official?		
	Visual examination (condensed s	solvent on exterior surfac	es)	· 🗖 🖊
	Physical detection (airflow felt the	rough gaskets)		1
	Odor (noticeable perc odor)	•		₽ ·
	Use of direct-reading instrument	ation (FID/PID/calorime	tric tubes)	
	Halogen leak detector			
	If using direct-reading inst	rumentation, is the equi	pment:	MN/A
	a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	DY EN
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	l after each use	DY ØN
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	MY ON
	d. Kept in a clean and	secure area when not in u	ıse?	DY DY
	e. Verified for accuracy	by use of duplicate samp	ples (calorimetric only)?	DY IZN
	n ·			
1	Mohammad Mozari		11-12-99	
	Inspector's Name (Please Pr	int)	Date of Inspe	ection
	M.No gani		1 Years	
_	Inspector's Signature		Approximate Date of	Next Inspection

		INSPECTION REI	PORT FORM		
ENVIRO			SSION OF HILLSB	OROUGH (COUNTY
FACILITY: Signature C	leaners			PAGE 1	OF 1
FACILITY ADDRESS:	2020 West Brai	ndon Blvd.		ITY: Bra	ndon
					313)989-2439
MAILING ADDRESS:	The same as abo	ove	CITY: Brandon	FLA	ZIP: 33511
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTION		STATUS:
November 12, 1999	9:00 AM	10:00 AM	Annual		In Compliance
NEDS NUMBER: 57122	25		•		
SOURCE DESCRIPTIO	N: Perchloroet	hylene (Perc)	Dry Cleaner		· · ·
CONTACT(S): Mr. Wil	liam Atkins		-		
 The purpose of the visit The record keeping The gauge tempera The vicinity around The Perc was loade The monthly average months was 160 ga The machine was n The waste from the disposed in accordance 	of the Perc put ture reading wall the dry cleaning of directly with ges for perc coallons and it wan of in operations	rchases was veras recorded we ing machine was a hookup consumption was serified. In today. No learnachine was p	ery good and or eekly. as very clean an nection. No construction of the construction o	rganized. Id well mantainer of ectly and the enoticed	Eperc was at the site. The total for past 12.

INSPECTED BY:DATE:Mohammad NozariNovember 12, 1999

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL $oxed{\boxtimes}$ CO.	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: $9.4m$ TIME OUT: /	0'AM AIRS ID#: 0571225
TYPE OF FACILITY: Perc Dry cleaners	
FACILITY NAME: Signature cleaners	DATE:
FACILITY LOCATION: 2020 W. Brandon Blu	/
Brandon, Fl 33511	· .
RESPONSIBLE OFFICIAL: WILLIAM A +KIN)	PHONE NUMBER: (813) 661 - 1948
Based on the results of the compliance requirements eval compliance with DEP Rule 62-213.300, Florida Adminis	luated during this inspection, the facility is found to be in strative Code (F.A.C.).
Based on the results of the compliance requirements evaluscrepancies were noted:	luated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	ALL OF THE
	Model River Mandaling Co.
	Little Li
:	
COMMENTS:	
	· · · · · · · · · · · · · · · · · · ·
The Annual Compliance Certification form has been properly or	ertified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	(ear
INSPECTION CONDUCTED BY: Mohammac	(Approximate) No Zay / (Please Print)
INSPECTOR'S SIGNATURE: M. NOZVI	PHONE NUMBER: (1/3) 272-5530

Page $\sqrt{\text{ of } 1}$. Revised 10/96



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Signature Cleavers DATE: NOV. 29, 20
FACILITY NAME: Signature Cleaners DATE: NOV. 29, 20 FACILITY LOCATION: 2020 W. Brandon, Blud., Suite 150
Brandon, Fl 33511
) 57 a k (10 k) . P 1 35 5 1 1
Annual Reporting Period: 1999 TO NOV. 29 2000
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

AIRS ID#: 057/225 DATE: _//-	29-00 TIME IN: 9: AM TIME OUT: 10; Am
FACILITY NAME: Signature	Dry cleaners
FACILITY LOCATION: 2020 W.	,
f.	
	, Fl 33511
RESPONSIBLE OFFICIAL: William	MATKIN PHONE: (813) 661-1948
CONTACT NAME:	PHONE:
·	
PART I: NOTIFICATION	
check appropriate box)	Facility Compliance Status: IN
Non-E-11's and Cold DADA (20 days asia-	
1 New facility notified DARM 30 days prior	to startup
2. Facility failed to notify DARM to use gene	
2. Facility failed to notify DARM to use gene	eral permit SNC 🗆
2. Facility failed to notify DARM to use gene PART II: CLASSIFICATION Facility indicated on notification form that (check appropriate box)	eral permit SNC 🗆
PART II: CLASSIFICATION Facility indicated on notification form that (check appropriate box) A.	it is: No notification form
PART II: CLASSIFICATION Facility indicated on notification form that (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	it is: No notification form Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr
PART II: CLASSIFICATION 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	it is: 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
PART II: CLASSIFICATION Facility indicated on notification form that (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	it is: No notification form Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr
PART II: CLASSIFICATION 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)	it is: 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)
PART II: CLASSIFICATION 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	it is: 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
PART II: CLASSIFICATION 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	it is: 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr
PART II: CLASSIFICATION 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 both types, 140 ≤ x ≤ 1,800 gal/yr	it is: 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) 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 both types, 140 ≤ x ≤ 1,800 gal/yr
PART II: CLASSIFICATION 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	it is: 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr
PART II: CLASSIFICATION 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 both types, 140 ≤ x ≤ 1,800 gal/yr	it is: 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) 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 both types, 140 ≤ x ≤ 1,800 gal/yr
PART II: CLASSIFICATION 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 classification	it is: 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) 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) AY UN Can not determine

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? MY ON ON/A 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 MY DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? 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? DY 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:			
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?	E Y C	אב	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	□Y Œ	ŊŊ	□N/A
	Is the temperature differential equal to or greater than 20° F?	OY (ZΝ	□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 C		,
	Is the perc concentration equal to or less than 100 ppm?	□Y 0	אב	©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,			シ
	or expansion; and downstream from no other inlet?	ΟY	ΝГ	MN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY (ח⊏	DAN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY (ØN/A

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

PA	ART VI: LEAK DETECTION AND R	ART VI: LEAK DETECTION AND REPAIRS					
1.	Does the responsible official conduct a v	weekly (for small sources	s, bi-weekly) leak detection an	d repair			
	inspection?			אם אים			
2.	Has the facility maintained a leak log?			□Y . CEN			
3.	Does the responsible official check the f	ollowing areas for leaks	?				
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON ON/A			
	Door gaskets and seating	DY ON ON/A	Stills	MY ON ON/A			
	Filter gaskets and seating	Dry on on/a	Exhaust dampers	ZY ON ON/A			
	Pumps	OY ON ON/A	Diverter valves	DY ON ON/A			
	Solvent tanks and containers	MY/ON ON/A	Cartridge filter housings	מא טא טא/א			
	Water separators	MY ON ONA					
4.	Which method of detection is used by the	he responsible official?					
	Visual examination (condensed so	olvent on exterior surface	es)				
	Physical detection (airflow felt th	rough gaskets)	•				
	Odor (noticeable perc odor)			d			
	Use of direct-reading instrumenta	tion (FID/PID/calorimet	ric tubes)				
	Halogen leak detector						
	If using direct-reading instr	umentation, is the equip	pment:	ΩN/A			
	a. Capable of detecting	perc vapor concentration	is in a range of 0-500 ppm?	ND Y			
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?						
	c. Inspected for leaks ar	nd obvious signs of wear	on a weekly basis?	□Y □N			
	d. Kept in a clean and so	ecure area when not in u	se?	OY ON			
	e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	OY ON			

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Mohammud NOZar,	11-29-00
Inspector's Name (Please Print)	Date of Inspection
M. NOZON	1 year
Inspector's Signature	Approximate Date of Next Inspection
	_

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY FACILITY: Signature Cleaners PAGE 1 OF 1 FACILITY ADDRESS: 2020 West Brandon Blvd. CITY: Brandon PHONE: (813)989-2439 MAILING ADDRESS: The same as above CITY: Brandon FLA ZIP: 33511 INSPECTION DATE: TIME OUT: INSPECTION TYPE: STATUS: TIME IN: 10:00 AM November 29, 2000 9:00 AM Annual In Compliance NEDS NUMBER: 571225 SOURCE DESCRIPTION: Perchloroethylene (Perc) Dry Cleaner CONTACT(S): Mr. William Atkins

The purpose of the visit was an annual inspection. We found the following:

- 1. The record keeping of the Perc purchases was very good and organized.
- 2. The gauge temperature reading was recorded weekly.
- 3. The vicinity around the dry cleaning machine was very clean and well maintained.
- 4. The Perc was loaded directly with a hookup connection. No container of perc was at the site.
- 5. The monthly averages for perc consumption was recorded correctly and the total for past 12 months was 200 gallons and it was verified.
- 6. The machine was not in operation today. No leaks or odors were noticed.
- 7. The waste from the dry cleaning machine was properly store in the tied lid containers to be disposed in accordance with regulations.

INSPECTED BY:		DATE:
Mohammad Nozari	•	November 29, 2000

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL [COMPLA	JNT/DISCOVE	ery 🗌	RE-INSPECTION	ом 🗌
TIME IN: 9. AM	TIME OUT:	10: An	1 AI	RS 1D#: 05	1/225	
TYPE OF FACILITY: Per	c Doy clean	iers		· · · · · · · · · · · · · · · · · · ·		
FACILITY NAME: 8,40	sture clean	ers		& & & C	DATES 11-17.	-00_
FACILITY LOCATION: 20	20 W. Brac	don	Blud. S	u1295	6. 1	
130	andon, Fl	33511		- 6 %		
RESPONSIBLE OFFICIAL: 6	Villiam - At	Kin	PHON	IE NUMBER: 2	MS) 661	1948
	the compliance requirem Rule 62-213.300, Florida		-		ity is found to be i	n.
Based on the results of discrepancies were not	f the compliance requiremented:	ents evaluated	during this ins	pection, the follo	wing compliance	
COMPLIANCE REQ	UIREMENT/PROB	LEM	FOLLOV	V-UP ACTIO	N REQUIRE	<u> </u>
R.O. Was	Not ava	ulable	:			
					•	
to show ME	his Recor	el.	-			
,						
;. ·						
				-		
• *						
CO) 0 (T) TT						
COMMENTS:						
·						
The Annual Compliance Certi	ification form has been pr	operly certifie	d and submitted	to the inspector	YES_	NO
DATE OF NEXT INSPECT	ION:\\\	- 29 - 0				
	i (1	oximate),			
INSPECTION CONDUCTE	D BY: M OKAMA		Lar, se Print)			
INSPECTOR'S SIGNATUR	E: HNO 3 or	(*	•)NE NUMBER:	(8/3)272 -	5530
·	0.2	Page 1 of	· <u> </u> .			Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNOAL (INS1, INS2) RE-INSPECTION (FUI)	COMPLAINT/DISCOVERY (CI)	
AIRS ID#: <u>057/225</u> I		TIME IN: <u>9:00 AM</u> TIME OUT: <u>10:AM</u>	
•	randon, x1.	335-11	_
RESPONSIBLE OFFICIAL:	William Atk.	PHONE: (413) 661-1948	_
CONTACT NAME:	u	PHONE:	_
PART I: NOTIFICATION			
(check appropriate box)		Facility Compliance Status: IN	/
1 New facility notified DARM	30 days prior to startup	(ARMS Data) MNC	
2. Facility failed to notify DAR	M to use general permit	o sne o	
PART II: CLASSIFICATION	(,
Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 good to types, 140 ≤ x ≤ 1,800 good (constructed before 12/9/91)	on form that it is: The State of the state	No notification form □ Drop store/out of business/petroleum small area source dry only, x < 140 gal/yr only, x < 200 gal/yr oes, x < 140 gal/yr acted on or after 12/9/91) large area source dry only, 140 ≤ x ≤ 2,100 gal/yr only, 200 ≤ x ≤ 1,800 gal/yr oes, 140 ≤ x ≤ 1,800 gal/yr acted on or after 12/9/91)	

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY ON ON/A
2. Examining the containers for leakage?	DY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	OY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Output Description:	OY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V.	
If classification 2 has been checked, the machine should be equipped with a refrige (complete A below).	rated 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 prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refrige (complete A and B below).	rated 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?	חא מא
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אם צם

. **...**

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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?	□Ү □и
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorbor?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser 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?	NO Y
2. Maintained rolling monthly total of perc consumption?	ND YD
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?	V OY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	AND NO AND
5. Maintained exhaust duct monitoring data on perc concentrations?	אואם אם אוא
6. Maintained startup/shutdown/malfunction plan?	DA DN
7. Maintained deviation reports?	AINO NO YO
Problem corrected?	ANNO NO YO
8 Maintained compliance plan if applicable?	אאם אם צם

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?	inspection?					
2. Has the faci	lity maintained a leak log?			אם צם		
3. Does the res	sponsible official check the f	ollowing areas for leaks?				
	connections, fittings, plings, and valves	QY QN QN/A	Muck cookers	OY ON ON/A		
Door	gaskets and seating	OY ON ON/A	Stills	OY ON ON/A		
Filter	gaskets and seating	QY ON ON/A	Exhaust dampers	OY ON ON/A		
Pump	os	OY ON ON/A	Diverter valves	OY ON ON/A		
Solve	nt tanks and containers	OY ON OMA	Cartridge filter housings	OY ON ON/A		
Wate	Water separators					
4. Which met	4. Which method of detection is used by the responsible official?					
Visual examination (condensed solvent on exterior surfaces)						
Physical detection (airflow felt through gaskets)						
Odor (noticeable perc odor)						
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
Halogen leak detector						
If using direct-reading instrumentation, is the equipment:						
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?						
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?						
/	c. Inspected for leaks and obvious signs of wear on a weekly basis?					
	•	cure area when not in use?	•	OY ON		
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?					

	·
Mohammud Nozari	11-17-00
Inspector's Name (Please Print)	Date of Inspection
M. Nozav	11-29-60
Inspector's Signature	Approximate Date of Next Inspection



Department of Environmental Protection

Jeb Bush Governor

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

David B. Struhs Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412931 JAN112882 L

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 # 0571225
SIGNATURE CLEANERS
WILLIAM ATKINS
2020 W BRANDON BLVD SUITE 150
BRANDON FL
33511

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273 WILLIAM & KAREN ATKING 3907 Castle Key Lane Valrico, FL 33594







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

32315+3070 33



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 405204 FEB132001

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

2/13/010

Do NOT Remove Label

AIRS ID # 0571225

SIGNATURE CLEANERS
WILLIAM ATKINS
2020 W BRANDON BLVD SUITE 150
BRANDON FL 33511

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

WILLIAM & KAREN ATKINS 3907 Castle Key Lane Valrico, FL 33594



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

		U.S. Postal S CERTIFIED (Domestic Mail O	MAIL R			rided)	
	7825 B	Postage Certified Fee	\$				
	9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)			Postma Here	rk	
	7000 0600	Foc SIGNATURE C WILLIAM ATI Stre 2020 W BRANI BRANDON FL	LEANERS KINS DON BLVD SU 33511	ITE 1	See Reverse	for instructions	· · · · · · · · · · · · · · · · · ·
 Complete it item 4 if Re Print your n so that we Attach this 	tems strict name can re card	1, 2, and 3. Also comed Delivery is desired and address on the return the card to you to the back of the maspace permits.	nplete d. reverse	A. F.	RECEIVED BY (Please signature)	se Print Clearly)	B. Date of Delivery 2 12 - 6/ Agent Management
1. Article Addre	E CLE	AIRS ID#	0571225		s delivery address	•	7.
2020 W BRA BRANDON)		N BLVD SUITE 150 511	Ľ	0	iervice Type Certified Mail Registered Insured Mail Restricted Delivery	□ C.O.D.	il eipt for Merchandise □ Yes

102595-99-M-1789

2. Article Number (Copy from service label)

7000 0600 0026 7825 6/19

PS Form 3811, July 1999 Domestic Return Receipt

Z 333 667 426 US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 0571225 SIGNATURE CLEANERS WILLIAM ATKINS 2020 W BRANDON BLVD SUITE 150 BRANDON FL 33511 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees \$ Postmark or Date

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. Received by (Please Print Clearly) B. Date of Delivery 2-/2-2000 C. Signature Agent Addressee D. Is delivery address different from item 1
Article Addressed to:	If YES, enter delivery address below:
AIRS ID # 0571225 SIGNATURE CLEANERS WILLIAM ATKINS 2020 W BRANDON BLVD SUITE 150	
BRANDON FL 33511	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D. 4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service (abel)	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392331

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 # 0571225

SIGNATURE CLEANERS WILLIAM ATKINS 2020 W BRANDON BLVD SUITE 150 BRANDON FL 33511 MAIL ROOM

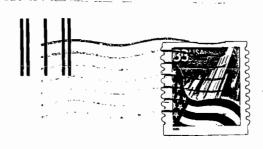
FOR GOVERNMENT USE ONLY

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

Obj.: 002273

WILLIAM & KAREN ATKINS 3907 Castle Key Lane Valrico, FL 33594





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

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Flease 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

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AIRS ID # 0571225

SIGNATURE CLEANERS WILLIAM ATKINS 2020 W BRANDON BLVD SUITE 150 BRANDON FL 33511

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: BI

Fund: 20-2-035001 Obj.: 002273

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