

10 30314



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

September 23, 1996

Mr. Steve Terepka  
President  
Spirit Cleaners, Inc.  
1590 McMullen Booth Road  
Clearwater, Florida 34619

Dear Mr. Terepka:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 28, 1996.

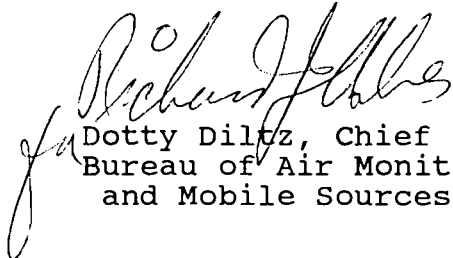
Please note that in November of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

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

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

If there are any changes in the facility status, including change of operating parameters or equipment, 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"

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Spirit Cleaners Inc.
2. Site Name (For example, plant name or number): Spirit Cleaners Inc.
3. Hazardous Waste Generator Identification Number: FLD982139511
4. Facility Location: 1590 McMullen Booth Road Street Address: City: Clearwater County: Pinellas Zip Code: 34619
5. Facility Identification Number (DEP Use): 1030314

## Responsible Official

6. Name and Title of Responsible Official: Steve Terepka (President)
7. Responsible Official Mailing Address: Organization/Firm: 1590 McMullen Booth Road Street Address: City: Clearwater County: Pinellas Zip Code: 34619
8. Responsible Official Telephone Number: Telephone: (813) 726-4181 Fax: ( ) -

## Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): N/A
10. Facility Contact Address: N/A Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -

RECEIVED

AUG 28 1996

**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>
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser		Nov 89	Nov 89						
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(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:

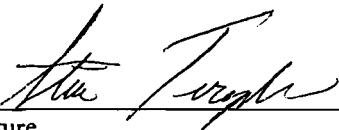
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)  
\_\_\_\_\_

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.*

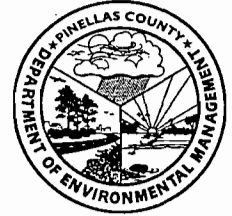
*I will promptly notify the Department of any changes to the information contained in this notification.*

  
\_\_\_\_\_  
Signature

8-20-96  
\_\_\_\_\_  
Date



**PINELLAS COUNTY**  
**DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**  
**AIR QUALITY DIVISION**  
300 SOUTH GARDEN AVENUE  
CLEARWATER, FLORIDA 33756



COMMISSIONERS

Calvin D. Harris, Chairman  
Barbara Sheen Todd, Vice-Chairman  
Susan Latvala, Commissioner  
John Morrioni, Commissioner  
Karen Williams Seel, Commissioner  
Robert B. Stewart, Commissioner  
Kenneth T. Welch, Commissioner

PHONE: (727) 464-4422  
FAX: (727) 464-4420  
SUNCOM: 570-4422  
SUNCOM FAX: 570-4420

March 6, 2001

Ms. Margie Rutherford, Owner  
Spirit Cleaners, LLC  
3032 State Rd. 590  
Clearwater, FL 33759

**RECEIVED**  
MAR - 8 2001  
Bureau of Air Monitoring  
& Mobile Sources

**Re: Spirit Cleaners, LLC, 3032 State Road. 590, Clearwater, FL**  
**Permit No. 1030314-003-AG**  
**Expiration Date: October 15, 2005**

Ms. Rutherford:

The Perchloroethylene Dry Cleaner Air General Permit Notification Form establishes the terms and conditions of this Title V air general permit. Throughout the term of this air general permit, the responsible official shall ensure that the facility maintains its eligibility to use the general permit and complies with all general conditions of Rule 62-213.300(3), F.A.C.

An inspection on February 15, 2001 determined that Mr. Andy Tickle is currently acting in the capacity of a responsible official. The responsible official of record is Margie Rutherford. Inspection results indicate that this change occurred on, or about February 15, 2001.

To maintain the facilities eligibility to use the air general permit, any changes requiring corrections to information contained in the notification form, the responsible official shall notify the Department in writing within 30 days of the changes. Such changes include:

- (a) Any change in name of the responsible official or facility address or phone number;
- (b) A change in facility status requiring more frequent monitoring or reporting by the responsible official from that noted on the most recent notification form; and
- (c) Any other similar minor administrative change at the facility.

The responsible official must complete, detach, and mail Part III of the appropriate form to the address listed below, within 30 days of receipt of this letter. A complete copy of the notification form, including the completed Part III, must be kept on-site for inspection purposes. A Title V Air General Permit Notification Form is enclosed.

Spirit Cleaners, LLC


Page 2

The Title V Air General Permit Notification Form should be submitted to:

Bureau of Ambient Monitoring and Mobile Sources  
Division of Air Resources Management  
MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400  
(904) 488-6140

Please send a copy of the Title V Air General Permit Notification Form to this office. There is no fee for administrative corrections. If you have any questions, please contact Matt McCann or Pwu-Sheng Liu at 464-4422.

Sincerely,



Matthew McCann, Senior Environmental Specialist  
Air Quality Division

cc: PF(1030314-003-AG), RF  
Rick Butler, BAMMS Tallahassee. DEP

Attachments: Title V Air General Permit Notification Form

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

FACILITY NAME: Spirit Cleaners DATE: 1/24/97  
 FACILITY LOCATION: 1590 McMullen Booth Rd.  
Clearwater, FL 34619

Annual Reporting Period: January 24th 1996 TO January 24th 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 perchloroethylene purchased in the previous month (rolling averages).  
 Exact period of non-compliance: from January 24, 1996 to January 24, 1997  
 Action(s) taken to achieve compliance: Will follow steps to calculate rolling avgs.  
 Method used to demonstrate compliance: supplied method to responsible official.

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

(5)(b) 2.f. Verify accuracy of temperature sensor within ±2°F of the exhaust temperature.  
 Exact period of non-compliance: from January 24, 1996 to January 24, 1997  
 Action(s) taken to achieve compliance: will calibrate to verify accuracy of temperature sensor.  
 Method used to demonstrate compliance: will be determined.

*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: Steve Terapia [Signature] 1-24-97  
 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.



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

FACILITY NAME: <u>Spicrit Cleaners</u>	DATE: <u>1/24/97</u>
FACILITY LOCATION: <u>1590 Mc Mullen Booth Rd</u> <u>Clearwater, FL 34619</u>	

Annual Reporting Period: January 24th 1996 TO January 24th 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:

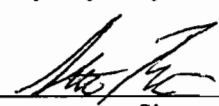
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

(2)(1)1. Responsible official shall maintain on-site a startup, shutdown, malfunction plan for the facility  
 Exact period of non-compliance: from January 24, 1996 to January 24th, 1997  
 Action(s) taken to achieve compliance: Submitted plan on 2nd inspection day  
 Method used to demonstrate compliance: Inspector will review plan.

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

(1)(a)2. The emissions unit or activity would be subject to no-unit specific applicable requirement.  
 Exact period of non-compliance: from January 24, 1996 to January 24, 1997  
 Action(s) taken to achieve compliance: Carbon filtration system for the water separator evaporation system will be developed & maintained  
 Method used to demonstrate compliance: Examination of systems similar to zero waste, will probably utilize this type of system.

*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: Steve Terepta  1-24-97  
 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.

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

<b>FACILITY NAME:</b> _____	<b>DATE:</b> _____
<b>FACILITY LOCATION:</b> _____	
_____	

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 rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

**RESPONSIBLE OFFICIAL:** \_\_\_\_\_

Name (Please Print)	Signature	Date
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\*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.

✓ A

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

TYPE OF INSPECTION:      ANNUAL                       COMPLAINT/DISCOVERY                       RE-INSPECTION

TIME IN: 10:30a.m.	TIME OUT: 12:00p.m.	AIRS ID# 1030314 001
TYPE OF FACILITY: <b>Perchloroethylene Dry Cleaner</b>		
FACILITY NAME: <b>Spirit Cleaners</b>	DATE: <b>April 8, 1997</b>	
FACILITY LOCATION: <b>1590 McMullen Booth Rd., Unit K-5, Clearwater, FL 34619</b>		
RESPONSIBLE OFFICIAL: <b>STEVE TEREPKA</b>	PHONE NUMBER: <b>813-726-4181</b>	

- 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:

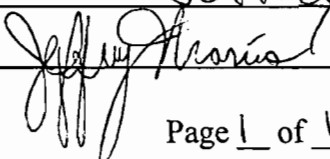
COMMENTS:

Facility bought an Ashcroft temperature sensor (model# 2A626) from Grainger Equipment Co. Installation of sensor was performed by Cleaners Equipment Co. Details concerning the sensor is appended with the inspection report.

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

DATE OF NEXT INSPECTION: June 21, 1997  
(Approximate)

INSPECTION CONDUCTED BY: Jeffrey Morris  
(Please Print)

INSPECTOR'S SIGNATURE:       PHONE NUMBER: 464-4422

ID#1030314



- Professional Drycleaning
- Fire Restoration
- Valet Service

RECEIVED

JAN 29 1997

Bureau of Air Monitoring  
& Mobile Sources

Sandy Bowman  
Department Of Environmental Protection  
Mail Station 5510  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

(904) 488-1344

Mrs. Bowman

1/24/97

Please have our classification as an (Existing small area source) changed to an  
(Existing large area source).

Thank You

  
Steve Terepka

Facility ID #FLD982139511

cc Jeffrey Morris

**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: 11:30 a.m. AIRS ID#: 1030314  
 TYPE OF FACILITY: Perchloroethylene Dry Cleaning Facility  
 FACILITY NAME: Spirit Cleaners DATE: 1/24/97  
 FACILITY LOCATION: 1590 McMullen Booth  
Clearwater, FL 34619  
 RESPONSIBLE OFFICIAL: Steve Terepka PHONE NUMBER: 726-4181

- 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
Monthly purchase records were not maintained as a 12-month Rolling average.	Develop and implement a record keeping procedure that maintains monthly purchased amounts (Perc) as a 12 month rolling average.
Could not determine if the temperature sensor at outlet of the RC was designed to measure 45°F, with an accuracy of ± 2°F	Determine from manufacturer of sensor was designed to measure 45°F in ± 2°F, or some other means that the department would consider appropriate.
Did not have a start-up, shut-down, malfunction plan in place, with associated deviation record keeping, on site.	Develop a plan that describes procedures for maintaining and operating equipment during periods of start-up and shut-down associated with a malfunction. Or use EPA's O&M manual. Keep log of maintenance actions.
Title V General Permit Notification indicated that facility was an existing Small area source. 12-month rolling averages indicate that the facility has exceeded the small designation.	Notify the Florida Dept. of Environ. Protection's Bureau of Air Monitoring & Mobile Sources, that they are an existing Large Area Source.
Evaporator for Separator Water does not incorporate a pre-filtration system.	Facility may either dispose of separator water as hazardous waste or incorporate a carbon filtration system (as per state's guidance) prior to evaporation.

COMMENTS:

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

DATE OF NEXT INSPECTION: January 24, 1998 ~~February 27, 1997~~  
(Approximate)

INSPECTION CONDUCTED BY: Jeffrey Morris  
(Please Print)

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#:	1030314	TIME IN:	10:30am	TIME OUT:	12:00 p.m.
FACILITY NAME:	Spirit Cleaners				
FACILITY LOCATION:	1590 McMullen Booth Rd Clearwater, FL 34619				

<b>PART I: NOTIFICATION</b>	
(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"/>

<b>PART II: CLASSIFICATION</b>	
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>165</u> gallons.	

## Best Available Copy

### 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
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

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, reclaim, 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
- 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

#### 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? (started development of plan)  Y  N
7. Maintained deviation reports?  Y  N
- Problem corrected? (no problem or shutdown from Jan)  Y  N
8. Maintained compliance plan, if applicable? to reinspection date  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:

- Not Applicable*
- 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			

Steve Tarepko

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  
(regular inspection date)

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ADDITIONAL SITE INFORMATION:

~~UNION~~

Serena - SUN 530 Dry-Dry machine.

- Thermometer sensor is an ASHCROFT #2A626 sensor with an accuracy of  $\pm 1\%$ . (copy from GRANGER catalog, 1997, p. 943)  $2^{\circ}\text{F}$  divisions. ( $\pm 1\% \approx \pm 2.2^{\circ}\text{F}$ )
- Responsible official has performed the following:
  - Development of startup, shutdown for malfunction plan.
  - Kept weekly leak & temperature logs.
  - Performed monthly rolling averages
  - Has filled out a new GP and submitted to the State to be upgraded as an existing large area source.

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 1030314 TIME IN: 10:30 am TIME OUT: 11:30 a.m.

FACILITY NAME: Spirit Cleaners

FACILITY LOCATION: 1590 McMullen Booth Rd.

Clearwater, FL 34619

### PART I: NOTIFICATION

(check appropriate box)

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

### PART II: CLASSIFICATION

Facility indicated on notification form that it is:

(check appropriate box)

- A.
- |   |                                     |   |                          |
|---|-------------------------------------|---|--------------------------|
| 1. Existing small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91)                         | <input checked="" type="checkbox"/> | 2. New small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91)                         | <input type="checkbox"/> |
| 3. Existing large area source<br>dry-to-dry only, $140 < x < 2,100$ gal/yr<br>transfer only, $200 < x < 1,800$ gal/yr<br>both types, $140 < x < 1,800$ gal/yr<br>(constructed before 12/9/91) | <input type="checkbox"/>            | 4. New large area source<br>dry-to-dry only, $140 < x < 2,100$ gal/yr<br>transfer only, $200 < x < 1,800$ gal/yr<br>both types, $140 < x < 1,800$ gal/yr<br>(constructed on or after 12/9/91) | <input type="checkbox"/> |

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 135 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
- 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

*Non Applicable*

**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

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

Non-Applicable

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 type="checkbox"/> N/A
Is the perc concentration equal to or less than 100 ppm?	<input type="checkbox"/> Y <input type="checkbox"/> 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?	<input type="checkbox"/> Y <input type="checkbox"/> N
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	<input type="checkbox"/> Y <input type="checkbox"/> N <input 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 type="checkbox"/> N/A

#### PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?	<input checked="" type="checkbox"/> Y <input 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? (No deviation report)	<del><input type="checkbox"/> Y <input type="checkbox"/> N</del>
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 type="checkbox"/>

Non Applicable

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			

Steve Terepka

Name of Responsible Official

Jeffrey Morris

Inspector's Name (Please Print)

Inspector's Signature

1/23/97

Date of Inspection

3/5/97

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- Needs to keep copies of perc sales receipts.
- Needs to keep rolling averages of perc consumption annual averages.
- Thermometer is not calibrated.
- Visual leak detection only. No electronic leak detection on site.
  
- contained, stainless steel, for perc drums and machine (dry-dry).
- Serena - sun 530 dry-dry machine.
- ~~No~~ repairs made freon, bearings
  - No leaks since 1989 or repairs attributed to perc leaks.
- Does not have a startup/shutdown log, or startup/shutdown procedures written on dryer or in any other form.
- Facility representative considering going into Existing large area source.

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

AIRS ID#: <u>1030314 001</u>	DATE: <u>3/17/98</u>	TIME IN: <u>1:40</u>	TIME OUT: <u>2:40</u>
FACILITY NAME: <u>Spirit Cleaners</u>			
FACILITY LOCATION: <u>1590 McMullen Booth Rd., Unit K-5</u> <u>Clearwater, FL</u>			
RESPONSIBLE OFFICIAL: <u>Mr. Steve Terepka</u>		Phone No.: _____	
Permit No. <u>1030314-001-AG</u>	Exp. Date: <u>09/11/2001</u>		

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- Based on the results of the compliance requirements evaluated during this inspection, the facility was 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.
<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.*

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

Inspection Conducted by: Margaret J. Hennis (Please Print)

Inspector's Signature: Margaret J. Hennis

Phone Number: 464-4422

Date of next Inspection: 3/99  
 (Approximate)

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

**TYPE OF INSPECTION:** ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

<b>AIRS ID#:</b> <u>0314 001</u>	<b>DATE:</b> <u>3/17/98</u>	<b>TIME IN:</b> <u>1:40</u>	<b>TIME OUT:</b> <u>2:40</u>
<b>FACILITY NAME:</b> <u>Spirit Cleaners</u>			
<b>FACILITY LOCATION:</b> <u>1590 McMullen Booth Rd., Unit K-5</u> <u>Clearwater, FL</u>			
<b>RESPONSIBLE OFFICIAL:</b> <u>Mr. Steve Terepka</u>		<b>Phone No.:</b> _____	
<b>Permit No.</b> <u>1030314-001-AG</u>	<b>Exp. Date:</b> <u>09/11/2001</u>		

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**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)

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

A.

<p><b>1. Existing small area source</b> <input type="checkbox"/>          dry-to-dry only, x &lt; 140 gal/yr          transfer only, x &lt; 200 gal/yr          both types, x &lt; 140 gal/yr          (Constructed before 12/9/91)</p> <p><b>3. Existing large area source</b> <input checked="" type="checkbox"/>          dry-to-dry only, 140 &lt; x &lt; 2,100 gal/yr          transfer only, 200 &lt; x &lt; 1,800 gal/yr          both types, 140 &lt; x &lt; 1,800 gal/yr          (Constructed before 12/9/91)</p>	<p><b>2. New small area source</b> <input type="checkbox"/>          dry-to-dry only, x &lt; 140 gal/yr          transfer only, x &lt; 200 gal/yr          both types, x &lt; 140 gal/yr          (Constructed before 12/9/91)</p> <p><b>4. New large area source</b> <input type="checkbox"/>          dry-to-dry only, 140 &lt; x &lt; 2,100 gal/yr          transfer only, 200 &lt; x &lt; 1,800 gal/yr          both types, 140 &lt; x &lt; 1,800 gal/yr          (Constructed before 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 117.4 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
- 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  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)

- Mach\_\_ Mach\_\_
- 1. Equipped all machines with the appropriate vent controls?  Y  N  Y  N
  - 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  Y  N
  - 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  Y  N
  - 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?  Y  N  Y  N
  - 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?  Y  N  Y  N
  - 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying the coolant had been completely charged?  Y  N  Y  N

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

- 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  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  N/A  
 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?  
Is the perc concentration equal to or less than 100 ppm?  Y  N  N/A  
 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

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**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:**

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:

Hose connections, fitting couplings, and valves	<i>no leaks</i> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Muck cookers	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <i>DL</i>
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		

Steve Terepka  
Name of Responsible Official

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

Margaret V. Hennis  
Inspector's Signature

3/17/98  
Date of Inspection

3/99  
Approximate Date of Next Inspection

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ADDITIONAL SITE INFORMATION:

Machine #1:

Manufacturer Sesma Sun 530 Capacity \_\_\_\_\_ lbs

Model# \_\_\_\_\_ Serial# A-85-1501 Mfg yr 86

Machine #2:

Manufacturer \_\_\_\_\_ Capacity \_\_\_\_\_ lbs

Model# \_\_\_\_\_ Serial# \_\_\_\_\_ Mfg yr \_\_\_\_\_

Notification (unpermitted sources only):

- 1. Was the facility assisted in filling out the notification by the inspector?  Y  N
- 2. Did the facility insist on filling out its own notification, and will send it to FDEP?  Y  N

Record keeping :

- 1. Does facility have statement/specs as to the design accuracy of the temperature sensor?  Y  N  
(temperature of 45°F w/accuracy ±2°F, or 7.2°C w/accuracy of ±1.1°C)

Hazardous Waste:

- 1. Is all perc. contaminated wastewater either treated or disposed of properly?  Y  N
- 2. If wastewater is evaporated, is it an approved system, and using carbon filtration?  Y  N
- 3. Does the facility have secondary containment for the dry-dry machine?  Y  N
- 4. Does the facility have secondary containment for any perc. waste containers?  Y  N

Boiler:

Manufacturer Hurst Hp 25

Model # \_\_\_\_\_ Serial # A-85-150-1 Mfg yr 86

Fuel Type: Natural gas?  propane?  fuel oil?

Comments: Lease a water filtration <sup>System for</sup> separator w/aler from "Safety Kleen" - who does maintenance / replaces filters.

AIRS ID#: 1030314

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Revised 10/10/96

APR - 9 1999

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM  
Bureau of Air Monitoring & Mobile Sources

FACILITY NAME: Spirit Cleaners DATE: 3/19/99  
 FACILITY LOCATION: 1590 McMiller Booth Rd., Unit K-5  
Clearwater, FL 33759

Annual Reporting Period: March 17 1998 TO March 19 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: Steve Terepka [Signature] 3/19/99  
 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.

✓

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID#: 1030314 001      DATE: 3/19/99      TIME IN: 1:15      TIME OUT: 1:45

FACILITY NAME: Spirit Cleaners

FACILITY LOCATION: 1590 McMullen Booth Rd., Unit K-5  
Clearwater, FL, 33759

RESPONSIBLE OFFICIAL: Steve Terepka      PHONE: 727-726-4151

CONTACT: Cheryl Thebeau      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)

No notification form

Drop store / out of business / petroleum

A.

1. Existing small area source  *MDK*  
 dry-to-dry only, x < 140 gal/yr  
 transfer only, x < 200 gal/yr  
 both types, x < 140 gal/yr  
 (Constructed before 12/9/91)

2. New small area source   
 dry-to-dry only, x < 140 gal/yr  
 transfer only, x < 200 gal/yr  
 both types, x < 140 gal/yr  
 (Constructed on or after 12/9/91)

3. Existing large area source  *MDK*  
 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)

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)

This is a correct facility classification:  Y  N  Can not determine (*See letter in file*)

If no, please check the appropriate classification:  
 facility qualified for a general permit as number 3 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 153.6 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 | <input type="checkbox"/> NA            |
| 2. Examining the containers for leakage?   | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA            |
| 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 | <input type="checkbox"/> NA            |
| 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"/> 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?   | <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"/> NA |
| 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"/> NA |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-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 | <input type="checkbox"/> NA |
| 6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |                             |

3. 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 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 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

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

3/19/99  
Date of Inspection

Maragaret V. Hennis  
Inspector's Signature

3/2000  
Approximate Date of Next Inspection

## ADDITIONAL SITE INFORMATION:

Has all necessary ~~eg~~ secondary containment.

Leases a separator water filtration system from Safety Kleen. They come out once ~~per~~ every two months to check out system. Has a sensor/light that shows if too much solvent.

Facility has used calendar for 1998-1999. 12 month total reveals then exceed 400 gallons periodically. ~~would~~ ~~to~~ ~~advise~~ ~~State~~ ~~they~~ ~~are~~ ~~existing~~ ~~leases~~ ~~area~~ ~~source~~. Facility plant is moving across the street. Advised to send letter to State regarding changed site status & new address.

→ Facility has sent letter to State back in January 1997, Did not see letter until after speaking w/R.O.

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

AIRS ID#: <u>1030314 001</u>	DATE: <u>3/19/99</u>	TIME IN: <u>1:15</u>	TIME OUT: <u>1:45</u>
FACILITY NAME: <u>Spirit Cleaners</u>			
FACILITY LOCATION: <u>1590 McMullen Booth Rd., Unit K-5</u> <u>Clearwater, FL, 33759</u>			
RESPONSIBLE OFFICIAL: <u>Steve Terepka</u>		Phone: <u>727-526-4181</u>	
Permit No. <u>1030314-001-AG</u> Exp. Date: <u>09/11/2001</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: Advised facility to notify State of address change after they've moved.

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 W. Hennis

Phone Number: 464-4422

Rick Butler  
General Permits Section  
Bureau of Air Monitoring & Mobile Sources  
Department Of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

1-24-2000

RECEIVED  
JAN 28 2000  
Bureau of Air Monitoring  
& Mobile Sources

Mr. Butler:

We have moved our Dry Cleaning Plant across the street from our previous location

Our previous address was:

Spirit Cleaners Inc.  
1590 McMullen Booth Road  
Clearwater, FL 33759  
(727) 726-4181  
AIRS ID# 1030314 001

This location is vacant and no longer active.

Our new location is:

Spirit Cleaners Inc.  
3032 S.R. 590  
Clearwater, FL 33759  
(727) 726-4181

Attached is (Notification of Intent to Use General Permit)  
Please make any changes of record and advise me of any other requirements.

Thank you



Steve Terepka  
Spirit Cleaners Inc.

cc Margaret Hennis, Pinellas County DEP

AIRS ID 1030314-002

*ACE*

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

FACILITY NAME: Spirit Cleaners, Inc. Date: 7/27/00

FACILITY LOCATION: 3032 State Rd. 590

Clearwater, FL, 33759

Annual Reporting Period: January 5, 2000 To July 27, 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:

Facility did not maintain 12-month consecutive  
perchloroethylene purchase total  
 Exact period of non-compliance: from June 20, 2000 to July 27, 2000

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  
 AUG - 7 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: Steve Terepka Margie Putterford 7-27-00  
 (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.





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258409 ✓

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

RECEIVED  
MAIL ROOM

JAN 17 97

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID# 1030314
SPIRIT CLEANERS INC STEVE TEREPA 1590 MCMULLEN BOOTH ROAD CLEARWATER FL 34619

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0354776 ✓

RECEIVED

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

DEC 23 1998

**TOTAL AMOUNT DUE: \$50.00**

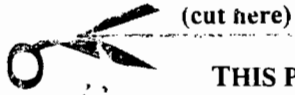
Bureau of Air Monitoring  
& Mobile Sources

Do NOT Remove Label

AIRS ID # 1030314
SPIRIT CLEANERS INC STEVE TEREPA 1590 MCMULLEN BOOTH ROAD CLEARWATER FL 34619

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

RECEIVED  
MAIL ROOM  
DEC 18 98



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

395020

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

**TOTAL AMOUNT DUE: \$75.00**

RECEIVED  
MAIL ROOM  
MAY 12 00

Do **NOT** Remove Label

AIRS ID # 1030314

SPIRIT CLEANERS ~~INC~~ LLC  
 STEVE TEREPA  
 1590 MCMULLEN BOOTH ROAD  
 CLEARWATER FL 34619

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

*Spirit Cleaners, LLC  
 3032 SR 590  
 Clearwater FL 33759*



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

323153070





(cut here)

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**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**

304092

RECEIVED  
MAIL ROOM  
MAR - 2 98

Do **NOT** Remove Label

AIRS ID#1030314

SPIRIT CLEANERS INC  
STEVE TEREPA  
1590 MCMULLEN BOOTH ROAD  
CLEARWATER FL 34619

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

Z 210 662 482

2000

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

AIRS ID # 1030314

SPIRIT CLEANERS INC  
STEVE TEREPKA  
1590 MCMULLEN BOOTH ROAD  
CLEARWATER FL 34619

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
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:

AIRS ID # 1030314

SPIRIT CLEANERS INC  
STEVE TEREPKA  
1590 MCMULLEN BOOTH ROAD  
CLEARWATER FL 34619

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

Michelle Siegel 3/1/00

C. Signature

X Michael M. Breen

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

2. Article Number (Copy from service label)

Z 210 662 482

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DARWIN MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Mail  
& Mobile Source  
Control Programs

MAR - 3 2000

RECEIVED



Z 210 662 960

US Postal Service  
**Receipt for Certified Mail**

10 AIRS ID # 1030314001AG  
 STEVE TEREPKA  
 SPIRIT CLEANERS INC  
 3032 SR 590  
 CLEARWATER FL 33759

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

**SEND TO ADDRESSEE**      **COMPLETE THIS SECTION ON DELIVERY**

**1. Article Addressed to:**

10 AIRS ID # 1030314001AG  
 STEVE TEREPKA  
 SPIRIT CLEANERS INC  
 3032 SR 590  
 CLEARWATER FL 33759

**2. Article Number (Copy from service label)**

Z 210 662 960

**3. Service Type**

Certified Mail     Express Mail  
 Registered         Return Receipt for Merchandise  
 Insured Mail        C.O.D.

**4. Restricted Delivery? (Extra Fee)**     Yes

**A. Received by (Please Print Clearly)**    **B. Date of Delivery**

RECEIVED    6/8/01

**C. Signature**

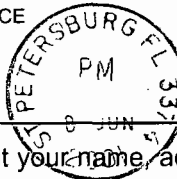
Steve Terepka     Agent  
 Addressee

**D. Is delivery address different from item 1?**     Yes  
 If YES, enter delivery address below:     No

Bureau of Air Monitoring  
 & Mobile Sources

PS Form 3811, July 1999      Domestic Return Receipt      102595-99-M-1789

UNITED STATES POSTAL SERVICE



First-Class-Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box. •

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400



333 613 046

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided

AIRS ID 1030314

SPIRIT CLEANERS INC  
STEVE TEREPA  
1590 MCMULLEN BOOTH ROAD  
CLEARWATER FL 34619

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

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 1030314

SPIRIT CLEANERS INC  
STEVE TEREPA  
1590 MCMULLEN BOOTH ROAD  
CLEARWATER FL 34619

**4a. Article Number**

Z 333 613 046

**4b. Service Type**

- |   |   |
|---|---|
| <input type="checkbox"/> Registered                     | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured              |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD                  |

**7. Date of Delivery**

2-14-98

**5. Received By: (Print Name)**

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

**6. Signature: (Addressee or Agent)**

Alison Brotherton

Thank you for using Return Receipt Service.



**CERTIFIED**

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
TWIN TOWERS OFFICE BUILDING  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Z 333 667 420

**MAIL**

TALLAHASSEE  
FEB 10 90

U S POSTAGE  
298  
POSTALIA 512 157

AC5521

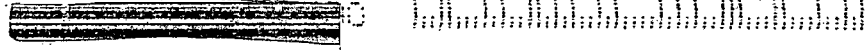
BAMMS/BCO  
JOEY ROBERTS  
5510



UNCLAIMED  
Bureau of Accounting  
& Mobilization  
MAIL SERVICE  
FEB 10 1990  
USPS  
MAIL SERVICE  
FEB 10 1990  
USPS

SID #1030314  
SPIRIT CLEARWATER  
STEVE TERRELL  
1590 MCMULLEN BROTHERS ROAD  
CLEARWATER FL 34615

LA  
12/12/90  
1st Notice 2-12  
2nd Notice 2-19



**SENDER - COMPLETE THIS SECTION**

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

1. Article Addressed to:

AIRS ID # 1030314

SPIRIT CLEANERS INC  
 STEVE TEREPKA  
 1590 MCMULLEN BOOTH ROAD  
 CLEARWATER FL 34619

2. Article Number (Copy from service label)

Z 333 667 420

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

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

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1769

Z 333 667 420 2000

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 1030314

SPIRIT CLEANERS INC  
 STEVE TEREPKA  
 1590 MCMULLEN BOOTH ROAD  
 CLEARWATER FL 34619

PS Form 3800 April 1995

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	