

Department of Environmental Protection

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

David B. Struhs Secretary

August 11, 1999

Mr. Shafkat Ali Bayside Cleaners 3032 Jodi Lane Palm Harbor, Florida 34684

0571234

Re: Facility No.: 1030458

Dear Mr. Ali:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 6, 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. Gary Robbins, Pinellas County

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

Printed on recycled paper.

January 29, 2002

Gunn Inc.
Airs ID# 0571234

Dba \Bayside Cleaners
3032 Jodi Lane

Palm Harbor, FL 34684

Department of Environment Protection Title V – General Permits P. O. Box 3070 Tallahassee, FL 32315

To Whom It May Concern:

AIRS # 0571234

Please be advised that location Bayside Cleaners:

West Hillsbourgh location; the going concern has been closed, the lease has been terminated, business has ceased to exist as of October 31, 2001. This is a follow-up of phone conversation to terminate stated location from entitlement.

Please note all other locations are unaffected by this change.

Sincerely:

Kimberly Ali

 $\left\langle \right\rangle$

GUNN, INC. Environmental Protection Agency

002122 002122

Check Number: Check Date:

Jan 29, 2002

Check Amount: \$50.00

Item to be Paid - Description

Discount Taken

Amount Paid

0571234/2001

50.00

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	СОМ	PLAINT/DIS	SCOVERY	RE-INSPECTION	
TIME IN: 13 = 3.0 TIME OU	JT: 15:0 CLCAND	0	AIRS ID#:/ 0	30458	
TYPE OF FACILITY: PERC DRY	CLEANE	=R			
FACILITY NAME: BAYSIDE				DATE: 8/31/99	7
FACILITY LOCATION: 10221 W. H	-LUSBOR	OVGA	SUE		\
TAMPA, 1	_				
RESPONSIBLE OFFICIAL: SHAFKAT	ALI		PHONE NUMBER: _	(813) 882-02	25
Based on the results of the compliance recompliance with DEP Rule 62-213.300, F				lity is found to be in	
Based on the results of the compliance rec discrepancies were noted:	quirements evalua	ated during th	his inspection, the follo	wing compliance	
COMPLIANCE REQUIREMENT/P	ROBLEM	FOI	LOW-UP ACTIO	N REQUIRED	
	,				
				R	
			m	m	
			ureau & N	<u> </u>	
			eau of Air & Mobile	E M	
			bile f		
•			r Monitoring e Sources	J E	
			nito! Irces		
-	-		ing and		
·					
COMMENTS:					
· · · · · · · · · · · · · · · · · · ·					
The Annual Compliance Certification form has be	• • •		-	YES NO] ~/
DATE OF NEXT INSPECTION:	90	DAY	's 		
		proximate)	- 44		
INSPECTION CONDUCTED BY:	•		マルン		
INSPECTOR'S SIGNATURE: ROCK	(Pk	ease Print)	PHONE NUMBER	(813) 272-5.	53
	,	1	LICHE HUMBER		
	Page	of		Revised	10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	RE-INSPECTION	9 ⁹		OVERY U	
AIRS ID#: 1030458 DA				E OUT: 15:	0-0
				<u> </u>	
FACILITY LOCATION: 102	= 21 W. 1418		JOGH AVE	·	
	mpA, F				
RESPONSIBLE OFFICIAL : _	SHAFKAT	ALI	PHONE: (8/3)	882-022	5
RESPONSIBLE OFFICIAL :	SAME	•	PHONE:	SAME	
	<u>.</u>				
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 30	days prior to startup				
2. Facility failed to notify DARM	to use general permit			赵	
			.		
PART II: CLASSIFICATION			·		į
Facility indicated on notification (check appropriate box)	form that it is:		☐ No notification for ☐ Drop store/out of I	•	m
	dry tra bo	ensfer only, x oth types, x <	Drop store/out of the area source x < 140 gal/yr < 200 gal/yr	•	m
(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	dry tra bo (cc 0 gal/yr gal/yr tra /yr bo	y-to-dry only, ansfer only, x oth types, x < onstructed on New large a y-to-dry only, ansfer only, 20 oth types, 140	☐ Drop store/out of larea source x < 140 gal/yr < 200 gal/yr 140 gal/yr	business/petroleui	m
(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 ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 gal both types, 140 ≤ x ≤ 1,800 gal	dry tra bo (cc 0 gal/yr gal/yr tra /yr bo	y-to-dry only, ansfer only, x th types, x < onstructed on New large a y-to-dry only, ansfer only, 20 th types, 140 onstructed on	Drop store/out of the source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) The 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/petroleur	m .
 (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 ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 gal (constructed before 12/9/91) 5. This is a correct facility class If no, please check the appropriate box. 	dry tra bo (cc 0 gal/yr /yr bo (cc sification propriate classificatio qualified for a genera	y-to-dry only, ansfer only, x on the types, x < on structed on New large a y-to-dry only, ansfer only, 20 on the types, 140 on structed on Y \bigcup N	□ Drop store/out of the rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) The source $140 \le x \le 2,100 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) □ Can not determine	business/petroleur	m .

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) ANNEK NO YO 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN MIN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? **A**Y DN 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/A least 24 hours prior to disposal? Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN XIN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser ' (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/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 DY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

Y ON	
Y ON	
-	□N/A
Y DN	□N/A
Y UN	اً الآلا
Y DN	□N/A
Y 🗆 N	□N/A
Y 🗆 N	□N/A
נ נ	MO YE MO YE MO YE MO YE MO YE

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	MO YM				
2. Maintained rolling monthly averages of perc consumption?	MA DN				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	ana k no yo				
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 M N/A				
4. Maintained calibration data? (for applicable direct reading instruments)	A/N X NO YO				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON X N/A				
6. Maintained startup/shutdown/malfunction plan?	MY ON				
7. Maintained deviation reports?	and no to				
Problem corrected?	OY ON ANA				
8. Maintained compliance plan, if applicable?	OY ON \$MA				

PART VI: LEAK DETECTION AND R	EPAIRS	_			
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?		3	{		
2. Has the facility maintained a leak log?		cs?	DY MA		
3. Does the responsible official check the f	ollowing areas for leak	cs?			
Hose connections, fittings, couplings, and valves Door gaskets and seating Filter gaskets and seating Pumps	14 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Muck cookers Stills Exhaust dampers	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
Solvent tanks and containers	MY ON ON/A	Cartridge filter housing	gs MY ON ON/A		
Water separators	AVA NO YE	•			
4. Which method of detection is used by the	c responsible official?		·		
Visual examination (condensed so	lvent on exterior surfa	ces)	(2a		
Physical detection (airflow felt thr	ough gaskets)		Ø		
Odor (noticeable perc odor)	9 4				
Use of direct-reading instrumenta					
Halogen leak detector					
If using direct-reading instr	imentation, is the equ	ipment:	ØN/A		
a. Capable of detecting p	erc vapor concentration	ons in a range of 0-500 ppm?	'OY ON		
b. Calibrated against a s (PID/FID only)?	tandard gas prior to an	id after each use	OY ON		
c. Inspected for leaks an	d obvious signs of wea	r on a weekly basis?	OY ON		
d. Kept in a clean and so	cure area when not in	use?			
e. Verified for accuracy	OY ON				
		•			
		g/z	1/99		
Inspector's Name (Please Prin	it)	Date of Ins	spection		
Roger M		90	DAYS		

Inspector's Signature Approximate Date of Next Inspection

FNVIRO	NMENTAL PROT	INSPECTION RE		SBOROLIGH A	COLINITY		
FACILITY: Bayside C		DOTTON COMM.	13310N OF HILLS	PAGE	1 OF 1		
FACILITY ADDRESS: 10221 W. Hillsborough Ave. CITY: Tampa							
		PHONE: 813-882-0225					
MAILING ADDRESS: Same CITY: Tampa					ZIP: 33615		
INSPECTION DATE:	TIME IN: TIME OUT: INSPECTION			N TYPE:	STATUS:		
Aug 31, 1999	13:30	DS	In Compliance				
NEDS NUMBER: 1030458							
SOURCE DESCRIPTION	N: Perc Dry	Cleaner			-		
CONTACT(S): Sha	fkat Ali						
Notice - #21018 (oper the form on 7/6/99 are permitted with the AI Pinellas County. For location. I met with Mr. Ali the the site location, also with Mr. Ali just began SN5434, an existing significant graphs of perc.	ating without and received a land received a land RS ID# 10304 some reason, is afternoon arwe'll close the withe recordkeed mall unit) just. No odors or les is recordkeepir	a permit) we in the state product told him the warning notice started operates were noticed.	ssued on 8/5/9 DEP on 8/11/9 ttly, this ID not bably took M at I'll informate based on the explained that ting two week	99. He told 99 confirms umber is for Ali's ho the State to fact that the mach is ago. The visit. The	nine (ECONOMATIC, e initial fill-up was 80 next inspection will be		
INSPECTED BY:	Roger Zl	nu	<u>. </u>	DATE:	8/31/99		

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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10=00 TIME OUT: 1/=30	AIRS ID#: $N/4.1030458$.
TYPE OF FACILITY: PERC DRY CLEAN C	
FACILITY NAME: BAYSIDE CLEANE	RS DATE: 5/25/99
FACILITY LOCATION: 10221 W. HILLS BOR	OVGH AVE
TAMPA, FL 33	3615
TYPE OF FACILITY: PERC DRY CLEANE FACILITY NAME: BAYSIDE CLEANE FACILITY LOCATION: 10221 W. HILLS BOR TAMPA, FL 33 RESPONSIBLE OFFICIAL: SHAFKAT ALL	PHONE NUMBER: (8/3) 88 Z - 0225
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
NEEDS A PERMIT	RE-INSPECT IN 90 DAYS. GAVE HIM
	NOTIFICATION FORM TO SUBMIT.
	
	· C
· ·	a sur le
	Sureau or Air Mobile Month or Motor or Month or Motor or Month or Motor or Month o
	SOLIT CES TING
<u>· · · · · · · · · · · · · · · · · · · </u>	
COMMENTS: THS IS A NEW FACILITY	TY WITH A MACHINE
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO NO NO
DATE OF NEXT INSPECTION:	O DAYS
n a	oproximate) HGR ZHU
	lease Print)
INSPECTOR'S SIGNATURE: Rosu Mu	PHONE NUMBER: (813) 272 - 5530
Page/	of Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINT	DISCOVERY) X
TBD03685	RE-INSPECTION			·	
AIRS ID#:A FACILITY NAME:	DATE: 5/25/99	7 TIME I	N: 10:00	TIME OUT: _/	1:30
FACILITY NAME:	BAYSIDE CLE	PANER	5		
FACILITY LOCATION: _	10221 W. HI	USDO	ROUGH A	NE	
_	TAMPA, FL	- 336	· 5		
RESPONSIBLE OFFICIAL	L: <i>N/s</i>		PHONE:		
responsible official	AFKAT ALI		PHONE: 18	13)882-	0225
PART I: NOTIFICATION			<u> </u>		
	<u></u>		71.11		
(check appropriate box) 1. New facility notified DAR	M 30 days neigh to startum)	
, and the second					
2. Facility failed to notify Da	AROVI to use general permit				
DANGER OF ACCUSE OF THE	O.V.				
PART II: CLASSIFICATI					
Facility indicated on notific (check appropriate box)			☐ No notificati	on form ut of business/pet	roleum
Facility indicated on notific (check appropriate box) A.	ation form that it is:		☐ Drop store/o	ut of business/pet	roleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so	ation form that it is:	New small a	☐ Drop store/o		roleum
Facility indicated on notific (check appropriate box) A.	eation form that it is: ource		☐ Drop store/or rea source x < 140 gal/yr	ut of business/pet	roleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gald both types, x < 140 gal/yr	eation form that it is: Durce	y-to-dry only, insfer only, x th types, x <	□ Drop store/of rea source x < 140 gal/yr < 200 gal/yr	ut of business/pet	roleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gald	eation form that it is: Durce	y-to-dry only, insfer only, x th types, x <	□ Drop store/of rea source x < 140 gal/yr < 200 gal/yr	ut of business/pet	roleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gald both types, x < 140 gal/yr	cation form that it is: Durce	y-to-dry only, ansfer only, x th types, x < onstructed on New large a y-to-dry only, ansfer only, 20 th types, 140	□ Drop store/or rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	ut of business/pet	roleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,80	cation form that it is: Durce	y-to-dry only, ansfer only, x th types, x < onstructed on New large a y-to-dry only, ansfer only, 20 th types, 140 onstructed on	Drop store/of rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	gal/yr	roleum
Facility indicated on notific (check appropriate box) 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,80 (constructed before 12/9/9 5. This is a correct facility. If no, please check the second of the	cation form that it is: Durce	y-to-dry only, unsfer only, x th types, x < constructed on New large a y-to-dry only, thisfer only, 20 th types, 140 constructed on Y \bigcup N	□ Drop store/of rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 00 ≤ x ≤ 1,800 gal/y or after 12/9/91) □ Can not determine	gal/yr l/yr r mine above	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ŹY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? DY DN 4. Draining cartridge filters in their housing or in sealed containers for at DY DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A/and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) UY UN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so 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 condenser exceeded 45°F? OY ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN 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?	DY DN
2.	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 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,	1.5
	or expansion; and downstream from no other inlet?	□Y □N □N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A

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

PA	PART VI: LEAK DETECTION AND REPAIRS						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			DY DN			
2.	Has the facility maintained a leak log	DY ON					
3.	Does the responsible official check th						
	Hose connections, fittings,						
	couplings, and valves	OY ON ON/A	Muck cookers	OY ON ON/A			
	Door gaskets and seating	OY ON ON/A	Stills	OY ON ON/A			
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	OY ON ON/A			
	Pumps	□Y □N □N/A	Diverter valves	OY ON ON/A			
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	OY ON ON/A			
	Water separators	OY ON ON/A		* 5			
4.	Which method of detection is used by	the responsible official?					
	Visual examination (condensed	solvent on exterior surfa-	ces)				
	Physical detection (airflow felt	through gaskets)					
	Odor (noticeable perc odor)						
	Use of direct-reading instrumer	tation (FID/PID/calorime	etric tubes)				
	Halogen leak detector						
	If using direct-reading ins	trumentation, is the equ	ipment:	□N/A			
	a. Capable of detecting	g perc vapor concentratio	ns in a range of 0-500 ppm?	OY ON			
		a standard gas prior to an	d after each use				
l	(PID/FID only)?			OY ON			
	/	and obvious signs of wear	•	OY ON			
	d. Kept in a clean and	secure area when not in	use?	OY ON			
	ples (calorimetric only)?	OY ON					
_				-			
	LOGER Z	HU	5/25/	199			
_	Inspector's Name (Please P	rint)	Date of Inspe				
	Roger S	lm	i ye	AR			
_	Inspector's Signature		Approximate Date of	Next Inspection			

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY							
FACILITY: Bayside C	PAGE	1 OF 1					
					CITY: Tampa PHONE: 813-882-0225		
MAILING ADDRESS:	Same		CITY: Tampa	FLA	ZIP: 33615		
INSPECTION DATE:				I	STATUS:		
May 25, 1999 10:00 11:30 non- CDS							
NEDS NUMBER:							
SOURCE DESCRIPTION	<u> </u>	Cleaner					
CONTACT(S): Sha	fkat Ali						
Hillsborough Ave, Tar The unit model is ECO I was told that it was re Today I dropped off	npa, 33615. The DNOMATIG was achine hasn't be tion, but he is g	the previous but the SN 54 the warehouse on form for Marehouse to mail of the property of the previous started up to mail of the previous started up the previous started up to mail of the previous started up to the previous starte	usiness at this last. This unit of the Bayside r. Ali to summ yet because it out the form as	location was appeared to Cleaners in the total take a lift to the till take a lift.	be a old machine, and n Pinellas County. DARM in Tallahasse. ittle time to pick up the		
INSPECTED BY:	Roger Z	hu	_	DATE:	5/25/99		

•

INTEROFFICE MEMORANDUM

Sensitivity: COMPANY CONFIDENTIAL Date: 07-Sep-1999 02:13pm

From: Yi Zhu TAL

ZHU_Y

Dept: Air Resources Management

Tel No: 850/921-9558

To: Sandy Bowman TAL (BOWMAN S)

Subject: RE: Request for change in ARMS

The problem with changing office is fixed finally. I changed it to SWHI for 0571234. Please make sure that the address is correct. Thanks.

Υi

*The county is change to Hillsborough for this facility. The new ID is 0571234

* However, I am having problem changing the office to SWHI. I reported this to *BIS. They are looking into fixing it. I will let you know when it is fixed.

*Thank you.

*

*Yi

**Hi Yi!

*

** We have been informed that AIRS ID #1030458 is not located in

**Pinellas County but in

**Hillsborough. Will you please make this correction for us?

**Thank you.

**

**Sandy B.

571234

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.

	lity Name and Location			
1.	Facility Owner/Company Name (Name of corporation	on. agency, or individ	lual owner):	
	GUNN INC			
2.	Site Name (For example, plant name or number):			
	Bayside Clear	nen		ļ
3.	Hazardous Waste Generator Identification Number:	<u> </u>		
				j
	E The Land			
4.	Facility Location: Street Address:]
}	City: County:		Zip Code:	
	City.		Zip Codo.	
55	Raellis Identification Animber (DHP) ase (N. V - d	Signature)		and the second s
		Land to the state of the state		<u></u>
_	05	71234	1030	245 8
	ponsible Official Name and Title of Responsible Official:	*		
		Title:	2	L
l Mai	ne: SHAFKAT ALI	file.	nesiden	A.
7.	Responsible Official Mailing Address:			
	Organization/Firm:	a		
1	Street Address: 3032	151 i A C	 .	34684
	Organization/Firm: Street Address: 3032. Jodf L City: PALMHARBOR County: Pin	(としい)	Zip Code:	2960
8	Responsible Official Telephone Number:			
1	Telephone: (813) 882-0225	Fax: (12	7)771-	27/11
Ì	(0/3 /00% 02.23	100	771	0107
				
Fac	ility Contact (If different from Responsible Offici	al)		
9.	Name and Title of Facility Contact (For example, pl	ant manager):		
1				
10	Facility Contact Address:			
10.	Triomity Contact reduces.		•	
1	Street Address:			
1	City: County:		Zip Code:	
11.	Facility Contact Telephone Number:	,		
	Telephone: () -	Fax: () -	
				·

DEP Form No. 62-213.900(2)

Effective: 2/24/99

1030458 057/234

P/6	
6/2)	Not required for Existing small sources. Not regained for Existing small sources.
(\mathcal{A})	Not required for Existing small sources.
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•	
	,
- - +	

Facility Information 1.(a) DRY-TO-DRY MACHINES ONLY How many dry-to-dry machines do you have on-site? For each dry-to-dry machine on-site, please provide the following information: **Date Initially Purchased** Status Control Device Required* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") RC/CA/None required Existing/New Existing/New RC/CA/None required RC/CA/None required Existing/New *CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber 1.(b) TRANSFER MACHINES ONLY How many washers do you have on-site? How many dryers/reclaimers do you have on-site? If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a NEW unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information: Date Initially Purchased Status Contro! Device Required* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") RC/CA None required Existing/New RC/CA None required RC/CA None required Existing/New *CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber Did not we the Did not we produced to the Did not we the 2.(a) How much perchloroethylene (perc) have you used within the last 12 months? gallons (You must fill this in) (b) If less than 12 months, how many? [____] months Check why it is less than 12 months: New owner: [____] Did not keep records: [____]

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

3. What is the facility's source classification based on the Indicate with an "X". Select one classification only	
Small Area Source	
Transfer only 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 []	
Transfer only 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 put (Indicate with an "X".)	ursuant 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 []
	its shall not be eligible to use the general permit pursuant to water generating units on-site meet the following exemption memo for the criteria).
All steam and hot water generating units exempt No such units on-site	OR
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP) rating:	
What type of fuel do you use? No. 2 fuel No. 6 fuel	*
6. Equipment Monitoring and Recordkeeping Informa	ntion .
Check all logs which are required to be kept on-site in	accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent ac	ddition log
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	<u></u>
(d) Carbon adsorber exhaust perc concentration monitoring	toring
(e) Startup, shutdown, malfunction plan	

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

7. Surrender	of Existing DEP Air Permit(s)
Please indica	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
	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible	Official Certification
this notij statemen maintain comply v	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the air made in this notification are true, accurate and complete. Further, I agree to operate and a 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. Sharkar Ali ne of responsible official B-8-99 Date

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

Hello Rick. Please note, this facility is not in Pinellas County. The Facility location is not Jodi Lane but is actually at 4807 Gunn Highway, Suite 138, Tampa FL, 33624 (phone # is 813-264-5123). I spoke with Shafkat Ali today, because the address appeared to be in a residential neighborhood. He advised me of the actual plant's location. He can be reached at 813-882-0225. He has several plants located in Pinellas and Tampa. (That was an easy inspection.)

INTEROFFICE MEMORANDUM

Date: 30-Aug-1999 01:25pm

From: Sandy Bowman TAL

BOWMAN_S

Dept: Air Resources Management

Tel No: 850/921-9583

To: Yi Zhu TAL (ZHU_Y)

Subject: RE: Request for change in ARMS

Hi Yi!

We have been informed that AIRS ID #1030458 is not located in Pinellas County but in Hillsborough. Will you please make this correction for us? Thank you.

Sandy B.

INTEROFFICE MEMORANDUM

Sensitivity: COMPANY CONFIDENTIAL Date: 01-Sep-1999 08:05am

From: Yi Zhu TAL

ZHU_Y

Dept: Air Resources Management

Tel No: 850/921-9558

To: Sandy Bowman TAL (BOWMAN_S)

Subject: RE: Request for change in ARMS

The county is change to Hillsborough for this facility. The new ID is 0571234. However, I am having problem changing the office to SWHI. I reported this to BIS. They are looking into fixing it. I will let you know when it is fixed.

Thank you.

Yi

*Hi Yi!

*

We have been informed that AIRS ID #1030458 is not located in

*Pinellas County but in

*Hillsborough. Will you please make this correction for us?

*Thank you.

*

*Sandy B.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COME	LAINT/DISCOVERY	RE-INSPECTION
	E OUT: 11-3		ID#: 57/234
TYPE OF FACILITY: PERC DR	Y CLEANE	e	
TYPE OF FACILITY: PERC DR FACILITY NAME: BAYSIDE	CLEANER	3	DATE: 12/21/99
FACILITY LOCATION: 10221 W	. HILLSBORD	WGH AVE	
FACILITY NAME: DAYSIVE FACILITY LOCATION: 1022 W TAMPA,	FL 3361	5	
RESPONSIBLE OFFICIAL: SHAFKAT	ALI	PHONE N	NUMBER: (813) 882 - 0225
Based on the results of the compliance compliance with DEP Rule 62-213.30			ion, the facility is found to be in
Based on the results of the compliance discrepancies were noted:	e requirements evalua	ted during this inspect	ion, the following compliance
COMPLIANCE REQUIREMENT	T/PROBLEM	FOLLOW-U	JP ACTION REQUIRED
		,	
			P

		·	Burrow Line
			30 / 6
			The sound of the s
			K. C.
•			
COMMENTS:			
. 			<u> </u>
; The Annual Compliance Certification form ha	s been properly certifi	ed and submitted to the	ne inspector. YES NO
		YEAR	
DATE OF NEXT INSPECTION:	(Ap _i	roximate)	
INSPECTION CONDUCTED BY:		GER ZHI	<i>)</i>
		ase Print)	
INSPECTOR'S SIGNATURE:	ger shu	PHONE	NUMBER: (813) 272 - 5530
	1	of	Revised 10/90

Revised 10/10/96

AIRS ID#: 57/234

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Bay FACILITY LOCATION: 18221 TAM	side (Cleaner	is .	DATE: _	12/21/99
FACILITY LOCATION: 10221	W. HIL	LSBOROU	IGH AVE		
TAM	0A, 1	FC 33	615		
Annual Reporting Period:	g 11	19 <u>99</u>	то	c 21	19 <i>_99</i>
Based on each term or condition of the Titl 62-213.300, Florida Administrative Čode (-		\ -\/.	,	PRule □NO
If NO, complete the following:					
#1. Term or condition of the general perm	it that has not bee	n in continuous co	ompliance during the r	reporting period	d 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 perm	it that has not bee	en in continuous co	ompliance during the	reporting perio	d stated above:
Exact period of non-compliance: from			to		
Action(s) taken to achieve compliance:				_	
Method used to demonstrate compliance:			<u>.</u> .		
As the responsible official, I hereby certify made in this notification are true, accurate upon rolling averages of purchase receipts year for transfer or combination facilities.	e and complete. F	urther, my annua	l consumption of perc	hloroethylene :	solvent, based
RESPONSIBLE OFFICIAL: $\frac{\sum_{i=1}^{N} \sum_{j=1}^{N} \sum_{i=1}^{N} \sum_{j=1}^{N} \sum_{j=1}^{N} \sum_{i=1}^{N} \sum_{j=1}^{N} \sum_{j=1}^{N} \sum_{i=1}^{N} \sum_{j=1}^{N} \sum_{i=1}^{N} \sum_{j=1}^{N} \sum_{i=1}^{N} \sum_{j=1}^{N} \sum_{i=1}^{N} \sum_{j=1}^{N} \sum_{i=1}^{N} \sum_{j=1}^{N} \sum_{i=1}^{N} \sum_{j=1}^{N} \sum_{j=1}^{N} \sum_{i=1}^{N} \sum_{j=1}^{N} \sum_{j=1}^{N} \sum_{j=1}^{N} \sum_{i=1}^{N} \sum_{j=1}^{N} \sum_{i=1}^{N} \sum_{j=1}^{N} \sum_{j$	INFKAT ame (Please Print)	<u>ALI</u>	Signature	<u> </u>	12-24-99 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

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	%	COMPLAINT/DI	SCOVERY	<u> </u>
AIRS ID#: 57/234 FACILITY NAME:	DATE: 12/21/ BAYSIDE C			TME OUT: [[= 30
FACILITY LOCATION:	10221 W. H	ILLS BORD	PUSH AVE	:	
_	TAMPA, F	=L 3361	5		
RESPONSIBLE OFFICIA	I: SHAFKAT	ALI	_PHONE: <u>(81</u>	3) 882-6	0225
CONTACT NAME:	SAME		_ PHONE:	SAME	
PART I: NOTIFICATION	J	· · · · · · · · · · · · · · · · · · ·			
	*				
(check appropriate box)	DN 4.20 doub maior to store				
 New facility notified DA Facility failed to notify D 		_			<u>x</u>
2. Facility laned to notify D	ARIVI to use general per				<u> </u>
DADERY OF ASSISTEDATE	TON .			· .	
PART II: CLASSIFICAT			D.M	·\	
Facility indicated on notifice (check appropriate box) A.	cation form that it is:	·.	☐ No notification☐ Drop store/out		roleum
1. Existing small area a dry-to-dry only, x < 140 transfer only, x < 200 ga both types, x < 140 gal/y (constructed before 12/9)	gal/yr l/yr T	transfer only, x both types, x <	, x < 140 gal/yr : < 200 gal/yr		
3. Existing large area and dry-to-dry only, 140 ≤ x transfer only, 200 ≤ x ≤ both types, 140 ≤ x ≤ 1,3 (constructed before 12/9)	≤ 2,100 gal/yr 1,800 gal/yr 300 gal/yr	transfer only, 2 both types, 140	area source x , 140 $\leq x \leq 2,100$ gal/ x x x x x x x x x x	•	
5. This is a correct facili	ty classification	OY ON	□Can not determ	nine	j
If no please check		. *			
	the appropriate classific acility qualified for a ger acility exceeds above lim rchloroethylene (perc) pu	neral permit as n nits and is not eli	gible for a general p		cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN MANA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN MINA 2. Examining the containers for leakage? DAY ON 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY DN MANA least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber OY ON MONA 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? ND YD OY 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 OY 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? DY DN 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 UA UN 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?	OY DN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON	□N/A
	Is the temperature differential equal to or greater than 20° F?	OY ON	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,		
	if machines are equipped with a carbon adsorber?	OY ON	□N/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON	□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?	OY ON	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON	□N/A
6	Routed airflow to the carbon adsorber (if used) at all times?	OY ON	□N/A

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

Darkend 8/11/0

PA	ART VI: LEAK DETECTION AND R	EPAIRS		
1.	Does the responsible official conduct a v	reekly (for small sources,	bi-weekly) leak detection ar	ıd repair
l	inspection?			MD DN
2.	Has the facility maintained a leak log?			May □n
3.	Does the responsible official check the fe	ollowing areas for leaks?		
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	אורם מם צאָן
	Door gaskets and seating	MY ON ON/A	Stills	MY ON ON/A
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	MY ON ON/A
	Pumps	MY ON ON/A	Diverter valves	MY ON ON/A
	Solvent tanks and containers	ØY □N □N/A	Cartridge filter housings	MY ON ON/A
	Water separators	MAY ON ON/A		
4.	Which method of detection is used by the	e responsible official?		
	Visual examination (condensed so	lvent on exterior surfaces)	¤
	Physical detection (airflow felt thr	ough gaskets))X (-
	Odor (noticeable perc odor)			X
	Use of direct-reading instrumenta	tion (FID/PID/calorimetri	c tubes)	
	Halogen leak detector			
	If using direct-reading instru	ımentation, is the equip	ment:	MN/A.
	a. Capable of detecting p	erc vapor concentrations	in a range of 0-500 ppm?	DY ON
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and a	fter each use	OY ON
I	c. Inspected for leaks an	d obvious signs of wear o	n a weekly basis?	OY ON
	d. Kept in a clean and se	cure area when not in us	e?·	OY ON
	e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	OY ON
	LOGER ZHO)	12/21	199
_	Inspector's Name (Please Prin		Date of Insp	/
	logu M	···	(Ye	ZAR

Inspector's Signature

4 of 5

Revised 8/11/97

Approximate Date of Next Inspection

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY FACILITY: Bayside Cleaners **PAGE** OF 1 FACILITY ADDRESS: 10221 W. Hillsborough Ave. CITY: Tampa PHONE: 813-882-0225 FLA | ZIP: 33615 MAILING ADDRESS: Same CITY: Tampa TIME IN: INSPECTION TYPE: STATUS: INSPECTION DATE: TIME OUT: Dec 8, 1999 10:30 11:15 non- CDS In Compliance NEDS NUMBER: 571234 Perc Dry Cleaner SOURCE DESCRIPTION: CONTACT(S): Shafkat Ali Today's visit was to conduct the annual inspection. The R.O. was not in the facility when I went there. Therefore, the inspection will be rescheduled on next week. Follow-up on 12/21/99: Today, I stopped by this facility again for the annual inspection. The R.O. wasn't in, however, one of the employees, Giobana, showed me the recordkeeping done by the RO, Mr. Ali. The leak checks have been recorded on a bi-weekly basis. No temperature requirement because of the existing small machine. The purchase receipts indicated a total of 30 gallons of perc purchased within the past 12-month period.

INSPECTED BY: Roger Zhu DATE: 12/8/99

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X COME	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 13:15 TIME OUT: 14:	30 AIRS ID#: 57/234
TIME IN:	25 DATE: 12/1/00
TAMPA, FL 336. RESPONSIBLE OFFICIAL: SHAFKAT ALI	1
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra	= · · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	\mathcal{P}
	Bureau of Air Monitoring & Monitoring
	Pile Source
	of the second se
COMMENTS:	
	·
The Annual Compliance Certification form has been properly certification form has been properly certification.	ied and submitted to the inspector. YES NO
INSPECTION CONDUCTED BY: (Ap	proximate) GER ZHU ease Print)
INSPECTOR'S SIGNATURE: Roger Bhy	PHONE NUMBER: (8/3) 272-5530

Page of .

Revised 10/96

571234

AIRS ID#:

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	BAYSIDE C	CLEANERS	DA	ATE: 12/1/00
FACILITY NAME:	10221 W. 1	HILSBOROUGI	4 AVE	
	TAMPS,	FL 33615		
·	•			
Annual Reporting Period:	Dec 22	i9 99 TO	Dec 1	20 0
	,	-ii		d Dem not
Based on each term or condi 62-213.300, Florida Admini	_	- ·	<u>~</u>	DEP RILE NO
If NO, complete the following				
n 140, complete die 1010 wh	ug.			
#1. Term or condition of the	e general permit that has r	not been in continuous compl	iance during the reporting	g period stated above:
Exact period of non-complia	ance: from		to	·
Action(s) taken to achieve c	compliance:		•	
Method used to demonstrate	e compliance:			
Method used to demonstrate	e compliance:			
	-	not been in continuous comp	liance during the reportin	g period stated above:
	-	not been in continuous comp	liance during the reportin	g period stated above:
#2. Term or condition of th	ne general permit that has	not been in continuous comp		g period stated above:
#2. Term or condition of th	ne general permit that has	not been in continuous comp	liance during the reportin	g period stated above:
#2. Term or condition of th	ne general permit that has a	not been in continuous comp		g period stated above:
#2. Term or condition of the	ance: from	not been in continuous comp		g period stated above:
#2. Term or condition of the Exact period of non-complication(s) taken to achieve of	ance: from	not been in continuous comp		g period stated above:
#2. Term or condition of the Exact period of non-complication(s) taken to achieve of Method used to demonstrate As the responsible official, made in this notification ar upon rolling averages of present the second secon	ance: from compliance: compliance: I hereby certify, based on the true, accurate and compliance and compliance and compliance.	information and belief formolete. Further, my annual co	to ed after reasonable inquin nsumption of perchloroet	ry, that the statements hylene solvent, based
#2. Term or condition of the Exact period of non-complication(s) taken to achieve of Method used to demonstrate As the responsible official, made in this notification ar	ance: from compliance: compliance: I hereby certify, based on re true, accurate and compurchase receipts, does not nation facilities.	information and belief form blete. Further, my annual co exceed 2,100 gallons per ye	to ed after reasonable inquin nsumption of perchloroet	ry, that the statements hylene 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 (INS1, INS2) ▼ COMPLAINT/DISCOVERY (CI) □

RE-INSPECTIO	N (FUI)
AIRS ID#: 57/234 DATE: 12/1/	00 TIME IN: 13:15 TIME OUT: 14:30
FACILITY NAME: BAYSIDE	CLEANERS
FACILITY LOCATION: 10221 W.	HILLSBOROUGH AVE
TAMPA,	FL 33615
RESPONSIBLE OFFICIAL: SHAFKAT	PHONE: (813) 882 - 0225 SAME
CONTACT NAME: SAME	PHONE: SAME
PART I: NOTIFICATION	
(check appropriate box)	Facility Compliance Status: IN
1. New facility notified DARM 30 days prior to star	rtup 🗴 (ARMS Data) MNC 🗆
2. Facility failed to notify DARM to use general per	rmit SNC 🗆
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form☐ Drop store/out of business/petroleum☐
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	□Y □N □Can not determine
☐ facility exceeds above lin	neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pure facility was 50 gallons.	urchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
Storing perchloroethylene in tightly sealed and impervious containers?	□Y □N XN/A			
2. Examining the containers for leakage?	□Y □N XN/A			
3. Closing and securing machine doors except during loading/unloading?	Xar □n			
Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	, MAY □N □N/A			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON X			
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 refree (complete A and B below).	igerated condenser			
A. Has the responsible official of all new sources and existing large area sources (check appropriate boxes)	5:			
Equipped all machines with the appropriate vent controls?	אם צם .			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	□Y □N □N/A			
3. Equipped the condenser with a diverter valve so air flow will be directed away from the condenser upon opening the door?	□Y □N □N/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	□Y □N			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON			

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?	DY M
2.	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 adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	□Y □N □N/A
4.	Assured that the sampling port on the earbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duet diameters upstream from any bend, contraction,	
	or expansion; and downstream from no other inlet?	□Y □N □N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	
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) MY DN 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: a. documentation of leaks repaired w/in 24 hrs? or; □Y □N \$\$(N/A b. documentation of parts ordered to repair leak and leak repaired w/in 2 days □Y □N XXN/A and parts installed w/in 5 days of receipt? □Y □N XN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN MN/A 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? **X**Y □N DY DN XIN/A 7. Maintained deviation reports? DY DN WN/A Problem corrected? DY DN KNA 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS				
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?			XXY □N	
2. Has the facility maintained a le	ak log?		¼ (Y . □N	
3. Does the responsible official ch	•			
Hose connections, fittings couplings, and valves	S, AY ON ON/A	Muck cookers	MY ON ON/A	
Door gaskets and seating	MY ON ON/A	Stills	MY ON ON/A	
Filter gaskets and seating	A/ND ND Y	Exhaust dampers	ØAY □N □N/A	
Pumps	MY ON ON/A	Diverter valves	KAY ON ON/A	
Solvent tanks and contain	ners 🍇Y 🗆 N 🗆 N/A	Cartridge filter housings	MY ON ON/A	
Water separators	Q(Y □N □N/À	•		
4. Which method of detection is u	ised by the responsible official?	·		
Visual examination (condensed solvent on exterior surfaces)			X	
Physical detection (airflow felt through gaskets)			×	
Odor (noticeable perc odor)			Æ	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
Halogen leak detector				
If using direct-reading instrumentation, is the equipment:			M/A	
a. Capable of d	OY ON			
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			OY ON	
c. Inspected for leaks and obvious signs of wear on a weekly basis?			□Y -□N	
d. Kept in a clean and secure area when not in use?			□Y □N	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON	
	,		•	

LOGER ZHU	12/1/00
Inspector's Name (Please Print)	Date of Inspection
Roger show_	1 YEAR
Inspector's Signature	Approximate Date of Next Inspection

Revised 07/28/00

•						
ENVIDO	I NMENTAL PROT	INSPECTION REF		SBOROUGH (
FACILITY: Bayside Cl		ECTION COMMIN	SOIOI OI THEEL	PAGE	1 OF	1
FACILITY ADDRESS:		borough Ave.		CITY: Ta	ampa	
					313-882-0225	
MAILING ADDRESS:			CITY: Tampa	FLA	ZIP: 33615	
INSPECTION DATE:	TIME IN:	TIME OUT:	INSPECTIO		STATU	
Dec 1, 2000	13:15	14:30	non- CDS In Compliance			ance
NEDS NUMBER: 5712		-				
SOURCE DESCRIPTION	N: Perc Dry	Cleaner				
CONTACT(S): Sha	fkat Ali					
Today's visit was to on The machine was not No leaks were noticed bi-weekly basis. The part of Mr. Ali requested as receive new calendars	t in operation of the condition of the records was additional 20	during my inspecting is good. 50 gallons in to	pection. The received the leak installation the leak installation to the past 12 months.	spections ha	ave been recor	ded on a
DIODECTED DV	D 71		·,	D.A.TIV		
INSPECTED BY:	Roger Zhu			DATE:	12/1/00	

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



7001 1140 0001 7556 3647



AIRS ID # 057#234001AG 10.
BAYSIDE SEANERS
1022 W. Hillsborough Ave

· ·	with the second of the second
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	A. Signature X □ Agent □ Addressee
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.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
AIRS ID # 037 234001AG 10	
BAYSIDE OLEANERS 10221 W. Hillsborough Ave	3. Service Type
TAMPA, 33 615	Certified Mall □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.
M. S.	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7001 1140 00	01 7556 3647
PS Form 3811, August 2001 Domestic Retu	urn Receipt 102595-02-M-1540
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	SIEOSTAISENSE INTERIOR OFFICE CONFERENCE CON	řovidec (a)
<u>-</u>	OFFICIAL	SE
364		
0001 7556	Eligoracina	strnark 04
	AIRS ID # 0571234001AG 10	
1.1.40	S91 BAYSIDE CLEANERS	
	10221 W. Hillsborough Ave	
7007	or F TAMPA, 33615	
<u></u>	City	
100	PS/Forfal 3800, Len Lavy, 2001 1 1 1 1 1 1 1 See Flevers	or metadole

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 # 0571234

BAYSIDE CLEANERS SHAFKAT ALI 3032 JODI LANE PALM HARBOR FL 34684 FOR GOVERNMENT USEO Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273

GUNN INC.

DPT OF ENVIRONMTAL PROCTECTION

2510

Check Number: Check Date:

2510

Jan 4, 2001

Check Amount: \$50.00

Discount Taken

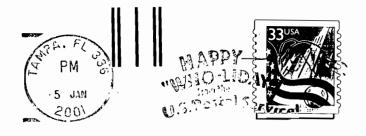
Amount Paid

0571234

Item to be Paid - Description

50.00

BAYSIDE CLEANERS 4807 GUNN HWY TAMPA, FL 33624



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

3231373070

hallandahallan Baldan Ballandan Bhandlad

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390998

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 # 0571234

BAYSIDE CLEANERS SHAFKAT ALI 3032 JODI LANE PALM HARBOR FL 34684 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obi.: 002273

GUNN INC.

Invoice: 0571234

12/31/99

50.00

1295

1/10/00

1292

TITLE V GENERAL PERMIT

\$50.00