

## Department of **Environmental Protection**

Jeb Bush Governor

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

David B. Struhs Secretary

September 21, 1999

Mr. Jim C. Terry Abernethy's Cleaners 4319 Gunn Highway Tampa, Florida 33624

Re: Facility No.: 0571232

Dear Mr. Terry:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 20, 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

# RECEIVED

#### Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

DEC 16 1998

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
	J. C. TERRY AIR MANAGEMENT	Ţ
2.	Site Name (For example, plant name or number):	
	ABERNETHY'S CLEANERS	
3.	Hazardous Waste Generator Identification Number:	2
۲.	Mopik Tot V	ر د
4.	Facility Location:	2 199
	Street Address: 4319 GUNU HWY City: TAMPA, County: H. U.Shunovah Zip Code: 33624	بين
	3 Jan 2000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
5.	Facility Identification Number (DEP Use): 0571232	
	Pospovajblo Official	
	Responsible Official	
6.	Name and Title of Responsible Official:	
	J.C. TERRY	
7.		
'	Responsible Official Mailing Address: Organization/Firm: ABERNETHY'S CLEANERS Street Address: 4319 Gura Huy City: TAMPA County: Hillsborough Zip Code: 33624	
	Street Address: 4319 Goven Huty	
	City: TAMPA County: HILLS DONOUGH Zip Code: 33624	
8.	Responsible Official Telephone Number:	
	Telephone: $(8/3) 969 - 2765$ Fax: ( ) -	
	Facility Contact (If different from Responsible Official)	
9.	Name and Title of Facility Contact (For example, plant manager):	
	Jim TERRY	
10.	Facility Contact Address: 4319 BUNN HUY (ABERNETHY'S)  Street Address:	
	City: TAMPA. County: Hills bu rough Zip Code: 33624	
11.	Facility Contact Telephone Number:	
	Telephone: (\$13) 964 2715 Fax: ( ) -	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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# 0571232-001

	· ·
17 1.1	•
213016	
6.	add Title of Responsible official
g 14g/16	
(a)	Odd date control device installed
	Odd Title of Responsible official  Odd date controldevice installed.  If built in, and purchase date.
p168/16	
	Responsible official sign and date for changes mode.
	La change made.
	J
	•
	·
	i
	*

#### **Facility Information**

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	Œ	Purchased	Installed	Œ	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit				<u></u>					
(1) w/ ref. condenser		02/01/98					1		
(2) w/ carbon adsorber		7-1-1							
(3) w/ no controls				<u> </u>					
Washer Unit			•		_				
(4) w/ ref. condenser					[				
(5) w/ carbon adsorber									
(6) w/ no controls					Ì				
Dryer Unit					•				•
(7) w/ ref. condenser					1				
(8) w/ carbon adsorber			· ·	1					
(9) wi no controls				Ī					
Reclaimer Unit		-			•	•			
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls				i					
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control of the control devices  (b) If less than 12 montrol of the control	are r quant gall	equired to be tity of perchl ons	e installed [_	(perc	) purchased i	1		nths? keep records	: []
3. What is the facility's so (Indicate with an "X".  Existing small ar  Existing large ar	Sele ea so	ct one classif	ication only.	) ew si	initions foun mall area sou arge area sou	irce [V	(3) of / ]	Part II?	

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4. What control technology is required on machines position (Indicate with an "X".)	ursuant to section (5) of Part II of this notification form?
Existing large area source  Carbon adsorber  []	Refrigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser	
5 A facility which contains non-exempt emissions up	nits shall not be eligible to use the general permit pursuant
to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	
	ave a total heat input of 10 million BTU/hr or less (298 tural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring as	nd Recordkeeping Information
Check all logs which are required to be kept on-site in	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	Ľ,
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	<b>'</b>
(d) Carbon adsorber exhaust perc concentration monitoring	itoring []
(e) Instrument calibration	
(f) Start-up shutdown malfunction plan	$1\sqrt{1}$

DEP Form No. 62-213.900(2)

#### Surrender of Existing Air Permit(s)

ease indica	ate 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)
Ľ	No air permits currently exist for the operation of the facility indicated in this notification form.
•	
	Responsible Official Certification
	• <del>.</del>
this noti statemei maintaii	ndersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ification. I hereby certify, based on information and belief formed after reasonable inquiry, that the nts made in this notification are true, accurate and complete. Further, I agree to operate and in the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pr	comptly notify the Department of any changes to the information contained in this notification.
	11/11/98
Signapu	Date

### Memorandum

**To:** File 0571232-001

CC:

From: Rick Butler

**Date:** 14/09/99

Re: Notification form

The responsible official (J. C. Terry) for Abernethy's Cleaners completed and signed a perchloroethylene dry cleaning facility notification form on November 16, 1998. J. C. Terry submitted the form to the Environmental Protection Commission (EPC) of Hillsborough County and the form was marked received on December 16, 1998. The Environmental Protection Commission (EPC) of Hillsborough County forwards all perchloroethylene dry cleaning facility notification forms to the Department of Environmental Protection, Division of Air Resource Management for processing. The division shows no record of receipt until August 20 1999. For some reason, seven months past before the notification form was forwarded to the Division of Air Resource Management.

#### **COMMISSION**

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

#### **EXECUTIVE DIRECTOR**

ROGER P. STEWART



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

AIR MANAGEMENT DIVISION TELEPHONE (813) 272-5530

WASTE MANAGEMENT DIVISION TELEPHONE (813) 272-5788

WETLANDS MANAGEMENT DIVISION TELEPHONE (813) 272-7104

August 17, 1999

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

Re: Abernethy's Cleaners Permit Application

Dear Mr. Butler;

Enclosed is the notification form for Abernethy's Cleaners. Abernethy's Cleaners sent EPC the notification form in December 1998, and requested us to forward the form to FDEP. This was done, however, for some reason, the permit was never issued. Therefore, we'd like to forward the notification form again for Abernethy's general permit.

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

Sincerely,

Roger Zhu,

Air Toxics Engineer

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

1BD02950 0571232

TYPE OF INSPECTION:	ANNUAL CON	RE-INSPECTION RE-INSPECTION
	TIME OUT: 7'0	AIRS ID#: + 18
TYPE OF FACILITY:		
FACILITY NAME: <u>A</u>	leenetlings	DATE: ///12/93
FACILITY LOCATION:	+319 buch Hu	y-y
	Tampa FL 336	(54)
RESPONSIBLE OFFICIAL:	James Terry	PHONE NUMBER (2/3) 969-27/5—
	the compliance requirements evalu Rule 62-213.300, Florida Administr	nated during this inspection, the facility is found to be in trative Code (F.A.C.).
Based on the results of discrepancies were note		nated during this inspection, the following compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
norecoul beep	eng heng	provided notification four
		- A
		CHICAL OF SELECTION OF SELECTIO
		Solutos
COMMENTS: Unit (	deg cleaner) ès cell Lec 90	rently been enstalled.
The Annual Compliance Certifi	·	tified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTIO	,,,, <u>,</u>	.98
INSPECTION CONDUCTED	BY: Bruce M	pproximate)
INSPECTOR'S SIGNATURE	(P	Please Print) / PHONE NUMBER: (813) 273-555
		Doniced 1

#### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	- COMPLAINTADISCOVERY -
RE-INSPEC	TION 🔲
0571232	1000
, , ,	$\frac{4/98}{2}$ time in: $\frac{12.45}{45}$ time out: $\frac{2.20}{2}$
FACILITY NAME: Manne	
FACILITY LOCATION: 43/9	_
- Tamp	Ca, FL 33624
RESPONSIBLE OFFICIAL :	PHONE:
CONTACT NAME: James Ter	PHONE: (813) 969-2715
DARMA MOMENTO MYON	
PART 1: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to	startup
2. Facility failed to notify DARM to use general	permit
PART II: CLASSIFICATION	
Facility indicated on notification form that it	
Facility indicated on notification form that it (check appropriate box)	is:  □ No notification form □ Drop store/out of business/petroleum
Facility indicated on notification form that it (check appropriate box) A.	☐ Drop store/out of business/petroleum
Facility indicated on notification form that it (check appropriate box)  A.  1. Existing small area source	Drop store/out of business/petroleum  2. New small area source
Facility indicated on notification form that it (check appropriate box) A.	☐ Drop store/out of business/petroleum
Facility indicated on notification form that it (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr
Facility indicated on notification form that it (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
Facility indicated on notification form that it (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)	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
Facility indicated on notification form that it (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)	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
Facility indicated on notification form that it (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	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
Facility indicated on notification form that it (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	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
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Facility indicated on notification form that it (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 class	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)  □Y □N □Can not determine
Facility indicated on notification form that it (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 class facility qualified for a	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)  □Y □N □Can not determine

#### 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 ÖXN/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 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? □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 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?	ΩΥ	ИП	:
2.	Measured and recorded the washer enhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩΥ	ИП	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			.
	if machines are equipped with a carbon adsorber?	ΠY	ПN	□N/A
   	Is the perc concentration equal to or less than 100 ppm?	ΟY	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?	ΟY	ИП	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual	/		
	condenser coils?	ΟY	ИП	□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)	
I. Maintained receipts for perc purchased?	□Y Ď <b>P</b> Ñ
2. Maintained rolling monthly averages of perc consumption?	אם צם
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	AVA ME YOR
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)	אוא לם אם צם
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN BANA
6. Maintained startup/shutdown/malfunction plan?	DN NO YY
7. Maintained deviation reports?	DY DN \$ NA
Problem corrected?	אואלם אם צם
8. Maintained compliance plan, if applicable?	DY DN ANIA

PA	ART VI: LEAK DETECTION A	AND REPAIRS		
1.	Does the responsible official cond	duct a weekly (for small sources,	bi-weekly) leak detection at	nd repair /
	inspection?			DY ŽÝV
2.	Has the facility maintained a leal	k log?		DY XV
3.	Does the responsible official chec	ck the following areas for leaks?		
	Hose connections, fittings, couplings, and valves	DV ON ON/A	Muck cookers	XY ON ON/A
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A
	Filter gaskets and seating	OV ON ON/A	Exhaust dampers	OY ON ON/A
	Pumps	TOY ON ON/A	Diverter valves	AND ND YA
	Solvent tanks and container	rs by on on/a	Cartridge filter housings	ANO NO YES
	Water separators	OY ON ON/A		
4.	Which method of detection is use	ed by the responsible official?		
	Visual examination (conde	nsed solvent on exterior surfaces)	)	A.
	Physical detection (airflow	felt through gaskets)		
	Odor (noticeable perc odor)	)		X
	Use of direct-reading instru	mentation (FID/PID/calorimetric	tubes)	
	Halogen leak detector			
	If using direct-reading	g instrumentation, is the equipm	nent:	□N/A
	a. Capable of dete	ecting perc vapor concentrations i	in a range of 0-500 ppm?	OY ON
	<ul><li>b. Calibrated agai</li><li>(PID/FID only)</li></ul>	nst a standard gas prior to and af ?	îter each use	OY ON
	c. Inspected for le	aks and obvious signs of wear on	a weekly basis?	OY ON
	d. Kept in a clean	and secure area when not in use	?	OY ON
	e. Verified for acc	curacy by use of duplicate sample	s (calorimetric only)?	OY ON

Inspector's Name (Please Print)

Mus Manual Manual

Date of Inspection

Approximate Date of Next Inspection

Mr. Terry was provide an FOEP calendar notification form and FOEP calendar to record inspections and other second linguitions beeping requirements. No record linguitions hung documented or saved at this time.

Unit Suprema Model Premier 902 Sn# \$0528705051

Load Capacity
35 lbs

The above cenit is lung installed at the current time and is expected to be en operation NAT 11/20/98.

Will re-inspect for record beepeng Dec 98:

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT DISCOVERY RE-INSPECTION
TIME IN: 1.30 PM TIME OUT: 2:00	PM AIRS ID#: - 571232
TYPE OF FACILITY: Perc Dry cleaner	· <b>S</b>
FACILITY NAME: AherseThe's cleane	DATE: 8-20-99
FACILITY LOCATION: 4319 GUNN HWY	
Tampa, K 33624	
RESPONSIBLE OFFICIAL: James Terry	PHONE NUMBER: (\$13) 969-2715
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Doop The Wit. Ficcition form	Revisit Within 90 dags
	RE
	SEP 134
	Mobile Sources  Mobile Sources
	<u>@</u>
COMMENTS:	
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	Days
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	oproximate)
INSPECTION CONDUCTED BY: M·NO 20	lease Print)
INSPECTOR'S SIGNATURE: M. NOZOL	PHONE NUMBER: (813)272-5530
P== 1	Parised 10/96

#### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	0	COMPLAINT/DISC	COVERY	
AIRS ID#: 571232 FACILITY NAME: Abe				ME OUT: _	2:00 F
facility location:	1319 GUNN	HWY			
	Tampa, Fl	336	24		
RESPONSIBLE OFFICIAL :	James Terr	<u> </u>	PHONE: <u>(813) 9</u>	69-27	115
CONTACT NAME:	•		PHONE:		
			· _		
PART I: NOTIFICATION			_		
(check appropriate box)			,		
New facility notified DARM	I 30 days prior to startup	)	•		
2. Facility failed to notify DAF	RM to use general permit	t			
DADT II. CLASSIFICATIO	N				
PART II: CLASSIFICATIO			DNs satisfation 6		<u> </u>
PART II: CLASSIFICATION  Facility indicated on notificate (check appropriate box)			☐ No notification fo		troleum
Facility indicated on notificat (check appropriate box) A.	tion form that it is:		☐ Drop store/out of		troleum
Facility indicated on notificat (check appropriate box)	rce 2. /yr dr	ansfer only, $x$ oth types, $x <$	□ Drop store/out of trea source x < 140 gal/yr < 200 gal/yr		troleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr	rce	y-to-dry only, ansfer only, x oth types, x < onstructed on New large a ry-to-dry only, ansfer only, 20 oth types, 140	Drop store/out of area source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	business/pe	troleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	rce	y-to-dry only, ansfer only, x oth types, x < onstructed on New large a ry-to-dry only, ansfer only, 20 oth types, 140	Drop store/out of area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  area source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	business/pe	troleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gally to both types, x < 140 gally (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility of facility	rce	ry-to-dry only, ansfer only, x oth types, x < onstructed on New large a ry-to-dry only, ansfer only, 20 oth types, 140 constructed on IY	Drop store/out of area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )  Can not determination.	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? DN DN/A MY ON ON/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 least 24 hours prior to disposal? DY DN DN/A 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 (completé 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? 2. Equipped dry-to-dry mackines with a closed-loop vapor venting system? DY DN DN/A 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 condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

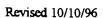
B. Has the responsible official of an existing large or new large area source also:			
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ПN	
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?			□N/A
Is the temperature differential equal to or greater than 20° F?	ØУ	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?	ЦY	ΠN	□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	ΠN	□N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□N	□N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПΝ	□N/A
PART V: RECORDKEEPING REQUIREMENTS			
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official: (check appropriate boxes)			į
Has the responsible official:	OY	Пи	ġ
Has the responsible official: (check appropriate boxes)	_Y _Y		ġ .
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?			ģ
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	ΩY	□N	; □N/A
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	ΩY	□N □N	; □N/A
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	OY OY	□N □N □N	·
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  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 OY OY		□N/A
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for applicable direct reading instruments)	OY OY OY		□N/A □N/A
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for applicable direct reading instruments)  5. Maintained exhaust duct monitoring data on perc concentrations?	OY OY OY OY OY		□N/A □N/A
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? for applicable direct reading instruments)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?	OY OY OY OY OY OY		□N/A □N/A □N/A

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
insp	pection?			OY ON		
2. Has	the facility maintained a leak log?			NO Y		
3. Doe	s the responsible official check the	following areas for leaks?	,			
	Hose connections, fittings, couplings, and valves	□Y □N □N/A ·	Muck cookers	□Y □N □N/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	OY ON ON/A	Diverter valves	OY ON ON/A		
	Solvent tanks and containers	. מואם אם צם	Cartridge filter housings	DY DN DN/A		
	Water separators	OY ON ØN/A				
4. Whi	ich method of detection is used by the	he responsible official?				
	Visual examination (condensed so	olvent on exterior surface	s)			
	Physical detection (airflow felt the	ough gaskets)		٠,		
	Odor (noticeable perc odor)					
•	Use of direct-reading instrumenta	tuon (FID/PID/calorimetr	ric tubes)			
	Halogen leak detector			0		
	If using direct reading instr	umentation, is the equip	ement:	□N/A		
	a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	DY DN !		
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	after each use	אם צם		
		d obvious signs of wear o	on a weekly basis?	OY ON		
		ecure area when not in us	-	מם עם		
/		by use of duplicate samp	•	OY ON		
4						
		·	0	0 C-		
	M. NOZGCI Inspector's Name (Please Prin	nt)	S-25 - Date of Inspe			
	hispector's Name (Flease Phi	nt)	Date of Inspe	and it		
	M. NOR ani		90 day			
	Inspector's dignature		Approximate Date of	Next Inspection		

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:30 //// TIME OUT: 10	2:36 AM AIRS ID#: 057/232
TYPE OF FACILITY: Perc Dof cleaners	
FACILITY NAME: AberNeThe's Cleaner	DATE: 11 - 9 - 9 9
FACILITY LOCATION: 4319 GUNN HWY	
Tampa, 1-1 33624	
RESPONSIBLE OFFICIAL: JM C. Terry	PHONE NUMBER: (813 <u>)</u> 969 - 2715
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
	PEC
	E A Mobile
	E 1 3 39 E D LE Nonitoring Sources
COMMENTS:	
The Annual Compliance Certification form has been properly	certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	(Approximate)
INSPECTION CONDUCTED BY: M. NOZOT	
	(Please Print)
INSPECTOR'S SIGNATURE: M. N. Q. Zani	PHONE NUMBER: (813)272-5930

Page of



ACC

AIRS ID#: <u>0571232</u>

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	<del></del>	
FACILITY NAME: Abernethy's cleaner		1 01, - 5 1
FACILITY LOCATION: 4319 GUNN HW	<del></del>	
Tampa, 9-1 331	524	
Annual Reporting Period: $\frac{9-24}{4-9}-99$	19 TO	19 <u>99</u>
Based on each term or condition of the Title V general air permit 62-213.300, Florida Administrative Code (F.A.C.), during the permit code (F.A.C.)		
If NO, complete the following:		
#1. Term or condition of the general permit that has not been in	continuous compliance during the repor	ting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
#2. Term or condition of the general permit that has not been in	continuous compliance during the repor	ting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:	<u> </u>	
As the responsible official, I hereby certify, based on information made in this notification are true, accurate and complete. Furth upon rolling averages of purchase receipts, does not exceed 2,1 year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	her, my annual consumption of perchlore	pethylene solvent, based
Name (Please Print)	Signature	Date

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

#### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	12°	COMPLAINT/DISC	COVERY	
AIRS ID#: <u>057/232</u> I FACILITY NAME: <u>Abern</u>	reThy's Clea	uner i		ME OUT: _	<u>10:30A</u> r
facility location: $43$	19 GUNN HI	shway			
	mpa, 7-1 33	_			
RESPONSIBLE OFFICIAL :	Mr. Jim C. Te	11	PHONE: <u>(813)</u>	969-2	715
CONTACT NAME:					
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM	30 days prior to startup	í	JIA		Ö
2. Facility failed to notify DAR	M to use general permit		J ( <b>f</b> 1		
PART II: CLASSIFICATION					н
Facility indicated on notification (check appropriate box)			☐ No notification f ☐ Drop store/out of		troleum
Facility indicated on notification	on form that it is:  ce	New small ar y-to-dry only, x nsfer only, x < th types, x < 14 onstructed on o	□ Drop store/out of ea source : < 140 gal/yr 200 gal/yr		troleum
Facility indicated on notification (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	ce 2. yr dry tra bot (co ce 4. 100 gal/yr dry gal/yr bot	y-to-dry only, x nsfer only, x < th types, x < 14 onstructed on o  New large are y-to-dry only, 1 onsfer only, 200 th types, 140 <	□ Drop store/out of ea source < < 140 gal/yr 200 gal/yr 10 gal/yr r after 12/9/91)	f business/pe	troleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area sourd dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sourd dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 gal/yr south types, 140 ≤ x ≤ 1,800 gal/yr.	ce 2.  yr dry  tra  bot  (co  ce 4.  100 gal/yr dry  0 gal/yr tra  gal/yr bot  (co	v-to-dry only, x nsfer only, x < th types, x < 14 onstructed on o New large are v-to-dry only, 1 nsfer only, 200 th types, 140 < onstructed on o	Drop store/out of  ea source $x < 140 \text{ gal/yr}$ $y < 200 \text{ gal/yr}$ $y < 30 \text{ gal/yr}$	f business/pe	troleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area sourd dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sourd dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 good (constructed before 12/9/91)  5. This is a correct facility classification of the constructed before 12/9/91)  1. This is a correct facility classification of the constructed before 12/9/91 facility classification of the constructe	ce 2.  yr dry  tra  bot  (co  ce 4.  100 gal/yr dry  0 gal/yr tra  gal/yr bot  (co  assification	v-to-dry only, x nsfer only, x < th types, x < 14 onstructed on o  New large arv v-to-dry only, 1 nsfer only, 200 th types, 140 < onstructed on o  Y	Drop store/out of  ea source $x < 140 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ $x < 1200 \text{ gal/yr}$ $x < 140 < x < 2,100 \text{ gal/yr}$ $x < 1,800 \text$	f business/pe	troleum

Davica 9/11/97

# Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS

#### In Part II-A:

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

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

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

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

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

Equipped all machines with the appropriate vent controls?
 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?

DY ON

DY ON ON/A

ON ON/A

EY ON

CY ON ON/A

DY ON

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ØY	N	/
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ח□	DNIK
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	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?	ΟY	ПΝ	DNIA
	Is the perc concentration equal to or less than 100 ppm?	QY	ПN	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?	ФY	□и	DEN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	<b>D</b> Y	ΩИ	DINIX
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПN	ŮN/A

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: 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 and parts installed w/in 5 days of receipt? DAY ON ONA DY ON DINIA 4. Maintained calibration data? (for applicable direct reading instruments) DY/ON DIN/A 5. Maintained exhaust duct monitoring data on perc concentrations? ZY ON 6. Maintained startup/shutdown/malfunction plan? DY DN ON 7. Maintained deviation reports? DY DN DYN Problem corrected? DY ON ON/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS							
1.	Does the responsible official conduct a v	veekly (for si	nall sources, b	i-weckly) leak detection an	ıd repair		
	inspection?				MA DN		
2.	Has the facility maintained a leak log?				MA DN		
3.	Does the responsible official check the fe	ollowing are	as for leaks?		,		
	Hose connections, fittings, couplings, and valves	EY ON C	⊃N/A	Muck cookers	ZY ON ON/A		
	Door gaskets and seating	ו אם צפ	⊃N/A	Stills	MY ON ON/A		
	Filter gaskets and seating	ו אם צפ	⊃N/A	Exhaust dampers	DY DN DN/A		
	Pumps	MY ON C	⊃N/A	Diverter valves	DY ON ON/A		
	Solvent tanks and containers	DY ON C	⊃N/A	Cartridge filter housings	AINO NO YO		
٠	Water separators	DAY DW (	⊃N/A		·		
4.	Which method of detection is used by the	e responsible	e official?				
	Visual examination (condensed so	lvent on exte	erior surfaces)				
	Physical detection (airflow felt thr	ough gaskets	s)		<b>ø</b> /		
	Odor (noticeable perc odor)				र्ज		
	Use of direct-reading instrumentat	tion (FID/PII	D/calorimetric	tubes)	<b>a-</b>		
	Halogen leak detector				<del></del>		
	If using direct-reading instru	imentation,	is the equipm	ent:	□N/A		
	<ul> <li>a. Capable of detecting p</li> </ul>	erc vapor co	ncentrations in	a range of 0-500 ppm?	DY DAN		
	b. Calibrated against a st (PID/FID only)?	tandard gas p	prior to and aft	er each use	DY DN		
	c. Inspected for leaks and	d obvious sig	ns of wear on	a weekly basis?	DY/ON		
	d. Kept in a clean and se	cure area wh	en not in use?		DY ON		
	e. Verified for accuracy l	by use of dup	licate samples	(calorimetric only)?	DY DYN		

Mohammad Nozari	11-9-95
Inspector's Name (Please Print)	Date of Inspection
M. Dozani	1 Year
Inspector's Signature	Approximate Date of Next Inspection

INSPECTED BY:
Mohammad Nozari

DATE:
November 09, 1999

#### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINT/DISCOVE	ERY Ø
	RE-INSPECTION			
AIRS ID#: 571232  FACILITY NAME: Ahe.	rneThy's cl	eancr		OT: 2:00 F
FACILITY LOCATION:	1319 GUNN	HWY	No lie	
	Tampa, Fl			
RESPONSIBLE OFFICIAL	James Terr	<u> </u>	PHONE: (813)2169	<u>-2715</u>
CONTACT NAME:			PHONE:	
DARTA NOTIFICATION				
PART I: NOTIFICATION	<del></del>		·	
(check appropriate box)  1. New facility notified DARM	130 days prior to startup	,	•	
2. Facility failed to notify DAI	•			
PART II: CLASSIFICATIO	N .			
Facility indicated on notificat (check appropriate box)			☐ No notification form ☐ Drop store/out of busi	ness/petroleum
Facility indicated on notificat	rce 2. /yr dr	New small a ry-to-dry only, ansfer only, x oth types, x < 1 onstructed on	Drop store/out of business  rea source  x < 140 gal/yr < 200 gal/yr	ness/petroleum
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gales transfer only, x < 200 gal/yr both types, x < 140 gal/yr	rce	ry-to-dry only, ansfer only, x on types, x < 1 onstructed on New large a ry-to-dry only, ansfer only, 20 oth types, 140 oth types, 140	Drop store/out of business source   x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gallythan types, x < 140 gallythan (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	rce	ry-to-dry only, ansfer only, x on types, x < 1 onstructed on New large a ry-to-dry only, ansfer only, 20 oth types, 140 oth types, 140	Drop store/out of business source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$ )  The source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area sound ry-to-dry only, x < 140 gally transfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area sound ry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility of the faci	rce 2. /yr dr r tra bc /yr dr r tra bc /yr dr c /yr dr r tra bc /yr dr c /y	ry-to-dry only, ansfer only, x on types, x < 1 onstructed on New large a ry-to-dry only, ansfer only, 20 oth types, 140 constructed on IY	□ Drop store/out of business  rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)  rea source 140 ≤ x ≤ 2,100 gal/yr 0 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 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)	/
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN DN/A
2. Examining the containers for leakage?	AY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	אם צם
Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	□Y □N □N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	□Y □N □N/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 refe (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 refe (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?	NO YO
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	רט מם עם Ωא/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	אָם צַם
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 yerifying that the coolant had been completely charged?	מם צם

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

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?			אם עם	
2. Has the facility maintained a leak log?			AY ON	
3. Does the responsible official check the	following areas for leak	<b>ω</b> ?		
Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	OY ON ON/A	
Door gaskets and seating	□Y □N □N/A	Stills	OY ON ON/A	
Filter gaskets and seating	□Y □N □N/A	Exhaust dampers	□Y □N □N/A	
Pumps	OY ON ON/A	Diverter valves	□Y □N □N/A	
Solvent tanks and containers	, פואם אם צם	Cartridge filter housings	OY ON ON/A	
Water separators	DY DN ZN/A			
4. Which method of detection is used by	the responsible official?			
Visual examination (condensed s	solvení on exterior surfa	ces)		
Physical detection (airflow felt the	nrough 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. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			□Y □N	
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			אם עם	
c. Inspected for leaks and obvious signs of wear on a weekly basis?			מם צם	
d. Kept in a clean and secure area when not in use?			DY DN	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON	
	<u> </u>			
MiNozari		8-25.		
Inspector's Name (Please Pr	int)	Date of Inspe	ection	
M. NO3 ani		90 day		
Inspector's Signature		Approximate Date of	Next Inspection	

# T E V AIR QUALITY GENERAL PI WIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT DISCOVERY RE-INSPECTION		
TIME IN: 1,30 PM TIME OUT: 2:00	PM AIRS ID#: - 571232		
TYPE OF FACILITY: Pere Dry cleaner	S		
FACILITY NAME: Aherave Theis cleane			
FACILITY LOCATION: 4319 GUNN HWY			
Tampa, = 33624	·		
RESPONSIBLE OFFICIAL: James Terry	PHONE NUMBER: (&13) 969-2715		
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra			
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance		
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED		
Doop The Wit. Ficotion form	Revisit Within 90 dags		
·			
COMMENTS:	<u> </u>		
COMMENTS.			
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO		
DATE OF NEXT INSPECTION: 90 Days			
(Approximate)			
INSPECTION CONDUCTED BY: M. NO ZG / J (Please Print)			
INSPECTOR'S SIGNATURE: M. NOROLL	PHONE NUMBER: (813)272-5530		
7-1-1-1	1		
Page	of / Revised 10/96		

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

TYPE OF DISDECTION: AND HALL	DI ADELINICAN EDIZ		
	PLAINT/DISCOVERY RE-INSPECTION		
TIME IN: 9.3 AM TIME OUT: 10:30	AIRS ID#: 057/2330		
TYPE OF FACILITY: Perc Dry Cleaners	m m		
FACILITY NAME: Abernethy's Cleaners	∞ DATE // (28-00		
FACILITY LOCATION: 4319 GUNN HWY	Não C M		
Tampa, F/ 33624	SS 7. 2		
RESPONSIBLE OFFICIAL: J.M. C. Tarry	PHONE NUMBER: (\$13) (163 - 2745		
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:	ited during this inspection, the following compliance		
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED		
·			
<u> </u>			
	·		
·			
	·		
	-		
·			
	·		
COMMENTS:			
•			
<del></del>			
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES NO			
DATE OF NEXT INSPECTION: (Approximate)			
INSPECTION CONDUCTED BY: Moha mmud N	02ar, lease Print)		
INSPECTOR'S SIGNATURE: M. NO 3 asi PHONE NUMBER: (813)272-5530			

Page 1 of 1

Revised 10/96



# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Abernethy's	Cleaners			DA	TE: 11/28/00
FACILITY LOCATION: 4319 Gun	in Hwy				
Tampa, Fl	33624	_			
				·	
Annual Reporting Period://_ 9		19 <u>99</u>	то	11-28	20 00
Based on each term or condition of the Title	-			<u>ا</u> ـند	_
62-213.300, Florida Administrative Code (F.	A.C.), during the p	eriod covered l	by this stater	nent. ZIYES	NO
If NO, complete the following:					
#1. Term or condition of the general permit	that has not been in	a continuous co	ompliance de	iring the reporting	period stated above:
Exact period of non-compliance: from		_	to		
Action(s) taken to achieve compliance:	•				
Method used to demonstrate compliance:				· · · · · · · · · · · · · · · · · · ·	<u>.</u>
#2. Term or condition of the general permit	that has not been in	n continuous co	ompliance d	uring the reporting	period stated above:
Exact period of non-compliance: from			to		
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:				<del>-</del>	
As the responsible official, I hereby certify, be made in this notification are true, accurate a upon rolling averages of purchase receipts, a year for transfer or combination facilities.	und complete. Furt does not exceed 2,1	ther, my annua	l consumpti	on of perchloroeth	ylene solvent, based
RESPONSIBLE OFFICIAL: Nan	e (Please Print)	ATT (	Samo S	ignature	11 28 00  Date

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

#### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

/TYPE	OF	INSPECTION:
-------	----	-------------

ANNUAL (INSI,(INSZ)

COMPLAINT/DISCOVERY (CI) □

RE-INSPECTION (FUI) □

AIRS ID#: 057/232 DATE: 11-29.	- 00 TIME IN: 9:30 AM TIME OUT: 10:30 A
FACILITY NAME: Abernethy's c/	eaver!
FACILITY LOCATION: 4319 GUNN	Hwy
Tampa, Kl 3	3624
RESPONSIBLE OFFICIAL: JIM C.	Terr-P PHONE: (813) 969-2715
CONTACT NAME:	PHONE:
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:	☐ No notification form
(check appropriate box) A.	☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification	□Y □N □Can not determine
☐ facility exceeds above lin	neral permit as number $A \cdot Z$ above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pu facility was gallons.	rchased within the preceding 12 months by this dry cleaning

# Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

#### PART IV: PROCESS VENT CONTROLS

#### In Part II-A:

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

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

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

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

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

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

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?	ΩY	<b>₽</b> N	/
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□и	N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	ZN/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	ΠИ	MNIA
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПИ	<b>W</b> 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	□и	<b>□</b> N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ZY		□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	Y	ПN	ØN/A

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: DY ZN DN/A 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 DY ZN JON/A and parts installed w/in 5 days of receipt? DY ZN JON/A 4. Maintained calibration data? (for applicable direct reading instruments) DY ZM DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? **Z**Y ON 6. Maintained startup/shutdown/malfunction plan? DY WN/DN/A 7. Maintained deviation reports? DY WY /ON/A Problem corrected? DY OM DN/A 8. Maintained compliance plan, if applicable?

PA	PART VI: LEAK DETECTION AND REPAIRS							
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?				<b>P</b> Y ON			
2.	Has the facility maintained a leak log?				W . □N			
3.	Does the responsible official check the f	Does the responsible official check the following areas for leaks?						
	Hose connections, fittings, couplings, and valves	ZY, ON	□N/A	Muck cookers	אואם אם אים			
ľ	Door gaskets and seating	MD AN	□N/A	Stills	DY ON ON/A			
	Filter gaskets and seating	ZY ON	□N/A	Exhaust dampers	DY ON ON/A			
	Pumps	MY ON	□N/A	Diverter valves	MY ON ON/A			
	Solvent tanks and containers	MY ON	□N/A	Cartridge filter housings	MY ON ON/A			
	Water separators	MO Y	I □N/À	:				
4.	Which method of detection is used by the	ne responsi	ble official?		<i>.</i>			
	Visual examination (condensed so							
	Physical detection (airflow felt thr							
	Odor (noticeable perc odor)							
	Use of direct-reading instrumenta							
	Halogen leak detector			•				
	If using direct-reading instru	ımentatio	n, is the equipm	ent:	ØN/A			
	a. Capable of detecting p	□Y □N						
	b. Calibrated against a s (PID/FID only)?	□Y □N						
	c. Inspected for leaks an	d obvious	signs of wear on	a weekly basis?	OY ON			
	d. Kept in a clean and se	cure area v	when not in use?		OY ON			
	e. Verified for accuracy	by use of o	iuplicate sample:	s (calorimetric only)?	□Y □N			
III				<u> </u>				

:

	· · · · · · · · · · · · · · · · · · ·
rohammach Nozari	11-29-00
Inspector's Name (Please Print)	Date of Inspection
M. No gari	1 year
Inspector's Signature	Approximate Date of Next Inspection
• .	· ·
1.055	Pavicad 07/28/

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY								
FACILITY: Abernethy'	FACILITY: Abernethy's Cleaners PAGE 1 OF 1							
FACILITY ADDRESS:	FACILITY ADDRESS: 4319 Gunn Highway  CITY: Tampa PHONE: (813) 9692715							
MAILING ADDRESS:		FLA	ZIP: 33624					
INSPECTION DATE: November 28, 2000	TIME IN: 9:30 AM					STATUS: In Compliance		
NEDS NUMBER: 571232								
SOURCE DESCRIPTION: Perchloroethylene ( Perc ) Dry Cleaner								
CONTACT(S): Mr. James C. Terry								

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 45 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 28, 2000

## Bowman, Sandy

From: Sent: Alain Watson [WatsonA@epchc.org] Thursday, June 27, 2002 12:32 PM

To: Subject: Bowman, Sandy T5 Fee Report

Sandy:

I've réviewed the T5 Emissions Fee Report for Hillsborough County area sources. The report generated 8 facilities:

0571232 - At annual inspection (12/3/2001), we discovered this facility was closed.

Please send (smail, email, or fax) a copy of latest returned receipts and letters for the remaining facilities.

0571045 pain 0571094 what went and newscer, 0571176 MCCCEARCHAM others expers 10/13/2002 0571213 Febru Oarker 2. expers 12/17/03 0571216 At COURT 15t & BATCC acomed 0571277 That went of his mater 0571278 what we his her court

Are these facilities also subject to a late fee?

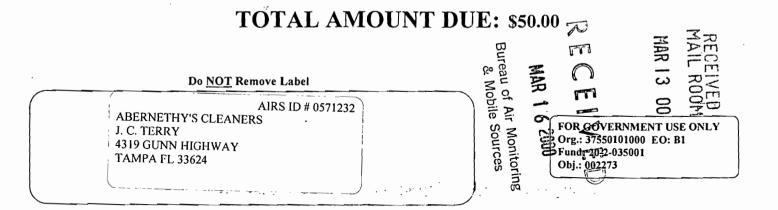
Thank you, alain

Alain G. Watson
Air Toxics Section
Environmental Protection Commission
of Hillsborough County
ph# 813.272.5530
watsona@epchc.org

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0393453

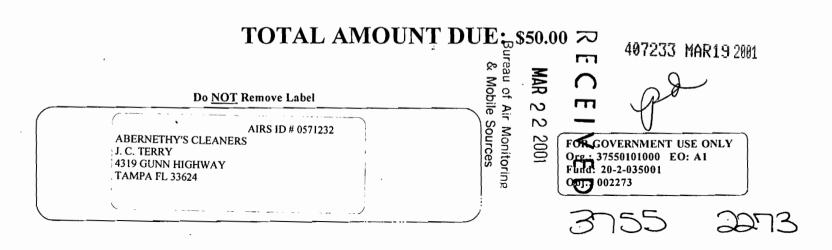
Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.



THE

## ATTACHED TO REMITTANCE FOR PROPER HANDLING

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



## Z 510 PPS 341

**US Postal Service Receipt for Certified Mail** No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 0571032 COTNEY'S ALL PRO CLEANERS MARK COTNEY 4809 CHEVAL BLVD **LUTZ FL 33549** Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address TOTAL Postage & Fees \$ Postmark or Date PS Form Fold at line over top of envelope to SENDER: COMP CTION 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 C. so that we can return the card to you. Agent Attach this card to the back of the mailpiece, ☐ Addressee or on the front if space permits. ☐ Yes Is delivery address different from item 1 1. Article Addressed to: If YES, enter delivery address below-AIRS ID # 0571032 COTNEY'S ALL PRO CLEANERS MARK COTNEY 4809 CHEVAL BLVD 3. Service Type LUTZ FL 33549 Certified Mail ☐ Express Mail Registered ☐ Return Receipt for Merchandise ☐ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt

102595-99-M-1789

PS Form 3811, July 1999

# Z 333 667 427

# US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. AIRS ID # 0571232

ABERNETHY'S CLEANERS J. C. TERRY 4319 GUNN HIGHWAY TAMPA FL 33624

	· -	1
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
PS Form <b>3800</b> , April 1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
щ Э	Postmark or Date	
For		
8		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1; 2, and 3. Also complete item 4 if Restricted Delivery is desired.  ■ Print your name and address on the reverse so that we can return the card to you.  ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  AIRS ID # 057F232  ABERNETHY'S CLEANERS  J. C. FERRY  4319 GUNN HIGHWAY  TAMPA FL 33624	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent Addresser  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:
	3. Service Type  Scertified Mail
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789



CERTIF	al Service IED MAIL RECEIPT ic Mail Only; No Insurance Coverage	Provided)				
2316						
™ ™ © Cert	Postage \$ ifled Fee	stmark				
	RS ID# 0571232 ERNETHY CLEANERS	V aux				
<b></b> 27	801 SANDBAGGER LANE SLEY CHAPEL FL 33544-343	33				
7000						
PLACE STICKER AT TOP OF ENV TO THE RIGHT OF RETURN ADD	0, February 2000 See Reverse for COMPLETE THIS S	or Instructions SECTION ON DELIVERY				
<ul> <li>Complete items 1, 2, and 3. item 4 if Restricted Delivery i</li> <li>Print your name and address so that we can return the car</li> <li>Attach this card to the back or on the front if space perm</li> </ul>	s desired. on the reverse d to you. of the mailpiece,	Agent Addressee				
1. Article Addressed to:	11 1 1	ss different from item 1?				
AIRS ID# 0571232  "ABERNETHY CLEANERS 27801 SANDBAGGER LANE						
WESLEY CHAPEL FL 33	3. Service Type  Certified Mail  Registered  Insured Mail	☐ Return Receipt for Merchandise ☐ C.O.D.				
2. Actiola Number (Constitution and	4. Restricted Delive	ery? (Extra Fee)				
2. Article Number (Copy from service)	893132316	;				
PS Form 3811, July 1999	Domestic Return Receipt	102595-99-M-1789				
'+		· · · · - ·				

Z 210 662 471 2000

**US Postal Service** 

# **Receipt for Certified Mail**

No Insurance Coverage Provided.

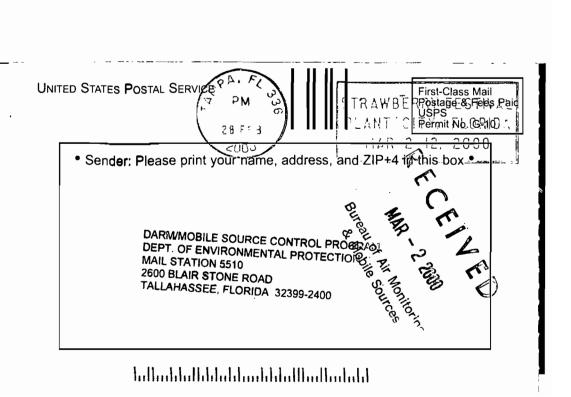
Do not use for International Mail (See reverse)

AIRS ID # 0571232

ABERNETHY'S CLEANERS J. C. TERRY 4319 GUNN HIGHWAY TAMPA FL 33624

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

		<u></u>
SENDER: COMPLETE THIS SECTION	COMPLETE THIS S	SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reso that we can return the card to you.</li> <li>Attach this card to the back of the mai or on the front if space permits.</li> </ul>	verse C. Signature  (piece,	Agent Addressee
1 Article Addressed to:	11 1 1	s different from item 1?
ABERNETHY'S CLEANERS J. C. TERRY	# 0571232	
4319 GUNN HIGHWAY TAMPA FL 33624	3. Service Type Certified Mail Registered Insured Mail	☐ Express Mail ☐ Return Receipt for Merchandise ☐ C.O.D.
	4. Restricted Delive	ery? (Extra Fee)
2 Article Number (Copy from service label)		
PS Form 3811, July 1999	Domestic Return Receipt	102595-99-M-1789



U.S. Postal S CERTIFIED (Domestic Mail O	MAIL F	RECEIPT ance Coverage F	Provided)	
Postage Certified Fee  Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	\$	_	stmark Here	
To To Row ABERNETHY'S J. C. TERRY 4319 GUNN HIE TAMPA FL 33624		0571232	or Instructions	
<ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complet a items 1, 2, and 3. Also completitem 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reversion of the reversion of the reversion of the reversion of the second to the back of the mailport on the front if space permits.</li> </ul>	ete A	Received by (Plean Land) A TO Compare The		B. Date of Delivery  2(4/07)  Agent  Addressee
Article Addressed to:  AIRS ID # 0571232  ABERNETHY'S CLEANERS  J. C. TERRY  4319 GUNN HIGHWAY  TAMPA FL  33624	Ļ	If YES, enter deliv	Express Mail	ier LN.

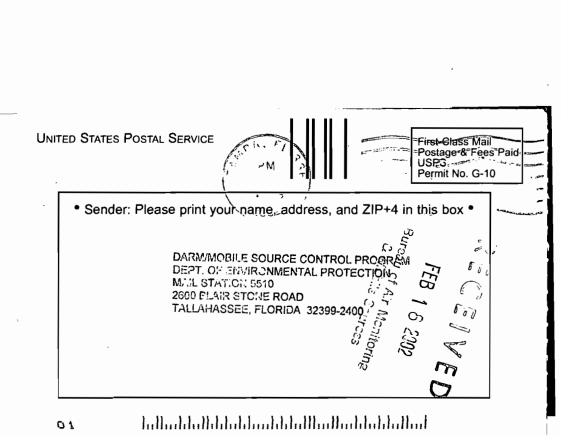
2. Article Number (Copy from service label)
7000 06(00 00 26)
PS Form 3811, July 1999

Domestic Return Receipt

4. Restricted Delivery? (Extra Fee)

102595-99-M-1789

☐ Yes



I	U.S. Postal Service CERTIFIED MAIL RECEIPT Domestic Mail Only; No Insurance Coverage Provided)								
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000	Restricted Delivery Fee (Endorsement Required)								
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03	Sent To ABERNETHY'S CLEANERS J. C. TERRY								
-	Street, A 4319 GUNN HIGHWAY								
7007	City, Sta 33624	,							
1								structions	

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.
- 1 Article Addressed to:

AIRS ID # 0571232
ABERNETHY'S CLEANERS
1. C. TERRY:
4319 GUNNHIGHWAY
TAMPA FL. 4
33624

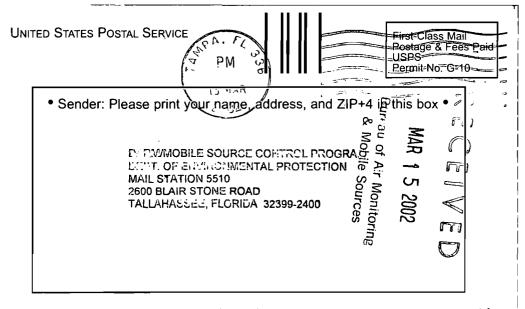
### COMPLETE THIS SECTION ON DELIVERY

4. Restricted Delivery? (Extra Fee)

A. Received by (Pleas	se Print Clearly)	B. Date of Delivery
Cay 14	erry	3 13/05
C. Signature		17/02
x) Clar	, lean	Agent  Addressee
D. Is delivery address,	different from iter	n 1? 155≪es
If YES, enter delive	ery address belov	w: 🗖 No
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2 2001 3	rnaringg	9 5 6 6
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3. Service Type		
Certified Mail	☐ Express Ma	il
☐ Registered	☐ Return Rece	eipt for Merchandise
☐ Insured Mail	☐ C.O.D.	

7001 0320 0001 7976 1213 8

☐ Yes



	<b>4</b> 0	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
}	9208	mar Bala Star	H San Color March 1988	. i .	
	0026 4125	Postage  Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)	s	Postmark Here	
	2000 0000	Recipient J. C. TERI	THY'S CLEANERS RY IN HIGHWAY IL 33624	AIRS ID # 0571232	

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	10 70 77 1	
SENDER: CC :SENDER:	ion on der	IVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Received by (Please Print Clearly)	B. Date of Delivery
so that we can return the card to you.	C, Signature	☐ Agent
Attach this card to the back of the mailpiece, or on the front if space permits.	X	☐ Addressee
Article Addressed to:	D. Is delivery address different from item If YES, enter delivery address below	—
AIRS ID # 0571232		
ABERNETHY'S CLEANERS		- (
J. C. TERRY 4319 GUNN HIGHWAY	- 1 m c	<u> </u>
TAMPA FL 33624	3. Service Type	
	☐ Certified Mail ☐ Express Ma	eipt for Merchandise
'n	☐ Insured Mail ☐ C.O.D.	
100006000000644259208	4. Restricted Delivery? (Extra Fee)	☐ Yes
Article Number (Copy from service label)		
PS-Form 3811, July 1999 Domestic Re	turn Receipt	102595-99-M-1789
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l	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
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40		ICIAL	. USE		
. 5	Postage	\$			
- 12	Certified Fee	_	Postmark		
T 0 0 0	Return Receipt Fee (Endorsement Required)		Here		
	Restricted Delivery Fee (Endorsement Required)				
50	Total Postage AIRS ID # US/1232 ABERNETHY'S CLEANERS				
	Sent To J. C. TERRY				
<b>-</b> -1	Street, Apt. No., 4319 GUNN HIGHWAY				
7001	or PO Box No. TAMPA FL City, State, ZiP+ 33624				
ļ	PS Form 3800, January 20	201	See Reverse for Instruction		

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
5938				
7825	Postage Certified Fee	\$	Postmark	
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here	
7000 0000	Total  Recipi ABERNETHY J. C. TERRY Street, 4319 GUNN H TAMPA FL 33	'S CLEANERS IGHWAY	  ID # 0571232	
	PS Form 3600, February 2	.000		nstructions

CENDED COME SEE THE OFFICE	COMPLETE THE SECTION ON DELIVERY
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee  D. Is delivery address different from item 1?
1. Article Addressed to:  AIRS ID # 0571232  ABERNETHY'S CLEANERS  J. C. TERRY	D. Is deliven) address different from item 1?
4319 GUNN HIGHWAY TAMPA FL 33624	3. Service Type  Certified Mail
2. Article Number (Copy from service label) 7825	5938
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789

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Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

AIRS ID# 05/1237
ABERNETHYS CLEANERS
27801 SANDBAGER LANE
WESLEY CHAPEL FL 33544-3433

COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION: Complete items 1, 2, and 3. Also complete A. Received by (Please Print Clearly) B. Date of Delivery item 4 if Restricted Delivery is desired. Print your name and address on the reverse C. Signature so that we can return the card to you. □ Agent Attach this card to the back of the mailpiece, X □ Addressee or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: ☐ No AIRS ID# 0571232 ABERNETHYS CLEANERS 27801 SANDBAGGER LANE 3. Service Type WESLEY CHAPEL FL 33544-3433 Certified Mail ☐ Express Mail Registered ☐ Return Receipt for Merchandise\* ☐ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number (Copy from service label) 7000052600209372 PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

Postal Service
GERTIFIED MAIL REGERM
(Domestic Mail Only, No Insurance Coverage Provided)

Postage \$
Certified Fee Postmerk

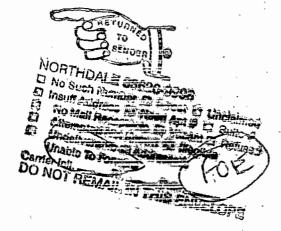
AIRS ID# 0571232
ABERNETHYS CLEANERS
27801 SANDBAGGER LANE
WESLEY CHAPEL FL 33544-3433

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400



7003 0500 0004 0144 6149





Bureau of Air Monitoring & Mobile Sources

**\$`E**`}

AIRS ID # 0571232001AG 10 ABERNETHY'S CLEANERS 4319 Gunn Highway TAMPA, 33624

SELDER COMPLETE IT IS SECTION  Complete items 1, 2, and 3. Also completitem 4 if Restricted Delivery is desired.  Print your name and address on the rever	, v	MPLETE THIS Signature	SECTION ON DE	IVERY I Agent □ Addressee
so that we can return the card to you.  Attach this card to the back of the mailpid or on the front if space permits.	ece, B.	Received by (	Printed Name)	C. Date of Delivery
Article Addressed to:	11 '	•	ess different from ite elivery address belo	
AIRS ID # 0571232001AG 10 ABERNETHY'S CLEANERS 4319 Gunn Highway				
TAMPA, 33624		Service Type Contilled Ma Registered Insured Ma	☐ Return Rec	all elpt for Merchandise
	4.	Restricted Deli	very? (Extra Fee)	€ Yes
Article Number     (Transfer from service label)	003 0500	0004	<u>በ</u> ነ44 ይነ45	3
PS Form 3811, August 2001 Do	mestic Return R	ecelpt		102595-02-M-1540

