

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

November 18, 1996

Mr. Gary R. Dawson Belleair Bluffs Cleaners 2924 West Bay Drive Belleair Bluffs, Florida 33770

Re: Facility I.D. No. 1030325

Dear Mr. Dawson:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 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/jw

cc: Mr. Louis Fernandez, Southwest District

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



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 Morroni, Commissioner Karen Williams Seel, Commissioner Robert B. Stewart, Commissioner Kenneth T. Welch, Commissioner

March 30, 2001

Ms. Dotty Diltz, Chief
Bureau of Air Menitoring & Mobile Sources
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Re: Title V General Permit Notification 1030325-001-AG

lane

Ms. Diltz:

Enclosed is a Title V General Permit Notification for Belleair Bluff Cleaners, 2924 West Bay Drive, Belleair Bluffs, FL, 33770, which was recently collected.

If you have any questions concerning this mailing, you may contact me at Suncom 570-4422, or by E-mail

Sincerely,

Matt MeCann, Senior Environmental Specialist

Air Quality Division

cc: RF, PF (103 0325)

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

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PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM Part III. Notification of Intent to Use General Permit	
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PERCHLOROETHYLENE DRY CLEANER	
AIR GENERAL PERMIT NOTIFICATION FORM	_
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Part III. Notification of Intent to Use General Permit	
Ce Co.	
Prior to filling out this form, please read the instructions provided at the end of the form. Send	
completed form to the address listed in the instructions and keep a copy of the form for your files.	
completed form to the address fisted in the instructions and keep a copy of the form for your mes.	
Facility Name and Location	
Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
The state of the s	
6.J.G.B 13 c	
2. Site Name (For example, plant name or number):	
Belleain Blutts Cleaners	
3. Hazardous Waste Generator Identification Number:	
FLD 101868693	
4. Facility Location: 2924 West BAY DL	
Sitest Address.	
County: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Bellerin Diotes Tive 1/45 35770	
5. Facility Identification Number (DEP Use ONLY - do not fill in):	
A STATE OF THE STA	
Responsible Official	•
6. Name and Title of Responsible Official:	
Name: Title:	
GARY K. DAWSON ALESIDENT	
7. Responsible Official Mailing Address:	
Organization/Firm: Bellenia Bluffs Cleaners	-
m . i i = "m	
County. A Zip Code.	
Belleain Sluffs FINEILAS 33770	
8. Responsible Official Telephone Number:	
Telephone: (727) 585 1/01 Fax: (727) 585 0278	
Telephone: (727) 585 /10/ Fax: (727) 585 0278	
· ·	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
10 FeeThe Control All c	
10. Facility Contact Address:	
Street Address	
Street Address:	
City: County: Zip Code:	
11 Facility Contact Telephone Number:	
11. Facility Contact Telephone Number: Telephone: () - Fax: () -	
recognition.	
1	

DEP Form No. 62-213.900(2)

DEP Form No. 62-213.900(2)

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY How many dry-to-dry machines do you have on-site? For each dry-to-dry machine on-site, please provide the following information: Date Initially Purchased Status Control Device Required* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") 15-NOV-81 same Existing/New RC/CA/None required Existing/New RC/CA/None required Existing/New RC/CA/None required *CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber 1.(b) TRANSFER MACHINES ONLY How many washers do you have on-site? How many dryers/reclaimers do you have on-site? If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a NEW unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information: Date Initially Purchased Status Control Device Required* Date Control Device Installed From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") Existing/New RC/CA/None required Existing/New RC/CA/None required Existing/New RC/CA/None required *CONTROL DEVICE KEY: RC = refrigerated condenserCA = carbon adsorber2.(a) How much perchloroethylene (perc) have you used within the last 12 months? **210.2** gallons (You must fill this in) (b) If less than 12 months, how many? [____] months Check why it is less than 12 months: New owner: [____] Did not keep records: [____] New store: [____] New machine [____] Unopened store [____] (date of expected opening _

DEP Form No. 62-213.900(2)

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.)
Small Area Source []
Dry-to-dry machines only on-site (used less than 140 gallons of perc per year) Transfer only on-site (used less than 200 gallons of perc per year) Both machine types on-site (used less than 140 gallons of perc per year)
Large Area Source [X_]
Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year) Transfer only on-site (used 200 - 1,800 gallons of perc per year) Both machine types on-site (used 140 - 2,100 gallons of perc per year)
4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing machines at small area source New machines at small area source (NONE REQUIRED) Refrigerated condenser
Existing machines at large area source Carbon adsorber Refrigerated condenser [] 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 (see attached memo for the criteria).
All steam and hot water generating units exempt [X] OR No such units on-site []
How many boilers do you have on-site? []
For each boiler, indicate its horsepower (HP) rating: [20] [] []
What type of fuel do you use? [] propane [_X_] natural gas [] No. 2 fuel oil [] No. 4 fuel oil [] No. 6 fuel oil [] Other (please list)
6. 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/solvent addition log
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring []
(e) Startup, shutdown, malfunction plan

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

Please indicate	
	e with an "X" the appropriate selection:
. [<u></u>]	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are
[]	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible	Official Certification
	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in
statement. maintain comply w	cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form. Impuly notify the Department of any changes to the information contained in this notification.

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Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Facility Name and Location

- 1. **Facility Owner/Company Name** Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
- 2. **Site Name** Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
- 3. **Hazardous Waste Generator Identification Number** Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
- 4. Facility Location Enter the street address and zip code of the facility and the city and county in which it is located.
- 5. Facility Identification Number (DEP Use ONLY) Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

- 6. Name and Title of Responsible Official Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
- 7. **Responsible Official Mailing Address** Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
- 8. **Responsible Official Telephone Number** Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

Name and Title of Facility Contact - Enter the name of the facility contact, if other than the
responsible official. For example, a plant manager could be designated as the facility contact for
Department inspections.

DEP Form No. 62-213.900(2)



Department of Environmental Protection

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

David B. Struhs Secretary

September 20, 2001

Mr. Gary Dawson Belleair Bluffs Cleaners 2924 West Bay Drive Belleair Bluffs, Florida 33770

Dear Mr. Dawson:

Thank you for your submittal of the Perchloroethylene Dry Cleaner Air General Permit Notification Form. The Department received your submittal on September 20.

In reviewing your submittal, it was noted that Belleair Bluffs Cleaners elected to surrender its existing Title V air general permit (AIRS ID 1030325). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring

and Mobile Sources

SB/jw . Enclosure

cc: Mr. Gary Robbins, Pinellas County "More Protection, Less Process"

Printed on recycled paper.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	G.J.G.B. INC
2	Site Name (For example, plant name or number):
	BELLEAIR BLUFFS CLEANERS
3.	Hazardous Waste Generator Identification Number:
	FLD 101868693
4.	Street Address: 2924 West Bay Jaive
	Facility Location: 2924 West BAY Drive City BELLEAIN BIOST PINELLAS Zip Code: 33770
5.	Facility Identification Number (DEP Use):
	1030325
	Responsible Official
6.	Name and Title of Responsible Official:
	Responsible Official Mailing Address: Responsible Official Mailing Address:
7.	Responsible Official Mailing Address: Organization/Firm: BECLEAIN BIUFFS Cleaners
	Street Address: 2924 W BAY DA
	Organization/Firm: BECLEHIN BIOFFS CLEANING Street Address: 2924 W 3BY DA City: Bellown Bloffs County: Pinellas Responsible Official Telephone Number:
8.	Responsible Official Telephone Number:
	Telephone: (813)585-1101 Fax: 813)586-0092
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10	Facility Contact Address:
10.	Tachity Contact Address.
	Street Address:
	City: County: Zip Code:
11	Facility Contact Telephone Number:
11.	Telephone: () - Fax: () -

RECEIVED

SEP 3 1996

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Bureau of Air Monitoring & Mobile Sources

1030325

P.14 1.(a) add date control device installed

3. new Small area Source Should be marked

P.15

4. new small r. c. should be marked

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	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
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	7	07-DEC.	193						
(2) w/ carbon adsorber		<i>V</i> /							
(3) w/ no controls									
Washer Unit	. 1	· · · · · · · · · · · · · · · · · · ·							
(4) w/ ref. condenser									-
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	JOH	not published to			in the last				Talan Ing to the
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	<u> </u>			1.2	1.44		:	1,21,100	Jakony soci
(10) w/ ref. condenser	-	l							
(11) w/carbon adsorber									
(12) w/ no controls									
 (b) Control devices are (c) No control devices at 2.(a) What was the total q (b) If less than 12 month Check why it is less 	uanti gallo	equired to be ity of perchlons ow many? [_	installed [perc)	purchased in				

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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 X
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
(f) Start-up, shutdown, malfunction plan

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indica	te 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)
<u>_</u>	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this noti, statemen maintain comply	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ats made in this notification are true, accurate and complete. Further, I agree to operate and a the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form. I hereby certify, based on information control equipment described inquiry, that the entity made in the information contained in this notification.

BEST AVAILABLE COPY # 1030325 p.14 j.(a) add date control device installed P P.14 1. Facility Owner/Q 2. Site Name (For e new small r. c. Should be marked 4. Facility Location Street Address: Facility Identification 6. Name and Title of 7. Responsible Office Organization/Firm: BECLEAIR Bluffs Cleaners Organization/Firm: DL COLT. Street Address: 2924 W BAY DA County: Responsible Official Telephone Number: PinellAs Fax: (13) 586-0092 (813)585 1101 Telephone: Facility Contact (If different from Responsible Official)

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

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DEP Form No. 62-213.900(2)

Effective: 6-25-96

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Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	G.J.G.B. INC
2.	Site Name (For example, plant name or number):
	BELLEAIR BLUFFS CLEANERS
3.	Hazardous Waste Generator Identification Number:
	FLD 101868693
4.	Street Address: 2924 West BAY Drive
	City: BELLEAIN BIOSTS PINELLAS Zip Code: 33770
5.	Facility Identification Number (DEP Use):
	1030325
	Responsible Official
6.	Name and Title of Responsible Official:
	(SARY K. DAWSON PRESIDENT
7.	Responsible Official Mailing Address: Organization/Firm: BECCEAIN BIUFFS Cleaners
	Street Address: 2924 W BAY DA
	Organization/Firm: BECCEAIN BIUFFS Cleaners Street Address: 2924 W BAY DA City: Bellan Bluff County: Pinellas Responsible Official Telephone Number:
8.	
	Telephone: (8(3)585-110) Fax: (813)586-0092
	Facility Contact (If different from Responsible Official)
<u> </u>	Name and Title of Facility Contest (For example, plant manager)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address: City: County: Zip Code:
	Zip code.
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

RECEIVED

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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Bureau of Air Monitoring & Mobile Sources

SEP 3 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.

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
. •		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	1D	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	\ /_	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit		15-1001	191	X.) 				
(1) w/ ref. condenser	1	12 DC	190	1					
(2) w/ carbon adsorber	-	07 000						· · · · · · · · · · · · · · · · · · ·	
(3) w/ no controls				-					
Washer Unit		L					L	<u>l</u> ,	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		L						<u>L</u>	
(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 (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 mont Check why it is less	are re uanti gallo	equired to be ity of perchlons ow many? [_	installed [perc)	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small and	Selec ea soi	t one classifi urce [X]	cation only.) Ne	ew sm	nall area sour	-ce [3) of	Part II?	
Existing large are	a sou	ırce	Ne	w lai	ge area sour	ce	J		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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 X
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
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration
(f) Start-up, shutdown, malfunction plan

DEP Form No. 62-213.900(2) Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate	e 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)
<u> </u>	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statement. maintain comply w	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form. Inptly notify the Department of any changes to the information contained in this notification. Date

AIRS ID#: 1030325

Did

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Belleair Bluffs Cleaners DATE: 4/11/97
FACILITY LOCATION: 2924 W. Bay Dr.
Belleair Bluffs, FL
Annual Reporting Period: April 11, 1996 TO April 11, 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:
not Maintain perchloroethylene purchase records
not Maintain perchloroethylene purchase records as a monthly rolling average Exact period of non-compliance: from April 11, 1996 to April 11, 1997
Action(s) taken to achieve compliance: Responsible official will maintain Monthly rolling averages for perchloroethylene purch
Method used to demonstrate compliance: Monthly rolling averages to perchloroethylene purch
#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 deviation report
Exact period of non-compliance: from April 11, 1996 to April 11, 1997
Action(s) taken to achieve compliance: Responsible official will maintain a deviation report with SSM plan-
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 par year for dry to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature Date

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

Revised 10/96

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL M	COMPLAINT/DISCOVERY	RE-INSPECTION 🗆
TIME IN: 8:44a.m.	TIME OUT: 10:05a.m.	AIRS ID# 1030325 001
TYPE OF FACILITY: Perchloroethyle	ne Dry Cleaner	
FACILITY NAME: Belleair Bluffs	Cleaners	DATE: April 11, 1997
FACILITY LOCATION: 2924 West Bay	Drive, Belleair Bluffs, FL	33770
RESPONSIBLE OFFICIAL: Gary Dawson	PHONE NUM	IBER: 813-585-1101
Based of the results of the compliance required to be in compliance with DEP Rule 62-213 Based on the results of the compliance required compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM	3.300, Florida Administrative Cuirements evaluated during this	ode (F.A.C.).
Monthly purchase records were not maintained as a twelve month rolling average.	Develop and implement a recomaintains monthly purchases rolling average.	
Did not have a deviation report associated with a start-up, shutdown, malfunction plan.	Keep log of maintenance action	ons.
COMMENTS:		· .
The Annual Compliance Certification form has been proper DATE OF NEXT INSPECTION: INSPECTION CONDUCTED BY: INSPECTOR'S SIGNATURE:	April 25, 1997 (Approximate) Jeffrey Morri	•

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TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

VA

TYPE OF INSPECTION:

ANNUAL A

COMPLAINT/DISCOVERY

RE-INSPECTION ☑

TIME IN: 10:20a.m.	TIME OUT: 12:15p.m.	AIRS ID# 1030325
TYPE OF FACILITY:	Perchloroethylene Dry Clean	er
FACILITY NAME:	Belleair Bluff Cleaners	DATE: June 20, 1997
FACILITY LOCATION:	2924 West Bay Drive, Bellea	ir Bluffs, FL 33770
RESPONSIBLE OFFICIAL:	Mr Gary Dawson	PHONE NUMBER: 813 585-1101

abla	Based of 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.).

The Annual Compliance Certification form has been properly certified		No □
DATE OF NEXT INSPECTION:	October 15, 1997	
	(Approximate)	
INSPECTION CONDUCTED BY:	Jeff Morris	
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 464 - 442	2

Page 1 of 1

Revised 10/96

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST						
	NUAL INSPECTIO	N		COMPLAINT/DISC	COVERY	
AIRS 10#: 1030325						<u>5a.m</u> .
FACILITY NAME:Be						····
FACILITY LOCATION: 292	24 W	· Ba	$I \propto c$	<u> Dr. </u>		
FACILITY LOCATION: 292	lleair	Bli	1 (f .	s, FL		
PART I: NOTIFICATION						
(check appropriate box)						
1. Existing facility notified DARM by 9	7/1/96					B
2. New facility notified DARM 30 days	prior to star	rtup				
3. Facility failed to notify DARM to use	general per	rmit				
The second secon			Card and a Card	124.4547 T		
PART II: CLASSIFICATION						
Facility indicated on notification form (check appropriate box)	that it is:					
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)	d	dry-to-d transfer both typ	ry only, only, x< es, x<14	rea source x<140 gal/yr 200 gal/yr 0 gal/yr or after 12/9/91)	a ·	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td></td><td>dry-to-d transfer both typ</td><td>ry only, only, 20 es, 140<</td><td>rea source 140<x<2, 100="" gal="" yr<br="">0<x<1,800 gal="" yr<br="">x<1,800 gal/yr or after 12/9/91)</x<1,800></x<2,></td><td></td><td></td></x<2,>		dry-to-d transfer both typ	ry only, only, 20 es, 140<	rea source 140 <x<2, 100="" gal="" yr<br="">0<x<1,800 gal="" yr<br="">x<1,800 gal/yr or after 12/9/91)</x<1,800></x<2,>		
This is a correct facility classification		MY	ΠN			
If no, please check the appropriate class	sification:				•	
facility qualified for a facility exceeds above				above general permit		
B. The total quantity of perchloroethyle facility was 30 gallons.	ne (perc) pu	irchased v	within th	e preceding 12 month	s by this dry	cleaning

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

 $\Box Y \Box N$

on dry-to-dry, reclaimer, and dryer machines on a weekly basis?

· · · · · · · · · · · · · · · · · · ·	
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	אם עם
Is the temperature differential equal to or greater than 20° F?	OY ON
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is wenting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port of 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?	מי מא
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
	-
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	_
1. Maintained receipts for perc purchased?	MY ON
2. Maintained rolling monthly averages of perc consumption?	DY MY
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	MY ON
4. Maintained calibration data? (for direct reading instruments only)	DY DN MN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON NA
6. Maintained startup/shutdown/malfunction plan?	MY DN
7. Maintained deviation reports?	DY QN
· Problem corrected? (No deviation report associated)	אם צם
8. Maintained compliance plan, if applicable?	DY DN DYNA
PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	MY ON
2. Which method of detection is used by the responsible official?	
Visual examination (condensed solvent on exterior surfaces)	a
Physical detection (airflow felt through gaskets)	Q/
Odor (noticeable perc odor)	Q

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

If using direct-reading instrum	entation	, is the equ	ipment:		
 Capable of detecting 	pere vap	or concent	rations in a range of 0-500 ppm?	ΠY	מם
b. Calibrated against a	standard	gas prior	and after each use		
(PID/FID only)?	PX	761.		ΩY	מם
c. Inspected for backs as	nd obviol	ıs signs of	wear on a weekly basis?	ΠY	חח
d. Kept in a clean and s	secure are	ea when no	t in use?	ΩY	מם
Verified for accuracy	by use o	f duplicate	samples (calorimetric only)?	Πλ	מט
3. Has the facility maintained a leak log?				A Y	□и
4. The following areas should be checked	for leaks	s by the ins	pector:		
	Leak I	Detected?		Leak	Detected?
Hose connections, fittings, couplings, and valves	ΩY	M	Muck cookers	ΠY	ΘN
coupings, and vaives	CJ I	<u> </u>		u i	
Door gaskets and seating	ΩY	ØΝ	Stills	ΠY	ØΝ
Filter gaskets and scating	ΩY	ыN	Exhaust dampers	ΩY	ВИ
Pumps	Ω̈́Υ	MN	Diverter valves	ΩY	MN
Solvent tanks and containers	ШΥ	UN	Cartridge filter housings	ΩY	DN
Water separators	ΩY	ME			
Gow Dawso	^	-			
Name of Responsible Official					

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

4/25/97

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Multimotic 5016 Capacity Model Shap Star 40 Serial # 61-1191-4666 Model Mfg year: 1991 Nov.

- Plastic containers for perc. drums DOT approved Bought through Safety Kleen
- Water from water separator Stored in waste drums and removed as hazardous waste

RECEIVED

JUL 2 9 1997

PERCHLOROETHYLENE DRY CLEANERS

Bureau of Air Monitoring & Mobile Sources

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

•	COM PHICE ET	or Ection C	me credity i		
TYPE OF INSPECTION:	ANNUAL		COMPLAINT/DISCOV	ERY	
•	RE-INSPECTION	i			
1,0303	25	10:	15a,m.		
AIRS ID#: 10:+5	TIME IN	i:	Oam TIME OUT:	11:20	<u> </u>
FACILITY NAME:	pelleair	Blut	fs Cleaners	<u> </u>	
FACILITY LOCATION: 2	924 W. F	Bay D	·		
	Belleatr	Bruff	s, FL		
			William Control of the Control of th		
PART I: NOTIFICATION		-			
(check appropriate box)				,	,
1. Existing facility notified DAR	M by 9/1/96°			ľ	র ∥
2. New facility notified DARM	30 days prior to startu	ıp		l	o '∦
3. Facility failed to notify DARN	A to use general perm	nit		•	a
			eyeset.	-	
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box)	n form that it is:		-		
		• •			
A. 1. Existing small area source		2. New small a	rea source		
dry-to-dry only, x<140 gal/yr	Ċ	dry-to-dry only,	x<140 gal/yr		
transfer only, x<200 gal/yr		ransfer only, x			
both types, x<140 gal/yr (constructed before 12/9/91)		ooth types, x<1- constructed on	or after 12/9/91)		
	·	•	,		1
3. Existing large area source dry-to-dry only, 140 <x<2, 100<="" td=""><td>e 🔲 4</td><td>i. New large a</td><td>rea source</td><td></td><td></td></x<2,>	e 🔲 4	i. New large a	rea source		
transfer only, 200 <x<1,800 g<="" td=""><td>al/yr t</td><td></td><td>00<x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800></td></x<1,800>	al/yr t		00 <x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800>		
both types, 140 <x<1,800 <="" gal="" td=""><td>•</td><td>• •</td><td><x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800></td></x<1,800>	•	• •	<x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800>		
(constructed before 12/9/91)	(constructed on	or after 12/9/91)		1
This is a correct facility classific	ration (ZY ON			
If no, please check the appropria	ate classification:				
☐ facility qualifie	d for a general permi	t as number	above		
facility exceeds above limits and is not eligible for a general permit					
B. The total quantity of perchlor	oethylene (perc) purc	hased within the	ne preceding 12 months by	this dry cle	aning
facility was <u>65</u> gallons.		•		•	

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	,
Storing perchloroethylene in tightly scaled and impervious containers?	CAY ON
2. Examining the containers for leakage?	MY DN.
3. Closing and securing machine doors except during loading/unloading?	DY DN
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON WIA
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 refrig (complete A below).	erated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	erated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
Equipped all machines with the appropriate vent controls?	MC AM
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	MY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	MY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	MY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	MY ON
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	MY ON
B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	MY ON

	<u> </u>
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?	OY ON
	OY ON
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is lenting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling not 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?	מס עם
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	MY ON
2. Maintained rolling monthly averages of perc consumption?	DY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON
4. Maintained calibration data? (for direct reading instruments only)	AND NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN N/A
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	ONY DN
Problem corrected?	OY ON ,
8. Maintained compliance plan, if applicable?	AVAD NO YO
PART VI: LEAK DETECTION AND REPAIRS	
Does the responsible official conduct a weekly leak detection and repair inspection?	NO AN
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)	
п	

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

Best Available Copy

If using direct-reading instrumentation, is the equipment:					
a. Capable of detecting perc vapor concentrations in a range of 0500 ppm2 TY IN					מם
b. Calibrated against a standard gap prior to and after each use					
(PID/FID only)?	\sim	M	4	ΠY	ПИ
c. Inspected for reals or	d oprior	es signs of	wear on a weekly basis?	ΟY	□N
d. Kept in a clean and s	ecure are	ea when no	t in use?	\Box Y	□N
e. Verified for accuracy	by use o	f duplicate	samples (calorimetric only)?	OY ON	
3. Has the facility maintained a leak log?				Y	ON
4. The following areas should be checked	for leak	s by the ins	spector:		
Leak Detected?				Leak !	Detected?
Hose connections, fittings,	ПΥ	W N	Mustanatura		₽ N
couplings, and valves	LY	G Ņ	Muck cookers	ΟY	22 174
Door gaskets and seating	ΠY	ØN	Stills	ΩY	GZ Zi
Filter gaskets and scating	ΩY	N	Exhaust dampers	ΩY	ME
Pumps	ΩУ	M	Diverter valves	ΩY	UN
Solvent tanks and containers	ΟY	M	Cartridge filter housings	ΩY	ME
Water separators	ΩY	ON			
Gaci Davison					
Name of Responsible Official					

Name of Responsible Official

Technology
Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

JIXXOIII DO I	SITE INFORMATION:		•	
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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM TO THE PERMIT TO
AIRS ID#1030325 G.J.G.B. INC GARY R DAWSON 2924 WEST BAY DRIVE BELLEAIR BLUFFS FL 33770 Do NOT Remove Label
Annual Reporting Period: $\frac{D}{\sqrt{0}}$ TO $\frac{\sqrt{2}/3/\sqrt{98}}{19}$ 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. TES 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
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL:
Name (Pleace 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#: 1030325 001 DATE: 6/9/98 TIME IN: 11:30 TIME OUT: 12:30 FACILITY NAME: Belleair Bluff Cleaners					
FACILITY LOCATION: 2924 West Bay Drive	- -				
Belleair Bluffs, FL, 33770	_				
RESPONSIBLE OFFICIAL: Gary Dawson Phone No.: 8.7. 12.					
Permit No. 1030325-001-AG Exp. Date: 10/01/2001					
Based of 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	
	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	
Purchase receipts were not maintained properly. Maintain all purchase receipts in a log kept on-site for operchloroethylene solvent consumption.		Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.	
	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.	
	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.	
	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).	
	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.	
	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			
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.			
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			
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.			
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.			
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.			
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.			
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.			
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.			
	,			
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 Villeunis				
Phone Number: 464-4422				

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		OMPLAINT/DISCOVERY :	
AIRS ID#: 1030325 001	,		TIME IN: <u>//: 30</u> TIME OUT: /2	:Vs
FACILITY NAME:	Belleair Blu	ff Cleaners		<u></u>
FACILITY LOCATION:	2924 West Bay	y Drive	Bure	
	Belleair Bluffs	, FL, 33770	& Section 1	
RESPONSIBLE OFFICIA	L: <u>Gary Dawson</u>		PHONE: Surger Phone:	
CONTACT:			PHONE:	·
PART I: NOTIFICATION	V			
(Check appropriate box)				
1. Existing facility notified	DARM By 9/1/96			4
2. New facility notified DA	RM 30 days prior to s	startup		
3. Facility failed to notify I	DARM to use general	permit		
PART II: CLASSIFICAT	ION			
Facility indicated on notific (Check appropriate box)	ation form that it is:	<u> </u>	No notification form Drop store / out of business / petroleum	
A. 1. Existing small area dry-to-dry only, x<14 transfer only, x<200 both types, x<140 ga (Constructed before	l/vr	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 dry-to-dry only, 140-transfer only, 200 <x-both (constructed="" 140<x<1="" before<="" th="" types,=""><td>source <x<2,100 gal="" yr<br=""><1,800 gal/yr 800 gal/yr 12/9/91)</x<2,100></td><td>4.</td><td>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)</td><td></td></x-both>	source <x<2,100 gal="" yr<br=""><1,800 gal/yr 800 gal/yr 12/9/91)</x<2,100>	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 class	ssification:	□N □ Ca	n not determine	
	appropriate classificat for a general permit a bove limits and is not	s number		•
B. The total quantity of perfacility was 90.3		purchased v	vithin the preceding 12 months by this dry	cleaning

PART III: GENERAL CONTROL REQUIREMENTS					
Is the responsible official of the dry cleaning facility: (check appropriate boxes)					
Storing perchloroethylene in tightly sealed and impervious containers?	ĽΥ	ΠN	□ NA		
2. Examining the containers for leakage?	u y	ΠN	□ NA		
3. Closing and securing machine doors except during loading/unloading?	□ Y	\square_N	•		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	Q.Y	ПN	□NA		
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☐ Y	ПN	⊡ 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 sou (check appropriate boxes)	rces:				
1. Equipped all machines with the appropriate vent controls?	☐ Y	ΠN			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☐ Y	ŪΝ	□ NA		
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ΩY	ΩN	□NA		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	□ Y	ΩN			
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	ΠN			

B. Has the responsible official of an existing lar	ge or new large area source also:
Measured and recorded the exhaust temperature located on dry-to-dry, reclaimer, and dryer made.	
Measured and recorded the washer exhaust tem outlet weekly? Is the temperature differential equal to or a	
3. Measured and recorded the perc concentration and end of the final drying cycle while the machine machines are equipped with a carbon adsorber? Is the perc concentration equal to or less the	is venting to the adsorber, if
4. Assured that the sampling port on the carbon as concentrations is at least 8 duct diameters down expansion; is at least 2 dust diameters upstream expansion; and downstream from no other inlet	nstream of any bend, contraction, or from any bend contraction, or
5. Equipped transfer machines (dryers, reclaimers condenser coils?	, and washers) with individual Y IN INA
6. Routed airflow to the carbon adsorber (if used)	at all times?
PART V: RECORDKEEPING REQUIREMEN	UTS
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	₽¥ □n
2. Maintained rolling monthly averages of perc co	onsumption?
3. Maintained leak detection inspection and repair	
a. documentation of leaks repaired w/in 24	4 hrs? or;
b. documentation of parts ordered to repai w/in 2 days and parts installed w/in 5 d	r leak and leak repaired ays of receipt?
4. Maintained calibration data? (for direct reading	□IV □IN FARMA
5. Maintained exhaust duct monitoring data on pe	rc concentrations?
6. Maintained startup/shutdown/malfunction plan	? ON
7. Maintained deviation reports? no deviation	OY ON ONA
1	·
Problem corrected?	OY ON ONA

PART VI: LEAK DETECTION AND REPAIRS				
Does the responsible official c inspection?	onduct a wee	ekly (for sma	all sources, bi-weekly) leak	detection and repair
2. Has the facility maintained a le	eak log?			
3. Does the responsible official of Ordered & necessary purt 4. Hose connections, fitting	heck the foll	owing areas	for leaks: gaskef-us otte les	es reported
couplings, and valves	□Y □N	□NA	Muck cookers	Dy Dn Dena
Door gaskets and seating	OM ON	□NA	Stills	□Y □N □NA
Filter gaskets and seating		□NA	Exhaust dampers	Dy Dn Onna
Pumps	uy un	□NA	Diverter valves	ÐY □N □NA
Solvent tanks and containers	□y □n	□NA	Cartridge Filter housing	□Y □N □NA
Water separators		□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 As a backup to 1st three. If using direct-reading instrumentation, is the equipment:				
a Capable of detecting perc vapor concentrations in a range of 0-500 ppm.			\square_{Y} \square_{N}	
b. Calibrated against a star	ndard gas pric	or to and after	r each use(PID/FID only).	$\square_{\mathrm{Y}} \square_{\mathrm{N}}$
c. Inspected for leaks and	obvious signs	of wear on a	a weekly basis?	□Y □N
d. Kept in a clean and sec	ure area whe	n not in use.		□y □n
e. Verified for accuracy by	use of dupli	cate samples	(calorimetric only)?	□Y □N
Margaref V. Hennis Inspector's Name (Please Pri	nt)		6/9/98 Date of Ins	spection
Subjour J. Hames			6/99	
Inspector's Signature			Approximate Date	of Next Inspection

ADDITIONAL SITE INFORMATION:	
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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID#1030325 G.J.G.B. INC GARY R DAWSON 2924 WEST BAY DRIVE BELLEAIR BLUFFS FL 33770 Do NOT Remove Label 06/01/9 Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DE 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the report Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylane 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

^{*}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.

AIRS ID#: (030325

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL DENMIE D ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Bellean Buffy Cheaners FACILITY LOCATION: 1974 West Bay Z Belleair Buffs F	Bureau of Air Monnaring: 5/26/99 & Mobile Sources
Belleair Brifs F	- 33770
Annual Reporting Period: 6/9 19/9	8 TO 5/26/99 19_
Based on each term or condition of the Title V general air permit, my faci 52-213.300, Florida Administrative Code (F.A.C.), during the period cover	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuo	us 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 continuo	us compliance during the reporting period stated above:
exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
√lethod used to demonstrate compliance:	
's the responsible official, I hereby certify, based on information and belicade in this notification are true, accurate and complete. Further, my and pon rolling averages of purchase receipts, does not exceed 2,100 gallons tear for transfer or combination facilities. ESPONSIBLE OFFICIAL: Name (Please Print)	nual consumption of perchloroethylene solvent, based

This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the iscretion 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#: 1030325 001 DATE: 5/26/99 TIME IN: 1.10 TIME OUT: 1:45						
FACILITY	FACILITY NAME: Belleair Bluff Cleaners					
FACILITY	FACILITY LOCATION: 2924 West Bay Drive					
Belleair Bluffs, FL, 33770						
RESPONSIBLE OFFICIAL: Gary Dawson Phone No.:						
Permit No. 1030325-001-AG Exp. Date: 10/01/2001						
Based of 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
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
Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
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.
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.
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).
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.
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			
	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.			
	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			
	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.			
	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.			
	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.			
	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.			
	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.			
	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.			
Comments:					
	<u></u>				
	· · · · · · · · · · · · · · · · · · ·				
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 Henn	is			
	Inspector's Signature: Mayart C). Amnes			
	Phone Number: 464-4422				

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	RE-INSPECTION	COMPLAINT/DISCOVERY	
AIRS ID#: 1030325 001 FACILITY NAME: FACILITY LOCATION:	Belleair Bluff		
RESPONSIBLE OFFICIA		PHONE:	_
PART I: NOTIFICATION			
(Check appropriate box) 1. Existing facility notified 2. New facility notified DA 3. Facility failed to notify D	RM 30 days prior to sta	•	
PART II: CLASSIFICATI	ON		
II — — * *	source 0 gal/yr gal/yr /yr /2/9/91) ource x < 2,100 gal/yr 1,800 gal/yr 800 gal/yr 2/9/91) sification:	No notification form Drop store / out of business / petroleum 2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (Constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 <x<2,100 (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" a="" above="" after="" both="" can="" determine="" eligible="" for="" gal="" general="" n="" not="" number="" on="" on:="" only,="" or="" permit<="" td="" transfer="" types,="" yr="" □=""><td></td></x<2,100>	
B. The total quantity of per facility was	• • •	ourchased within the preceding 12 months by this dry clea	aning

PAI	RT III: GENERAL CONTROL REQUIREMENTS					
Is the responsible official of the dry cleaning facility: (check appropriate boxes)						
1. 8	Storing perchloroethylene in tightly sealed and impervious containers?	ďΥ	ПΝ	□ NA		
2. I	Examining the containers for leakage?	Y	ПN	□ NA		
3. (Closing and securing machine doors except during loading/unloading?	Q Y	Πи			
1	Oraining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	Y	ПΝ	☐ NA		
1	Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ΔY	ПN	P rna		
PAI	RT IV: PROCESS VENT CONTROLS					
	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?	UY	□N			
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	□ Y	ПN	□ NA		
1	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ΘY	ПN	□NA		
	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ΘY	□N			
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	Py	ПN	□NA		
	Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged?	UÝ	ΠN			
1						

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3. Has the responsible official of an existing large or new large area source also	o:
. Measured and recorded the exhaust temperature on the outlet side of the condens located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	er DY DN
2. Measured and recorded the washer exhaust temperature at the condenser inlet an outlet weekly? Is the temperature differential equal to or greater than 20°F?	AMENO YOU
 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? 4. Assured that the sampling port on the carbon adsorber exhaust for measuring per 	Oy On Ona Oy On Ona
concentrations is at least 8 duct diameters downstream of any bend, contraction, expansion; is at least 2 dust diameters upstream from any bend contraction, or expansion; and downstream from no other inlet?	
Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	Dy On Otna
5. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ONA
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	OY ON
2. Maintained rolling monthly averages of perc consumption?	Mer Mi
3. Maintained leak detection inspection and repair reports for the following:	MY LIN
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON ONA
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	OY ON ONA
4. Maintained calibration data? (for direct reading instrument only)	DY DN DNA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DAYA
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	OY ON ONA
Problem corrected?	Dy Dn Ona
8. Maintained compliance plan, if applicable?	BY ON ONA

P	PART VI: LEAK DETECTION AND REPAIRS					
1.	Does the responsible official c inspection?	onduct	a wee	ekly)(for sm	all sources, bi-weekly) leal	detection and repair
2.	Has the facility maintained a le	eak log	?			OY ON
3.	Does the responsible official c	heck th	e follo	owing areas	for leaks:	
	Hose connections, fitting couplings, and valves	OY	ПN	□NA	Muck cookers	ON ONA
	Door gaskets and seating	DY	\square_N	□NA	Stills	CY ON ONA
	Filter gaskets and seating	ØÝ	ΩN	□ NA	Exhaust dampers	QY ON ONA
	Pumps	QY.	ПN	□NA	Diverter valves	OY ON ONA
	Solvent tanks and containers	97	Ωи	□NA	Cartridge Filter housing	DY ON ONA
	Water separators	DY	ПN	□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.					
	b. Calibrated against a stan	dard ga	s prior	to and after	each use(PID/FID only).	$\square_{\mathrm{Y}} \square_{\mathrm{N}}$
	c. Inspected for leaks and o	bvious	signs	of wear on a	weekly basis?	\square_{Λ} \square_{M}
	d. Kept in a clean and secu	ire area	when	not in use.		\square_{Y} \square_{N}
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?					
	Magaret V. Henris Inspector's Name (Please Print) Majaret V. Henris Inspector's Signature 5/26/99 Date of Inspection 6/2000 Approximate Date of Next Inspection					

ADDITIONAL SITE INFORMATION:	ADDITIONAL SITE INFORMATION:				
Use Illasea Waste	foote filtralio	n /misk	System	for	
Separator Dates 4 Presses. Excellent se Stored in Secondary	collected Steam	n Con	densati	hom	
Stored in Secondary	containment.	Ds cha	ingle to	synigment.	
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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Bluffs Cleane	rs	DATE: <u>3/15/00</u>
Vest Bay Dr.		<u> </u>
~ Bluffs, FL 33	7 <i>7</i> 0	
1999 20_	TO Gebruary	<u>/</u> 20 <u>00</u>
general air permit, my facility	has remained in complian	ce with DEP Rule
A.C.), during the period covered	by this statement.	res 🗖 no
hat has not been in continuous c	ompliance during the repo	rting period stated above:
	to	
		·
<u>.</u>		<u>·</u>
hat has not been in continuous c	ompliance during the repo	rting period stated above:
	to	
pplete. Further, my annual consons per year for dry-to dry facil	imption of perchloroethyl	ene solvent, based upon
	general air permit, my facility A.C.), during the period covered hat has not been in continuous chat has not been in continuous chat has not been in continuous cased on information and belief for plete. Further, my annual cons	hat has not been in continuous compliance during the reportation and belief formed after reasonable incurrence for the period of the property on the period of the period

*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.

Page _____ of _____.

MAR 1 3 2009

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF IN	SPECTION:	ANNUAL	COMPLAIN	T/DISCOVER	Y	RE-INSPECTION	
AIRS ID#:	1030325	DATI	2/4/00 E: <u>1/20</u> /00	_ TIME IN:	13:50	TIME OUT: _	14:15
FACILITY	NAME:	_Belleair	Bluff Cleaners	-		· · · · · · · · · · · · · · · · · · ·	· ,
FACILITY	LOCATION:	_2924 West	Bay Drive		_		
		Belleair Blu	ıffs, FL, 33770				
RESPONSIB	RESPONSIBLE OFFICIAL: Gary Dawson Phone: 727 585-1/01						
	Permit No.		·	Exp. Date:	10/01/	/2001	
Based of 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 r					g this inspection, the	e following

Inspection Summary Report Guidance

Compliance Requirement/Problem	Follow-up Action Required
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
Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
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.
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.
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).
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.
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
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.
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
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.
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.
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.
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.
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.
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.
Comments:	
	ctions are required, you must take immediate corrective perform a follow-up inspection to determine that proper
Inspection Conducted by: Margaret	Hennis
Inspector's Signature:	L D. Henres
Phone Number:	464-4422

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

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(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					

PART	THI: GENERAL CONTROL REQUIREMENTS						
Is the	Is the responsible official of the dry cleaning facility: (check appropriate boxes)						
1. Storing perchloroethylene in tightly sealed and impervious containers?							
2. Ex	amining the containers for leakage?	gý	□N	☐ NA			
3. Clo	osing and securing machine doors except during loading/unloading?	ΞÝ	□N				
	aining cartridge filters in their housing or in sealed containers for at ast 24 hours prior to disposal?	UY	□N	☐ NA			
	nintaining solvent-to- carbon ratios and steam pressure for carbon adsorber ds according to the manufacturer's specifications?	QΥ	□N	Ū+NA			
PART	Γ IV: PROCESS VENT CONTROLS						
	rt II-A:						
	classification (1) has been checked, no controls are required. Proceed to Pa	ırt V.					
	If classification (2) has been checked, the machine should be equipped with a refrigerated condenser (complete A below)						
cc	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 (c	If classification (4) has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below.)						
A. H	as the responsible official of all new sources and existing large area sou heck appropriate boxes)	rces:					
1. E	quipped all machines with the appropriate vent controls?	☐ Y	□N				
2. Ed	quipped dry-to-dry machines with a closed-loop vapor venting system?	Y	ПN	☐ NA			
1	quipped the condenser with a diverter valve so airflow will be directed vay from the condenser upon opening the door?	QΥ	ΠN	□NA			
	easured and recorded the temperature of the outlet exhaust stream of a frigerated condenser on a weekly/bi-weekly basis?	☐ Y	□N				
	epaired or adjusted the equipment within 24 hours if the exhaust emperature of the condenser exceeded 45°F?	ΩY	ΠN	□NA			
	nducted all temperature monitoring after an appropriate cool down period d 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 cond located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	lenser
2. Measured and recorded the washer exhaust temperature at the condenser inlet outlet weekly? Is the temperature differential equal to or greater than 20°F?	and OY ON ONA OY ON ONA
3. Measured and recorded the perc concentration in the exhaust stream weekly a 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?	OY ON ONA OY ON ONA
4. Assured that the sampling port on the carbon adsorber exhaust for measuring concentrations is at least 8 duct diameters downstream of any bend, contraction expansion; is at least 2 dust diameters upstream from any bend contraction, or expansion; and downstream from no other inlet?	on, or
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?	OY ON ONA
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	Oy On
2. Maintained rolling monthly averages of perc consumption?	מאר (האר) .
3. Maintained leak detection inspection and repair reports for the following:	T A Design
a. documentation of leaks repaired w/in 24 hrs? or;	gy On Ona
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	Dy On Ona
4. Maintained calibration data? (for direct reading instrument only)	Oy On Ona
4. Maintained calibration data? (for direct reading instrument only)5. Maintained exhaust duct monitoring data on perc concentrations?	
	OY ON ONA
5. Maintained exhaust duct monitoring data on perc concentrations?	Oy On Oma Oy On Oma
5. Maintained exhaust duct monitoring data on perc concentrations?6. Maintained startup/shutdown/malfunction plan?	Oy On Oma Oy On Oma Oy On

PA	ART VI: LEAK DETECTIO	<u>N ANI</u>) REP	PAIRS		
1.	Does the responsible official of inspection?	onduct	a wee	ekly (for sm	all sources, bi-weekly) leak	detection and repair
2.	Has the facility maintained a l	eak log	?			Oy On
3.	Does the responsible official of	heck th	ne follo	owing areas	s for leaks:	
	Hose connections, fitting couplings, and valves	⊡ Ý	ΠN	□na	Muck cookers	gy On Ona
	Door gaskets and seating	ØÝ	ΠN	\square_{NA}	Stills	DY ON ONA
	Filter gaskets and seating	ØÝ	\square_N	\square NA	Exhaust dampers	dy On Ona
	Pumps	ØÝ	\square_N	\square NA	Diverter valves	Stý On Ona
	Solvent tanks and containers	ΘÝ	\square_N	□NA	Cartridge Filter housing	DY ON ONA
	Water separators	QY	ПN	\square 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:					
					in a range of 0-500 ppm.	□y □n
		_			er each use(PID/FID only).	OY ON
	c. Inspected for leaks and		-		•	OY ON
	d. Kept in a clean and secu				·	
	e. Verified for accuracy by					□у □и
	Inspector's Name (Please Print) Date of Inspection Manager L Henris Inspector's Signature Jol Approximate Date of Next Inspection					
	(-1				**	•

ADDITIONAL SITE INFORMATION:				
	•			
Does temperature	monitoring a 25°F though not			
required.	monitoring a 25°F though not			
	· · · · · · · · · · · · · · · · · · ·			
<u> </u>				
· .				
	· · · · · · · · · · · · · · · · · · ·			

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

·	INSPECTION SUMMARY REPORT	N 90//
TYPE OF INSPECTION:	ANNUAL GCOMPLAINT/DISCOVERY	RE-INSPECTION 🔲
AIRS ID#: 1030325	DATE: 8/11/00 TIME IN: 9:44	TIME OUT: 9:52ac
FACILITY NAME:	Belleair Bluff Cleaners	·
FACILITY LOCATION:	2924 West Bay Drive	

Belleair Bluffs, FL, 33770

_1030325-001-AG

RESPONSIBLE OFFICIAL: Gary Dawson

Permit No.

$oldsymbol{oldsymbol{\boxtimes}}'$	Based of 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.).

Phone No.: (727) 585-1101

Exp. Date: 8/30/2001

Based on the results of the compliance requirements evaluated during this inspection, the following compliance <u>discrepancies</u> were noted (only items which are checked):

Inspection Summary Report Guidance

Compliance Requirement/Problem	Follow-up Action Required
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
Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
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.
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.
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).
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.
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
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.
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
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.
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.
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.
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.
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.
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.
Comments:	
If the Inspection Summary Report indicates follow-up as measures to achieve compliance. Pinellas County will properties actions have been taken.	ctions are required, you must take immediate corrective perform a follow-up inspection to determine that proper
Inspection Conducted by:	Morris
Inspector's Signature:	y Konie
Phone Number: 4644	A22

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/	DISCOVERY
AIRS ID#: 1030325 FACILITY NAME:	Belleair Bl			illam TIME OUT: 9:52a.m.
FACILITY LOCATION:	2924 West B Belleair Bluf		770	
RESPONSIBLE OFFICIAL	L: <u>Gary Dawsor</u>	1		PHONE: (727) 585-1101
CONTACT:	Gary Dawson	1		PHONE: (727) 585-1101
PART I: NOTIFICATION				
(Check appropriate box) 1. Existing facility notified I 2. New facility notified DAR 3. Facility failed to notify DAR	RM 30 days prior to	_	·	 - ର
PART II: CLASSIFICATION	ON			
Facility indicated on notificat (Check appropriate box) A. 1. Existing small area sortion dry-to-dry only, x < 140 transfer only, x < 140 gal/ (Constructed before 12)	,		•	on form out of business / petroleum rea source aly, x < 140 gal/yr , x < 200 gal/yr < 140 gal/yr < 100 gal/yr on or after 12/9/91)
	yr 2/9/91)		Com typos, n	12/0/01)
3. Existing large area so dry-to-dry only, 140<>> transfer only, 200 <x< br=""> both types, 140<x<1,8 </x<1,8 (Constructed before 12)</x<>				rea source lly, 140×x<2,100 gal/yr , 200×x<1,800 gal/yr 40×x<1,800 gal/yr ton or after 12/9/91)
3. Existing large area so dry-to-dry only, 140<× transfer only, 200<× both types, 140<×<1,8 (Constructed before 12 This is a correct facility class If no, please check the ap facility qualified for facility exceeds ab	ource (<2,100 gal/yr 1,800 gal/yr 300 gal/yr 2/9/91) iffication: Y opropriate classification a general permit	□N □ ation: as number	4. New large and dry-to-dry on transfer only, both types, 14 (Constructed) Can not determine above	rea source lly, 140 < x < 2,100 gal/yr , 200 < x < 1,800 gal/yr 40 < x < 1,800 gal/yr on or after 12/9/91) ne

PA	RT III: GENERAL CONTROL REQUIREMENTS			•	
	the responsible official of the dry cleaning facility: seck appropriate boxes)				
1.	Storing perchloroethylene in tightly sealed and impervious containers?	⊈Y	□N	□ NA	
2.	Examining the containers for leakage?	¥Υ	□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?	Ū∕Y	□N	□ NA	
5.	Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	□ Y	□N	□ Y NA	
DA	ART IV: PROCESS VENT CONTROLS				_
	Part II-A:				_
***	If classification (1) has been checked, no controls are required. Proceed to Pa	ırt V.		/ /	
	If classification (2) has been checked, the machine should be equipped with a (complete A below)	refrige	rated cor	ndenser	
	If classification (3) has been checked, the machine should be equipped with e condenser or a carbon adsorber (complete A and B below). Carbon adsorber installed prior to September 22, 1993.	ither a i	cefrigerat ave been	ted	
	If classification (4) has been checked, the machine should be equipped with a (complete A and B below.)	refrige	rated cor	ndenser	
A.	Has the responsible official of all new sources and existing large area sou (check appropriate boxes)	rces:			
1.	Equipped all machines with the appropriate vent controls?	☐ Y	□N		
2.	Equipped dry-to-dry machines with a closed-look vapor venting system?	☐ Y	\square N	□ NA	
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ΔY	□N	□NA	
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ΩY	ПΝ		
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	Y	ΠN	□NA	
6.	Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged?	☐ Y	ΠN		
1					

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	₽Y	N□	·
	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 □Y	□n □n	□NA □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 □Y	□n □n	□na □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 dust 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?	ΠY	ΠN	□NA
	Routed airflow to the carbon adsorber (if used) at all times? ART V: RECORDKEEPING REQUIREMENTS	ΩY	N	□NA
PA		Y	□N	□NA
PA Ha (cl	ART V: RECORDKEEPING REQUIREMENTS	□Y □Y	□N □N	□NA
PA Ha (cl	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes)	✓Y	□N	□NA
PA Ha (cl 1. 2.	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	□Y ⊡Y ⊡Y ⊡Y	□N	□NA
PA Ha (cl 1. 2.	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	o ody ody	N N	□NA
PA Ha (cl 1. 2.	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; (Cleaned door gasket) 7/25/00	o ody ody		□NA □NA
PA Ha (ct 1. 2. 3.	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	✓ ✓ ✓ Y		□NA
PA Ha (cl 1. 2. 3.	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; CHEANED door 90560 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	전Y 전Y 전Y		□NA □NA
PA Ha (cl 1. 2. 3.	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; (Cleaned doctory 7/25/00) b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instrument only) Maintained exhaust duct monitoring data on perc concentrations?	⊴Y ⊴Y ≪⊴Y ⊝Y		□NA □NA □NA
PA H: (ch 1. 2. 3. 4. 5.	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instrument only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	⊴Y ⊴Y ⊴Y ⊴Y □Y		□NA □NA □NA
PA H: (cl 1. 2. 3. 4. 5. 6.	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; (Cleaned dboc 7/25/00) b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instrument only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	✓Y ✓Y ✓Y ✓Y ✓Y ✓Y		□NA □NA ⊡NA ⊡NA

PA	ART VI: LEAK DETECTIO	N AND I	REP	PAIRS			· .
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Facility has elected Y IN to check for leaks on a weekly basis,						
2.	Has the facility maintained a le	eak log?		Off	a weekly bosish	₫Y	\square N
3.	Does the responsible official of	heck the	follo	owing areas	for leaks:		. •
	Hose connections, fitting couplings, and valves	ďy □	٦N	□NA	Muck cookers	₫Y	□n □na
	Door gaskets and seating	⊌Y □	ΙN	□NA	Stills	₫Y	□n □na
	Filter gaskets and seating	☑Y □	ΔN	□NA	Exhaust dampers	ΞY	□n □na
	Pumps	☐Y □	ΝĹ	□NA	Diverter valves	ĭY	□n □na
	Solvent tanks and containers	⊠Y □	ΔN	□NA.	Cartridge Filter housing	ƳY	□n □na
	Water separators	ØY □	ΙN	\square NA			
4.	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 instru			_			
	a Capable of detecting pe	rc vapor o	conc	centrations i	n a range of 0-500 ppm.		LY LN
	b. Calibrated against a stan	dard gas p	prior	to and after	each use(PID/FID only).		LY LN
	c. Inspected for leaks and o	bvious sig	gnsy	of wear on a	weekly basis?		\square_{Y} \square_{N}
	d. Kept in a clean and secu	re area w	vhen	not in use.			\square_{Y} \square_{N}
	e. Verified for accuracy by	use of du	plica	ate samples	(calorimetric only)?		$\square_{\mathrm{Y}} \square_{\mathrm{N}}$
	Inspector's Name (Please Prin	it)			Approximate Pate	•	t Inspection



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Belleair Bluff Cleaners		Date:	8/11/00
FACILITY LOCATION:	2924 West Bay Drive			
-	Belleair Bluffs, FL, 33770			
Annual Reporting Period: _	February 4, 20	0 <u>00</u> To <u>A</u>	lugus	t 11,20 <u>00</u>
	of the Title V general air permit, n Code (F.A.C.), during the period c			
IF NO, complete the following	g:			
_	neral permit that has not been in co	-		ng period stated above:
Exact period of non-compliance:	fromiance:	to	B G	*************************************
Action(s) taken to achieve compl	iance:			
Method used to demonstrate com	ıpliance:		Sile S	
#2. Term or condition of the gen	neral permit that has not been in co	ontinuous compliance dur	Ölingshe reporti	ng period stated above:
	from			_
Action(s) taken to achieve compl	iance:			
Method used to demonstrate com	pliance:			
As the responsible official, that the statements made in of perchloroethylene solver per year for dry-to-dry facil RESPONSIBLE OFFICIAL	I hereby certify, based on inf this notification are true, acc it, based upon rolling average ities or 1,800 gallons per yea L: Gary Dawson	/ Stille	formed after Further, my s, does not bination faci	reasonable inquiry, annual consumption exceed 2,100 gallons ilities.
	(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.

P 265	302 314		
US Postal Service Receipt for (Certified Mail		
AIR G.J.G.B. INC GARY R DAWSON 2924 WEST BAY DRI' BELLEAIR BLUFFS F			
Postage	\$		
Certified Fee			
Special Delivery Fee			
Restricted Delivery Fee)	i	
Return Receipt Showin Whom & Date Delivere	g to d	ĺ	
Return Receipt Showing to V	Whom,		
TOTAL Postage & Fee	s \$		
TOTAL Postage & Fee	•		
2//	7/97		

on the reverse side?	SENDER: Complete itams 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 card to you. Attach this form to the front of the mailpiece, or on the back if spacepermit. Write *Return Receipt Requested* on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.	e does not e number. d the date	I also wish to receive the following services (for an extra fee): 1. □ Addressee's Address 2. □ Restricted Delivery Consult postmaster for fee.	ceipt Service.
ADDRESS completed on	AIRS ID#: 1030325 G.J.G.B. INC GARY R DAWSON 2924 WEST BAY DRIVE BELLEAIR BLUFFS FL 33770	7. Date of De	Type ed	
s your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X W Gast	8. Addressee and fee is	o's Address (Only if requested paid)	Thank you
) <u></u>	PS Form 3811 , December 1994		Domestic Return Receipt	Ē

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	Z Z I I I I I I I I I I I I I I I I I I	2000 tified Mail Provided.
		AIRS ID # 1030325
]	BELLEAIR BLUFFS (LEANERS
	GARY R DAWSON	DELANERS
	2924 WEST BAY DRI	VF
	BELLEAIR BLUFFS F	
-		L 33770
	Certified Fee	
	Special Delivery Fee	
ы	Restricted Delivery Fee	
199	Return Receipt Showing to Whom & Date Delivered	
PS Form 3800 , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
33	Postmark or Date	
Ę		
Ĭ.		
PS		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
 ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 1030325 BELLEAIR BLUFFS CLEANERS GARY R DAWSON 	C. Signature C. Signature Agent Addressee D. Is delivery address different from fight? Yes If YES, enter delivery address below: No			
2924 WEST BAY DRIVE BELLEAIR BLUFFS FL 33770	3. Service Type Certified Mail			
2. Article Number (Copy from service label) 22062 172				
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789			

	U.S. Postal Service CERTIFIED MAIL BECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
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딞	Return Receipt Fee (Endorsement Required)		Postmark Here		
0050	Restricted Delivery Fee (Endorsement Required)		$ \mathcal{L} $		
	Total Postoge & Face	\$			
0550	Recip. 10	AIRS ID # 1030	325001 A.G. (er)		
	GARY R DA	AWSON			
7000	Street, BELLEAIR BLUFFS CLEANERS				
10	2924 WEST BAY DRIVE City, 51 BELLEAIR BLUFFS FL 33770				
~	no Fal	DLUFFS FL 33770			
	in the second				

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse 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 # 103032500 IAG	A. Received by (Please Print Clearly) C. Signature X D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	
LEAIR BLUFFS CLEANERS LAWEST BAY DRIVE LLEAIR BLUFFS FL 33770	3. Service Type Certified Mail Registered Return Receipt for Merchandise Risured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes	
2. Article Number (Copy from service label) 7000 0500 PS Form 3811, July 1999 Domestic Retu	9372 9637 urn Receipt 102595-00-M-0952	

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US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

AIRS ID # 1030325
BELLEAIR BLUFFS CLEANERS
GARY R DAWSON
2924 WEST BAY DRIVE
BELLEAIR BLUFFS FL 33770

Certified Fee
Special Delivery Fee

Return Receipt Showing to Whom & Date Delivered
Return Receipt Showing to Whom, Date, & Addressee's Address

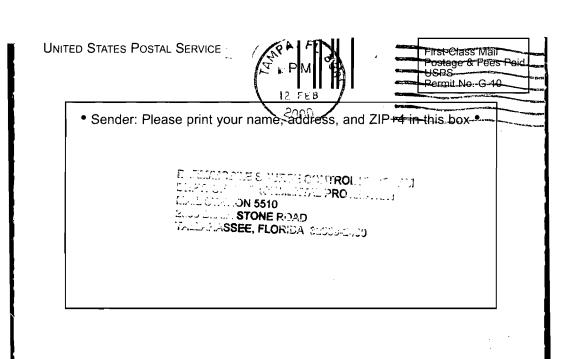
TOTAL Postage & Fees
Postmark or Date

Performance of the Complete States of the Complete States

Restricted Delivery Fee

SENDER: COMPLETE THIS SECTION	COMPLETE THIS S	SECTION ON DELIVERY		
 Complete items 1, 2, and 3. Also compitem 4 if Restricted Delivery is desired. Print: your name and address on the reso that we can return the card to you. Attach this card to the back of the mai or on the front if space permits. 	verse C. Signature	A. Received by (Please Print Clearly) B. Date of Pelivery C. Signature Agent Addressee D. Is delivery address different from item 1? Yes		
Article Addressed to:		ivery address below:		
AIRS ID# 1 BELLEAIR BLUFFS CLEANERS GARY R DAWSON 2924 WEST BAY DRIVE	030325			
BELLEAIR BLUFFS FL 33770	3. Service Type Certified Mail Registered Insured Mail	☐ Express Mail☐ Return Receipt for Merchandise☐ C.O.D.		
	4. Restricted Delive	ery? (Extra Fee)		
2. Article Number (Copy from service label)		and the state of t		
PS Form 3811, July 1999	Domestic Return Receipt	102595-99-M-1789		

Best Available Copy



2/12/2000

11691

Checking-Premier Comm. title 5 air permit

DEPT OF ENVIRONMENTAL PROTECTION

50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392150

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1030325

BELLEAIR BLUFFS CLEANERS GARY R DAWSON 2924 WEST BAY DRIVE BELLEAIR BLUFFS FL 33770 MAIL ROOM

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

Title V Air General Permits

1/19/2001

12433

50.00

Checking-Premier Comm. AIRS ID # 1030325

50.00



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403383

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TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1030325

BELLEAIR BLUFFS CLEANERS GARY R DAWSON 2924 WEST BAY DRIVE BELLEAIR BLUFFS FL 33770

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

DEPT OF ENVIRONMENTAL PROTECTION

12/28/98

10815

50.00

Checking-Pinellas Comm.

title 5 general air permit 1030325

50.00



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0355726

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RECEIVED FAIL ROOM DEC 30 98

TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 1030325

BELLEAIR BLUFFS CLEANERS GARY R DAWSON 2924 WEST BAY DRIVE BELLEAIR BLUFFS FL 33770 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

DEPT OF ENVIRONMENTAL PROTECTION

2/19/98

10203

Checking-Pinellas Comm.

title 5 general air permit

50.00

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TOTAL AMOUNT DUE: \$50.00

303506

Do NOT Remove Label

AIRS ID#1030325

GARY R DAWSON 2924 WEST BAY DRIVE BELLEAIR BLUFFS FL 33770

G.J.G.B. INC

Obj.: 002273



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

RECEIVED

MAIL RCCM

MAR 20 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#: 1030325

G.J.G.B. INC GARY R DAWSON 2924 WEST BAY DRIVE **BELLEAIR BLUFFS FL 33770** FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оъј.: 002273

Z 333 673 537 -US Postal Service Receipt for Certified Mail AIRS ID 1030325 G.J.G.B. INC GARY R DAWSON 2924 WEST BAY DRIVE BELLEAIR BLUFFS FL 33770 Postage \$ Certified Fee Special Delivery Fee Restricted Delivery Fee Restricted Delivery ree Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date Return Receipt Showing to Whom, Date, & Addressee's Address \$

the reverse side	 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.
N ADDRESS completed on	3. Article Addressed to: AIRS ID 1030325 G.J.G.B. INC GARY R DAWSON 2924 WEST BAY DRIVE BELLEAIR BLUFFS FL 33770	7. Date of De	Type and Contified Mail CO FL Theured Seipt for Merchandise COD Polivery 12 A COD Polivery 12 A COD Polivery 12 A COD Polivery 12 A COD Polivery 13 A COD Polivery 14 A COD Polivery 14 A COD Polivery 14 A COD Polivery 15 A COD PO
ls your <u>RETUR</u>	5. Received By: (Print Name) 6. Signature: (Addressed or Agent)	8. Addressee and fee is	e's Address (Ohli) it requested 😤
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