



Department of Environmental Protection

1030300

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

August 23, 1996

Mr. John R. Garrett
Vice President
Trophy Cleaners, Inc.
2790 A Gulf to Bay Boulevard
Clearwater, Florida 34619

Dear Mr. Garrett:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 19, 1996.

Please note that in November 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 subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Fl 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

/DD

cc: Mr. Gary Robbins, Pinellas County

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

MH

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

RECEIVED
SEP 21 1998
AIR QUALITY

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Trophy Cleaners, Inc.
2. Site Name (For example, plant name or number): Clearwater
3. Hazardous Waste Generator Identification Number: FLD 984248252
4. Facility Location: Street Address: 2790 Gulf to Bay Blvd. City: Clearwater County: Pinellas Parish Code: 24619
5. Facility Identification Number (DEP Use): 10350300

RECEIVED
OCT 19 1998
 Bureau of Air Monitoring
 & Mobile Sources

Responsible Official

6. Name and Title of Responsible Official: John R. Garrett, Vice President
7. Responsible Official Mailing Address: Organization/Firm: Trophy Cleaners, Inc. Street Address: 225 South College City: Tyler, Tx. County: Smith Zip Code: 75710
8. Responsible Official Telephone Number: Telephone: (903) 592- 8509 Fax: (903) 592 - 2793

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): Phil Traynor - Plant Manager
10. Facility Contact Address: Street Address: 2790 Gulf to Bay Blvd. City: Clearwater County: Pinellas Zip Code: 34619
11. Facility Contact Telephone Number: Telephone: (727) 797 - 5255 Fax: (727) 725 8291

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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	<i>#1</i>	<i>03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	10-Oct-91	10-Oct-91	#2	21-Dec-92	21-Dec-92	#3	03-Sept-96	03-Sept-96
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
 (Indicate with an "X". Select one classification only.)

Existing small area source New small area source

Existing large area source New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
 (Indicate with an "X".)

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 units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt
 No such units on-site

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

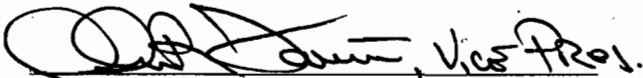
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____

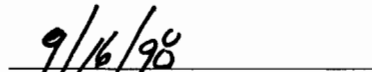
No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.


Signature


Date

BEST AVAILABLE COPY

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

Bureau of Air Monitoring
& Mobile Sources

JUN 24 1998

RECEIVED

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Trophy Cleaners, Inc.		
2. Site Name (For example, plant name or number):	Clearwater		
3. Hazardous Waste Generator Identification Number:	FLD 984248252		
4. Facility Location:			
Street Address:	2790 Gulf to Bay Blvd.		
City:	Clearwater	County:	Pinellas
		Zip Code:	34619
5. Facility Identification Number (DEP Use):	1030300		

Responsible Official

6. Name and Title of Responsible Official:	John P. Garrett, Vice President		
7. Responsible Official Mailing Address:	P.O. Office Box 1084		
Organization/Firm:	Trophy Cleaners, Inc.		
Street Address:	225 S. College		
City:	Tyler, Tx.	County:	Smith
		Zip Code:	75710
8. Responsible Official Telephone Number:			
Telephone:	(903) 592 - 8509	Fax:	(903) 592 - 2793

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Phil Traynor - District Manager		
10. Facility Contact Address:			
Street Address:	2790 A Gulf to Bay Blvd.		
City:	Clearwater	County:	Pinellas
		Zip Code:	34619
11. Facility Contact Telephone Number:			
Telephone:	(813) 797 - 5255	Fax:	(813) 725 - 8291

BEST AVAILABLE COPY

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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
		#1 03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Union L80									
Dry-to-Dry Unit	#3	3 Sept 96	3 Sept 96						
(1) w/ ref. condenser	#3	3 Sept 96	3 Sept 96						
(2) w/ carbon adsorber	#3	3 Sept 96	3 Sept 96						
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

(b) If less than 12 months, how many? months
Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
(Indicate with an "X". Select one classification only.)

Existing small area source New small area source

Existing large area source New large area source

BEST AVAILABLE COPY

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

Existing large area sourceCarbon adsorber Refrigerated condenser New small area sourceRefrigerated condenser New large area sourceRefrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt No such units on-site **Equipment Monitoring and Recordkeeping Information**

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

BEST AVAILABLE COPY

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____

No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.


Signature John R. Garrett, Vice President

6/15/98
Date

**DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: Trophy Cleaners, Inc. DATE: 1/30/97
 FACILITY LOCATION: 2790 Gulf-to-Bay Blvd.
Clearwater, FL 34619

Annual Reporting Period: January 30th 1996 TO January 30th 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

(6)(b) Responsible official shall record total amount of
perchloroethylene purchased in previous 12 months + rolling averages.
 Exact period of non-compliance: from January 30, 1996 to January 30, 1997
 Action(s) taken to achieve compliance: Will record perc purchased and keep rolling avg's.
 Method used to demonstrate compliance: inspector showed official how to keep rolling averages

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

(5)(b) f. Verify the accuracy of temperature sensor
to within ±2 degrees of exhaust temperature
 Exact period of non-compliance: from January 30, 1996 to January 30, 1997
 Action(s) taken to achieve compliance: will calibrate refrigerator condenser thermostat.
 Method used to demonstrate compliance: responsible official is requesting letter from manufacturer to show thermostat accuracy

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Robert Turner Robert Turner 1/30/97
 Name (Please Print) Signature Date

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

**DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: Trophy Cleaners DATE: 2/21/97
 FACILITY LOCATION: 2740 Gulf to Bay Blvd
Clearwater, FL 34619

Annual Reporting Period: January 30, 1996 TO January 30, 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

(6)(a) Responsible official shall maintain all purchase receipts
 Exact period of non-compliance: from January 30, 1996 to January 30, 1997
 Action(s) taken to achieve compliance: Operator will maintain perc purchase receipts
 Method used to demonstrate compliance: Operator will keep monthly receipts

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

(7)(e)2 Mechanical direct-reading instrumentation shall be calibrated as directed by manufacturer against a calibrant gas
 Exact period of non-compliance: from January 30, 1996 to January 30, 1997
 Action(s) taken to achieve compliance: Operator will insure that leak detector is calibrated according to manufacturer specifications
 Method used to demonstrate compliance: Operator will m

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Robert Turner Robert Turner 2/21/97
 Name (Please Print) Signature Date

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

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Trophy Cleaners DATE: 1/30/97
FACILITY LOCATION: 2790 Gulf-to-Bay Blvd.
Clearwater, FL 34619

Annual Reporting Period: January 30, 1996 TO January 30, 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

(2)(1) The responsible official shall maintain on-site a start-up, shutdown, and malfunction plan for the facility.

Exact period of non-compliance: from January 30, 1996 to January 30, 1997

Action(s) taken to achieve compliance: Responsible official shall develop a plan.

Method used to demonstrate compliance:

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

(5)(b)g. Conduct all temperature monitoring following an appropriate cooldown period. Repair/adjust equipment 24 hrs if exhaust temp condenser exceeded 45F

Exact period of non-compliance: from January 30, 1996 to January 30, 1997

Action(s) taken to achieve compliance: Responsible official shall monitor temperature following appropriate cooldown.

Method used to demonstrate compliance:

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Robert Turner Signature: Robert Turner Date: 2/21/97
Name (Please Print)

*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.

**DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: <u>Trophy Cleaners</u>	DATE: <u>1/30/97</u>
FACILITY LOCATION: <u>2790 Gulf-to-Bay</u>	
<u>Clearwater, FL 34619</u>	

Annual Reporting Period: January 30, 1996 TO January 30, 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

The owner or operator shall store perchloroethylene and waste that contain perchloroethylene in solvent containers with no leaks.
 Exact period of non-compliance: from January 30, 1996 to January 30, 1997
 Action(s) taken to achieve compliance: operator will cover waste from still and will design metal covers for waste container
 Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____
 Action(s) taken to achieve compliance: _____
 Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Robert Turner Robert Turner 2/24/97
 Name (Please Print) Signature Date

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Trophy Cleaners, Inc.
2. Site Name (For example, plant name or number): Clearwater
3. Hazardous Waste Generator Identification Number: FLD 984248252
4. Facility Location: Street Address: 2790 A Gulf to Bay Blvd. City: Clearwater County: Pinellas Zip Code: 34619
5. Facility Identification Number (DEP Use): 1030300

Responsible Official

6. Name and Title of Responsible Official: John R. Garrett, Vice President
7. Responsible Official Mailing Address: P. O. Box 1084 Organization/Firm: Trophy Cleaners, Inc. Street Address: 225 South College City: Tyler, TX County: Smith Zip Code: 75710
8. Responsible Official Telephone Number: Telephone: (903) 592-8509 Fax: (903) 592-2793

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): Robert Turner - District Manager
10. Facility Contact Address: Street Address: 2790 A Gulf to Bay Blvd. City: Clearwater County: Pinellas Zip Code: 34619
11. Facility Contact Telephone Number: Telephone: (813) 797-5255 Fax: (813) 725-8291

RECEIVED

AUG 19 1996

Bureau of Air Monitoring
& Mobile Sources

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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit		10 OCT 91 / 10 OCT 91							
(1) w/ ref. condenser	#1	10/10/91	10/10/91						
(2) w/ carbon adsorber	#1	10/10/91	10/10/91						
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

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 units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt

No such units on-site

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

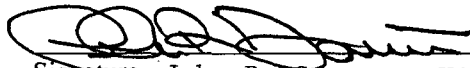
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)

No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.



Signature John R. Garrett, Vice President

8-13-96

Date

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 10:30am 1/30/97 TIME OUT: 12:35pm 1/30/97 AIRS ID#: 1030300
 TYPE OF FACILITY: Dry Cleaner (existing large area source)
 FACILITY NAME: Trophy Cleaners, Inc. DATE: 1/30/97
 FACILITY LOCATION: 2790 Gulf-to-Bay Blvd.
Clearwater, FL 34619
 RESPONSIBLE OFFICIAL: Bob Turner PHONE NUMBER: 777-5255

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

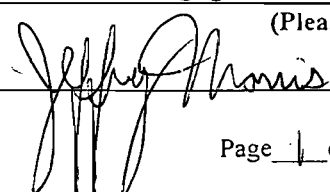
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Did not maintain perchloroethylene purchase receipts.	Develop and implement a record keeping procedure that maintains monthly purchase receipts of Perchloroethylene.
Did not maintain monthly rolling averages of perchloroethylene purchases.	Develop and implement a record keeping procedure that maintains monthly purchased amounts (perc) as a 12 month rolling average.
Did not calibrate direct-reading instrumentation.	Calibrate mechanical direct reading instrumentation as directed by the manufacturer against a calibrant gas prior to and after each use. Calibration
Did not develop or maintain a start-up, shutdown, malfunction plan and deviation report.	Develop a plan that describes procedures for maintaining and operating equipment during periods of startup shutdown associated with malfunction. Or use EPA's O/M plan with malfunction. Or use EPA's O/M plan. ^{Keep log of maintenance actions}
Did not maintain accuracy of temperature sensor to within $\pm 2^\circ\text{F}$ of the exhaust temperature.	Determine from manufacturer if sensor was designed to measure 45°F w/in 2°F or some other means that the department would consider appropriate.
Did not conduct all temperature monitoring after an appropriate cool down period. Repair/adjust equipment w/in 24 hrs if exhaust temp condenser exceeds 45°F	Adjust equipment within 24 hrs if exhaust temperature of condenser exceeded 45°F .

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: January 30, 1998 March 4, 1997
(Approximate)

INSPECTION CONDUCTED BY: Jeff Morris
(Please Print)

INSPECTOR'S SIGNATURE:  PHONE NUMBER: 464-4422

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 10:30 a.m. TIME OUT: 12:35 p.m. AIRS ID#: 1030300
 TYPE OF FACILITY: Dry Cleaner (existing large area source)
 FACILITY NAME: Trophy Cleaners, Inc. DATE: _____
 FACILITY LOCATION: 2790 Gulf-to-Roy
Clearwater, FL 34619
 RESPONSIBLE OFFICIAL: Bob Turner PHONE NUMBER: 799-5255

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

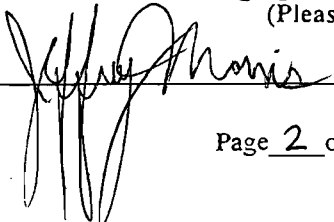
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Did not store perchloroethylene waste in tightly sealed impervious containers. Specifically, waste from still.	Store perchloroethylene containing waste in tightly sealed impervious containers.

COMMENTS: _____

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: March 4, 1997
(Approximate)

INSPECTION CONDUCTED BY: Jeff Morris
(Please Print)

INSPECTOR'S SIGNATURE:  PHONE NUMBER: 404-4422

✓

A

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 3:12p.m.	TIME OUT: 3:53p.m.	AIRS ID# 1030300 001
TYPE OF FACILITY: Perchloroethylene Dry Cleaner		
FACILITY NAME: Trophy Cleaners		DATE: April 8, 1997
FACILITY LOCATION : 2790 Gulf-to-Bay Blvd., #A, Clearwater, FL 33619		
RESPONSIBLE OFFICIAL: Robert Turner		PHONE NUMBER: 813-797-5255

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

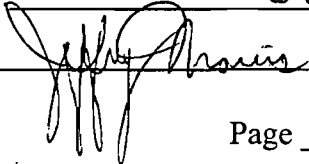
COMMENTS:

Facility is waiting for letter from the Union Dry Cleaning Company verifying that the temperature sensor is designed for accuracy of $\pm 1.1^{\circ}\text{C}$.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. Yes No

DATE OF NEXT INSPECTION: June 21, 1997

INSPECTION CONDUCTED BY: Jeffrey Morris
(Please Print)

INSPECTOR'S SIGNATURE:  PHONE NUMBER: 464-4422

TROPHY CLEANERS, INC.
P.O. BOX 1084
TYLER, TX 75710

RECEIVED

JUN 18 1997

Office (903) 592-3822
Fax (903) 592-2793

Bureau of Air Monitoring
& Mobile Sources

June 13, 1997

Dept. Of Environmental Protection
Title V General Permitting Office
Bureau of Air Monitoring & Mobile Sources, MS-5510
2600 Blair Stone Rd.
Tallahassee, FL 32399-2400

To Whom it May Concern:

This letter is to advise you of an update to the already existing Air Permit #1030300. As of April 23, 1997 Trophy Cleaners, Inc. has transferred the dry clean machine that was located at 6821 W. Hillsborough Ave., Tampa (Hillsborough County) to our existing facility at 2790 Gulf To Bay Blvd., Clearwater (Pinellas County). Per my conversation with Jim Holton with E.P.C. of Hillsborough County, Air Permit #0571037 has been made inactive.

Thank you,



John R. Garrett
Vice-President, Trophy Cleaners, Inc.

cc: Gary Robbins, Environmental Program Manager
Pinellas Co. Dept. Of Environmental Management
Air Quality Division

RECEIVED

JUN 18 1997

Bureau of Air Monitoring
& Mobile Sources

BEST AVAILABLE COPY

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Trophy Cleaners, Inc.
2. Site Name (For example, plant name or number): Clearwater
3. Hazardous Waste Generator Identification Number: FLD 984248252
4. Facility Location: Street Address: 2790 Gulf To Bay Blvd. City: Clearwater County: Pinellas Zip Code: 34619
5. Facility Identification Number (DEP Use)

Responsible Official

6. Name and Title of Responsible Official: John R. Garrett, Vice President
7. Responsible Official Mailing Address: Organization/Firm: Trophy Cleaners, Inc. P.O. Box 1004 Street Address: 225 South College City: Tyler, Tx County: Smith Zip Code: 75710
8. Responsible Official Telephone Number: Telephone: (903) 592 - 8509 Fax: (903) 592 - 2793

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): Bruce McDaniel (District Manager)
10. Facility Contact Address: Street Address: 2790 Gulf To Bay Blvd. City: Clearwater County: Pinellas Zip Code: 34619
11. Facility Contact Telephone Number: Telephone: (813) 797 - 5255 Fax: (813) 725 - 8291

BEST AVAILABLE COPY

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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	#1	21-DEC-92							
(1) w/ ref. condenser	#1	21-DEC-92							
(2) w/ carbon adsorber	#1	21-DEC-92							
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/ carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

(b) If less than 12 months, how many? months
 Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
 (Indicate with an "X". Select one classification only.)

- Existing small area source New small area source
 Existing large area source New large area source

BEST AVAILABLE COPY

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

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 units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt

No such units on-site

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

BEST AVAILABLE COPY

Surrender of Existing Air Permit(s)


Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____
- No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.


Signature

6/12/97
Date

TROPHY CLEANERS, INC.
P.O. BOX 1084
TYLER, TX 75710

RECEIVED

APR 28 1997

Office: (903) 592-8509
Fax: (903) 592-2793

EPC of HC
AIR MANAGEMENT

April 23, 1997

1030302

Mr. Jim Holton
E.P.C. of Hillsborough Co.
Air Management Division
1410 N. 21st Street
Tampa, Florida 33605
Fax# (813) 272-5605

Dear Mr. Holton:

Please be advised that as of this date, Trophy Cleaners, Inc. has transferred the dry clean machine that was located at 6821 W. Hillsborough Ave., Tampa to our Clearwater plant at 2790 Gulf to Bay Blvd. The Hillsborough Ave. location is now a drop off facility only.

Thank you,



John R. Garrett
Vice President, Trophy Cleaners, Inc.

✓

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#:	<u>1030300</u>	TIME IN:	<u>3:12 p.m.</u>	TIME OUT:	<u>3:53 p.m.</u>
FACILITY NAME:	<u>Trophy Cleaners</u>				
FACILITY LOCATION:	<u>2790 Gulf-Bay Blvd</u> <u>Clearwater, FL 34625</u>				

PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	<input checked="" type="checkbox"/>
2. New facility notified DARM 30 days prior to startup	<input type="checkbox"/>
3. Facility failed to notify DARM to use general permit	<input type="checkbox"/>

PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	
A.	
1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	<input type="checkbox"/>
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)	<input type="checkbox"/>
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)	<input checked="" type="checkbox"/>
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)	<input type="checkbox"/>
This is a correct facility classification	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
If no, please check the appropriate classification:	
<input type="checkbox"/> facility qualified for a general permit as number _____ above	
<input type="checkbox"/> facility exceeds above limits and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was <u>1050</u> gallons.	

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? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |
| 2. Examining the containers for leakage? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |
| 3. Closing and securing machine doors except during loading/unloading? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y | <input type="checkbox"/> N <input checked="" type="checkbox"/> 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 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? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |

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? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |
|--|---------------------------------------|----------------------------|

Not inspected
at time
of inspection

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N]

Is the temperature differential equal to or greater than 20° F? Y N]

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? Y N N/A

Is the perc concentration equal to or less than 100 ppm? Y N

4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N

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

Not Applicable

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N

2. Maintained rolling monthly averages of perc consumption? Y N

3. Maintained leak detection inspection and repair reports for the following:

a. documentation of leaks repaired w/in 24 hrs? or; Y N

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

4. Maintained calibration data? (for direct reading instruments only) Y N N/A

5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A

6. Maintained startup/shutdown/malfunction plan? (provided part of plan. Plan is currently in development) Y N

7. Maintained deviation reports? Y N

Problem corrected? Problem existed on 4/2/97, recorded in maintenance log Y N

8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly leak detection and repair inspection? Y N

2. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

If using direct-reading instrumentation, is the equipment:

- 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)? Y N
- 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)? Y N

3. Has the facility maintained a leak log? Y N

4. The following areas should be checked for leaks by the inspector:

	Leak Detected?			Leak Detected?	
Hose connections, fittings, couplings, and valves	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Muck cookers	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Door gaskets and seating	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Stills	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Filter gaskets and seating	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Exhaust dampers	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Pumps	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Diverter valves	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Solvent tanks and containers	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Cartridge filter housings	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Water separators	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N			

Bob Turner

Name of Responsible Official

Jeffrey Morris

Inspector's Name (Please Print)

Jeffrey Morris

Inspector's Signature

4/8/97

Date of Inspection

6/21/97

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

UNION Model 30 70 lb machine
Serial # 22 C1 342

- No secondary containment for perchloroethylene or perchloroethylene waste.
- ~~No temperature sensor on the refrigerated condenser (Cold Air Temp gauge)~~
- Meg Evap system used for water from water separator
- Hurst Boiler
Serial # 129822495 30 H.P.
Mfg. 1996 Natural gas
- Cold Air Temperature at 7°C during cooldown period.
- Cold Air Temperature needs to be demonstrated is outlet exhaust of refrigerated condenser. Pending Information from Union Co. located in Italy
- Dust and dirt accumulations on Outside of Dry-Dry Machine. Fire Dept. (City of Clearwater) was contacted. ~~concerning~~

✓

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 1030300 TIME IN: 10:00 a.m. TIME OUT: 11:30 a.m.
 FACILITY NAME: Trophy Dry Cleaners
 FACILITY LOCATION: 2790 Gulf to Bay
 Clearwater, FL 34619

PART I: NOTIFICATION

(check appropriate box)

1. Existing facility notified DARM by 9/1/96'
 2. New facility notified DARM 30 days prior to startup
 3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
 (check appropriate box)

A.

<p>1. Existing small area source <input type="checkbox"/> 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)</p>	<p>2. New small area source <input type="checkbox"/> 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)</p>
<p>3. Existing large area source <input checked="" type="checkbox"/> 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)</p>	<p>4. New large area source <input type="checkbox"/> 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)</p>

This is a correct facility classification Y N

If no, please check the appropriate classification:

facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 1090 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

(check appropriate boxes)

- or perchloroethylene waste
1. Storing perchloroethylene in tightly sealed and impervious containers?
(not stored in secondary containment) Y N
 2. Examining the containers for leakage? Y N
 3. Closing and securing machine doors except during loading/unloading? Y N
 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N
 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 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? Y N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? Y N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N
(Could not verify that the temperature sensor was designed to measure exhaust temperature of 45°F)

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N

Not inspected at existing

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	<input type="checkbox"/> Y <input type="checkbox"/> N
Is the temperature differential equal to or greater than 20° F?	<input type="checkbox"/> Y <input type="checkbox"/> N
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?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Is the perc concentration equal to or less than 100 ppm?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
2. Maintained rolling monthly averages of perc consumption?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
4. Maintained calibration data? (for direct reading instruments only)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
6. Maintained startup/shutdown/malfunction plan?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
7. Maintained deviation reports?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Problem corrected?	<input type="checkbox"/> Y <input type="checkbox"/> N
8. Maintained compliance plan, if applicable?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly leak detection and repair inspection?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
2. Which method of detection is used by the responsible official?	
Visual examination (condensed solvent on exterior surfaces)	<input checked="" type="checkbox"/>
Physical detection (airflow felt through gaskets)	<input checked="" type="checkbox"/>
Odor (noticeable perc odor)	<input checked="" type="checkbox"/>
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	<input checked="" type="checkbox"/>

If using direct-reading instrumentation, is the equipment:

- 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)? Y N
 - 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)? Y N
3. Has the facility maintained a leak log? Y N
4. The following areas should be checked for leaks by the inspector:

	Leak Detected?			Leak Detected?	
Hose connections, fittings, couplings, and valves	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Muck cookers	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Door gaskets and seating	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Stills	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Filter gaskets and seating	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Exhaust dampers	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Pumps	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Diverter valves	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Solvent tanks and containers	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Cartridge filter housings	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Water separators	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N			

Bob Turner
Name of Responsible Official

Jeffrey Morris
Inspector's Name (Please Print)

Jeffrey Morris
Inspector's Signature

1/28/97
Date of Inspection

3/5/97
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Union 80lb machine

- solvent temperature 33°C or 87°F wash cycle. At cool down temp. @ 100°F
- unit has a water separator carbon absorber. Recommended to keep a log as to when carbon is switched out. Meg-Evap CEI-R Remote Nozzle Evaporator. Purchased 12/1/96.
- Plans to contact A/c repair person to repair thermostat sensor & calibrate thermostat regularly.
- contained perc is stored outside containment area. Recommend storing in contained area. 5" containment area for perc is planned for 2 months
- calibrate leak detector.
- sludge pan left in the open behind still

PINELLAS COUNTY HEALTH DEPARTMENT



Lawton Chiles
Governor

James T. Howell, M.D., M.P.H.
Secretary

January 13, 1998

RECEIVED

Bruce McDaniel
Trophy Dry Cleaners
2790 Gulf To Bay Blvd.
Clearwater, FL 33759

JAN 20 1998

Bureau of Air Monitoring
& Mobile Sources

COPY

RE: D.S.S.P. WATER QUALITY ANALYSIS
FACILITY I.D. 52-9501416
(Trophy Dry Cleaners, 2790 GULF TO BAY BLVD., CLEARWATER, FL)

Dear Mr. McDaniel:

Pursuant to recent directives from the State Drycleaning Solvent Surveillance Program (D.S.S.P.), please be advised your facility at 2790 Gulf To Bay Blvd., Clearwater, Florida, has been investigated. On November 25, 1997, certain permeation water samples were collected from interior plumbing fixtures. Based upon laboratory analysis results, confirmation water samples were collected on December 17, 1997, along with an exterior hose bib outlet. Enclosed, you will find copies of the State Department of Health, Bureau of Laboratories reports outlining results of each permeation sample location. Also, we have prepared a tabulated form of results for comparative purposes. Your review of these analysis will find under Florida Administrative Code, Drinking Water Standards (FAC) Chapter 62-550, Maximum Contamination Level (MCL) exceedances for TETRACHLOROETHYLENE.

Tetrachloroethylene is a Volatile Organic Compound with the State MCL set at 3 µg /l (micrograms per liter or 0.003 mg/l; milligrams per liter). Drinking water that meets this standard is associated with little to no risk of adverse health effects and is considered safe for consumption with respect to tetrachloroethylene (see Attachment A). However, pursuant to FDEP "Mandatory Health Effects Language For Certain Contaminants", Section III, VOLATILE ORGANICS, contaminant "N", Tetrachloroethylene; exposure to high levels over long periods may adversely impact one's health. Based upon this criteria, it is the recommendation of the local public health department that all outlets noted with MCL exceedances for Tetrachloroethylene be posted as "non-potable water supply". Additional precautions would include discontinuation of interior water supplies to each such outlet, thus eliminating those outlets exceeding the MCL.

Currently, we are unaware of the basis for the contamination noted. As stated previously, these samples were permeation in nature to check for the potential of contaminants infiltrating piping material from on-site. While contamination was detected, the actual source has not been identified as a direct correlation of any on-site soil or groundwater pollution from dry-cleaning activities.

A Field Blank was collected from within the active dry-cleaning facility to check quality control measures of the actual sample collection and to determine if the background environment

has any effect on water sample results. You will note the Field Blank analysis reported a TETRACHLOROETHYLENE concentration of 11 µg /l and a TOLUENE concentration of 0.24 µg /l. These levels would indicate an MCL exceedance for Tetrachloroethylene; although, the Toluene level did not exceed MCL. While this analysis does not represent air quality measurements, it most probably indicates that air quality within the structure may have influenced the concentrations reported.

For the record, water quality analysis collected from associated businesses within the same plaza on December 17, 1997, did not produce any MCL exceedances. Also for the record, all of the water sample analysis produced detections for Total Trihalomethanes consisting of CHLOROFORM, BROMODICHLOROMETHANE, DIBROMOCHLOROMETHANE, and BROMOFORM. Compliance of Total Trihalomethanes is based on an MCL set at 100 mg /l (0.10 mg/l) when considering the annual total running average over four (4) consecutive quarterly samples. Total Trihalomethanes are normally associated as a by-product of the chlorination of drinking water, with the levels reported at this location well below MCL.

Also worthy of mention, we have not experienced analytical results from the City of Clearwater Public Water System reflecting these detection. Furthermore; the City public water supply is protected, via backflow protection devices, from any on-site cross-contamination at the point of water service to the facility.


In summary, considering the water sample analysis reported for this facility, it is apparent additional follow-up investigations and evaluation should be scheduled. In as much as the D.S.S.P. is new, and the bulk of the directives for follow-up come from the program office in Tallahassee, we are forwarding copies of this data to the State Public Drinking Water Restoration office; State Air Quality Control Program office; as well as the State Drycleaning Solvent Surveillance Program office. Also, you may wish to consult with the Small Business Assistance Program with any questions you may have regarding compliance with regulations. Contact may be made with Mr. Tom Utley or Lorraine Clark at 1 (800) 722-7457.

As previously noted it is recommended that the SOUTH WOMEN'S BATHROOM, SOUTH MEN'S BATHROOM, AND EYEWASH / DRINKING FOUNTAIN be posted as non-potable water supply and discontinued from further use. Upon your review, please contact my office with any questions or concerns at (813) 538-7277, Extension 116.

Sincerely,



Bonnie Bergen, Environmental Specialist I
Environmental Engineering Division

cc:  D. Wayne Wyatt, Asst. Dir. Env. Eng.
Mark Wodka, Env. Mgr, FDOH Envir. Epidemiology, Tallahassee
Tim Banks, FDEP Drinking Water Restoration Program, Tallahassee
Tom Hackett, Water Supt., City of Clearwater Water System
Capital Investment Assoc., Chevy Chase, MD

TROPHY DRY CLEANERS
 2790 GULF TO BAY BLVD.
 CLEARWATER, FLORIDA

SUMMARY OF PERMEATION WATER SAMPLING RESULTS

SAMPLE ID #	SAMPLE LOCATION	TETRACHLOROETHYLENE (µg/L)		TOTAL THM (µg/L)	
		11/25/97	12/17/97	11/25/97	12/17/97
1	SOUTH WOMEN'S BATHROOM	5.7*	14*	37	59
2	SOUTH MEN'S BATHROOM	13*	13*	56	59
3	EYEWASH/DRINKING FOUNTAIN ¹	3.6*	6.4	39	57
4	NORTH WOMEN'S BATHROOM	0.77	2.1	38	58
5	NORTH MEN'S BATHROOM	1.0	2.1	39	59
6	OUTDOOR HOSE BIB	N/A	0.40	N/A	59
7	COMPUTER TO GO	N/A	0.50	N/A	59
8	PATTA THAI RESTAURANT	N/A	0.59	N/A	63
9	SOCCER SUPPLY	N/A	0.19	N/A	41
10	HAIR SAY	N/A	0.49	N/A	55
N/A	FIELD BLANK	N/A	11*	ND	ND

NOTE:

THM = Total Trihalomethanes

µg/ = micrograms per liter

* = Exceeds Maximum Contamination Level

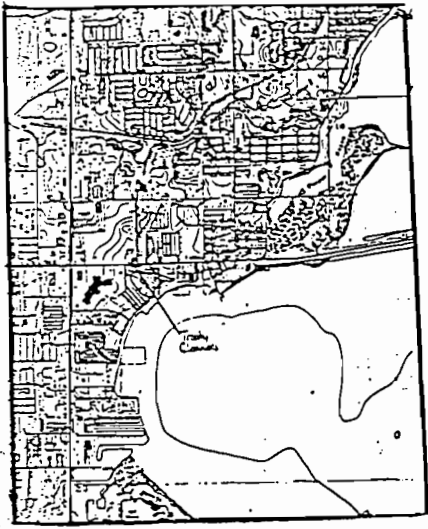
¹ = The actual eyewash outlet was sampled, which is supplied via the drinking fountain water supply piping

N/A = No data available

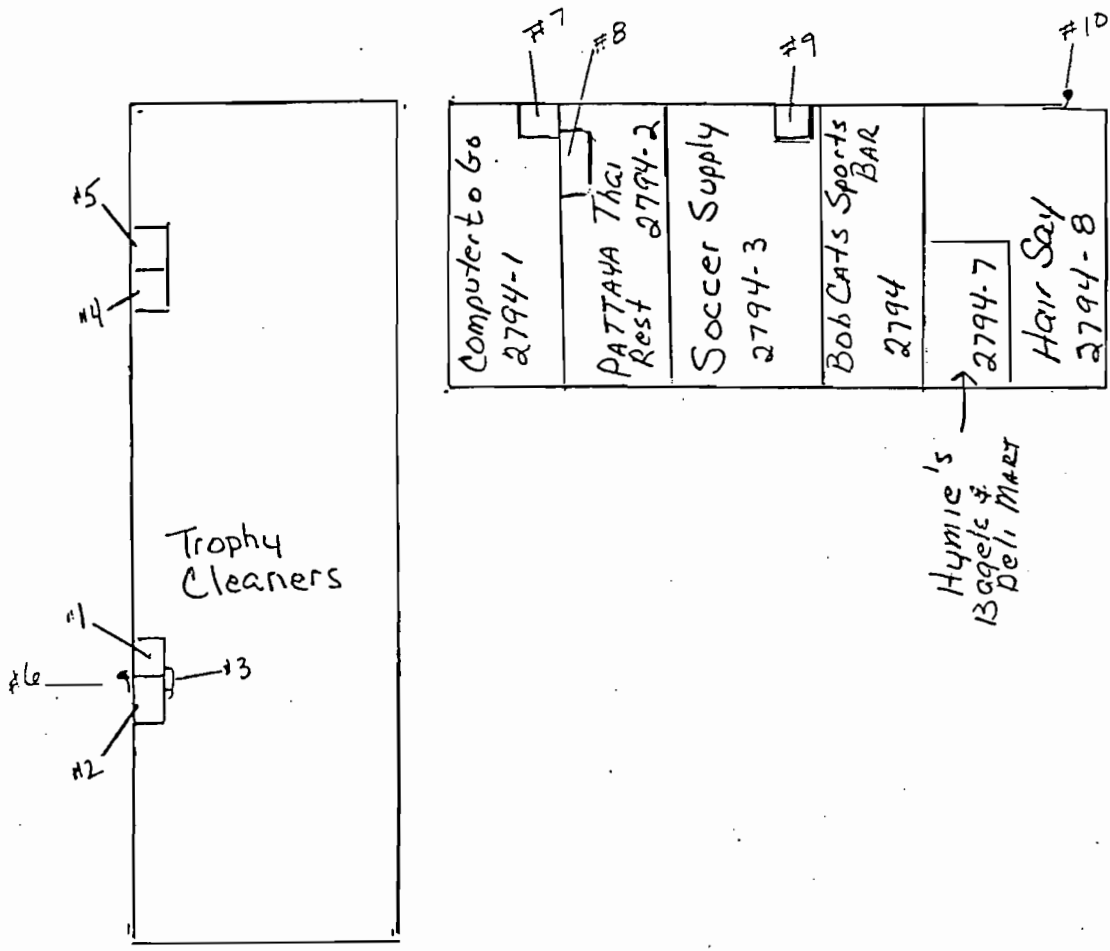
ND = Parameter non-detect

EXPLANATION

#1 = PERMEATION sample location



FAC ID #52-9501416
PERMEATION SAMPLES (1-10)
2790 Gulf to Bay Blvd
Clearwater, FL 34619



Hampton Rd

Gulf to Bay Blvd



Not to Scale

ATTACHMENT A

MANDATORY HEALTH EFFECTS LANGUAGE
FOR CERTAIN CONTAMINANTS REGULATED
IN CHAPTERS 17-550, 17-551, 17-555, AND
17-560, FLORIDA ADMINISTRATIVE CODE



PINELLAS COUNTY
HEALTH DEPARTMENT

FEB 19 1997

ENVIRONMENTAL
ENGINEERING

1994

Department of Environmental Protection
Bureau of Drinking Water and Ground Water
Resources
Drinking Water Section
2600 Blair Stone Road
Twin Towers Office Building
Tallahassee, Florida 32399-2400
(904) 487-1762

N. Tetrachloroethylene.

The State of Florida Department of Environmental Protection (DEP) sets drinking water standards and has determined that tetrachloroethylene is a health concern at certain levels of exposure. This organic chemical has been a popular solvent, particularly for dry cleaning. It generally gets into drinking water by improper waste disposal. This chemical has been shown to cause cancer in laboratory animals such as rats and mice when the animals are exposed at high levels over their lifetimes. Chemicals that cause cancer in laboratory animals also may increase the risk of cancer in humans who are exposed over long periods of time. DEP has set the drinking water standard for tetrachloroethylene at 0.003 part per million (ppm) to reduce the risk of cancer or other adverse health effects which have been observed in laboratory animals. Drinking water that meets this standard is associated with little to none of this risk and is considered safe with respect to tetrachloroethylene.

Bonnie BB 12/15/97

PINELLAS COUNTY
HEALTH DEPARTMENT

DEC 15 1997

ENVIRONMENTAL
ENGINEERING

ENVIRONMENTAL CHEMISTRY
ANALYSIS REPORT

FLORIDA DEPARTMENT OF HEALTH
BUREAU OF LABORATORIES
P.O. BOX 210
JACKSONVILLE, FLORIDA 32231

LABORATORY ID 12001

ELDERT C. HARTWIG, JR., SC. D., M. P. H.
LABORATORY ADMINISTRATOR
(904) 791-1550
SUNCOM 866-1550

ABBREVIATIONS, TERMS, AND SYMBOLS USED:

- | | |
|-------|--|
| (1) | ? = ILLEGIBLE INFORMATION ON SUBMISSION FORM |
| (2) | KG = KILOGRAM |
| (3) | G = GRAM |
| (4) | MG = MILLIGRAM |
| (5) | UG = MICROGRAM |
| (6) | NG = NANOGRAM |
| (7) | L = LITER |
| (8) | DL = DECILITER |
| (9) | ML = MILLILITER |
| (10) | UL = MICROLITER |
| (11) | CU C = CUBIC CENTIMETER |
| (12) | CU M = CUBIC METER |
| (13) | UMHO = MICROMHO |
| (14) | M = METER |
| (15) | CM = CENTIMETER |
| (16) | PPMV = PARTS PER MILLION BY VOLUME |
| (17) | PPBV = PARTS PER BILLION BY VOLUME |
| (18) | < = LESS THAN |
| (19) | > = GREATER THAN |
| (20) | % = PERCENT |

*** PLEASE NOTE THIS REPORT'S USE OF RESULT QUALIFIERS. ***

AN EXPLANATION OF EACH ONE USED FOR THE RESULTS OF ANALYSIS
COMPONENTS APPEARS AT THE BOTTOM OF EACH SAMPLE REPORT.

RESULT VALUES INDICATED AS APPROXIMATE BY RESULT QUALIFIERS
SHOULD BE REGARDED AS SUSPECT AND USED ONLY WITH DISCRETION.

PLEASE DIRECT QUESTIONS OR COMMENTS TO:

BRADFORD W. GROSS
(904) 791-1503 SUNCOM 866-1503

AUTHORIZED BY:

Lap

DATE:

DEC 10 1997

PAGE : 1

DATE : 10-DEC-1997

PAGE : 2

JOB ID : PINELLAS-971126-06 FOR PINELLAS COUNTY HEALTH DEPARTMENT

SAMPLE ID : 90786 / 971126-046

Sample/Contact Name TRIP BLANK/PURGEABLES
 County Name PINELLAS
 County Code 52
 Date Sample Taken 25-NOV-1997 00:00:00.00
 Date Received 26-NOV-1997 12:53:00.00
 Matrix ID WATER
 Sample Type TRIP_BLANK
 Sample Priority 5
 Test Schedule PURGEABLES

	RESULTS	UNITS	QUALIFIERS
ANALYSIS: [Purgeable organics / EPA 524.2]			
COMPONENTS: Date and time analyzed.....	4-DEC-1997 12:42		
Analyst name.....	F. LAMB		
DICHLORODIFLUOROMETHANE.....	0.38	ug/L	U
CHLOROMETHANE.....	0.31	ug/L	U
VINYL CHLORIDE.....	0.29	ug/L	U
CHLOROETHANE.....	0.27	ug/L	U
BROMOMETHANE.....	0.30	ug/L	U
TRICHLOROFLUOROMETHANE.....	0.44	ug/L	U
1,1-DICHLOROETHYLENE.....	0.25	ug/L	U
DICHLOROMETHANE (METHYLENE CHLOR	0.18	ug/L	U
METHYL-TERT-BUTYL-ETHER (MTBE)..	0.27	ug/L	U
T-1,2-DICHLOROETHYLENE.....	0.23	ug/L	U
1,1-DICHLOROETHANE.....	0.21	ug/L	U
2,2-DICHLOROPROPANE.....	0.21	ug/L	U
C-1,2-DICHLOROETHYLENE.....	0.21	ug/L	U
CHLOROFORM.....	0.23	ug/L	U
BROMOCHLOROMETHANE.....	0.33	ug/L	U
1,1,1-TRICHLOROETHANE.....	0.21	ug/L	U
1,1-DICHLOROPROPENE.....	0.23	ug/L	U
CARBON TETRACHLORIDE.....	0.32	ug/L	U
BENZENE.....	0.21	ug/L	U
1,2-DICHLOROETHANE.....	0.27	ug/L	U
TRICHLOROETHYLENE.....	0.21	ug/L	U
1,2-DICHLOROPROPANE.....	0.28	ug/L	U
BROMODICHLOROMETHANE.....	0.23	ug/L	U
DIBROMOMETHANE.....	0.22	ug/L	U
C-1,3-DICHLOROPROPYLENE.....	0.20	ug/L	U
TOLUENE.....	0.19	ug/L	U
T-1,3-DICHLOROPROPYLENE.....	0.20	ug/L	U
1,1,2-TRICHLOROETHANE.....	0.25	ug/L	U
TETRACHLOROETHYLENE.....	0.23	ug/L	U
1,3-DICHLOROPROPANE.....	0.23	ug/L	U
DIBROMOCHLOROMETHANE.....	0.15	ug/L	U
ETHYLENE DIBROMIDE (EDB).....	0.21	ug/L	U
MONOCHLOROBENZENE.....	0.20	ug/L	U
1,1,1,2-TETRACHLOROETHANE.....	0.22	ug/L	U
ETHYLBENZENE.....	0.17	ug/L	U

DATE : 10-DEC-1997

PAGE : 3

JOB ID : PINELLAS-971126-06 FOR PINELLAS COUNTY HEALTH DEPARTMENT

SAMPLE ID : 90786 / 971126-046

XYLENES (TOTAL).....	0.37	ug/L	U
STYRENE.....	0.12	ug/L	U
BROMOFORM.....	0.21	ug/L	U
ISOPROPYLBENZENE (CUMENE).....	0.16	ug/L	U
1, 1, 2, 2-TETRACHLOROETHANE.....	0.29	ug/L	U
1, 2, 3-TRICHLOROPROPANE.....	0.31	ug/L	U
N-PROPYLBENZENE.....	0.18	ug/L	U
BROMOBENZENE.....	0.18	ug/L	U
O-CHLOROTOLUENE.....	0.16	ug/L	U
1, 3, 5-TRIMETHYLBENZENE.....	0.16	ug/L	U
P-CHLOROTOLUENE.....	0.16	ug/L	U
TERT-BUTYLBENZENE.....	0.15	ug/L	U
1, 2, 4-TRIMETHYLBENZENE.....	0.14	ug/L	U
SEC-BUTYLBENZENE.....	0.17	ug/L	U
4-ISOPROPYLTOLUENE (P-CYMENE)...	0.21	ug/L	U
M-DICHLOROBENZENE.....	0.21	ug/L	U
P-DICHLOROBENZENE.....	0.21	ug/L	U
N-BUTYLBENZENE.....	0.19	ug/L	U
O-DICHLOROBENZENE.....	0.25	ug/L	U
DIBROMOCHLOROPROPANE (DBCP).....	0.37	ug/L	U
1, 2, 4-TRICHLOROBENZENE.....	0.22	ug/L	U
HEXACHLOROBUTADIENE.....	0.30	ug/L	U
NAPHTHALENE.....	0.30	ug/L	U
1, 2, 3-TRICHLOROBENZENE.....	0.25	ug/L	U

Result Qualifier Key:

U - Component not detected; result value is the method detection level.

JOB ID : PINELLAS-971126-06 FOR PINELLAS COUNTY HEALTH DEPARTMENT

SAMPLE ID : 90785 / 971126-045

Sample/Contact Name MCDANIEL, BRUCE
 Street Address 2790 GULF TO BAY BLVD.
 City CLEARWATER
 State FL
 5-digit Zip Code 34619
 County Name PINELLAS
 County Code 52
 Date Sample Taken 25-NOV-1997 13:35:00.00
 Date Received 26-NOV-1997 12:51:47.00
 Project ID DSSP
 Sample Collector BERGEN
 Collector Phone 813-538-7277
 Matrix ID WATER
 Well ID. PERM #5
 Sample Type FIRST_SAMP
 Treatment/Classification C
 Contact 1 Mailing Address 2790 GULF OF BAY BLVD.
 Contact 1 City CLEARWATER
 Contact 1 Phone 1 7975255
 Sample Priority 5
 Test Schedule DSSP

	RESULTS	UNITS	QUALIFIERS
ANALYSIS: [Purgeable organics / EPA 524.2]			
COMPONENTS: Date and time analyzed.....	4-DEC-1997 21:50		
Analyst name.....	F. LAMB		
DICHLORODIFLUOROMETHANE.....	0.38	ug/L	U
CHLOROMETHANE.....	0.31	ug/L	U
VINYL CHLORIDE.....	0.29	ug/L	U
CHLOROETHANE.....	0.27	ug/L	U
BROMOMETHANE.....	0.30	ug/L	U
TRICHLOROFLUOROMETHANE.....	0.44	ug/L	U
1,1-DICHLOROETHYLENE.....	0.25	ug/L	U
DICHLOROMETHANE (METHYLENE CHLORIDE).....	0.18	ug/L	U
METHYL-TERT-BUTYL-ETHER (MTBE).....	0.27	ug/L	U
T-1,2-DICHLOROETHYLENE.....	0.23	ug/L	U
1,1-DICHLOROETHANE.....	0.21	ug/L	U
2,2-DICHLOROPROPANE.....	0.21	ug/L	U
C-1,2-DICHLOROETHYLENE.....	0.21	ug/L	U
CHLOROFORM.....	26	ug/L	
BROMOCHLOROMETHANE.....	0.33	ug/L	U
1,1,1-TRICHLOROETHANE.....	0.21	ug/L	U
1,1-DICHLOROPROPENE.....	0.23	ug/L	U
CARBON TETRACHLORIDE.....	0.32	ug/L	U
BENZENE.....	0.21	ug/L	U
1,2-DICHLOROETHANE.....	0.27	ug/L	U
TRICHLOROETHYLENE.....	0.21	ug/L	U
1,2-DICHLOROPROPANE.....	0.28	ug/L	U
BROMODICHLOROMETHANE.....	14	ug/L	

DATE : 10-DEC-1997

PAGE : 5

JOB ID : PINELLAS-971126-06 FOR PINELLAS COUNTY HEALTH DEPARTMENT

SAMPLE ID : 90785 / 971126-045

DIBROMOMETHANE.	0.22	ug/L	U
C-1,3-DICHLOROPROPYLENE.	0.20	ug/L	U
TOLUENE.	0.19	ug/L	U
T-1,3-DICHLOROPROPYLENE.	0.20	ug/L	U
1,1,2-TRICHLOROETHANE.	0.25	ug/L	U
TETRACHLOROETHYLENE.	1.0	ug/L	
1,3-DICHLOROPROPANE.	0.23	ug/L	U
DIBROMOCHLOROMETHANE.	9.7	ug/L	
ETHYLENE DIBROMIDE (EDB).	0.21	ug/L	U
MONOCHLOROBENZENE.	0.20	ug/L	U
1,1,1,2-TETRACHLOROETHANE.	0.22	ug/L	U
ETHYLBENZENE.	0.17	ug/L	U
XYLENES (TOTAL).	0.37	ug/L	U
STYRENE.	0.12	ug/L	U
BROMOFORM.	2.9	ug/L	
ISOPROPYLBENZENE (CUMENE).	0.16	ug/L	U
1,1,2,2-TETRACHLOROETHANE.	0.29	ug/L	U
1,2,3-TRICHLOROPROPANE.	0.31	ug/L	U
N-PROPYLBENZENE.	0.18	ug/L	U
BROMOBENZENE.	0.18	ug/L	U
O-CHLOROTOLUENE.	0.16	ug/L	U
1,3,5-TRIMETHYLBENZENE.	0.16	ug/L	U
P-CHLOROTOLUENE.	0.16	ug/L	U
TERT-BUTYLBENZENE.	0.15	ug/L	U
1,2,4-TRIMETHYLBENZENE.	0.14	ug/L	U
SEC-BUTYLBENZENE.	0.17	ug/L	U
4-ISOPROPYLTOLUENE (P-CYMENE).	0.21	ug/L	U
M-DICHLOROBENZENE.	0.21	ug/L	U
P-DICHLOROBENZENE.	0.21	ug/L	U
N-BUTYLBENZENE.	0.19	ug/L	U
O-DICHLOROBENZENE.	0.25	ug/L	U
DIBROMOCHLOROPROPANE (DBCP).	0.37	ug/L	U
1,2,4-TRICHLOROETHANE.	0.22	ug/L	U
HEXACHLOROBUTADIENE.	0.30	ug/L	U
NAPHTHALENE.	0.30	ug/L	U
1,2,3-TRICHLOROETHANE.	0.25	ug/L	U

Result Qualifier Key:

U - Component not detected; result value is the method detection level.

DATE : 10-DEC-1997

PAGE : 6

JOB ID : PINELLAS-971126-06 FOR PINELLAS COUNTY HEALTH DEPARTMENT

SAMPLE ID : 90784 / 971126-044

Sample/Contact Name MCDANIEL, BRUCE
 Street Address 2790 GULF TO BAY BLVD.
 City CLEARWATER
 State FL
 5-digit Zip Code 34619
 County Name PINELLAS
 County Code 52
 Date Sample Taken 25-NOV-1997 13:30:00.00
 Date Received 26-NOV-1997 12:48:41.00
 Project ID DSSP
 Sample Collector BERGEN
 Collector Phone 813-538-7277
 Matrix ID WATER
 Well ID. PERM #4
 Sample Type FIRST_SAMP
 Treatment/Classification C
 Contact 1 Mailing Address 2790 GULF OF BAY BLVD.
 Contact 1 City CLEARWATER
 Contact 1 Phone 1 7975255
 Sample Priority 5
 Test Schedule DSSP

	RESULTS	UNITS	QUALIFIERS
ANALYSIS: [Purgeable organics / EPA 524.2]			
COMPONENTS: Date and time analyzed.....	4-DEC-1997 21:08		
Analyst name.....	F. LAMB		
DICHLORODIFLUOROMETHANE.....	0.38	ug/L	U
CHLOROMETHANE.....	0.31	ug/L	U
VINYL CHLORIDE.....	0.29	ug/L	U
CHLOROETHANE.....	0.27	ug/L	U
BROMOMETHANE.....	0.30	ug/L	U
TRICHLOROFLUOROMETHANE.....	0.44	ug/L	U
1,1-DICHLOROETHYLENE.....	0.25	ug/L	U
DICHLOROMETHANE (METHYLENE CHLORIDE).....	0.18	ug/L	U
METHYL-TERT-BUTYL-ETHER (MTBE).....	0.27	ug/L	U
T-1,2-DICHLOROETHYLENE.....	0.23	ug/L	U
1,1-DICHLOROETHANE.....	0.21	ug/L	U
2,2-DICHLOROPROPANE.....	0.21	ug/L	U
C-1,2-DICHLOROETHYLENE.....	0.21	ug/L	U
CHLOROFORM.....	25	ug/L	
BROMOCHLOROMETHANE.....	0.33	ug/L	U
1,1,1-TRICHLOROETHANE.....	0.21	ug/L	U
1,1-DICHLOROPROPENE.....	0.23	ug/L	U
CARBON TETRACHLORIDE.....	0.32	ug/L	U
BENZENE.....	0.21	ug/L	U
1,2-DICHLOROETHANE.....	0.27	ug/L	U
TRICHLOROETHYLENE.....	0.21	ug/L	U
1,2-DICHLOROPROPANE.....	0.28	ug/L	U
BROMODICHLOROMETHANE.....	13	ug/L	

DATE : 10-DEC-1997

PAGE : 7

JOB ID : PINELLAS-971126-06 FOR PINELLAS COUNTY HEALTH DEPARTMENT

SAMPLE ID : 90784 / 971126-044

DIBROMOMETHANE.....	0.22	ug/L	U
C-1,3-DICHLOROPROPYLENE.....	0.20	ug/L	U
TOLUENE.....	0.19	ug/L	U
T-1,3-DICHLOROPROPYLENE.....	0.20	ug/L	U
1,1,2-TRICHLOROETHANE.....	0.25	ug/L	U
TETRACHLOROETHYLENE.....	0.77	ug/L	
1,3-DICHLOROPROPANE.....	0.23	ug/L	U
DIBROMOCHLOROMETHANE.....	9.6	ug/L	
ETHYLENE DIBROMIDE (EDB).....	0.21	ug/L	U
MONOCHLOROBENZENE.....	0.20	ug/L	U
1,1,1,2-TETRACHLOROETHANE.....	0.22	ug/L	U
ETHYLBENZENE.....	0.17	ug/L	U
XYLENES (TOTAL).....	0.37	ug/L	U
STYRENE.....	0.12	ug/L	U
BROMOFORM.....	3.0	ug/L	
ISOPROPYLBENZENE (CUMENE).....	0.16	ug/L	U
1,1,2,2-TETRACHLOROETHANE.....	0.29	ug/L	U
1,2,3-TRICHLOROPROPANE.....	0.31	ug/L	U
N-PROPYLBENZENE.....	0.18	ug/L	U
BROMOBENZENE.....	0.18	ug/L	U
O-CHLOROTOLUENE.....	0.16	ug/L	U
1,3,5-TRIMETHYLBENZENE.....	0.16	ug/L	U
P-CHLOROTOLUENE.....	0.16	ug/L	U
TERT-BUTYLBENZENE.....	0.15	ug/L	U
1,2,4-TRIMETHYLBENZENE.....	0.14	ug/L	U
SEC-BUTYLBENZENE.....	0.17	ug/L	U
4-ISOPROPYLTOLUENE (P-CYMENE)...	0.21	ug/L	U
M-DICHLOROBENZENE.....	0.21	ug/L	U
P-DICHLOROBENZENE.....	0.21	ug/L	U
N-BUTYLBENZENE.....	0.19	ug/L	U
O-DICHLOROBENZENE.....	0.25	ug/L	U
DIBROMOCHLOROPROPANE (DBCP).....	0.37	ug/L	U
1,2,4-TRICHLOROBENZENE.....	0.22	ug/L	U
HEXACHLOROBUTADIENE.....	0.30	ug/L	U
NAPHTHALENE.....	0.30	ug/L	U
1,2,3-TRICHLOROBENZENE.....	0.25	ug/L	U

Result Qualifier Key:

U - Component not detected; result value is the method detection level.

JOB ID : PINELLAS-971126-06 FOR PINELLAS COUNTY HEALTH DEPARTMENT

SAMPLE ID : 90783 / 971126-043

Sample/Contact Name MCDANIEL, BRUCE
 Street Address 2790 GULF TO BAY BLVD.
 City CLEARWATER
 State FL
 5-digit Zip Code 34619
 County Name PINELLAS
 County Code 52
 Date Sample Taken 25-NOV-1997 13:20:00.00
 Date Received 26-NOV-1997 12:46:53.00
 Project ID DSSP
 Sample Collector BERGEN
 Collector Phone 813-538-7277
 Matrix ID WATER
 Sample Type FIRST_SAMP
 Treatment/Classification C
 Contact 1 Mailing Address 3790 GULF TO BAY
 Contact 1 City CLEARWATER
 Contact 1 Phone 1 7975255
 Sample Priority 5
 Test Schedule DSSP

	RESULTS	UNITS	QUALIFIERS
ANALYSIS: [Purgeable organics / EPA 524.2]			
COMPONENTS: Date and time analyzed.....	4-DEC-1997 20:26		
Analyst name.....	F. LAMB		
DICHLORODIFLUOROMETHANE.....	0.38	ug/L	U
CHLOROMETHANE.....	0.31	ug/L	U
VINYL CHLORIDE.....	0.29	ug/L	U
CHLOROETHANE.....	0.27	ug/L	U
BROMOMETHANE.....	0.30	ug/L	U
TRICHLOROFLUOROMETHANE.....	0.44	ug/L	U
1,1-DICHLOROETHYLENE.....	0.25	ug/L	U
DICHLOROMETHANE (METHYLENE CHLORIDE).....	0.18	ug/L	U
METHYL-TERT-BUTYL-ETHER (MTBE).....	0.27	ug/L	U
T-1,2-DICHLOROETHYLENE.....	0.23	ug/L	U
1,1-DICHLOROETHANE.....	0.21	ug/L	U
2,2-DICHLOROPROPANE.....	0.21	ug/L	U
C-1,2-DICHLOROETHYLENE.....	0.21	ug/L	U
CHLOROFORM.....	26	ug/L	
BROMOCHLOROMETHANE.....	0.33	ug/L	U
1,1,1-TRICHLOROETHANE.....	0.21	ug/L	U
1,1-DICHLOROPROPENE.....	0.23	ug/L	U
CARBON TETRACHLORIDE.....	0.32	ug/L	U
BENZENE.....	0.21	ug/L	U
1,2-DICHLOROETHANE.....	0.27	ug/L	U
TRICHLOROETHYLENE.....	0.21	ug/L	U
1,2-DICHLOROPROPANE.....	0.28	ug/L	U
BROMODICHLOROMETHANE.....	14	ug/L	
DIBROMOMETHANE.....	0.22	ug/L	U

DATE : 10-DEC-1997

PAGE : 9

JOB ID : PINELLAS-971126-06 FOR PINELLAS COUNTY HEALTH DEPARTMENT

SAMPLE ID : 90783 / 971126-043

C-1, 3-DICHLOROPROPYLENE.	0. 20	ug/L	U
TOLUENE.	0. 19	ug/L	U
T-1, 3-DICHLOROPROPYLENE.	0. 20	ug/L	U
1, 1, 2-TRICHLOROETHANE.	0. 25	ug/L	U
TETRACHLOROETHYLENE.	3. 6	ug/L	C
1, 3-DICHLOROPROPANE.	0. 23	ug/L	U
DIBROMOCHLOROMETHANE.	10	ug/L	
ETHYLENE DIBROMIDE (EDB).	0. 21	ug/L	U
MONOCHLOROBENZENE.	0. 20	ug/L	U
1, 1, 1, 2-TETRACHLOROETHANE.	0. 22	ug/L	U
ETHYLBENZENE.	0. 17	ug/L	U
XYLENES (TOTAL).	0. 37	ug/L	U
STYRENE.	0. 12	ug/L	U
BROMOFORM.	3. 0	ug/L	
ISOPROPYLBENZENE (CUMENE).	0. 16	ug/L	U
1, 1, 2, 2-TETRACHLOROETHANE.	0. 29	ug/L	U
1, 2, 3-TRICHLOROPROPANE.	0. 31	ug/L	U
N-PROPYLBENZENE.	0. 18	ug/L	U
BROMOBENZENE.	0. 18	ug/L	U
O-CHLOROTOLUENE.	0. 16	ug/L	U
1, 3, 5-TRIMETHYLBENZENE.	0. 16	ug/L	U
P-CHLOROTOLUENE.	0. 16	ug/L	U
TERT-BUTYLBENZENE.	0. 15	ug/L	U
1, 2, 4-TRIMETHYLBENZENE.	0. 14	ug/L	U
SEC-BUTYLBENZENE.	0. 17	ug/L	U
4-ISOPROPYLTOLUENE (P-CYMENE)...	0. 21	ug/L	U
M-DICHLOROBENZENE.	0. 21	ug/L	U
P-DICHLOROBENZENE.	0. 21	ug/L	U
N-BUTYLBENZENE.	0. 19	ug/L	U
O-DICHLOROBENZENE.	0. 25	ug/L	U
DIBROMOCHLOROPROPANE (DBCP).	0. 37	ug/L	U
1, 2, 4-TRICHLOROBENZENE.	0. 22	ug/L	U
HEXACHLOROBUTADIENE.	0. 30	ug/L	U
NAPHTHALENE.	0. 30	ug/L	U
1, 2, 3-TRICHLOROBENZENE.	0. 25	ug/L	U

Result Qualifier Key:

- U - Component not detected; result value is the method detection level.
- C - Value exceeds Maximum Contaminant Level as in Chap. 62-550 or 520, F. A. C.

JOB ID : PINELLAS-971126-06 FOR PINELLAS COUNTY HEALTH DEPARTMENT

SAMPLE ID : 90782 / 971126-042

Sample/Contact Name MCDANIEL, BRUCE
 Sample Description/Comment SOUTH MEN'S BATHROOM
 Street Address 2790 GULF TO BAY BLVD.
 City CLEARWATER
 State FL
 5-digit Zip Code 34619
 County Name PINELLAS
 County Code 52
 Date Sample Taken 25-NOV-1997 13:14:00.00
 Date Received 26-NOV-1997 12:44:59.00
 Project ID DSSP
 Sample Collector BERGEN
 Collector Phone 813-538-7277
 Matrix ID WATER
 Well ID PERM 2
 Sample Type FIRST_SAMP
 Treatment/Classification C
 Contact 1 Mailing Address 2790 GULF TO BAY
 Contact 1 City CLEARWATER
 Contact 1 Phone 1 7975255
 Sample Priority 5
 Test Schedule DSSP

		RESULTS	UNITS	QUALIFIERS
ANALYSIS: [Purgeable organics / EPA 524.2]				
COMPONENTS:	Date and time analyzed.....	5-DEC-1997 22:24		
	Analyst name.....	F. LAMB		
	DICHLORODIFLUOROMETHANE.....	0.38	ug/L	U
	CHLOROMETHANE.....	0.31	ug/L	U
	VINYL CHLORIDE.....	0.29	ug/L	U
	CHLOROETHANE.....	0.27	ug/L	U
	BROMOMETHANE.....	0.30	ug/L	U
	TRICHLOROFLUOROMETHANE.....	0.44	ug/L	U
	1,1-DICHLOROETHYLENE.....	0.25	ug/L	U
	DICHLOROMETHANE (METHYLENE CHLOR	0.18	ug/L	U
	METHYL-TERT-BUTYL-ETHER (MTBE)..	0.27	ug/L	U
	T-1,2-DICHLOROETHYLENE.....	0.23	ug/L	U
	1,1-DICHLOROETHANE.....	0.21	ug/L	U
	2,2-DICHLOROPROPANE.....	0.21	ug/L	U
	C-1,2-DICHLOROETHYLENE.....	0.21	ug/L	U
	CHLOROFORM.....	30	ug/L	
	BROMOCHLOROMETHANE.....	0.33	ug/L	U
	1,1,1-TRICHLOROETHANE.....	0.21	ug/L	U
	1,1-DICHLOROPROPENE.....	0.23	ug/L	U
	CARBON TETRACHLORIDE.....	0.32	ug/L	U
	BENZENE.....	0.21	ug/L	U
	1,2-DICHLOROETHANE.....	0.27	ug/L	U
	TRICHLOROETHYLENE.....	0.21	ug/L	U
	1,2-DICHLOROPROPANE.....	0.28	ug/L	U

DATE : 10-DEC-1997

PAGE : 11

JOB ID : PINELLAS-971126-06 FOR PINELLAS COUNTY HEALTH DEPARTMENT

SAMPLE ID : 90782 / 971126-042

BROMODICHLOROMETHANE.....	21	ug/L	
DIBROMOMETHANE.....	0.22	ug/L	U
C-1,3-DICHLOROPROPYLENE.....	0.20	ug/L	U
TOLUENE.....	0.19	ug/L	U
T-1,3-DICHLOROPROPYLENE.....	0.20	ug/L	U
1,1,2-TRICHLOROETHANE.....	0.25	ug/L	U
TETRACHLOROETHYLENE.....	13	ug/L	C
1,3-DICHLOROPROPANE.....	0.23	ug/L	U
DIBROMOCHLOROMETHANE.....	19	ug/L	
ETHYLENE DIBROMIDE (EDB).....	0.21	ug/L	U
MONOCHLOROBENZENE.....	0.20	ug/L	U
1,1,1,2-TETRACHLOROETHANE.....	0.22	ug/L	U
ETHYLBENZENE.....	0.17	ug/L	U
XYLENES (TOTAL).....	0.37	ug/L	U
STYRENE.....	0.12	ug/L	U
BROMOFORM.....	7.0	ug/L	J
ISOPROPYLBENZENE (CUMENE).....	0.16	ug/L	U
1,1,2,2-TETRACHLOROETHANE.....	0.29	ug/L	U
1,2,3-TRICHLOROPROPANE.....	0.31	ug/L	U
N-PROPYLBENZENE.....	0.18	ug/L	U
BROMOBENZENE.....	0.18	ug/L	U
O-CHLOROTOLUENE.....	0.16	ug/L	U
1,3,5-TRIMETHYLBENZENE.....	0.16	ug/L	U
P-CHLOROTOLUENE.....	0.16	ug/L	U
TERT-BUTYLBENZENE.....	0.15	ug/L	U
1,2,4-TRIMETHYLBENZENE.....	0.14	ug/L	U
SEC-BUTYLBENZENE.....	0.17	ug/L	U
4-ISOPROPYLTOLUENE (P-CYMENE)...	0.21	ug/L	U
M-DICHLOROBENZENE.....	0.21	ug/L	U
P-DICHLOROBENZENE.....	0.21	ug/L	U
N-BUTYLBENZENE.....	0.19	ug/L	U
O-DICHLOROBENZENE.....	0.25	ug/L	U
DIBROMOCHLOROPROPANE (DBCP).....	0.37	ug/L	U
1,2,4-TRICHLOROBENZENE.....	0.22	ug/L	U
HEXACHLOROBUTADIENE.....	0.30	ug/L	U
NAPHTHALENE.....	0.30	ug/L	U
1,2,3-TRICHLOROBENZENE.....	0.25	ug/L	U

Result Qualifier Key:

- U - Component not detected; result value is the method detection level.
- C - Value exceeds Maximum Contaminant Level as in Chap. 62-550 or 520, F.A.C.
- J - Approximate value; quantitative QC out of range.

BEST AVAILABLE COPY

DATE : 10-DEC-1997

PAGE : 12

JOB ID : PINELLAS-971126-06 FOR PINELLAS COUNTY HEALTH DEPARTMENT

SAMPLE ID : 90781 / 971126-041

Sample/Contact Name MCDANIEL, BRUCE
 Sample Description/Comment SOUTH WOMEN'S BATHROOM/CHLORINATED
 Street Address 2790 GULF TO BAY BLVD.
 City CLEARWATER
 State FL
 5-digit Zip Code 34619
 County Name PINELLAS
 County Code 52
 Date Sample Taken 25-NOV-1997 13:10:00.00
 Date Received 26-NOV-1997 12:42:03.00
 Project ID DSSP
 Sample Collector BERGEN
 Collector Phone 813-538-7277
 Matrix ID WATER
 Well ID. PERM #1
 Sample Type FIRST_SAMP
 Treatment/Classification C
 Contact 1 Mailing Address 2790 GULF TO BAY BLVD.
 Contact 1 City CLEARWATER
 Sample Priority 5
 Test Schedule DSSP

	RESULTS	UNITS	QUALIFIERS
ANALYSIS: [Purgeable organics / EPA 524.2]			
COMPONENTS: Date and time analyzed.....	4-DEC-1997 13:24		
Analyst name.....	F. LAMB		
DICHLORODIFLUOROMETHANE.....	0.38	ug/L	U
CHLOROMETHANE.....	0.31	ug/L	U
VINYL CHLORIDE.....	0.29	ug/L	U
CHLOROETHANE.....	0.27	ug/L	U
BROMOMETHANE.....	0.30	ug/L	U
TRICHLOROFLUOROMETHANE.....	0.44	ug/L	U
1,1-DICHLOROETHYLENE.....	0.25	ug/L	U
DICHLOROMETHANE (METHYLENE CHLORIDE).....	0.18	ug/L	U
METHYL-TERT-BUTYL-ETHER (MTBE).....	0.27	ug/L	U
T-1,2-DICHLOROETHYLENE.....	0.23	ug/L	U
1,1-DICHLOROETHANE.....	0.21	ug/L	U
2,2-DICHLOROPROPANE.....	0.21	ug/L	U
C-1,2-DICHLOROETHYLENE.....	0.21	ug/L	U
CHLOROFORM.....	24	ug/L	
BROMOCHLOROMETHANE.....	0.33	ug/L	U
1,1,1-TRICHLOROETHANE.....	0.21	ug/L	U
1,1-DICHLOROPROPENE.....	0.23	ug/L	U
CARBON TETRACHLORIDE.....	0.32	ug/L	U
BENZENE.....	0.21	ug/L	U
1,2-DICHLOROETHANE.....	0.27	ug/L	U
TRICHLOROETHYLENE.....	0.21	ug/L	U
1,2-DICHLOROPROPANE.....	0.28	ug/L	U
BROMODICHLOROMETHANE.....	14	ug/L	

BEST AVAILABLE COPY

DATE : 10-DEC-1997

PAGE : 13

JOB ID : PINELLAS-971126-06 FOR PINELLAS COUNTY HEALTH DEPARTMENT

SAMPLE ID : 90781 / 971126-041

DIBROMOMETHANE.....	0.22	ug/L	U
C-1,3-DICHLOROPROPYLENE.....	0.20	ug/L	U
TOLUENE.....	0.19	ug/L	U
T-1,3-DICHLOROPROPYLENE.....	0.20	ug/L	U
1,1,2-TRICHLOROETHANE.....	0.25	ug/L	U
TETRACHLOROETHYLENE.....	5.7	ug/L	C
1,3-DICHLOROPROPANE.....	0.23	ug/L	U
DIBROMOCHLOROMETHANE.....	9.7	ug/L	U
ETHYLENE DIBROMIDE (EDB).....	0.21	ug/L	U
MONOCHLOROBENZENE.....	0.20	ug/L	U
1,1,1,2-TETRACHLOROETHANE.....	0.22	ug/L	U
ETHYLBENZENE.....	0.17	ug/L	U
XYLENES (TOTAL).....	0.37	ug/L	U
STYRENE.....	0.12	ug/L	U
BROMOFORM.....	3.0	ug/L	U
ISOPROPYLBENZENE (CUMENE).....	0.16	ug/L	U
1,1,2,2-TETRACHLOROETHANE.....	0.29	ug/L	U
1,2,3-TRICHLOROPROPANE.....	0.31	ug/L	U
N-PROPYLBENZENE.....	0.18	ug/L	U
BROMOBENZENE.....	0.18	ug/L	U
O-CHLOROTOLUENE.....	0.16	ug/L	U
1,3,5-TRIMETHYLBENZENE.....	0.16	ug/L	U
P-CHLOROTOLUENE.....	0.16	ug/L	U
TERT-BUTYLBENZENE.....	0.15	ug/L	U
1,2,4-TRIMETHYLBENZENE.....	0.14	ug/L	U
SEC-BUTYLBENZENE.....	0.17	ug/L	U
4-ISOPROPYLTOLUENE (P-CYMENE)...	0.21	ug/L	U
M-DICHLOROBENZENE.....	0.21	ug/L	U
P-DICHLOROBENZENE.....	0.21	ug/L	U
N-BUTYLBENZENE.....	0.19	ug/L	U
O-DICHLOROBENZENE.....	0.25	ug/L	U
DIBROMOCHLOROPROPANE (DBCP).....	0.37	ug/L	U
1,2,4-TRICHLOROBENZENE.....	0.22	ug/L	U
HEXACHLOROBTADIENE.....	0.30	ug/L	U
NAPHTHALENE.....	0.30	ug/L	U
1,2,3-TRICHLOROBENZENE.....	0.25	ug/L	U

Result Qualifier Key:

- U - Component not detected; result value is the method detection level.
- C - Value exceeds Maximum Contaminant Level as in Chap. 62-550 or 520, F.A.C.

ENVIRONMENTAL CHEMISTRY
ANALYSIS REPORT

FLORIDA DEPARTMENT OF HEALTH
BUREAU OF LABORATORIES
P. O. BOX 210
JACKSONVILLE, FLORIDA 32231

LABORATORY ID 12001

ELDERT C. HARTWIG, JR., SC. D., M. P. H.
LABORATORY ADMINISTRATOR
(904) 791-1550
SUNCOM 866-1550

PINELLAS COUNTY
HEALTH DEPARTMENT

JAN 05 1998

ENVIRONMENTAL
ENGINEERING

ABBREVIATIONS, TERMS, AND SYMBOLS USED:

(1)	? = ILLEGIBLE INFORMATION ON SUBMISSION FORM
(2)	KG = KILOGRAM
(3)	G = GRAM
(4)	MG = MILLIGRAM
(5)	UG = MICROGRAM
(6)	NG = NANOGRAM
(7)	L = LITER
(8)	DL = DECILITER
(9)	ML = MILLILITER
(10)	UL = MICROLITER
(11)	CU C = CUBIC CENTIMETER
(12)	CU M = CUBIC METER
(13)	UMHO = MICROMHO
(14)	M = METER
(15)	CM = CENTIMETER
(16)	PPMV = PARTS PER MILLION BY VOLUME
(17)	PPBV = PARTS PER BILLION BY VOLUME
(18)	< = LESS THAN
(19)	> = GREATER THAN
(20)	% = PERCENT

*** PLEASE NOTE THIS REPORT'S USE OF RESULT QUALIFIERS. ***

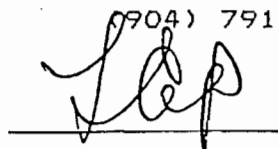
AN EXPLANATION OF EACH ONE USED FOR THE RESULTS OF ANALYSIS COMPONENTS APPEARS AT THE BOTTOM OF EACH SAMPLE REPORT.

RESULT VALUES INDICATED AS APPROXIMATE BY RESULT QUALIFIERS SHOULD BE REGARDED AS SUSPECT AND USED ONLY WITH DISCRETION.

PLEASE DIRECT QUESTIONS OR COMMENTS TO:

BRADFORD W. GROSS
(904) 791-1503 SUNCOM 866-1503

AUTHORIZED BY:



DATE:

DEC 31 1997

PAGE :

1

B ID : PINELLAS-971218-12 FOR PINELLAS COUNTY HEALTH DEPARTMENT

SAMPLE ID : 91910 / 971218-052

Sample/Contact Name TRIP BLANK/PURGEABLES
 County Name PINELLAS
 County Code 52
 Date Sample Taken 17-DEC-1997 00:00:00.00
 Date Received 18-DEC-1997 14:13:41.00
 Matrix ID WATER
 Sample Type TRIP_BLANK
 Sample Priority 5
 Test Schedule PURGEABLES

	RESULTS	UNITS	QUALIFIERS
ANALYSIS: [Purgeable organics / EPA 524.2]			
COMPONENTS: Date and time analyzed.....	19-DEC-1997 15:54		
Analyst name.....	D. HARPER		
DICHLORODIFLUOROMETHANE.....	0.38	ug/L	U
CHLOROMETHANE.....	0.31	ug/L	U
VINYL CHLORIDE.....	0.29	ug/L	U
CHLOROETHANE.....	0.27	ug/L	U
BROMOMETHANE.....	0.30	ug/L	U
TRICHLOROFLUOROMETHANE.....	0.44	ug/L	U
1,1-DICHLOROETHYLENE.....	0.25	ug/L	U
DICHLOROMETHANE (METHYLENE CHLOR	0.18	ug/L	U
METHYL-TERT-BUTYL-ETHER (MTBE)..	0.27	ug/L	U
T-1,2-DICHLOROETHYLENE.....	0.23	ug/L	U
1,1-DICHLOROETHANE.....	0.21	ug/L	U
2,2-DICHLOROPROPANE.....	0.21	ug/L	U
C-1,2-DICHLOROETHYLENE.....	0.21	ug/L	U
CHLOROFORM.....	0.23	ug/L	U
BROMOCHLOROMETHANE.....	0.33	ug/L	U
1,1,1-TRICHLOROETHANE.....	0.21	ug/L	U
1,1-DICHLOROPROPENE.....	0.23	ug/L	U
CARBON TETRACHLORIDE.....	0.32	ug/L	U
BENZENE.....	0.21	ug/L	U
1,2-DICHLOROETHANE.....	0.27	ug/L	U
TRICHLOROETHYLENE.....	0.21	ug/L	U
1,2-DICHLOROPROPANE.....	0.28	ug/L	U
BROMODICHLOROMETHANE.....	0.23	ug/L	U
DIBROMOMETHANE.....	0.22	ug/L	U
C-1,3-DICHLOROPROPYLENE.....	0.20	ug/L	U
TOLUENE.....	0.19	ug/L	U
T-1,3-DICHLOROPROPYLENE.....	0.20	ug/L	U
1,1,2-TRICHLOROETHANE.....	0.25	ug/L	U
TETRACHLOROETHYLENE.....	0.23	ug/L	U
1,3-DICHLOROPROPANE.....	0.23	ug/L	U
DIBROMOCHLOROMETHANE.....	0.15	ug/L	U
ETHYLENE DIBROMIDE (EDB).....	0.21	ug/L	U
MONOCHLOROBENZENE.....	0.20	ug/L	U
1,1,1,2-TETRACHLOROETHANE.....	0.22	ug/L	U
ETHYLBENZENE.....	0.17	ug/L	U

3 ID : PINELLAS-971218-12 FOR PINELLAS COUNTY HEALTH DEPARTMENT

SAMPLE ID : 91910 / 971218-052

XYLENES (TOTAL).....	0.37	ug/L	U
STYRENE.....	0.12	ug/L	U
BROMOFORM.....	0.21	ug/L	U
ISOPROPYLBENZENE (CUMENE).....	0.16	ug/L	U
1,1,2,2-TETRACHLOROETHANE.....	0.29	ug/L	U
1,2,3-TRICHLOROPROPANE.....	0.31	ug/L	U
N-PROPYLBENZENE.....	0.18	ug/L	U
BROMOBENZENE.....	0.18	ug/L	U
O-CHLOROTOLUENE.....	0.16	ug/L	U
1,3,5-TRIMETHYLBENZENE.....	0.16	ug/L	U
P-CHLOROTOLUENE.....	0.16	ug/L	U
TERT-BUTYLBENZENE.....	0.15	ug/L	U
1,2,4-TRIMETHYLBENZENE.....	0.14	ug/L	U
SEC-BUTYLBENZENE.....	0.17	ug/L	U
4-ISOPROPYLTOLUENE (P-CYMENE)....	0.21	ug/L	U
M-DICHLOROBENZENE.....	0.21	ug/L	U
P-DICHLOROBENZENE.....	0.21	ug/L	U
N-BUTYLBENZENE.....	0.19	ug/L	U
O-DICHLOROBENZENE.....	0.25	ug/L	U
DIBROMOCHLOROPROPANE (DBCP).....	0.37	ug/L	U
1,2,4-TRICHLOROBENZENE.....	0.22	ug/L	U
HEXACHLOROBUTADIENE.....	0.30	ug/L	U
NAPHTHALENE.....	0.30	ug/L	U
1,2,3-TRICHLOROBENZENE.....	0.25	ug/L	U

Result Qualifier Key:

J - Component not detected; result value is the method detection level.

3 ID : PINELLAS-971218-12 FOR PINELLAS COUNTY HEALTH DEPARTMENT

SAMPLE ID : 91909 / 971218-051

Sample/Contact Name FIELD BLANK
 Sample Description/Comment EYEWASH/DRINKING FOUNTAIN/PREPARED 12/15/97
 BY DFR
 Street Address COLLECTED IN VICINITY
 City CLEARWATER
 County Name PINELLAS
 County Code 52
 SUPER Code/DSSP Facility # 52-9501416
 Date Sample Taken 17-DEC-1997 09:47:00.00
 Date Received 18-DEC-1997 14:11:59.00
 Project ID DSSP
 Sample Collector BERGEN
 Collector Phone 813-538-7277X116
 Matrix ID WATER
 Sample Priority 5
 Test Schedule DSSP

=====

	RESULTS	UNITS	QUALI- FIERS
	-----	-----	-----

ANALYSIS: [Purgeable organics / EPA 524.2]			
IPONENTS:	Date and time analyzed.....	22-DEC-1997 20:42	
	Analyst name.....	D. HARPER	
	DICHLORODIFLUOROMETHANE.....	0.38	ug/L U
	CHLOROMETHANE.....	0.31	ug/L U
	VINYL CHLORIDE.....	0.29	ug/L U
	CHLOROETHANE.....	0.27	ug/L U
	BROMOMETHANE.....	0.30	ug/L U
	TRICHLOROFLUOROMETHANE.....	0.44	ug/L U
	1,1-DICHLOROETHYLENE.....	0.25	ug/L U
	DICHLOROMETHANE (METHYLENE CHLOR	0.18	ug/L U
	METHYL-TERT-BUTYL-ETHER (MTBE)..	0.27	ug/L U
	T-1,2-DICHLOROETHYLENE.....	0.23	ug/L U
	1,1-DICHLOROETHANE.....	0.21	ug/L U
	2,2-DICHLOROPROPANE.....	0.21	ug/L U
	C-1,2-DICHLOROETHYLENE.....	0.21	ug/L U
	CHLOROFORM.....	0.23	ug/L U
	BROMOCHLOROMETHANE.....	0.33	ug/L U
	1,1,1-TRICHLOROETHANE.....	0.21	ug/L U
	1,1-DICHLOROPROPENE.....	0.23	ug/L U
	CARBON TETRACHLORIDE.....	0.32	ug/L U
	BENZENE.....	0.21	ug/L U
	1,2-DICHLOROETHANE.....	0.27	ug/L U
	TRICHLOROETHYLENE.....	0.21	ug/L U
	1,2-DICHLOROPROPANE.....	0.28	ug/L U
	BROMODICHLOROMETHANE.....	0.23	ug/L U
	DIBROMOMETHANE.....	0.22	ug/L U
	C-1,3-DICHLOROPROPYLENE.....	0.20	ug/L U
	TOLUENE.....	0.24	ug/L I
	T-1,3-DICHLOROPROPYLENE.....	0.20	ug/L U
	1,1,2-TRICHLOROETHANE.....	0.25	ug/L U

ID : PINELLAS-971218-12 FOR PINELLAS COUNTY HEALTH DEPARTMENT

SAMPLE ID : 91909 / 971218-051

		ug/L	C
TETRACHLOROETHYLENE.....	11		
1,3-DICHLOROPROPANE.....	0.23	ug/L	U
DIBROMOCHLOROMETHANE.....	0.15	ug/L	U
ETHYLENE DIBROMIDE (EDB).....	0.21	ug/L	U
MONOCHLOROBENZENE.....	0.20	ug/L	U
1,1,1,2-TETRACHLOROETHANE.....	0.22	ug/L	U
ETHYLBENZENE.....	0.17	ug/L	U
XYLENES (TOTAL).....	0.37	ug/L	U
STYRENE.....	0.12	ug/L	U
BROMOFORM.....	0.21	ug/L	U
ISOPROPYLBENZENE (CUMENE).....	0.16	ug/L	U
1,1,2,2-TETRACHLOROETHANE.....	0.29	ug/L	U
1,2,3-TRICHLOROPROPANE.....	0.31	ug/L	U
N-PROPYLBENZENE.....	0.18	ug/L	U
BROMOBENZENE.....	0.18	ug/L	U
O-CHLOROTOLUENE.....	0.16	ug/L	U
1,3,5-TRIMETHYLBENZENE.....	0.16	ug/L	U
P-CHLOROTOLUENE.....	0.16	ug/L	U
TERT-BUTYLBENZENE.....	0.15	ug/L	U
1,2,4-TRIMETHYLBENZENE.....	0.14	ug/L	U
SEC-BUTYLBENZENE.....	0.17	ug/L	U
4-ISOPROPYLTOLUENE (P-CYMENE)...	0.21	ug/L	U
M-DICHLOROBENZENE.....	0.21	ug/L	U
P-DICHLOROBENZENE.....	0.21	ug/L	U
N-BUTYLBENZENE.....	0.19	ug/L	U
O-DICHLOROBENZENE.....	0.25	ug/L	U
DIBROMOCHLOROPROPANE (DBCP).....	0.37	ug/L	U
1,2,4-TRICHLOROBENZENE.....	0.22	ug/L	U
HEXACHLOROBUTADIENE.....	0.30	ug/L	U
NAPHTHALENE.....	0.30	ug/L	U
1,2,3-TRICHLOROBENZENE.....	0.25	ug/L	U

Result Qualifier Key:

- Component not detected; result value is the method detection level.
- Approximate value between MDL and PQL; supporting evidence for identity.
- Value exceeds Maximum Contaminant Level as in Chap. 62-550 or 520, F.A.C.

DATE : 31-DEC-1997

PAGE : 12

ID : PINELLAS-971218-12 FOR PINELLAS COUNTY HEALTH DEPARTMENT

SAMPLE ID : 91905 / 971218-047

```

Sample/Contact Name      MCDAIEL, BRUCE
Sample Description/Comment  OUTDOOR FAUCET/#6
Street Address          2790 GULF TO BYA BLVD.
City                   CLEARWATER
5-digit Zip Code       34719
County Name            PINELLAS
County Code            52
SUPER Code/DSSP Facility # 52-9501416
Date Sample Taken      17-DEC-1997 10:37:00.00
Date Received          18-DEC-1997 14:08:03.00
Project ID             DSSP
Sample Collector        BERGEN
Collector Phone         813-538-7277X116
Matrix ID              WATER
Sample Type            FIRST_SAMP
Contact 1 Mailing Address 2790 GULF TO BAY BLVD.
Contact 1 City         CLEARWATER
Contact 1 Phone 1      7975255
Sample Priority         5
Test Schedule          DSSP
    
```

	RESULTS	UNITS	QUALIFIERS
ANALYSIS: [Purgeable organics / EPA 524.2]			
COMPONENTS: Date and time analyzed.....	22-DEC-1997 17:59		
Analyst name.....	D. HARPER		
DICHLORODIFLUOROMETHANE.....	0.38	ug/L	U
CHLOROMETHANE.....	0.31	ug/L	U
VINYL CHLORIDE.....	0.29	ug/L	U
CHLOROETHANE.....	0.27	ug/L	U
BROMOMETHANE.....	0.30	ug/L	U
TRICHLOROFLUOROMETHANE.....	0.44	ug/L	U
1,1-DICHLOROETHYLENE.....	0.25	ug/L	U
DICHLOROMETHANE (METHYLENE CHLOR	0.18	ug/L	U
METHYL-TERT-BUTYL-ETHER (MTBE)..	0.27	ug/L	U
T-1,2-DICHLOROETHYLENE.....	0.23	ug/L	U
1,1-DICHLOROETHANE.....	0.21	ug/L	U
2,2-DICHLOROPROPANE.....	0.21	ug/L	U
C-1,2-DICHLOROETHYLENE.....	0.21	ug/L	U
CHLOROFORM.....	28	ug/L	
BROMOCHLOROMETHANE.....	0.33	ug/L	U
1,1,1-TRICHLOROETHANE.....	0.21	ug/L	U
1,1-DICHLOROPROPENE.....	0.23	ug/L	U
CARBON TETRACHLORIDE.....	0.32	ug/L	U
BENZENE.....	0.21	ug/L	U
1,2-DICHLOROETHANE.....	0.27	ug/L	U
TRICHLOROETHYLENE.....	0.21	ug/L	U
1,2-DICHLOROPROPANE.....	0.28	ug/L	U
BROMODICHLOROMETHANE.....	15	ug/L	
DIBROMOMETHANE.....	0.22	ug/L	U

BEST AVAILABLE COPY

DATE : 31-DEC-1997

PAGE : 13

ID : PINELLAS-971218-12 FOR PINELLAS COUNTY HEALTH DEPARTMENT

SAMPLE ID : 91905 / 971218-047

C-1,3-DICHLOROPROPYLENE.....	0.20	ug/L	U
TOLUENE.....	0.19	ug/L	U
T-1,3-DICHLOROPROPYLENE.....	0.20	ug/L	U
1,1,2-TRICHLOROETHANE.....	0.25	ug/L	U
TETRACHLOROETHYLENE.....	0.40	ug/L	I
1,3-DICHLOROPROPANE.....	0.23	ug/L	U
DIBROMOCHLOROMETHANE.....	13	ug/L	
ETHYLENE DIBROMIDE (EDB).....	0.21	ug/L	U
MONOCHLOROBENZENE.....	0.20	ug/L	U
1,1,1,2-TETRACHLOROETHANE.....	0.22	ug/L	U
ETHYLBENZENE.....	0.17	ug/L	U
XYLENES (TOTAL).....	0.37	ug/L	U
STYRENE.....	0.12	ug/L	U
BROMOFORM.....	3.1	ug/L	
ISOPROPYLBENZENE (CUMENE).....	0.16	ug/L	U
1,1,2,2-TETRACHLOROETHANE.....	0.29	ug/L	U
1,2,3-TRICHLOROPROPANE.....	0.31	ug/L	U
N-PROPYLBENZENE.....	0.18	ug/L	U
BROMOBENZENE.....	0.18	ug/L	U
O-CHLOROTOLUENE.....	0.16	ug/L	U
1,3,5-TRIMETHYLBENZENE.....	0.16	ug/L	U
P-CHLOROTOLUENE.....	0.16	ug/L	U
TERT-BUTYLBENZENE.....	0.15	ug/L	U
1,2,4-TRIMETHYLBENZENE.....	0.14	ug/L	U
SEC-BUTYLBENZENE.....	0.17	ug/L	U
4-ISOPROPYLTOLUENE (P-CYMENE)...	0.21	ug/L	U
M-DICHLOROBENZENE.....	0.21	ug/L	U
P-DICHLOROBENZENE.....	0.21	ug/L	U
N-BUTYLBENZENE.....	0.19	ug/L	U
O-DICHLOROBENZENE.....	0.25	ug/L	U
DIBROMOCHLOROPROPANE (DBCP).....	0.37	ug/L	U
1,2,4-TRICHLOROBENZENE.....	0.22	ug/L	U
HEXACHLOROBUTADIENE.....	0.30	ug/L	U
NAPHTHALENE.....	0.30	ug/L	U
1,2,3-TRICHLOROBENZENE.....	0.25	ug/L	U

Result Qualifier Key:

- U - Component not detected; result value is the method detection level.
- I - Approximate value between MDL and PQL; supporting evidence for identity.

DATE : 31-DEC-1997

PAGE : 14

ID : PINELLAS-971218-12 FOR PINELLAS COUNTY HEALTH DEPARTMENT

SAMPLE ID : 91904 / 971218-046

```

Sample/Contact Name      MCDANIEL, BRUCE
Sample Description/Comment NORTH MEN'S BATHROOM #5
Street Address          2790 GULF TO BYA BLVD.
City                    CLEARWATER
5-digit Zip Code        34619
County Name             PINELLAS
County Code             52
SUPER Code/DSSP Facility # 52-9501416
Date Sample Taken       17-DEC-1997 10:21:00.00
Date Received           18-DEC-1997 14:06:51.00
Project ID              DSSP
Sample Collector        BERGEN
Collector Phone         813-538-7277X116
Matrix ID               WATER
Sample Type             RESAMPLE
Contact 1 Mailing Address 2790 GULF TO BAY BLVD.
Contact 1 City          CLEARWATER
Contact 1 Phone 1      7975255
Sample Priority          5
Test Schedule           DSSP
    
```

=====			
	RESULTS	UNITS	QUALIFIERS

ANALYSIS: [Purgeable organics / EPA 524.2]			
COMPONENTS:	Date and time analyzed.....	22-DEC-1997 17:18	
	Analyst name.....	D. HARPER	
	DICHLORODIFLUOROMETHANE.....	0.38	ug/L U
	CHLOROMETHANE.....	0.31	ug/L U
	VINYL CHLORIDE.....	0.29	ug/L U
	CHLOROETHANE.....	0.27	ug/L U
	BROMOMETHANE.....	0.30	ug/L U
	TRICHLOROFLUOROMETHANE.....	0.44	ug/L U
	1,1-DICHLOROETHYLENE.....	0.25	ug/L U
	DICHLOROMETHANE (METHYLENE CHLOR	0.18	ug/L U
	METHYL-TERT-BUTYL-ETHER (MTBE)..	0.27	ug/L U
	T-1,2-DICHLOROETHYLENE.....	0.23	ug/L U
	1,1-DICHLOROETHANE.....	0.21	ug/L U
	2,2-DICHLOROPROPANE.....	0.21	ug/L U
	C-1,2-DICHLOROETHYLENE.....	0.21	ug/L U
	CHLOROFORM.....	28	ug/L
	BROMOCHLOROMETHANE.....	0.33	ug/L U
	1,1,1-TRICHLOROETHANE.....	0.21	ug/L U
	1,1-DICHLOROPROPENE.....	0.23	ug/L U
	CARBON TETRACHLORIDE.....	0.32	ug/L U
	BENZENE.....	0.21	ug/L U
	1,2-DICHLOROETHANE.....	0.27	ug/L U
	TRICHLOROETHYLENE.....	0.21	ug/L U
	1,2-DICHLOROPROPANE.....	0.28	ug/L U
	BROMODICHLOROMETHANE.....	15	ug/L
	DIBROMOMETHANE.....	0.22	ug/L U

BEST AVAILABLE COPY

DATE : 31-DEC-1997

PAGE : 15

3 ID : PINELLAS-971218-12 FOR PINELLAS COUNTY HEALTH DEPARTMENT

SAMPLE ID : 91904 / 971218-046

C-1,3-DICHLOROPROPYLENE.....	0.20	ug/L	U
TOLUENE.....	0.19	ug/L	U
T-1,3-DICHLOROPROPYLENE.....	0.20	ug/L	U
1,1,2-TRICHLOROETHANE.....	0.25	ug/L	U
TETRACHLOROETHYLENE.....	2.1	ug/L	
1,3-DICHLOROPROPANE.....	0.23	ug/L	U
DIBROMOCHLOROMETHANE.....	13	ug/L	
ETHYLENE DIBROMIDE (EDB).....	0.21	ug/L	U
MONOCHLOROBENZENE.....	0.20	ug/L	U
1,1,1,2-TETRACHLOROETHANE.....	0.22	ug/L	U
ETHYLBENZENE.....	0.17	ug/L	U
XYLENES (TOTAL).....	0.37	ug/L	U
STYRENE.....	0.12	ug/L	U
BROMOFORM.....	2.8	ug/L	
ISOPROPYLBENZENE (CUMENE).....	0.16	ug/L	U
1,1,2,2-TETRACHLOROETHANE.....	0.29	ug/L	U
1,2,3-TRICHLOROPROPANE.....	0.31	ug/L	U
N-PROPYLBENZENE.....	0.18	ug/L	U
BROMOBENZENE.....	0.18	ug/L	U
O-CHLOROTOLUENE.....	0.16	ug/L	U
1,3,5-TRIMETHYLBENZENE.....	0.16	ug/L	U
P-CHLOROTOLUENE.....	0.16	ug/L	U
TERT-BUTYLBENZENE.....	0.15	ug/L	U
1,2,4-TRIMETHYLBENZENE.....	0.14	ug/L	U
SEC-BUTYLBENZENE.....	0.17	ug/L	U
4-ISOPROPYLTOLUENE (P-CYMENE)...	0.21	ug/L	U
M-DICHLOROBENZENE.....	0.21	ug/L	U
P-DICHLOROBENZENE.....	0.21	ug/L	U
N-BUTYLBENZENE.....	0.19	ug/L	U
O-DICHLOROBENZENE.....	0.25	ug/L	U
DIBROMOCHLOROPROPANE (DBCP).....	0.37	ug/L	U
1,2,4-TRICHLOROBENZENE.....	0.22	ug/L	U
HEXACHLOROBUTADIENE.....	0.30	ug/L	U
NAPHTHALENE.....	0.30	ug/L	U
1,2,3-TRICHLOROBENZENE.....	0.25	ug/L	U

Result Qualifier Key:

J - Component not detected; result value is the method detection level.

BEST AVAILABLE COPY

DATE : 31-DEC-1997

PAGE : 16

3 ID : PINELLAS-971218-12 FOR PINELLAS COUNTY HEALTH DEPARTMENT

SAMPLE ID : 91903 / 971218-045

```

Sample/Contact Name . . . . . MCDANIEL, BRUCE
Sample Description/Comment . . . . . NORTH WOMEN'S BATHROOM PERM#4
Street Address . . . . . 2790 GULF TO BYA BLVD.
City . . . . . CLEARWATER
5-digit Zip Code . . . . . 34619
County Name . . . . . PINELLAS
County Code . . . . . 52
SUPER Code/DSSP Facility # . . . . . 52-9501416
System Code/Well Type . . . . . 60
Date Sample Taken . . . . . 17-DEC-1997 10:17:00.00
Date Received . . . . . 18-DEC-1997 14:05:40.00
Project ID . . . . . DSSP
Sample Collector . . . . . BERGEN
Collector Phone . . . . . 813-538-7277X116
Matrix ID . . . . . WATER
Sample Type . . . . . RESAMPLE
Contact 1 Mailing Address . . . . . 2790 GULF TO BAY BLVD.
Contact 1 City . . . . . CLEARWATER
Contact 1 Phone 1 . . . . . 7975255
Sample Priority . . . . . 5
Test Schedule . . . . . DSSP
    
```

	RESULTS	UNITS	QUALIFIERS
ANALYSIS: [Purgeable organics / EPA 524.2]			
COMPONENTS: Date and time analyzed.....	19-DEC-1997 18:37		
Analyst name.....	D. HARPER		
DICHLORODIFLUOROMETHANE.....	0.38	ug/L	U
CHLOROMETHANE.....	0.31	ug/L	U
VINYL CHLORIDE.....	0.29	ug/L	U
CHLOROETHANE.....	0.27	ug/L	U
BROMOMETHANE.....	0.30	ug/L	U
TRICHLOROFLUOROMETHANE.....	0.44	ug/L	U
1,1-DICHLOROETHYLENE.....	0.25	ug/L	U
DICHLOROMETHANE (METHYLENE CHLOR	0.18	ug/L	U
METHYL-TERT-BUTYL-ETHER (MTBE)..	0.27	ug/L	U
T-1,2-DICHLOROETHYLENE.....	0.23	ug/L	U
1,1-DICHLOROETHANE.....	0.21	ug/L	U
2,2-DICHLOROPROPANE.....	0.21	ug/L	U
C-1,2-DICHLOROETHYLENE.....	0.21	ug/L	U
CHLOROFORM.....	28	ug/L	
BROMOCHLOROMETHANE.....	0.33	ug/L	U
1,1,1-TRICHLOROETHANE.....	0.21	ug/L	U
1,1-DICHLOROPROPENE.....	0.23	ug/L	U
CARBON TETRACHLORIDE.....	0.32	ug/L	U
BENZENE.....	0.21	ug/L	U
1,2-DICHLOROETHANE.....	0.27	ug/L	U
TRICHLOROETHYLENE.....	0.21	ug/L	U
1,2-DICHLOROPROPANE.....	0.28	ug/L	U
BROMODICHLOROMETHANE.....	15	ug/L	

BEST AVAILABLE COPY

DATE : 31-DEC-1997

PAGE : 17

LAB ID : PINELLAS-971218-12 FOR PINELLAS COUNTY HEALTH DEPARTMENT

SAMPLE ID : 91903 / 971218-045

DIBROMOMETHANE.....	0.22	ug/L	U
C-1,3-DICHLOROPROPYLENE.....	0.20	ug/L	U
TOLUENE.....	0.19	ug/L	U
T-1,3-DICHLOROPROPYLENE.....	0.20	ug/L	U
1,1,2-TRICHLOROETHANE.....	0.25	ug/L	U
TETRACHLOROETHYLENE.....	2.1	ug/L	
1,3-DICHLOROPROPANE.....	0.23	ug/L	U
DIBROMOCHLOROMETHANE.....	12	ug/L	
ETHYLENE DIBROMIDE (EDB).....	0.21	ug/L	U
MONOCHLOROBENZENE.....	0.20	ug/L	U
1,1,1,2-TETRACHLOROETHANE.....	0.22	ug/L	U
ETHYLBENZENE.....	0.17	ug/L	U
XYLENES (TOTAL).....	0.37	ug/L	U
STYRENE.....	0.12	ug/L	U
BROMOFORM.....	2.8	ug/L	
ISOPROPYLBENZENE (CUMENE).....	0.16	ug/L	U
1,1,2,2-TETRACHLOROETHANE.....	0.29	ug/L	U
1,2,3-TRICHLOROPROPANE.....	0.31	ug/L	U
N-PROPYLBENZENE.....	0.18	ug/L	U
BROMOBENZENE.....	0.18	ug/L	U
O-CHLOROTOLUENE.....	0.16	ug/L	U
1,3,5-TRIMETHYLBENZENE.....	0.16	ug/L	U
P-CHLOROTOLUENE.....	0.16	ug/L	U
TERT-BUTYLBENZENE.....	0.15	ug/L	U
1,2,4-TRIMETHYLBENZENE.....	0.14	ug/L	U
SEC-BUTYLBENZENE.....	0.17	ug/L	U
4-ISOPROPYLTOLUENE (P-CYMENE)...	0.21	ug/L	U
M-DICHLOROBENZENE.....	0.21	ug/L	U
P-DICHLOROBENZENE.....	0.21	ug/L	U
N-BUTYLBENZENE.....	0.19	ug/L	U
O-DICHLOROBENZENE.....	0.25	ug/L	U
DIBROMOCHLOROPROPANE (DBCP).....	0.37	ug/L	U
1,2,4-TRICHLOROBENZENE.....	0.22	ug/L	U
HEXACHLOROBUTADIENE.....	0.30	ug/L	U
NAPHTHALENE.....	0.30	ug/L	U
1,2,3-TRICHLOROBENZENE.....	0.25	ug/L	U

Result Qualifier Key:

J - Component not detected; result value is the method detection level.

BEST AVAILABLE COPY

DATE : 31-DEC-1997

PAGE : 18

ID : PINELLAS-971218-12 FOR PINELLAS COUNTY HEALTH DEPARTMENT

SAMPLE ID : 91902 / 971218-044

```

Sample/Contact Name      MCDANIEL, BRUCE
Sample Description/Comment EYEWASH/DRINKING FOUNTAIN PERM#3
Street Address          2790 GULF TO BYA BLVD.
City                    CLEARWATER
5-digit Zip Code        34619
County Name             PINELLAS
County Code             52
SUPER Code/DSSP Facility # 52-9501416
System Code/Well Type   60
Date Sample Taken       17-DEC-1997 10:04:00.00
Date Received           18-DEC-1997 14:03:38.00
Project ID              DSSP
Sample Collector        BERGEN
Collector Phone          813-538-7277X116
Matrix ID               WATER
Sample Type             RESAMPLE
Contact 1 Mailing Address 2790 GULF TO BAY
Contact 1 City          CLEARWATER
Contact 1 Phone 1       7975255
Sample Priority          5
Test Schedule           DSSP
    
```

	RESULTS	UNITS	QUALIFIERS
ANALYSIS: [Purgeable organics / EPA 524.2]			
COMPONENTS: Date and time analyzed.....	19-DEC-1997 17:56		
Analyst name.....	D. HARPER		
DICHLORODIFLUOROMETHANE.....	0.38	ug/L	U
CHLOROMETHANE.....	0.31	ug/L	U
VINYL CHLORIDE.....	0.29	ug/L	U
CHLOROETHANE.....	0.27	ug/L	U
BROMOMETHANE.....	0.30	ug/L	U
TRICHLOROFLUOROMETHANE.....	0.44	ug/L	U
1,1-DICHLOROETHYLENE.....	0.25	ug/L	U
DICHLOROMETHANE (METHYLENE CHLOR)	0.18	ug/L	U
METHYL-TERT-BUTYL-ETHER (MTBE)..	0.27	ug/L	U
T-1,2-DICHLOROETHYLENE.....	0.23	ug/L	U
1,1-DICHLOROETHANE.....	0.21	ug/L	U
2,2-DICHLOROPROPANE.....	0.21	ug/L	U
C-1,2-DICHLOROETHYLENE.....	0.21	ug/L	U
CHLOROFORM.....	28	ug/L	
BROMOCHLOROMETHANE.....	0.33	ug/L	U
1,1,1-TRICHLOROETHANE.....	0.21	ug/L	U
1,1-DICHLOROPROPENE.....	0.23	ug/L	U
CARBON TETRACHLORIDE.....	0.32	ug/L	U
BENZENE.....	0.21	ug/L	U
1,2-DICHLOROETHANE.....	0.27	ug/L	U
TRICHLOROETHYLENE.....	0.21	ug/L	U
1,2-DICHLOROPROPANE.....	0.28	ug/L	U
BROMODICHLOROMETHANE.....	15	ug/L	

BEST AVAILABLE COPY

DATE : 31-DEC-1997

PAGE : 19

ID : PINELLAS-971218-12 FOR PINELLAS COUNTY HEALTH DEPARTMENT

SAMPLE ID : 91902 / 971218-044

DIBROMOMETHANE.....	0.22	ug/L	U
C-1,3-DICHLOROPROPYLENE.....	0.20	ug/L	U
TOLUENE.....	0.19	ug/L	U
T-1,3-DICHLOROPROPYLENE.....	0.20	ug/L	U
1,1,2-TRICHLOROETHANE.....	0.25	ug/L	U
TETRACHLOROETHYLENE.....	6.4	ug/L	C
1,3-DICHLOROPROPANE.....	0.23	ug/L	U
DIBROMOCHLOROMETHANE.....	11	ug/L	
ETHYLENE DIBROMIDE (EDB).....	0.21	ug/L	U
MONOCHLOROBENZENE.....	0.20	ug/L	U
1,1,1,2-TETRACHLOROETHANE.....	0.22	ug/L	U
ETHYLBENZENE.....	0.17	ug/L	U
XYLENES (TOTAL).....	0.37	ug/L	U
STYRENE.....	0.12	ug/L	U
BROMOFORM.....	2.9	ug/L	
ISOPROPYLBENZENE (CUMENE).....	0.16	ug/L	U
1,1,2,2-TETRACHLOROETHANE.....	0.29	ug/L	U
1,2,3-TRICHLOROPROPANE.....	0.31	ug/L	U
N-PROPYLBENZENE.....	0.18	ug/L	U
BROMOBENZENE.....	0.18	ug/L	U
O-CHLOROTOLUENE.....	0.16	ug/L	U
1,3,5-TRIMETHYLBENZENE.....	0.16	ug/L	U
P-CHLOROTOLUENE.....	0.16	ug/L	U
TERT-BUTYLBENZENE.....	0.15	ug/L	U
1,2,4-TRIMETHYLBENZENE.....	0.14	ug/L	U
SEC-BUTYLBENZENE.....	0.17	ug/L	U
4-ISOPROPYLTOLUENE (P-CYMENE)...	0.21	ug/L	U
M-DICHLOROBENZENE.....	0.21	ug/L	U
P-DICHLOROBENZENE.....	0.21	ug/L	U
N-BUTYLBENZENE.....	0.19	ug/L	U
O-DICHLOROBENZENE.....	0.25	ug/L	U
DIBROMOCHLOROPROPANE (DBCP).....	0.37	ug/L	U
1,2,4-TRICHLOROBENZENE.....	0.22	ug/L	U
HEXACHLOROBUTADIENE.....	0.30	ug/L	U
NAPHTHALENE.....	0.30	ug/L	U
1,2,3-TRICHLOROBENZENE.....	0.25	ug/L	U

Result Qualifier Key:

- J - Component not detected; result value is the method detection level.
- C - Value exceeds Maximum Contaminant Level as in Chap. 62-550 or 520, F.A.C.

BEST AVAILABLE COPY

DATE : 31-DEC-1997

PAGE : 20

3 ID : PINELLAS-971218-12 FOR PINELLAS COUNTY HEALTH DEPARTMENT

SAMPLE ID : 91901 / 971218-043

```

Sample/Contact Name      MCDANIEL, BRUCE
Sample Description/Comment SOUTH MEN'S BATHROOM PERM#2
Street Address          2790 GULF TO BYA BLVD.
City                    CLEARWATER
5-digit Zip Code        34619
County Name             PINELLAS
County Code             52
SUPER Code/DSSP Facility # 52-9501416
System Code/Well Type   60
Date Sample Taken       17-DEC-1997 09:59:00.00
Date Received           18-DEC-1997 14:02:29.00
Project ID              DSSP
Sample Collector        BERGEN
Collector Phone         813-538-7277X116
Matrix ID               WATER
Sample Type             RESAMPLE
Contact 1 Mailing Address 2790 GULF TO BAY
Contact 1 City          CLEARWATER
Contact 1 Phone 1       7975255
Sample Priority          5
Test Schedule           DSSP
    
```

	RESULTS	UNITS	QUALIFIERS
ANALYSIS: [Purgeable organics / EPA 524.2]			
COMPONENTS: Date and time analyzed.....	19-DEC-1997 17:16		
Analyst name.....	D. HARPER		
DICHLORODIFLUOROMETHANE.....	0.38	ug/L	U
CHLOROMETHANE.....	0.31	ug/L	U
VINYL CHLORIDE.....	0.29	ug/L	U
CHLOROETHANE.....	0.27	ug/L	U
BROMOMETHANE.....	0.30	ug/L	U
TRICHLOROFLUOROMETHANE.....	0.44	ug/L	U
1,1-DICHLOROETHYLENE.....	0.25	ug/L	U
DICHLOROMETHANE (METHYLENE CHLORIDE).....	0.18	ug/L	U
METHYL-TERT-BUTYL-ETHER (MTBE).....	0.27	ug/L	U
T-1,2-DICHLOROETHYLENE.....	0.23	ug/L	U
1,1-DICHLOROETHANE.....	0.21	ug/L	U
2,2-DICHLOROPROPANE.....	0.21	ug/L	U
C-1,2-DICHLOROETHYLENE.....	0.21	ug/L	U
CHLOROFORM.....	28	ug/L	
BROMOCHLOROMETHANE.....	0.33	ug/L	U
1,1,1-TRICHLOROETHANE.....	0.21	ug/L	U
1,1-DICHLOROPROPENE.....	0.23	ug/L	U
CARBON TETRACHLORIDE.....	0.32	ug/L	U
BENZENE.....	0.21	ug/L	U
1,2-DICHLOROETHANE.....	0.27	ug/L	U
TRICHLOROETHYLENE.....	0.21	ug/L	U
1,2-DICHLOROPROPANE.....	0.28	ug/L	U
BROMODICHLOROMETHANE.....	16	ug/L	

DATE : 31-DEC-1997

PAGE : 21

3 ID : PINELLAS-971218-12 FOR PINELLAS COUNTY HEALTH DEPARTMENT

SAMPLE ID : 91901 / 971218-043

DIBROMOMETHANE.....	0.22	ug/L	U
C-1,3-DICHLOROPROPYLENE.....	0.20	ug/L	U
TOLUENE.....	0.19	ug/L	U
T-1,3-DICHLOROPROPYLENE.....	0.20	ug/L	U
1,1,2-TRICHLOROETHANE.....	0.25	ug/L	U
TETRACHLOROETHYLENE.....	13	ug/L	C
1,3-DICHLOROPROPANE.....	0.23	ug/L	U
DIBROMOCHLOROMETHANE.....	12	ug/L	
ETHYLENE DIBROMIDE (EDB).....	0.21	ug/L	U
MONOCHLOROBENZENE.....	0.20	ug/L	U
1,1,1,2-TETRACHLOROETHANE.....	0.22	ug/L	U
ETHYLBENZENE.....	0.17	ug/L	U
XYLENES (TOTAL).....	0.37	ug/L	U
STYRENE.....	0.12	ug/L	U
BROMOFORM.....	2.9	ug/L	
ISOPROPYLBENZENE (CUMENE).....	0.16	ug/L	U
1,1,2,2-TETRACHLOROETHANE.....	0.29	ug/L	U
1,2,3-TRICHLOROPROPANE.....	0.31	ug/L	U
N-PROPYLBENZENE.....	0.18	ug/L	U
BROMOBENZENE.....	0.18	ug/L	U
O-CHLOROTOLUENE.....	0.16	ug/L	U
1,3,5-TRIMETHYLBENZENE.....	0.16	ug/L	U
P-CHLOROTOLUENE.....	0.16	ug/L	U
TERT-BUTYLBENZENE.....	0.15	ug/L	U
1,2,4-TRIMETHYLBENZENE.....	0.14	ug/L	U
SEC-BUTYLBENZENE.....	0.17	ug/L	U
4-ISOPROPYLTOLUENE (P-CYMENE)...	0.21	ug/L	U
M-DICHLOROBENZENE.....	0.21	ug/L	U
P-DICHLOROBENZENE.....	0.21	ug/L	U
N-BUTYLBENZENE.....	0.19	ug/L	U
O-DICHLOROBENZENE.....	0.25	ug/L	U
DIBROMOCHLOROPROPANE (DBCP).....	0.37	ug/L	U
1,2,4-TRICHLOROBENZENE.....	0.22	ug/L	U
HEXACHLOROBUTADIENE.....	0.30	ug/L	U
NAPHTHALENE.....	0.30	ug/L	U
1,2,3-TRICHLOROBENZENE.....	0.25	ug/L	U

Result Qualifier Key:

- U - Component not detected; result value is the method detection level.
- C - Value exceeds Maximum Contaminant Level as in Chap. 62-550 or 520, F.A.C.

B ID : PINELLAS-971218-12 FOR PINELLAS COUNTY HEALTH DEPARTMENT

SAMPLE ID : 91900 / 971218-042

Sample/Contact Name MCDANIEL, BRUCE
 Sample Description/Comment SOUTH WOMEN'S BATHROOM PERM #1
 Street Address 2790 GULF TO BYA BLVD.
 City CLEARWATER
 5-digit Zip Code 34619
 County Name PINELLAS
 County Code 52
 SUPER Code/DSSP Facility # 52-9502426
 System Code/Well Type 60
 Date Sample Taken 17-DEC-1997 13:59:00.00
 Date Received 18-DEC-1997 13:59:48.00
 Project ID DSSP
 Sample Collector BERGEN
 Collector Phone 813-538-7277X116
 Matrix ID WATER
 Sample Type RESAMPLE
 Contact 1 Mailing Address 2790 GULF TO BAY BLVD.
 Contact 1 City CLEARWATER
 Contact 1 Phone 1 795255
 Sample Priority 5
 Test Schedule DSSP

	RESULTS	UNITS	QUALIFIERS
ANALYSIS: [Purgeable organics / EPA 524.2]			
COMPONENTS: Date and time analyzed.....	19-DEC-1997 16:35		
Analyst name.....	D. HARPER		
DICHLORODIFLUOROMETHANE.....	0.38	ug/L	U
CHLOROMETHANE.....	0.31	ug/L	U
VINYL CHLORIDE.....	0.29	ug/L	U
CHLOROETHANE.....	0.27	ug/L	U
BROMOMETHANE.....	0.30	ug/L	U
TRICHLOROFLUOROMETHANE.....	0.44	ug/L	U
1,1-DICHLOROETHYLENE.....	0.25	ug/L	U
DICHLOROMETHANE (METHYLENE CHLOR	0.18	ug/L	U
METHYL-TERT-BUTYL-ETHER (MTBE)..	0.27	ug/L	U
T-1,2-DICHLOROETHYLENE.....	0.23	ug/L	U
1,1-DICHLOROETHANE.....	0.21	ug/L	U
2,2-DICHLOROPROPANE.....	0.21	ug/L	U
C-1,2-DICHLOROETHYLENE.....	0.21	ug/L	U
CHLOROFORM.....	28	ug/L	
BROMOCHLOROMETHANE.....	0.33	ug/L	U
1,1,1-TRICHLOROETHANE.....	0.21	ug/L	U
1,1-DICHLOROPROPENE.....	0.23	ug/L	U
CARBON TETRACHLORIDE.....	0.32	ug/L	U
BENZENE.....	0.21	ug/L	U
1,2-DICHLOROETHANE.....	0.27	ug/L	U
TRICHLOROETHYLENE.....	0.21	ug/L	U
1,2-DICHLOROPROPANE.....	0.28	ug/L	U
BROMODICHLOROMETHANE.....	16	ug/L	

BEST AVAILABLE COPY

DATE : 31-DEC-1997

PAGE : 23

ID : PINELLAS-971218-12 FOR PINELLAS COUNTY HEALTH DEPARTMENT

SAMPLE ID : 91900 / 971218-042

DIBROMOMETHANE.....	0.22	ug/L	U
C-1,3-DICHLOROPROPYLENE.....	0.20	ug/L	U
TOLUENE.....	0.19	ug/L	U
T-1,3-DICHLOROPROPYLENE.....	0.20	ug/L	U
1,1,2-TRICHLOROETHANE.....	0.25	ug/L	U
TETRACHLOROETHYLENE.....	14	ug/L	C
1,3-DICHLOROPROPANE.....	0.23	ug/L	U
DIBROMOCHLOROMETHANE.....	12	ug/L	
ETHYLENE DIBROMIDE (EDB).....	0.21	ug/L	U
MONOCHLOROBENZENE.....	0.20	ug/L	U
1,1,1,2-TETRACHLOROETHANE.....	0.22	ug/L	U
ETHYLBENZENE.....	0.17	ug/L	U
XYLENES (TOTAL).....	0.37	ug/L	U
STYRENE.....	0.12	ug/L	U
BROMOFORM.....	3.1	ug/L	
ISOPROPYLBENZENE (CUMENE).....	0.16	ug/L	U
1,1,2,2-TETRACHLOROETHANE.....	0.29	ug/L	U
1,2,3-TRICHLOROPROPANE.....	0.31	ug/L	U
N-PROPYLBENZENE.....	0.18	ug/L	U
BROMOBENZENE.....	0.18	ug/L	U
O-CHLOROTOLUENE.....	0.16	ug/L	U
1,3,5-TRIMETHYLBENZENE.....	0.16	ug/L	U
P-CHLOROTOLUENE.....	0.16	ug/L	U
TERT-BUTYLBENZENE.....	0.15	ug/L	U
1,2,4-TRIMETHYLBENZENE.....	0.14	ug/L	U
SEC-BUTYLBENZENE.....	0.17	ug/L	U
4-ISOPROPYLTOLUENE (P-CYMENE)...	0.21	ug/L	U
M-DICHLOROBENZENE.....	0.21	ug/L	U
P-DICHLOROBENZENE.....	0.21	ug/L	U
N-BUTYLBENZENE.....	0.19	ug/L	U
O-DICHLOROBENZENE.....	0.25	ug/L	U
DIBROMOCHLOROPROPANE (DBCP).....	0.37	ug/L	U
1,2,4-TRICHLOROBENZENE.....	0.22	ug/L	U
HEXACHLOROBUTADIENE.....	0.30	ug/L	U
NAPHTHALENE.....	0.30	ug/L	U
1,2,3-TRICHLOROBENZENE.....	0.25	ug/L	U

Result Qualifier Key:

- Component not detected; result value is the method detection level.
- Value exceeds Maximum Contaminant Level as in Chap. 62-550 or 520, F.A.C.

B ID : PINELLAS-971218-05 FOR PINELLAS COUNTY HEALTH DEPARTMENT

SAMPLE ID : 91869 / 971218-011

Sample/Contact Name TUNA NAUYEN (MANAGER)
 Sample Description/Comment BACK BATHROOM SINK/ WATER SYSTEM ID: PERM #9/
 "SOCCER SUPPLY"
 Street Address 2794-3 GULF TO BAY BLVD.
 City CLEARWATER
 5-digit Zip Code 33759
 County Name PINELLAS
 County Code 52
 SUPER Code/DSSP Facility # 9501416
 System Code/Well Type 60
 Date Sample Taken 17-DEC-1997 11:37:00.00
 Date Received 18-DEC-1997 10:35:12.00
 Project ID DSSP
 Sample Collector BONNIE BERGEN
 Collector Phone 813-538-7277 X 116
 Matrix ID WATER
 Well ID. NO INFO
 Sample Type FIRST_SAMP
 Treatment/Classification GWO
 Contact 1 Mailing Address 2794-3 GULF TO BAY BLVD.
 Contact 1 City CLEARWATER
 Sample Priority 5
 Test Schedule DSSP

	RESULTS	UNITS	QUALIFIERS
ANALYSIS: [Purgeable organics / EPA 524.2]			
COMPONENTS: Date and time analyzed.....	20-DEC-1997 20:55		
Analyst name.....	D. HARPER		
DICHLORODIFLUOROMETHANE.....	0.38	ug/L	U
CHLOROMETHANE.....	0.31	ug/L	U
VINYL CHLORIDE.....	0.29	ug/L	U
CHLOROETHANE.....	0.27	ug/L	U
BROMOMETHANE.....	0.30	ug/L	U
TRICHLOROFLUOROMETHANE.....	0.44	ug/L	U
1,1-DICHLOROETHYLENE.....	0.25	ug/L	U
DICHLOROMETHANE (METHYLENE CHLORIDE).....	0.18	ug/L	U
METHYL-TERT-BUTYL-ETHER (MTBE).....	0.27	ug/L	U
T-1,2-DICHLOROETHYLENE.....	0.23	ug/L	U
1,1-DICHLOROETHANE.....	0.21	ug/L	U
2,2-DICHLOROPROPANE.....	0.21	ug/L	U
C-1,2-DICHLOROETHYLENE.....	0.21	ug/L	U
CHLOROFORM.....	20	ug/L	
BROMOCHLOROMETHANE.....	0.33	ug/L	U
1,1,1-TRICHLOROETHANE.....	0.21	ug/L	U
1,1-DICHLOROPROPENE.....	0.23	ug/L	U
CARBON TETRACHLORIDE.....	0.32	ug/L	U
BENZENE.....	0.21	ug/L	U
1,2-DICHLOROETHANE.....	0.27	ug/L	U
TRICHLOROETHYLENE.....	0.21	ug/L	U

B ID : PINELLAS-971218-05 FOR PINELLAS COUNTY HEALTH DEPARTMENT

SAMPLE ID : 91869 / 971218-011

1,2-DICHLOROPROPANE.....	0.28	ug/L	U
BROMODICHLOROMETHANE.....	12	ug/L	
DIBROMOMETHANE.....	0.22	ug/L	U
C-1,3-DICHLOROPROPYLENE.....	0.20	ug/L	U
TOLUENE.....	0.19	ug/L	U
T-1,3-DICHLOROPROPYLENE.....	0.20	ug/L	U
1,1,2-TRICHLOROETHANE.....	0.25	ug/L	U
TETRACHLOROETHYLENE.....	0.19	ug/L	T
1,3-DICHLOROPROPANE.....	0.23	ug/L	U
DIBROMOCHLOROMETHANE.....	7.7	ug/L	
ETHYLENE DIBROMIDE (EDB).....	0.21	ug/L	U
MONOCHLOROBENZENE.....	0.20	ug/L	U
1,1,1,2-TETRACHLOROETHANE.....	0.22	ug/L	U
ETHYLBENZENE.....	0.17	ug/L	U
XYLENES (TOTAL).....	0.37	ug/L	U
STYRENE.....	0.12	ug/L	U
BROMOFORM.....	1.7	ug/L	
ISOPROPYLBENZENE (CUMENE).....	0.16	ug/L	U
1,1,2,2-TETRACHLOROETHANE.....	0.29	ug/L	U
1,2,3-TRICHLOROPROPANE.....	0.31	ug/L	U
N-PROPYLBENZENE.....	0.18	ug/L	U
BROMOBENZENE.....	0.18	ug/L	U
O-CHLOROTOLUENE.....	0.16	ug/L	U
1,3,5-TRIMETHYLBENZENE.....	0.16	ug/L	U
P-CHLOROTOLUENE.....	0.16	ug/L	U
TERT-BUTYLBENZENE.....	0.15	ug/L	U
1,2,4-TRIMETHYLBENZENE.....	0.14	ug/L	U
SEC-BUTYLBENZENE.....	0.17	ug/L	U
4-ISOPROPYLTOLUENE (P-CYMENE)...	0.21	ug/L	U
M-DICHLOROBENZENE.....	0.21	ug/L	U
P-DICHLOROBENZENE.....	0.21	ug/L	U
N-BUTYLBENZENE.....	0.19	ug/L	U
O-DICHLOROBENZENE.....	0.25	ug/L	U
DIBROMOCHLOROPROPANE (DBCP).....	0.37	ug/L	U
1,2,4-TRICHLOROBENZENE.....	0.22	ug/L	U
HEXACHLOROBUTADIENE.....	0.30	ug/L	U
NAPHTHALENE.....	0.30	ug/L	U
1,2,3-TRICHLOROBENZENE.....	0.25	ug/L	U

Result Qualifier Key:

- U - Component not detected; result value is the method detection level.
T - Approximate value less than the MDL; supporting evidence for identity.

TROPHY CLEANERS ORLANDO, LTD. • P.O. BOX 1084 • TYLER, TEXAS 75710-1084 01/28/98

05251

INVOICE NO.	DATE	DESCRIPTION	AMOUNT
2898	01/28/98	TITLE V AIR GENERAL PERMIT AIRS ID #1030300	50.00
TOTAL			50.00



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING ✓301475

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

RECEIVED
MAIL ROOM

FEB -2 98

Do NOT Remove Label

AIRS ID#1030300
TROPHY CLEANERS INC
JOHN R GARRETT
225 SOUTH COLLEGE
TYLER TX 75710

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

BEST AVAILABLE COPY

DATE : 31-DEC-1997

PAGE : 6

3 ID : PINELLAS-971218-12 FOR PINELLAS COUNTY HEALTH DEPARTMENT

SAMPLE ID : 91908 / 971218-050

```

Sample/Contact Name      FISHER, LARRY
Sample Description/Comment OUTDOOR FAUCET/#10
Street Address           2790 GULF TO BYA BLVD.
City                     CLEARWATER
5-digit Zip Code         34619
County Name              PINELLAS
County Code              52
SUPER Code/DSSP Facility # 52-9501416
System Code/Well Type    60
Date Sample Taken        17-DEC-1997 11:55:00.00
Date Received            18-DEC-1997 14:11:02.00
Project ID               DSSP
Sample Collector         BERGEN
Collector Phone          813-538-7277X116
Matrix ID                WATER
Sample Type              FIRST_SAMP
Contact 1 Mailing Address 2794 B GULT TO BAY BLVD.
Contact 1 City           CLEARWATER
Contact 1 Phone 1        7248400
Sample Priority           5
Test Schedule            DSSP
    
```

	RESULTS	UNITS	QUALIFIERS
ANALYSIS: [Purgeable organics / EPA 524.2]			
COMPONENTS: Date and time analyzed.....	22-DEC-1997 20:01		
Analyst name.....	D. HARPER		
DICHLORODIFLUOROMETHANE.....	0.38	ug/L	U
CHLOROMETHANE.....	0.31	ug/L	U
VINYL CHLORIDE.....	0.29	ug/L	U
CHLOROETHANE.....	0.27	ug/L	U
BROMOMETHANE.....	0.30	ug/L	U
TRICHLOROFLUOROMETHANE.....	0.44	ug/L	U
1,1-DICHLOROETHYLENE.....	0.25	ug/L	U
DICHLOROMETHANE (METHYLENE CHLORIDE).....	0.18	ug/L	U
METHYL-TERT-BUTYL-ETHER (MTBE).....	0.27	ug/L	U
T-1,2-DICHLOROETHYLENE.....	0.23	ug/L	U
1,1-DICHLOROETHANE.....	0.21	ug/L	U
2,2-DICHLOROPROPANE.....	0.21	ug/L	U
C-1,2-DICHLOROETHYLENE.....	0.21	ug/L	U
CHLOROFORM.....	26	ug/L	
BROMOCHLOROMETHANE.....	0.33	ug/L	U
1,1,1-TRICHLOROETHANE.....	0.21	ug/L	U
1,1-DICHLOROPROPENE.....	0.23	ug/L	U
CARBON TETRACHLORIDE.....	0.32	ug/L	U
BENZENE.....	0.21	ug/L	U
1,2-DICHLOROETHANE.....	0.27	ug/L	U
TRICHLOROETHYLENE.....	0.21	ug/L	U
1,2-DICHLOROPROPANE.....	0.28	ug/L	U
BROMODICHLOROMETHANE.....	14	ug/L	

BEST AVAILABLE COPY

DATE : 31-DEC-1997

PAGE : 7

3 ID : PINELLAS-971218-12 FOR PINELLAS COUNTY HEALTH DEPARTMENT

SAMPLE ID : 91908 / 971218-050

DIBROMOMETHANE.....	0.22	ug/L	U
C-1,3-DICHLOROPROPYLENE.....	0.20	ug/L	U
TOLUENE.....	0.19	ug/L	U
T-1,3-DICHLOROPROPYLENE.....	0.20	ug/L	U
1,1,2-TRICHLOROETHANE.....	0.25	ug/L	U
TETRACHLOROETHYLENE.....	0.49	ug/L	I
1,3-DICHLOROPROPANE.....	0.23	ug/L	U
DIBROMOCHLOROMETHANE.....	12	ug/L	
ETHYLENE DIBROMIDE (EDB).....	0.21	ug/L	U
MONOCHLOROBENZENE.....	0.20	ug/L	U
1,1,1,2-TETRACHLOROETHANE.....	0.22	ug/L	U
ETHYLBENZENE.....	0.17	ug/L	U
XYLENES (TOTAL).....	0.37	ug/L	U
STYRENE.....	0.12	ug/L	U
BROMOFORM.....	2.5	ug/L	
ISOPROPYLBENZENE (CUMENE).....	0.16	ug/L	U
1,1,2,2-TETRACHLOROETHANE.....	0.29	ug/L	U
1,2,3-TRICHLOROPROPANE.....	0.31	ug/L	U
N-PROPYLBENZENE.....	0.18	ug/L	U
BROMOBENZENE.....	0.18	ug/L	U
O-CHLOROTOLUENE.....	0.16	ug/L	U
1,3,5-TRIMETHYLBENZENE.....	0.16	ug/L	U
P-CHLOROTOLUENE.....	0.16	ug/L	U
TERT-BUTYLBENZENE.....	0.15	ug/L	U
1,2,4-TRIMETHYLBENZENE.....	0.14	ug/L	U
SEC-BUTYLBENZENE.....	0.17	ug/L	U
4-ISOPROPYLTOLUENE (P-CYMENE)...	0.21	ug/L	U
M-DICHLOROBENZENE.....	0.21	ug/L	U
P-DICHLOROBENZENE.....	0.21	ug/L	U
N-BUTYLBENZENE.....	0.19	ug/L	U
O-DICHLOROBENZENE.....	0.25	ug/L	U
DIBROMOCHLOROPROPANE (DBCP).....	0.37	ug/L	U
1,2,4-TRICHLOROBENZENE.....	0.22	ug/L	U
HEXACHLOROBUTADIENE.....	0.30	ug/L	U
NAPHTHALENE.....	0.30	ug/L	U
1,2,3-TRICHLOROBENZENE.....	0.25	ug/L	U

Result Qualifier Key:

- U - Component not detected; result value is the method detection level.
- I - Approximate value between MDL and PQL; supporting evidence for identity.

DATE : 31-DEC-1997

PAGE : 8

PROJECT ID : PINELLAS-971218-12 FOR PINELLAS COUNTY HEALTH DEPARTMENT

SAMPLE ID : 91907 / 971218-049

Sample/Contact Name VANVILAY, TWAN
 Sample Description/Comment BACK KITCHEN SINK/#8
 Street Address 2790 GULF TO BYA BLVD.
 City CLEARWATER
 5-digit Zip Code 34619
 County Name PINELLAS
 County Code 52
 SUPER Code/DSSP Facility # 52-9501416
 System Code/Well Type 60
 Date Sample Taken 17-DEC-1997 11:20:00.00
 Date Received 18-DEC-1997 14:09:55.00
 Project ID DSSP
 Sample Collector BERGEN
 Collector Phone 813-538-7277X116
 Matrix ID WATER
 Sample Type FIRST_SAMP
 Contact 1 Mailing Address 2794-2 GULF TO BAY BLVD.
 Contact 1 City CLEARWATER
 Contact 1 Phone 1 7971069
 Sample Priority 5
 Test Schedule DSSP

	RESULTS	UNITS	QUALIFIERS
ANALYSIS: [Purgeable organics / EPA 524.2]			
COMPONENTS: Date and time analyzed.....	22-DEC-1997 19:20		
Analyst name.....	D. HARPER		
DICHLORODIFLUOROMETHANE.....	0.38	ug/L	U
CHLOROMETHANE.....	0.31	ug/L	U
VINYL CHLORIDE.....	0.29	ug/L	U
CHLOROETHANE.....	0.27	ug/L	U
BROMOMETHANE.....	0.30	ug/L	U
TRICHLOROFLUOROMETHANE.....	0.44	ug/L	U
1,1-DICHLOROETHYLENE.....	0.25	ug/L	U
DICHLOROMETHANE (METHYLENE CHLOR	0.18	ug/L	U
METHYL-TERT-BUTYL-ETHER (MTBE)..	0.27	ug/L	U
T-1,2-DICHLOROETHYLENE.....	0.23	ug/L	U
1,1-DICHLOROETHANE.....	0.21	ug/L	U
2,2-DICHLOROPROPANE.....	0.21	ug/L	U
C-1,2-DICHLOROETHYLENE.....	0.21	ug/L	U
CHLOROFORM.....	31	ug/L	L
BROMOCHLOROMETHANE.....	0.33	ug/L	U
1,1,1-TRICHLOROETHANE.....	0.21	ug/L	U
1,1-DICHLOROPROPENE.....	0.23	ug/L	U
CARBON TETRACHLORIDE.....	0.32	ug/L	U
BENZENE.....	0.21	ug/L	U
1,2-DICHLOROETHANE.....	0.27	ug/L	U
TRICHLOROETHYLENE.....	0.21	ug/L	U
1,2-DICHLOROPROPANE.....	0.28	ug/L	U
BROMODICHLOROMETHANE.....	16	ug/L	

DATE : 31-DEC-1997

PAGE : 9

3 ID : PINELLAS-971218-12 FOR PINELLAS COUNTY HEALTH DEPARTMENT

SAMPLE ID : 91907 / 971218-049

DIBROMOMETHANE.....	0.22	ug/L	U
C-1,3-DICHLOROPROPYLENE.....	0.20	ug/L	U
TOLUENE.....	0.19	ug/L	U
T-1,3-DICHLOROPROPYLENE.....	0.20	ug/L	U
1,1,2-TRICHLOROETHANE.....	0.25	ug/L	U
TETRACHLOROETHYLENE.....	0.59	ug/L	
1,3-DICHLOROPROPANE.....	0.23	ug/L	U
DIBROMOCHLOROMETHANE.....	13	ug/L	
ETHYLENE DIBROMIDE (EDB).....	0.21	ug/L	U
MONOCHLOROBENZENE.....	0.20	ug/L	U
1,1,1,2-TETRACHLOROETHANE.....	0.22	ug/L	U
ETHYLBENZENE.....	0.17	ug/L	U
XYLENES (TOTAL).....	0.37	ug/L	U
STYRENE.....	0.12	ug/L	U
BROMOFORM.....	3.0	ug/L	
ISOPROPYLBENZENE (CUMENE).....	0.16	ug/L	U
1,1,2,2-TETRACHLOROETHANE.....	0.29	ug/L	U
1,2,3-TRICHLOROPROPANE.....	0.31	ug/L	U
N-PROPYLBENZENE.....	0.18	ug/L	U
BROMOBENZENE.....	0.18	ug/L	U
O-CHLOROTOLUENE.....	0.16	ug/L	U
1,3,5-TRIMETHYLBENZENE.....	0.16	ug/L	U
P-CHLOROTOLUENE.....	0.16	ug/L	U
TERT-BUTYLBENZENE.....	0.15	ug/L	U
1,2,4-TRIMETHYLBENZENE.....	0.14	ug/L	U
SEC-BUTYLBENZENE.....	0.17	ug/L	U
4-ISOPROPYLTOLUENE (P-CYMENE)...	0.21	ug/L	U
M-DICHLOROBENZENE.....	0.21	ug/L	U
P-DICHLOROBENZENE.....	0.21	ug/L	U
N-BUTYLBENZENE.....	0.19	ug/L	U
O-DICHLOROBENZENE.....	0.25	ug/L	U
DIBROMOCHLOROPROPANE (DBCP).....	0.37	ug/L	U
1,2,4-TRICHLOROBENZENE.....	0.22	ug/L	U
HEXACHLOROBUTADIENE.....	0.30	ug/L	U
NAPHTHALENE.....	0.30	ug/L	U
1,2,3-TRICHLOROBENZENE.....	0.25	ug/L	U

Result Qualifier Key:

- U - Component not detected; result value is the method detection level.
- L - Off-scale high; result value is approximate.

BEST AVAILABLE COPY

DATE : 31-DEC-1997

PAGE : 10

3 ID : PINELLAS-971218-12 FOR PINELLAS COUNTY HEALTH DEPARTMENT

SAMPLE ID : 91906 / 971218-048

```

Sample/Contact Name      REMON, PEDRO A.
Sample Description/Comment REAR BATHROOM SINK/#7
Street Address           2790 GULF TO BYA BLVD.
City                     CLEARWATER
5-digit Zip Code         34619
County Name              PINELLAS
County Code              52
SUPER Code/DSSP Facility # 52-9501416
System Code/Well Type    60
Date Sample Taken        17-DEC-1997 11:11:00.00
Date Received            18-DEC-1997 14:08:57.00
Project ID               DSSP
Sample Collector         BERGEN
Collector Phone          813-538-7277X116
Matrix ID                WATER
Sample Type              RESAMPLE
Contact 1 Mailing Address 2794-1 GULF TO BAY BLVD.
Contact 1 City           CLEARWATER
Contact 1 Phone 1        7913788
Sample Priority           5
Test Schedule            DSSP
    
```

	RESULTS	UNITS	QUALIFIERS
ANALYSIS: [Purgeable organics / EPA 524.2]			
COMPONENTS: Date and time analyzed.....	22-DEC-1997 18:39		
Analyst name.....	D. HARPER		
DICHLORODIFLUOROMETHANE.....	0.38	ug/L	U
CHLOROMETHANE.....	0.31	ug/L	U
VINYL CHLORIDE.....	0.29	ug/L	U
CHLOROETHANE.....	0.27	ug/L	U
BROMOMETHANE.....	0.30	ug/L	U
TRICHLOROFLUOROMETHANE.....	0.44	ug/L	U
1,1-DICHLOROETHYLENE.....	0.25	ug/L	U
DICHLOROMETHANE (METHYLENE CHLOR	0.18	ug/L	U
METHYL-TERT-BUTYL-ETHER (MTBE)..	0.27	ug/L	U
T-1,2-DICHLOROETHYLENE.....	0.23	ug/L	U
1,1-DICHLOROETHANE.....	0.21	ug/L	U
2,2-DICHLOROPROPANE.....	0.21	ug/L	U
C-1,2-DICHLOROETHYLENE.....	0.21	ug/L	U
CHLOROFORM.....	28	ug/L	
BROMOCHLOROMETHANE.....	0.33	ug/L	U
1,1,1-TRICHLOROETHANE.....	0.21	ug/L	U
1,1-DICHLOROPROPENE.....	0.23	ug/L	U
CARBON TETRACHLORIDE.....	0.32	ug/L	U
BENZENE.....	0.21	ug/L	U
1,2-DICHLOROETHANE.....	0.27	ug/L	U
TRICHLOROETHYLENE.....	0.21	ug/L	U
1,2-DICHLOROPROPANE.....	0.28	ug/L	U
BROMODICHLOROMETHANE.....	15	ug/L	

BEST AVAILABLE COPY

DATE : 31-DEC-1997

PAGE : 11

ID : PINELLAS-971218-12 FOR PINELLAS COUNTY HEALTH DEPARTMENT

SAMPLE ID : 91906 / 971218-048

DIBROMOMETHANE.....	0.22	ug/L	U
C-1,3-DICHLOROPROPYLENE.....	0.20	ug/L	U
TOLUENE.....	0.19	ug/L	U
T-1,3-DICHLOROPROPYLENE.....	0.20	ug/L	U
1,1,2-TRICHLOROETHANE.....	0.25	ug/L	U
TETRACHLOROETHYLENE.....	0.50	ug/L	
1,3-DICHLOROPROPANE.....	0.23	ug/L	U
DIBROMOCHLOROMETHANE.....	13	ug/L	
ETHYLENE DIBROMIDE (EDB).....	0.21	ug/L	U
MONOCHLOROBENZENE.....	0.20	ug/L	U
1,1,1,2-TETRACHLOROETHANE.....	0.22	ug/L	U
ETHYLBENZENE.....	0.17	ug/L	U
XYLENES (TOTAL).....	0.37	ug/L	U
STYRENE.....	0.12	ug/L	U
BROMOFORM.....	3.0	ug/L	
ISOPROPYLBENZENE (CUMENE).....	0.16	ug/L	U
1,1,2,2-TETRACHLOROETHANE.....	0.29	ug/L	U
1,2,3-TRICHLOROPROPANE.....	0.31	ug/L	U
N-PROPYLBENZENE.....	0.18	ug/L	U
BROMOBENZENE.....	0.18	ug/L	U
O-CHLOROTOLUENE.....	0.16	ug/L	U
1,3,5-TRIMETHYLBENZENE.....	0.16	ug/L	U
P-CHLOROTOLUENE.....	0.16	ug/L	U
TERT-BUTYLBENZENE.....	0.15	ug/L	U
1,2,4-TRIMETHYLBENZENE.....	0.14	ug/L	U
SEC-BUTYLBENZENE.....	0.17	ug/L	U
4-ISOPROPYLTOLUENE (P-CYMENE)...	0.21	ug/L	U
M-DICHLOROBENZENE.....	0.21	ug/L	U
P-DICHLOROBENZENE.....	0.21	ug/L	U
N-BUTYLBENZENE.....	0.19	ug/L	U
O-DICHLOROBENZENE.....	0.25	ug/L	U
DIBROMOCHLOROPROPANE (DBCP).....	0.37	ug/L	U
1,2,4-TRICHLOROBENZENE.....	0.22	ug/L	U
HEXACHLOROBUTADIENE.....	0.30	ug/L	U
NAPHTHALENE.....	0.30	ug/L	U
1,2,3-TRICHLOROBENZENE.....	0.25	ug/L	U

Result Qualifier Key:

U - Component not detected; result value is the method detection level.

acc

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#1030300
TROPHY CLEANERS INC JOHN R GARRETT 225 SOUTH COLLEGE TYLER TX 75710

Bureau of Air Monitoring
& Mobile Sources

FEB 4 1998

RECEIVED

Do NOT Remove Label

Annual Reporting Period: _____ 19____ TO _____ 19____

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

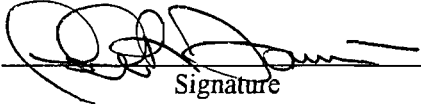
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: John R. Garrett  1/15/98
 Name (Please Print) Signature Date

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



BEST AVAILABLE COPY



RECEIVED
JUL - 1 1998
Bureau of Air Monitoring
& Mobile Sources

June 15, 1998

Ms. Saadia J. Qureshi
Environmental Specialist
Air Resource Management
Central District
3319 Maguire Blvd.
Orlando, FL 32803-3767

Dear Ms. Qureshi:

Please be advised that Trophy Cleaner Orlando, Ltd. has closed its facility at the Altamonte Springs location at 445 W. ST. RD. 436 as of June 1, 1998. We will be transferring the drycleaning machine to our plant located at 2790 Gulf-to-Bay Blvd. in Clearwater, FL.

We would like to have our general air permit #1170061 made inactive as of this date.

Any questions can be directed to Jon Garber or Larry Steed at 813-832-6184.

Thank you very much.

Sincerely,

Jon Garber
Orlando District Manager
Trophy Cleaners



JON GARBER

Orlando
District Manager

\$1.75 PER GARMENT

Except Suede Or Leathers

445 W. St. Road 436
Suite 1017
Altamonte Springs, FL 32714

Ph: (407) 786-4117
Fax: (407) 786-4123

BEST AVAILABLE COPY

June 15, 1998



RECEIVED JUL - 1 1998 Bureau of Air Monitoring & Mobile Sources

Dept. Of Environmental Protection
Title V General Permitting Office
Bureau of Air Monitoring and Mobile Sources, MS-5510
2600 Blair Stone Road
Tallahassee, Fl. 32399-2400

To Whom it May Concern:

This letter is to advise you of an update to the already existing Air Permit #1030300. On June 1, 1998 Trophy Cleaners Orlando LTD. closed its dry cleaning facility located at 445 W. State Road 436, Suite 1017, Altamonte Springs, Florida and on June 16, 1998 will transfer its dry clean machine to the existing facility of Trophy Cleaners, Inc. at 2790 Gulf to Bay Blvd., Clearwater, Fl.(Pinellas Co.).

Ms. Saadia J. Qureshi, Environmental Specialist, State of Fl. Dept.of Environmental Protection, Air Resource Management, Orlando, Fl. has been notified of the closing of the Altamonte Springs location and advised us she will make arrangements to have Air Permit# 1170061 made inactive.

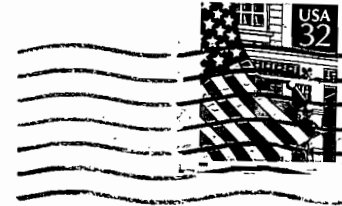
Thank You,

John R. Garrett
Vice President, Trophy Cleaners, Inc.

cc: Gary Robbins, Environmental Program Manager
Pinellas Co. Dept. Of Environmental Management
Air Quality Division

✓ Saadia J. Qureshi, Environmental Specialist
State of Florida Dept. of Environmental Protection
Air Resource Management

TROPHY CLEANERS ORLANDO LTD.
445 W. S.R. 438, SUITE 1017
ALTAMONTE SPRINGS, FL 32714



Ms. Saadia J. Qureshi
Environmental Specialist
Air Resource Management
Central District
3319 Maguire Blvd.
Orlando, Fl. 32803-3767

32803/3710



BEST AVAILABLE COPY

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Trophy Cleaners, Inc.		
2. Site Name (For example, plant name or number):	Clearwater		
3. Hazardous Waste Generator Identification Number:	FLD 984248252		
4. Facility Location:	Street Address: 2790 Gulf to Bay Blvd.		
	City: Clearwater	County: Pinellas	Zip Code: 34619
5. Facility Identification Number (DEP Use):			

RECEIVED
 JUL - 1 1998
 Bureau of Air Monitoring
 & Mobile Sources

Responsible Official

6. Name and Title of Responsible Official:	John P. Garrett, Vice President		
7. Responsible Official Mailing Address:	P.O. Office Box 1084		
Organization/Firm:	Trophy Cleaners, Inc.		
Street Address:	225 S. College		
City:	Tyler, Tx.	County: Smith	Zip Code: 75710
8. Responsible Official Telephone Number:	Telephone: (903) 592 - 8509 Fax: (903) 592 - 2793		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Phil Traynor - District Manager		
10. Facility Contact Address:	Street Address: 2790 A Gulf to Bay Blvd.		
	City: Clearwater	County: Pinellas	Zip Code: 34619
11. Facility Contact Telephone Number:	Telephone: (813) 797 - 5255 Fax: (813) 725 - 8291		

BEST AVAILABLE COPY

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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
Union L80									
Dry-to-Dry Unit	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
(1) w/ ref. condenser	#3	3 Sept 96	3 Sept 96						
(2) w/ carbon adsorber	#3	3 Sept 96	3 Sept 96						
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/ carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

(b) If less than 12 months, how many? months
 Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
 (Indicate with an "X". Select one classification only.)

Existing small area source New small area source

Existing large area source New large area source

BEST AVAILABLE COPY

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

Existing large area sourceCarbon adsorber Refrigerated condenser New small area sourceRefrigerated condenser New large area sourceRefrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt No such units on-site **Equipment Monitoring and Recordkeeping Information**

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

BEST AVAILABLE COPY

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____

No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.


Signature John R. Garrett, Vice President

6/15/98
Date

BEST AVAILABLE COPY

TITLE V AIR QUALITY AIR GENERAL PERMIT
INSPECTION SUMMARY REPORT

RECEIVED
MAY 21 1998
Bureau of Air Monitoring
& Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

AIRS ID#: 1030300 001 DATE: 4/15/98 TIME IN: 11:00 TIME OUT: _____

FACILITY NAME: Trophy Cleaners

FACILITY LOCATION: 2790 Gulf-to-Bay Blvd., #A
Clearwater, FL, 33619

RESPONSIBLE OFFICIAL: Phil Traynor (Gen. Mgr.) Phone: 813 797-5255

Permit No. 1030300-001-AG Exp. Date: 08/21/2001

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance **discrepancies** were noted (only items which are checked):

Inspection Summary Report Guidance

Compliance Requirement/Problem	Follow-up Action Required
<input type="checkbox"/> Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site.	If no specific procedures are available from the manufacturer, develop a SSM plan that describes procedures for maintaining and operating equipment during periods of start-up and shutdown associated with a malfunction. EPA's O&M manual may be used if no manufacturers information is available. Keep log of maintenance actions
<input checked="" type="checkbox"/> Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
<input checked="" type="checkbox"/> Monthly purchase records were not maintained as a consecutive twelve month total.	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a consecutive twelve month total.
<input type="checkbox"/> Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F.	Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2°F, or determine this by another method that the Department would consider appropriate.
<input type="checkbox"/> Evaporator for separator wastewater does not incorporate a pre-filtration system.	Facility may choose to either dispose of perc-containing separator water as hazardous waste, or incorporate a carbon filtration system with the evaporator (as per the State's guidelines).
<input checked="" type="checkbox"/> Did not store all perc, and perc-containing waste in tightly sealed containers. <i>(Still bottom residue is uncovered)</i>	Store all perc and perc-containing waste in tightly sealed containers which are impervious and chemically unreactive to the solvent.
<input checked="" type="checkbox"/> Did not maintain a log of leak detection inspection and repair records. <i>(Monthly records for Sept Oct Nov 1997 and Jan Feb, March 1998) no weekly record.</i>	Develop and implement a leak detection inspection and repair program. Maintain a log of leak detection inspection and repair records.

	Compliance Requirement/Problem	Follow-up Action Required
<input type="checkbox"/>	Did not conduct weekly leak detection and repair inspection. <i>Monthly records for Sept, Oct, Nov (1997, Jan, Feb, March 1998) - no weekly records.</i>	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.
<input type="checkbox"/>	No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions..
<input checked="" type="checkbox"/>	Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis. <i>only monthly records for some months as per lab.</i>	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.
<input type="checkbox"/>	Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.
<input type="checkbox"/>	The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.
<input type="checkbox"/>	Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.
<input type="checkbox"/>	Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.
<input type="checkbox"/>	Containers for perchloroethylene and/or perchloroethylen-containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.
<input type="checkbox"/>		
<input type="checkbox"/>		

Comments: *Temperature monitoring and leak detection/repair inspections needs to be performed weekly and recorded. All perc. and perc-waste must be stored in sec. containment @ all times. Purchase receipts must be maintained on-site.*

If the Inspection Summary Report indicates follow-up actions are required, you must take immediate corrective measures to achieve compliance. Pinellas County will perform a follow-up inspection to determine that proper corrective actions have been taken.

Inspection Conducted by: Margaret Hennis

Inspector's Signature: *Margaret O. Hennis*

Phone Number: 464-4422

Acc

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Trophy Cleaners DATE: 9/11/98 FACILITY LOCATION: 225 South College 2790 Gulf to Bay Blvd. Clearwater, Fl 34619

RECEIVED OCT 19 1998 Bureau of Air, Monitoring & Mobile Sources

Annual Reporting Period: April 7, 1997 TO April 15, 1998

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Purchase receipts were not maintained properly

Exact period of non-compliance: from April 7, 1997 to April 15, 1998

Action(s) taken to achieve compliance: Set up filing system to keep receipts in proper order

Method used to demonstrate compliance: Filed receipts for previous three years

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Monthly purchase records were not maintained as a consecutive twelve month total.

Exact period of non-compliance: from April 7, 1997 to April 15, 1998

Action(s) taken to achieve compliance: Replaced plant manager and developed strict policy to insure purchase records are maintained as a consecutive twelve month total.

Method used to demonstrate compliance: Using E.P.A. calendar

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. RESPONSIBLE OFFICIAL: John R. Garnett Signature Date 9/16/98

*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.

BEST AVAILABLE COPY

AIRS ID#: 1030300

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Trophy Cleaners DATE: 9/11/98 ✓

FACILITY LOCATION: ~~x225x South xCollegex~~ 2790 Gulf to Bay Blvd.
~~xTampa, FL x33610x~~ Clearwater, FL 34619

Annual Reporting Period: April 7, 1997 19 TO April 15, 1998 19

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Did not store all perc and perc-containing waste in tightly sealed containers. (Still bottom residue is uncovered.)

Exact period of non-compliance: from April 7, 1997 to April 15, 1998 ✓

Action(s) taken to achieve compliance: Use liners and purchased a sealable container to hold still bucket when not in use. ✓

Method used to demonstrate compliance: Same as above. ✓


#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Did not maintain a log of leak detection inspection and repair records. (Monthly records for Sept., Oct., Nov., 1997, and Jan., Feb., and March, 1998. No weekly record.)

Exact period of non-compliance: from April 7, 1997 to April 15, 1998 ✓

Action(s) taken to achieve compliance: Replaced plant manager and developed strict weekly monitoring policy ✓

Method used to demonstrate compliance: Using E.P.A. calendar ✓

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: John R. Garrett  9/11/98 ✓
Name (Please Print) Signature Date

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

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Trophy Cleaners DATE: 9/11/98 ✓

FACILITY LOCATION: ~~x225x South Orange Ave~~ 2790 Gulf to Bay Blvd.
~~xTulkey TX 75710~~ Clearwater, Fl 34619

Annual Reporting Period: April 7, 1997 19 TO April 15, 1998 19

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Did not conduct weekly leak detection and repair inspection. (Monthly records for Sept., Oct., Nov., 1997, and Jan., Feb, and March, 1998. No weekly record.)

Exact period of non-compliance: from April 7, 1997 to April 15, 1998 ✓

Action(s) taken to achieve compliance: Replaced plant manager and developed strict weekly monitoring policy ✓

Method used to demonstrate compliance: Using E.P.A. calender ✓

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis. (Only monthly records as in #1 above.)


Exact period of non-compliance: from April 7, 1997 to April 15, 1998 ✓

Action(s) taken to achieve compliance: Replaced plant manager and developed strict weekly monitoring policy ✓

Method used to demonstrate compliance: Using E.P.A. calender ✓

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: John R. Garrett
Name (Please Print)

 9/16/98
Signature Date

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

BEST AVAILABLE COPY
PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RECEIVED
 MAY 21 1998
 Bureau of Air Monitoring
 & Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 1030300 001 DATE: 4/15/98 TIME IN: 11:00 TIME OUT: _____

FACILITY NAME: Trophy Cleaners

FACILITY LOCATION: 2790 Gulf-to-Bay Blvd., #A
Clearwater, FL, 33619

RESPONSIBLE OFFICIAL: Phil Traynor (General Manager) PHONE: (813) 797-5255

CONTACT: Phil Traynor PHONE: 813-797-5255

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

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
 (Check appropriate box)

- No notification form
- Drop store / out of business / petroleum

- A.
- | | |
|---|--|
| <p>1. Existing small area source <input type="checkbox"/>
 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)</p> | <p>2. New small area source <input type="checkbox"/>
 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)</p> |
| <p>3. Existing large area source <input type="checkbox"/>
 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)</p> | <p>4. New large area source <input checked="" type="checkbox"/>
 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)</p> |

This is a correct facility classification: Y N Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 956 gallons.

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? Y N NA
2. Examining the containers for leakage? Y N NA
3. Closing and securing machine doors except during loading/unloading? Y N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N NA
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N NA

PART IV: PROCESS VENT CONTROLS

In Part II-A: *Machine # 1*

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? Y N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N NA
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N NA
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
(measured to up monthly during Sept, Oct, Nov. 1997 + Jan, Feb, & March 1998)
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? *cannot determine* Y N NA
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged? *cannot determine* Y N

BEST AVAILABLE COPY

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? *monthly* Y N
*During Sept. Oct. Nov 1997
Jan. Feb. Mar. March 1998*
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
 Is the temperature differential equal to or greater than 20°F? Y N
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? Y N N/A
 Is the perc concentration equal to or less than 100 ppm? Y N
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend contraction, or expansion; and downstream from no other inlet? Y N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? 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? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N
 - 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
4. Maintained calibration data? *(for direct reading instrument only)* Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? *No deviations* Y N
 Problem corrected? Y N
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly leak detection and repair inspection? Y N
2. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent of exterior surfaces)
 - Physical detection (airflow felt through gaskets)
 - Odor (noticeable perc odor)
 - Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

If using direct-reading instrumentation, is the equipment:

- TIF 5050 / TIF-5550 Automatic Halogen Leak Det.*
- 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). Y N
 - 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)? Y N

3. Has the facility maintained a leak log? Y N

4. The following area should be checked for leaks by the inspector: *No leaks noted - Both machines were operating during Insp.*
- | | | | |
|---|--|--------------------------|--|
| Hose connections, fitting couplings, and valves | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Muck cookers | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| Door gaskets and seating | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Stills | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| Filter gaskets and seating | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Exhaust dampers | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| Pumps | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Diverter valves | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| Solvent tanks and containers | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Cartridge Filter housing | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| Water separators | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | |

Phil Traynor
Name of Responsible Official

Margaret V. Hennis
Inspector's Name (Please Print)

Margaret V. Hennis
Inspector's Signature

April 15, 1998
Date of Inspection

June, 1998
Approximate Date of Next Inspection

✓

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

AIRS ID#: 1030300 001 **DATE:** 9/8/98 **TIME IN:** 1:00 **TIME OUT:** 2:00
FACILITY NAME: Trophy Cleaners
FACILITY LOCATION: 2790 Gulf-to-Bay Blvd., #A
Clearwater, FL, 34619
RESPONSIBLE OFFICIAL: John R. Garrett Phone: 903-592-8509

Permit No. 1030300-001-AG Exp. Date: 08/21/2001

RECEIVED
 Bureau of Air Monitoring
 & Mobile Sources
 OCT 19 1998

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance **discrepancies** were noted (only items which are checked):

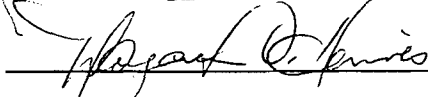
Inspection Summary Report Guidance

Compliance Requirement/Problem	Follow-up Action Required
<input type="checkbox"/> Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site.	If no specific procedures are available from the manufacturer, develop a SSM plan that describes procedures for maintaining and operating equipment during periods of start-up and shutdown associated with a malfunction. EPA's O&M manual may be used if no manufacturers information is available. Keep log of maintenance actions
<input type="checkbox"/> Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
<input type="checkbox"/> Monthly purchase records were not maintained as a consecutive twelve month total.	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a consecutive twelve month total.
<input type="checkbox"/> Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F.	Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2°F, or determine this by another method that the Department would consider appropriate.
<input type="checkbox"/> Evaporator for separator wastewater does not incorporate a pre-filtration system.	Facility may choose to either dispose of perc-containing separator water as hazardous waste, or incorporate a carbon filtration system with the evaporator (as per the State's guidelines).
<input type="checkbox"/> Did not store all perc, and perc-containing waste in tightly sealed containers.	Store all perc and perc-containing waste in tightly sealed containers which are impervious and chemically unreactive to the solvent.
<input type="checkbox"/> Did not maintain a log of leak detection inspection and repair records.	Develop and implement a leak detection inspection and repair program. Maintain a log of leak detection inspection and repair records.

Compliance Requirement/Problem	Follow-up Action Required
<input type="checkbox"/> Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.
<input type="checkbox"/> No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions..
<input type="checkbox"/> Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.
<input type="checkbox"/> Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.
<input type="checkbox"/> The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.
<input type="checkbox"/> Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.
<input type="checkbox"/> Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.
<input type="checkbox"/> Containers for perchloroethylene and/or perchloroethylen-containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.
<input type="checkbox"/>	
<input type="checkbox"/>	

Comments: Strong perc odor. Facility plans to address this.
Will reinspect October, 1998.

If the Inspection Summary Report indicates follow-up actions are required, you must take immediate corrective measures to achieve compliance. Pinellas County will perform a follow-up inspection to determine that proper corrective actions have been taken.

Inspection Conducted by: Margaret Hennis
Inspector's Signature: 
Phone Number: 464-4422

**PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 1030300 001 DATE: 9/8/98 TIME IN: 1100 TIME OUT: 2:00

FACILITY NAME: Trophy Cleaners

FACILITY LOCATION: 2790 Gulf-to-Bay Blvd., #A
Clearwater, Fl, 34619

RESPONSIBLE OFFICIAL: John R. Garrett PHONE: 903-592-8509

CONTACT: Larry Steed PHONE: 727-797-5255

PART I: NOTIFICATION

(Check appropriate box)

- 1. Existing facility notified DARM By 9/1/96
- 2. New facility notified DARM 30 days prior to startup
- 3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
(Check appropriate box)

- No notification form
- Drop store / out of business / petroleum

A.

- | | |
|--|---|
| <p>1. Existing small area source <input type="checkbox"/>
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)</p> | <p>2. New small area source <input type="checkbox"/>
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)</p> |
| <p>3. Existing large area source <input checked="" type="checkbox"/>
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)</p> | <p>4. New large area source <input type="checkbox"/>
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)</p> |

This is a correct facility classification: Y N Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 824 gallons.

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? Y N NA
2. Examining the containers for leakage? Y N NA
3. Closing and securing machine doors except during loading/unloading? Y N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N NA
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N NA

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? Y N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N NA
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N NA
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? Y N NA
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged? Y N

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N NA
Is the temperature differential equal to or greater than 20° F? Y N NA
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? Y N NA
Is the perc concentration equal to or less than 100 ppm? Y N NA
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc. concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend contraction, or expansion; and downstream from no other inlet? Y N NA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N NA
6. Routed airflow to the carbon adsorber (if used) at all times? Y N NA

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; Y N NA
 - 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 NA
4. Maintained calibration data? (for direct reading instrument only) Y N NA
5. Maintained exhaust duct monitoring data on perc concentrations? Y N NA
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N NA
Problem corrected? *no deviations* Y N NA
8. Maintained compliance plan, if applicable? Y N NA

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

2. Has the facility maintained a leak log? Y N

3. Does the responsible official check the following areas for leaks:

Hose connections, fitting couplings, and valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Muck cookers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
---	--	--------------	--

Door gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Stills	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
--------------------------	--	--------	--

Filter gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Exhaust dampers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
----------------------------	--	-----------------	--

Pumps	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Diverter valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
-------	--	-----------------	--

Solvent tanks and containers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Cartridge Filter housing	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
------------------------------	--	--------------------------	--

Water separators	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
------------------	--

4. Which method of detection is used by the responsible official?

Visual examination (condensed solvent of exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

Halogen leak detector

If using direct-reading instrumentation, is the equipment:

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm. Y N

b. Calibrated against a standard gas prior to and after each use(PID/FID only). Y N

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)? Y N

Margaret V. Henris
Inspector's Name (Please Print)

9/8/98
Date of Inspection

Margaret V. Henris
Inspector's Signature

10/8/98
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Although facility does leak checks, there is a strong perc odor present throughout the facility. Building is air conditioned. Vent above machine may or may not be operational. Used ^{Pump} Draeger ~~Tube~~ w/ colorimetric detector tubes for measuring perc concentrations of 25-75 ppm. (OSHA PEL is 100 ppm). Detector Tube indicated perc conc. was > 75 ppm.

Purpose of inspection was to reinspect - follow-up on Warning letter and to provide compliance assistance - filling out Annual Compliance Certifications and Notification Form. Facility plans to install a 3rd machine.

Mr. Steed has called on 9/17/98 and 9/15/98 to advise me of the steps that they were taking to address odor/perc concentrations. (See Contact Log.) Need to reinspect. JWH

✓

**PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: <u>1030300 001</u>	DATE: <u>10/15/98</u>	TIME IN: <u>10:20</u>	TIME OUT: <u>11:05</u>
FACILITY NAME: <u>Trophy Cleaners</u>			
FACILITY LOCATION: <u>2790 Gulf-to-Bay Blvd., #A</u> <u>Clearwater, Fl, 34619</u>			
RESPONSIBLE OFFICIAL: <u>John R. Garrett</u>		PHONE: <u>908-992-8500</u>	
CONTACT: <u>Larry Steed</u>		PHONE: _____	

RECEIVED
 NOV 23 1998
 Bureau of Air Monitoring
 & Mobile Sources

PART I: NOTIFICATION

(Check appropriate box)

1. Existing facility notified DARM By 9/1/96	<input checked="" type="checkbox"/>
2. New facility notified DARM 30 days prior to startup	<input type="checkbox"/>
3. Facility failed to notify DARM to use general permit	<input type="checkbox"/>

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
(Check appropriate box)

<p>A.</p> <p>1. Existing small area source <input type="checkbox"/> 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)</p> <p>3. Existing large area source <input checked="" type="checkbox"/> 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)</p>	<p><input type="checkbox"/> No notification form</p> <p><input type="checkbox"/> Drop store / out of business / petroleum</p> <p>2. New small area source <input type="checkbox"/> 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)</p> <p>4. New large area source <input type="checkbox"/> 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)</p>
---	--

This is a correct facility classification: Y N Can not determine

If no, please check the appropriate classification:

facility qualified for a general permit as number _____ above

facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 1226 gallons.

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? Y N NA
2. Examining the containers for leakage? Y N NA
3. Closing and securing machine doors except during loading/unloading? Y N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N NA
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N NA

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? Y N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N NA
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N NA
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? Y N NA
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged? Y N

B. Has the responsible official of an existing large or new large area source also:

- 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
- 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N NA
Is the temperature differential equal to or greater than 20° F? Y N NA
- 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? Y N NA
Is the perc concentration equal to or less than 100 ppm? Y N NA
- 4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc. concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend contraction, or expansion; and downstream from no other inlet? Y N NA
- 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N NA
- 6. Routed airflow to the carbon adsorber (if used) at all times? Y N NA

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

- 1. Maintained receipts for perc purchased? Y N
- 2. Maintained rolling monthly averages of perc consumption? Y N
- 3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N NA
 - 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 NA
- 4. Maintained calibration data? (for direct reading instrument only) Y N NA
- 5. Maintained exhaust duct monitoring data on perc concentrations? Y N NA
- 6. Maintained startup/shutdown/malfunction plan? Y N
- 7. Maintained deviation reports? Y N NA
Problem corrected? *no deviations* Y N NA
- 8. Maintained compliance plan, if applicable? Y N NA

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

2. Has the facility maintained a leak log? Y N

3. Does the responsible official check the following areas for leaks:

- | | | | |
|---|--|--------------------------|--|
| Hose connections, fitting couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Cartridge Filter housing | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | |

4. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent of exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector

If using direct-reading instrumentation, is the equipment:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm. Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only). Y N
- 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)? Y N

Margaret Hennis
Inspector's Name (Please Print)

8/99 10/15/98
Date of Inspection

Margaret V. Hennis
Inspector's Signature

8/99
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Perc odor was not as strong as before. More noticeable in air conditioned entrance than @ back, in the plant. Perc odor from clothes was not detectable. I believe that the odor during previous inspection was from pers in clothes.

Mr. Steed stated that Equipment Sales (Terry, and Tracy Pook) looked over Union machines about 3 weeks ago and did some repair adjustments. Some parts were ordered and scheduled for repair October 15, 1998 (today). Changing gasket and any other parts that needed to be replaced from years of exposure solvent. Mr. Steed stated that they had increased drying temperatures, temporarily (at least) to drive off pers. (~165° @ both machines observed). An air conditioning company had given estimate and had advised to provide make up air - at vent over machine # one, instead of using it as an exhaust vent. They are considering doing this (Troy). Mr. Steed advised that all operators will get training from "Equipment Sales" representative on proper operation and maintenance of equipment - along w/ trouble shooting. M.D.H.

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

AIRS ID#: <u>1030300 001</u>	DATE: <u>10/15/98</u>	TIME IN: <u>10:20</u>	TIME OUT: <u>11:05</u>
FACILITY NAME: <u>Trophy Cleaners</u>			
FACILITY LOCATION: <u>2790 Gulf-to-Bay Blvd., #A</u> <u>Clearwater, Fl, 34619</u>			
RESPONSIBLE OFFICIAL: <u>John R. Garrett</u>		Phone No.: <u>903-592-8509</u>	
Permit No. <u>1030300-001-AG</u>	Exp. Date: <u>08/21/2001</u>		

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance **discrepancies** were noted (only items which are checked):

Inspection Summary Report Guidance

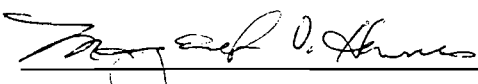
Compliance Requirement/Problem	Follow-up Action Required
<input type="checkbox"/> Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site.	If no specific procedures are available from the manufacturer, develop a SSM plan that describes procedures for maintaining and operating equipment during periods of start-up and shutdown associated with a malfunction. EPA's O&M manual may be used if no manufacturers information is available. Keep log of maintenance actions
<input type="checkbox"/> Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
<input type="checkbox"/> Monthly purchase records were not maintained as a consecutive twelve month total.	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a consecutive twelve month total.
<input type="checkbox"/> Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F.	Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2°F, or determine this by another method that the Department would consider appropriate.
<input type="checkbox"/> Evaporator for separator wastewater does not incorporate a pre-filtration system.	Facility may choose to either dispose of perc-containing separator water as hazardous waste, or incorporate a carbon filtration system with the evaporator (as per the State's guidelines).
<input type="checkbox"/> Did not store all perc, and perc-containing waste in tightly sealed containers.	Store all perc and perc-containing waste in tightly sealed containers which are impervious and chemically unreactive to the solvent.
<input type="checkbox"/> Did not maintain a log of leak detection inspection and repair records.	Develop and implement a leak detection inspection and repair program. Maintain a log of leak detection inspection and repair records.

	Compliance Requirement/Problem	Follow-up Action Required
<input type="checkbox"/>	Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.
<input type="checkbox"/>	No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions..
<input type="checkbox"/>	Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.
<input type="checkbox"/>	Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.
<input type="checkbox"/>	The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.
<input type="checkbox"/>	Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.
<input type="checkbox"/>	Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.
<input type="checkbox"/>	Containers for perchloroethylene and/or perchloroethylen-containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.
<input type="checkbox"/>		
<input type="checkbox"/>		

Comments: Less percolator. Machines have had maintenance over last three weeks - replacing gaskets, seals, etc.

If the Inspection Summary Report indicates follow-up actions are required, you must take immediate corrective measures to achieve compliance. Pinellas County will perform a follow-up inspection to determine that proper corrective actions have been taken.

Inspection Conducted by: Margaret Hennis

Inspector's Signature: 

Phone Number: 464-4422

**DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

4

FACILITY NAME: Trophy Cleaners DATE: 7/6/99
 FACILITY LOCATION: 2790 Gulf-to-Bay Blvd
Clearwater FL 33759

RECEIVED
 # AUG 11 1999
 Bureau of Air Monitoring
 & Mobile Sources

Annual Reporting Period: April 15 1998 TO July 1999

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ 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 reporting period stated above:

Exact period of non-compliance: from _____ to _____
 Action(s) taken to achieve compliance: _____
 Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Jon L. Carber Jon L. Carber 7-6-99
 Name (Please Print) Signature Date

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

✓

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

AIRS ID#: <u>1030300 001</u>	DATE: <u>7/6/99</u>	TIME IN: <u>12:00</u>	TIME OUT: <u>12:45</u>
FACILITY NAME: <u>Trophy Cleaners</u>			
FACILITY LOCATION: <u>2790 Gulf-to-Bay Blvd., #A</u> <u>Clearwater, Fl, 33759</u>			
RESPONSIBLE OFFICIAL: <u>John R. Garrett</u>		Phone No.: <u>903-592-8509</u>	
Permit No. <u>1030300-001-AG</u>		Exp. Date: <u>08/21/2001</u>	

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted (only items which are checked):

Inspection Summary Report Guidance


	Compliance Requirement/Problem	Follow-up Action Required
<input type="checkbox"/>	Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site.	If no specific procedures are available from the manufacturer, develop a SSM plan that describes procedures for maintaining and operating equipment during periods of start-up and shutdown associated with a malfunction. EPA's O&M manual may be used if no manufacturers information is available. Keep log of maintenance actions
<input type="checkbox"/>	Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
<input type="checkbox"/>	Monthly purchase records were not maintained as a consecutive twelve month total.	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a consecutive twelve month total.
<input type="checkbox"/>	Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F.	Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2°F, or determine this by another method that the Department would consider appropriate.
<input type="checkbox"/>	Evaporator for separator wastewater does not incorporate a pre-filtration system.	Facility may choose to either dispose of perc-containing separator water as hazardous waste, or incorporate a carbon filtration system with the evaporator (as per the State's guidelines).
<input type="checkbox"/>	Did not store all perc, and perc-containing waste in tightly sealed containers.	Store all perc and perc-containing waste in tightly sealed containers which are impervious and chemically unreactive to the solvent.
<input type="checkbox"/>	Did not maintain a log of leak detection inspection and repair records.	Develop and implement a leak detection inspection and repair program. Maintain a log of leak detection inspection and repair records.

	Compliance Requirement/Problem	Follow-up Action Required
<input type="checkbox"/>	Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.
<input type="checkbox"/>	No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions..
<input type="checkbox"/>	Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.
<input type="checkbox"/>	Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.
<input type="checkbox"/>	The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.
<input type="checkbox"/>	Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.
<input type="checkbox"/>	Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.
<input type="checkbox"/>	Containers for perchloroethylene and/or perchloroethylen-containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.
<input type="checkbox"/>		
<input type="checkbox"/>		

Comments: _____

If the Inspection Summary Report indicates follow-up actions are required, you must take immediate corrective measures to achieve compliance. Pinellas County will perform a follow-up inspection to determine that proper corrective actions have been taken.

Inspection Conducted by: **Margaret Hennis**

Inspector's Signature: 

Phone Number: 464-4422

**PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 1030300 001 DATE: 7/6/99 TIME IN: 12:00 TIME OUT: 12:45

FACILITY NAME: Trophy Cleaners

FACILITY LOCATION: 2790 Gulf-to-Bay Blvd., #A
Clearwater, Fl, 33759

RESPONSIBLE OFFICIAL: John R. Garrett PHONE: 903-592-8509

CONTACT: Tom Garber PHONE: _____

PART I: NOTIFICATION

(Check appropriate box)

1. Existing facility notified DARM By 9/1/96

2. New facility notified DARM 30 days prior to startup

3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
(Check appropriate box)

<input type="checkbox"/> No notification form
<input type="checkbox"/> Drop store / out of business / petroleum

A.

<p>1. Existing small area source <input type="checkbox"/></p> <p>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)</p>	<p>2. New small area source <input type="checkbox"/></p> <p>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)</p>
<p>3. Existing large area source <input type="checkbox"/></p> <p>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)</p>	<p>4. New large area source <input checked="" type="checkbox"/></p> <p>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)</p>

This is a correct facility classification: Y N Can not determine

If no, please check the appropriate classification:

facility qualified for a general permit as number _____ above

facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 1317.4 gallons.

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? Y N NA
2. Examining the containers for leakage? Y N NA
3. Closing and securing machine doors except during loading/unloading? Y N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N NA
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N NA

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? Y N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N NA
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N NA
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? Y N NA
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged? Y N

BEST AVAILABLE COPY

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N NA
 Is the temperature differential equal to or greater than 20° F? Y N NA

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? Y N NA
 Is the perc concentration equal to or less than 100 ppm? Y N NA

4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc. concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend contraction, or expansion; and downstream from no other inlet? Y N NA

5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N NA

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N

2. Maintained rolling monthly averages of perc consumption? Y N

3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N NA
 - 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 NA

4. Maintained calibration data? (for direct reading instrument only) Y N NA

5. Maintained exhaust duct monitoring data on perc concentrations? Y N NA

6. Maintained startup/shutdown/malfunction plan? Y N

7. Maintained deviation reports? Y N NA
 Problem corrected? *no deviation* Y N NA

8. Maintained compliance plan, if applicable? Y N NA

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

2. Has the facility maintained a leak log? Y N

3. Does the responsible official check the following areas for leaks:

- | | | | |
|---|--|--------------------------|--|
| Hose connections, fitting couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Cartridge Filter housing | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | |

4. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent of exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector

If using direct-reading instrumentation, is the equipment:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm. Y N
- b. Calibrated against a standard gas prior to and after each use(PID/FID only). Y N
- 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)? Y N

Margaret V. Hennis
Inspector's Name (Please Print)

7/6/99
Date of Inspection

Margaret V. Hennis
Inspector's Signature

7/2000
Approximate Date of Next Inspection

BEST AVAILABLE COPY

ADDITIONAL SITE INFORMATION:

Turni Ranzacci 1989 Serial #10313 - will be up & running soon

Replacing seals/gaskets/filters in prep. for operation

Has one still for two dry to dry machines all-in-one (twin)

Trophy Leases water filtration systems (3) from Safety Klean

John Garber is now manager

HSA Env. - will be doing clean-up in near future.

Operates 2 Shifts - is 25-30 (80#) loads/day

Drop stores in Pinellas + Tampa

Calendars are in use & up-to-date. Use leak detectors to check for leaks. Slight perc. odor in plant. MDH

ACC

**DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: Trophy Cleaners DATE: 1/21/00
 FACILITY LOCATION: 2790 Gulf-to-Bay Blvd. #A
Clearwater, FL 33759

Annual Reporting Period: July 6 ~~21~~ 99 TO January 21, ~~19~~ 20 ~~00~~

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ 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 reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

RECEIVED

FEB 11 2000

Bureau of Air Monitoring
& Mobile Sources

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Jon L. Garber Jon L. Garber 01-21-00
Name (Please Print) Signature Date

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

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

AIRS ID#: <u>1030300</u>	DATE: <u>1/21/00</u>	TIME IN: <u>10:00</u>	TIME OUT: <u>11:00</u>
FACILITY NAME: <u>Trophy Cleaners</u>			
FACILITY LOCATION: <u>2790 Gulf-to-Bay Blvd., #A</u> <u>Clearwater, Fl, 33759</u>			
RESPONSIBLE OFFICIAL: <u>John R. Garrett</u>		Phone No.: <u>903-592-8509</u>	
Permit No. _____		Exp. Date: _____	

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance **discrepancies** were noted (only items which are checked):

Inspection Summary Report Guidance

	Compliance Requirement/Problem	Follow-up Action Required
<input type="checkbox"/>	Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site.	If no specific procedures are available from the manufacturer, develop a SSM plan that describes procedures for maintaining and operating equipment during periods of start-up and shutdown associated with a malfunction. EPA's O&M manual may be used if no manufacturers information is available. Keep log of maintenance actions
<input type="checkbox"/>	Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
<input type="checkbox"/>	Monthly purchase records were not maintained as a consecutive twelve month total.	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a consecutive twelve month total.
<input type="checkbox"/>	Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F.	Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2°F, or determine this by another method that the Department would consider appropriate.
<input type="checkbox"/>	Evaporator for separator wastewater does not incorporate a pre-filtration system.	Facility may choose to either dispose of perc-containing separator water as hazardous waste, or incorporate a carbon filtration system with the evaporator (as per the State's guidelines).
<input type="checkbox"/>	Did not store all perc, and perc-containing waste in tightly sealed containers.	Store all perc and perc-containing waste in tightly sealed containers which are impervious and chemically unreactive to the solvent.
<input type="checkbox"/>	Did not maintain a log of leak detection inspection and repair records.	Develop and implement a leak detection inspection and repair program. Maintain a log of leak detection inspection and repair records.

	Compliance Requirement/Problem	Follow-up Action Required
<input type="checkbox"/>	Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.
<input type="checkbox"/>	No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions..
<input type="checkbox"/>	Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.
<input type="checkbox"/>	Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.
<input type="checkbox"/>	The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.
<input type="checkbox"/>	Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.
<input type="checkbox"/>	Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.
<input type="checkbox"/>	Containers for perchloroethylene and/or perchloroethylen-containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.
<input type="checkbox"/>		
<input type="checkbox"/>		

Comments: _____

If the Inspection Summary Report indicates follow-up actions are required, you must take immediate corrective measures to achieve compliance. Pinellas County will perform a follow-up inspection to determine that proper corrective actions have been taken.

Inspection Conducted by: Margaret Hennis
 Inspector's Signature: Margaret V. Hennis
 Phone Number: 464-4422

✓

**PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 1030300 Date: 1/21/00 TIME IN: 10:00 TIME OUT: 11:00

FACILITY NAME: Trophy Cleaners

FACILITY LOCATION: 2790 Gulf-to-Bay Blvd., #A
Clearwater, Fl, 33759

RESPONSIBLE OFFICIAL: John R. Garrett PHONE: 903-592-8589

CONTACT: ~~Larry Steed~~ Jon Garber PHONE: 4

PART I: NOTIFICATION

(Check appropriate box)

1. Existing facility notified DARM By 9/1/96

2. New facility notified DARM 30 days prior to startup

3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
(Check appropriate box)

	<input type="checkbox"/> No notification form
	<input type="checkbox"/> Drop store / out of business / petroleum

A.

1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (Constructed before 12/9/91) <input type="checkbox"/>	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) <input type="checkbox"/>
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) <input checked="" type="checkbox"/>	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) <input type="checkbox"/>

This is a correct facility classification: Y N Can not determine

If no, please check the appropriate classification:

facility qualified for a general permit as number _____ above

facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 133 8 gallons.

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? Y N NA
2. Examining the containers for leakage? Y N NA
3. Closing and securing machine doors except during loading/unloading? Y N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N NA
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N NA

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? Y N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N NA
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N NA
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? Y N NA
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged? Y N

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N NA
Is the temperature differential equal to or greater than 20° F? Y N NA
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? Y N NA
Is the perc concentration equal to or less than 100 ppm? Y N NA
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc. concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend contraction, or expansion; and downstream from no other inlet? Y N NA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N NA
6. Routed airflow to the carbon adsorber (if used) at all times? Y N NA

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; Y N NA
 - 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 NA
4. Maintained calibration data? (for direct reading instrument only) Y N NA
5. Maintained exhaust duct monitoring data on perc concentrations? Y N NA
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N NA
Problem corrected? *No deviations* Y N NA
8. Maintained compliance plan, if applicable? Y N NA

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

2. Has the facility maintained a leak log? Y N

3. Does the responsible official check the following areas for leaks:

- | | | | |
|---|--|--------------------------|--|
| Hose connections, fitting couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Cartridge Filter housing | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | |

4. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent of exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector

If using direct-reading instrumentation, is the equipment:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm. Y N
- b. Calibrated against a standard gas prior to and after each use(PID/FID only). Y N
- 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)? Y N

Margaret Hennis
Inspector's Name (Please Print)

1/21/00
Date of Inspection

Margaret Hennis
Inspector's Signature

1/01
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

It appears Trophy Cleaners has now effectively dealt w/ perc air emissions. Observed vents providing clean air and removing air (supply + return) effectively in work area. Trophy is operating three separate machines - one is a twin machine - sharing a still. Trophy has 4. waste water separator evaporators. One is used for steam condensate from presses' vacuum lines. The machines are leased / maintained by Safety Kleen. Mr. Garber provided a copy of an environmental assessment report from HSA environmental, for me to look at. No obvious perc. odor.

AGG

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

AIRS ID#: <u>1030300</u>	DATE: <u>8/7/00</u>	TIME IN: <u>10:05am</u>	TIME OUT: <u>10:37am</u>
FACILITY NAME: <u>Trophy Cleaners</u>			
FACILITY LOCATION: <u>2790 Gulf-to-Bay Blvd., #A</u> <u>Clearwater, Fl, 33759</u>			
RESPONSIBLE OFFICIAL: <u>John R. Garrett</u>		Phone No.: <u>(727) 797-5255</u>	
Permit No. <u>1030300-001-AG</u>		Exp. Date: <u>9/16/2003</u>	

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance **discrepancies** were noted (only items which are checked):

Inspection Summary Report Guidance

	Compliance Requirement/Problem	Follow-up Action Required
<input type="checkbox"/>	Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site.	If no specific procedures are available from the manufacturer, develop a SSM plan that describes procedures for maintaining and operating equipment during periods of start-up and shutdown associated with a malfunction. EPA's O&M manual may be used if no manufacturers information is available. Keep log of maintenance actions
<input type="checkbox"/>	Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
<input type="checkbox"/>	Monthly purchase records were not maintained as a consecutive twelve month total.	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a consecutive twelve month total.
<input type="checkbox"/>	Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F.	Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2°F, or determine this by another method that the Department would consider appropriate.
<input type="checkbox"/>	Evaporator for separator wastewater does not incorporate a pre-filtration system.	Facility may choose to either dispose of perc-containing separator water as hazardous waste, or incorporate a carbon filtration system with the evaporator (as per the State's guidelines).
<input type="checkbox"/>	Did not store all perc, and perc-containing waste in tightly sealed containers.	Store all perc and perc-containing waste in tightly sealed containers which are impervious and chemically unreactive to the solvent.
<input type="checkbox"/>	Did not maintain a log of leak detection inspection and repair records.	Develop and implement a leak detection inspection and repair program. Maintain a log of leak detection inspection and repair records.

	Compliance Requirement/Problem	Follow-up Action Required
<input type="checkbox"/>	Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.
<input type="checkbox"/>	No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions..
<input type="checkbox"/>	Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.
<input type="checkbox"/>	Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.
<input type="checkbox"/>	The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.
<input type="checkbox"/>	Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.
<input type="checkbox"/>	Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.
<input type="checkbox"/>	Containers for perchloroethylene and/or perchloroethylen-containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.
<input type="checkbox"/>		
<input type="checkbox"/>		

Comments: _____

If the Inspection Summary Report indicates follow-up actions are required, you must take immediate corrective measures to achieve compliance. Pinellas County will perform a follow-up inspection to determine that proper corrective actions have been taken.

Inspection Conducted by: _____ *Jeff Morris*

Inspector's Signature: _____ *Jeff Morris*

Phone Number: _____ 464-4422

**PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION: ANNUAL RE-INSPECTION COMPLAINT/DISCOVERY

AIRS ID#: <u>1030300</u>	Date: <u>8/7/00</u>	TIME IN: <u>10:05a</u>	TIME OUT: <u>10:37am</u>
FACILITY NAME: <u>Trophy Cleaners</u>			
FACILITY LOCATION: <u>2790 Gulf-to-Bay Blvd., #A</u> <u>Clearwater, Fl, 33759</u>			
RESPONSIBLE OFFICIAL: <u>John R. Garrett</u>		PHONE: <u>(727) 797-5255</u>	
CONTACT: <u>Jon Garber</u>		PHONE: <u>(727) 797-5255</u>	

PART I: NOTIFICATION	
(Check appropriate box)	
1. Existing facility notified DARM By 9/1/96	<input checked="" type="checkbox"/>
2. New facility notified DARM 30 days prior to startup	<input type="checkbox"/>
3. Facility failed to notify DARM to use general permit	<input type="checkbox"/>

PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (Check appropriate box)	
<p>A.</p> <p>1. Existing small area source <input type="checkbox"/> 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)</p> <p>3. Existing large area source <input checked="" type="checkbox"/> 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)</p>	<p><input type="checkbox"/> No notification form</p> <p><input type="checkbox"/> Drop store / out of business / petroleum</p> <p>2. New small area source <input type="checkbox"/> 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)</p> <p>4. New large area source <input type="checkbox"/> 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)</p>
This is a correct facility classification: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can not determine	
If no, please check the appropriate classification:	
<input type="checkbox"/> facility qualified for a general permit as number _____ above	
<input type="checkbox"/> facility exceeds above limits and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was <u>1,210</u> gallons.	

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? Y N NA
2. Examining the containers for leakage? Y N NA
3. Closing and securing machine doors except during loading/unloading? Y N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N NA
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N NA

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? Y N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N NA
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N NA
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? Y N NA
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged? Y N

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?
Is the temperature differential equal to or greater than 20° F? Y N NA
 Y N NA
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?
Is the perc concentration equal to or less than 100 ppm? Y N NA
 Y N NA
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc. concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend contraction, or expansion; and downstream from no other inlet? Y N NA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N NA
6. Routed airflow to the carbon adsorber (if used) at all times? Y N NA

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; (filter change) Y N NA
 - 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 NA
4. Maintained calibration data? (for direct reading instrument only) Y N NA
5. Maintained exhaust duct monitoring data on perc concentrations? Y N NA
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports?
Problem corrected? Y N NA
8. Maintained compliance plan, if applicable? Y N NA

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

2. Has the facility maintained a leak log? Y N

3. Does the responsible official check the following areas for leaks:

- | | | | |
|---|--|--------------------------|--|
| Hose connections, fitting couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Cartridge Filter housing | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | |

4. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent of exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector

If using direct-reading instrumentation, is the equipment:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm. Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only). Y N
- 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)? Y N

Jeff Morris
Inspector's Name (Please Print)

8/7/00
Date of Inspection

Jeff Morris
Inspector's Signature

2/7/01
Approximate Date of Next Inspection

**DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: Trophy Cleaners **Date:** 8/7/00

FACILITY LOCATION: 2790 Gulf-to-Bay Blvd., #A
Clearwater, Fl, 33759

Annual Reporting Period: January 21, 2000 To August 7, 2000

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. **YES** **NO**

IF NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: **from** _____ **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 reporting period stated above:

Exact period of non-compliance: **from** _____ **to** _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

RECEIVED
 SEP 16 2000
 Bureau of Air Monitoring
 & Mobile Sources

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: John R. Garrett *John R. Garrett* 8-7-00
(Name, Please Print) Signature Date

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

TROPHY CLEANERS, INC. • P.O. BOX 1084 • TYLER, TEXAS 75710-1084

12/12/2002

016720

INVOICE NO.	DATE	DESCRIPTION	AMOUNT
2002	12/10/2002	AIRS ID# 1030300	50.00
TOTAL			50.00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TROPHY CLEANERS
JOHN R GARRETT
PO BOX 1084
TYLER TX
75710

AIRS ID#1030300

420772 DEC17 2002

RECEIVED
DEC 20 2002
Bureau of Air Mail
& Mobile Services

FOR GOVERNMENT USE ONLY
Org.: 37550101000, EO: A1
Fund: 20-2-035001
Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

412321 DEC27 2001

Do **NOT** Remove Label

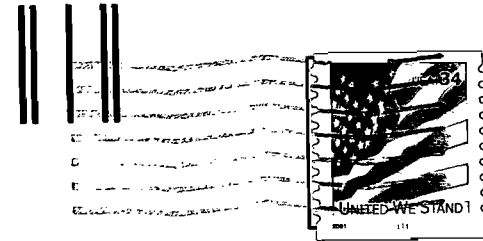
AIRS ID # 1030300
 TROPHY CLEANERS
 JOHN R GARRETT
 PO BOX 1084
 TYLER TX
 75710

RECEIVED

DEC 31 2001
 Bureau of Air Monitoring
 & Mobile Sources

FOR GOVERNMENT USE ONLY
 Org.: 37550101000 EO: A1
 Fund: 20-2-035001
 Office: 002273

P.O. Box 1084
 Tyler, Texas 75710-1084



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

32315-3070



TROPHY CLEANERS, INC. • P.O. BOX 1084 • TYLER, TEXAS 75710-1084

01/10/2001

015591

INVOICE NO.	DATE	DESCRIPTION	AMOUNT
1030300	01/10/2001	AIRS ID 1030300	50.00
TOTAL			50.00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 403362

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

TROPHY CLEANERS JOHN R GARRETT 225 SOUTH COLLEGE TYLER TX 75710	AIRS ID # 1030300
--	-------------------

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

1-22-01
RECEIVED
MAIL ROOM
JAN 22 01

P.O. Box 1084
Tyler, Texas 75710-1084



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

32315-3070



TROPHY CLEANERS, INC. • P.O. BOX 1084 • TYLER, TEXAS 75710-1084

No. 14946

DATE	DESCRIPTION	INVOICE NUMBER	AMOUNT OF INVOICE	DISCOUNT	NET INVOICE
12/06/1999	120699	50.00	TITLE V AIR GENERAL PERM IT		50.00
				CK# 014946	50.00

PLEASE DETACH AND RETAIN FOR YOUR RECORDS



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

✓ 0391006

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

TROPHY CLEANERS
JOHN R GARRETT
225 SOUTH COLLEGE
TYLER TX 75710

AIRS ID # 1030300

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

RECEIVED
MAIL ROOM
JAN 13 00

TROPHY CLEANERS, INC. • P.O. BOX 1084 • TYLER, TEXAS 75710-1084

No. 14294

INVOICE DATE	DESCRIPTION	INVOICE NUMBER	AMOUNT OF INVOICE	DISCOUNT	NET INVOICE
12/01/98	000000002	50.00 AIRS ID# 1030300			50.00
					50.00

CK# 014294

PLEASE DETACH AND RETAIN FOR YOUR RECORDS

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0356832

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

RECEIVED
MAIL ROOM
JAN 11 99

Do NOT Remove Label

AIRS ID # 1030300
TROPHY CLEANERS
JOHN R GARRETT
225 SOUTH COLLEGE
TYLER TX 75710

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

7

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

261422 ✓

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

RECEIVED
MAIL ROOM
FEB 25 97

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

TROPHY CLEANERS INC
JOHN R GARRETT
225 SOUTH COLLEGE
TYLER TX 75710

AIRS ID# 1030300

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

Z 210 662 964

US Postal Service
Receipt for Certified Mail
Insurance Coverage Provided.

10 AIRS ID # 1030300001AG
JOHN R GARRETT
TROPHY CLEANERS
PO BOX 1084
TYLER TX 75710-1084

PS Form 3800, April 1995

Postage	\$
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	

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:

10 AIRS ID # 1030300001AG
JOHN R GARRETT
TROPHY CLEANERS
PO BOX 1084
TYLER TX 75710-1084

Z 210 662 964

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) *Sam Davis* B. Date of Delivery *6-11-11*
- C. Signature *[Signature]* Agent Addressee
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

P 265 302 272

US Postal Service
Receipt for Certified Mail

AIRS ID#: 1030300
TROPHY CLEANERS INC
JOHN R GARRETT
225 SOUTH COLLEGE
TYLER TX 75710

PS Form 3800, April 1995

Postage	\$
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	2/19/97

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID#: 1030300
TROPHY CLEANERS INC
JOHN R GARRETT
225 SOUTH COLLEGE
TYLER TX 75710

4a. Article Number

P265302272

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

Steven Smith

6. Signature: (Addressee or Agent)

X Steven Smith

Thank you for using Return Receipt Service.