

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

November 15, 1996

Mr. Alexander Petroski Classic Cleaners 6393 9th Street North St. Petersburg, Florida 33702

Re: Facility I.D. No. 1030328

Dear Mr. Petroski:

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,

Rolly Delty

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Gary Robbins, Pinellas County

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

l.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
c	USTOM COMMERCE LAUNDRY & DRY CLEANIN Site Name (For example, plant name or number):	X
2.	Site Name (For example, plant name or number):	0
3.	Hazardous Waste Generator Identification Number:	
4.	Facility Location:	
]	Street Address: 6642 RIDGE ROAD	
	City: PORT RICHEY County: FLORIDA Zip Code: 3468	
5.	Facility Identification Number (DEP Use):	
	Responsible Official	
6	Name and Title of Responsible Official:	
	Traine and True of Responsible Official.	
1	ETER & CINDY K. KICCI	
7.	Responsible Official Mailing Address:	
	Organization/Firm:	
	Street Address:	
	City: County: Zip Code:	
8.	Responsible Official Telephone Number:	
	Telephone: (813) 848-4455 Fax: () -	
	Facility Contact (If different from Responsible Official)	
9.	Name and Title of Facility Contact (For example, plant manager):	
	, , , , , , , , , , , , , , , , , , , ,	
10	Facility Contact Addison	
10.	Facility Contact Address:	
	Street Address:	
	City: Zip Code:	
11.	Facility Contact Telephone Number:	
	Telephone: () - Fax: () -	
	<u> </u>	

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		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	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	*	ů.				-			- 1 ·
(I) w/ ref. condenser	#1	MAR-95	11 AR-95						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		-1	.: .			-			
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		in a second				•			v
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls					1				
Reclaimer Unit			· · · · · · · · · · · · · · · · · · ·		-1			. 444	11 22
(10) w/ ref. condenser									
(11) w/carbon adsorber								1	1
(12) w/ no controls							_		-
(b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [
(b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []									
3. What is the facility's so (Indicate with an "X".					initions found	d in section (3) of	Part II?	
Existing small ar	ea so	urce []	Ne	w sn	nall area sour	ce 🔀]		
Existing large are	ea soi	urce []	Ne	w la	rge area sour	ce []		

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4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
	•
Equipment Monitoring a	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 mor	itoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:							
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
· (X_)	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.							
I will promptly notify the Department of any changes to the information contained in this notification.							
Signature	Picci 7/29/96 Date						

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	and the OH
	Clexander Peliashi
2.	Site Name (For example, plant name or number):
	Classic Cleaner
3.	Hazardous Waste Generator Identification Number:
ļ.,	FLD 981869175
4.	Facility Location: Street Address:
	City: County: Zip Code: 63.93 ST N. Pinellas 337.0.2 Facility Identification Number (DEP Lise):
5.	Facility Identification Number (DEP Use):
	(030328)
0188988	
	Responsible Official
6.	Name and Title of Responsible Official:
, .	
	alexande Petranki
7.	Responsible Official Mailing Address:
	Organization/Firm: Street Address: CLASSIC CLean/en
	City: Zip Code:
	(393 9" STN ST. Peta Pinella 33702
8.	responsible official respirate number.
	Telephone: () - Fax: ()
	82 32 / 4/0
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	SAME
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -
	Telephone: () - Fax: () -

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Bureau of Air Monitoring & Mobile Sources #1030328

P.13 6. add title- owner

P. 14

3. existing large area source 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	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit						<u> </u>	٠.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(1) w/ ref. condenser								_	
(2) w/ carbon adsorber		OPPRUX							
(3) w/ no controls		9-84	-0-						
Washer Unit	1 71		earners and						
(4) w/ ref. condenser									
(5) w/ carbon adsorber									<u></u>
(6) w/ no controls									
Dryer Unit		ili sharin		1.61					Takk
(7) w/ ref. condenser					·			1	
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit			14 to 19 14 C	.: 7					lydr. Fri
(10) w/ ref. condenser								<u> </u>	
(11) w/carbon adsorber							†		
(12) w/ no controls									
(b) Control devices are(c) No control devices			-		∠	ew Mi to B	ACH «	TNSTALL FOR PUR	9LC 9G ud echasa
2.(a) What was the total of [220] (b) If less than 12 mont Check why it is less	gallo	ons ow many? [_] months		purchased in	the latest 12	2 mor	nths?	

DEP Form No. 62-213.900(2)

 What control technology is required on machines p (Indicate with an "X".) 	oursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser [X]
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
,	
	nits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following
	nave a total heat input of 10 million BTU/hr or less (298 stural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring a	nd Recordkeeping Information
Check all logs which are required to be kept on-site in	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	(X_{-})
(d) Carbon adsorber exhaust perc concentration moni	toring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	ιX

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

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:								
[]	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)							
نگ	No air permits currently exist for the operation of the facility indicated in this notification form.							
	Responsible Official Certification							
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its 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 with all terms and conditions of this general permit as set forth in Part II of this notification form.							
I will pro	mptly notify the Department of any changes to the information contained in this notification.							
Signature	llex Petrosh B-31-96							

Africa

Revised 10/10/9

FACILITY NAME: Classic Cleaners DATE: 3/24/9
FACILITY LOCATION: 6393 9th St N # 112,
St Petersburg, FL 33702
Annual Reporting Period: March 24, 1996 TO March 24, 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.
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 March 24,1996 to March 24,1995
Action(s) taken to achieve compliance: Facility may choose to dispose of Perc containing material as holzardous waste or implement a corbon filtration system.
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Did not record outlet temperature of refrigerated Condenser on a weekly basis Exact period of non-compliance: from March 24, 1996 to March 24, 1997
Action(s) taken to achieve compliance: Develop and implement a monitoring Method used to demonstrate compliance: Lemperature on a weekly hosis
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.
RESPONSIBLE OFFICIAL: Alex Petroski War Putrolu 3-24-97 Name (Please Print) Signature Date

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

FACILITY NAME: Classic Cleaners	DATE: 3/24/97
FACILITY LOCATION: 6393 9th St N #/12	·
St Petersburg, FL 33707	7
3 (CSE13231 g)	
Annual Reporting Period: March 24, 1996 19 TO Me	arch 24, 1997
Based on each term or condition of the Title V general air permit, my facility has remained in 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	
Unable to determine if the outlet tem 45°F at the outlet of the refrigerator c Exact period of non-compliance: from March 24,1996 to M	perature excect anderser. No sensor Jarch 24, 1997
Action(s) taken to achieve compliance: Install temperature sauthet side of the refrie	sensor at the
Method used to demonstrate compliance:	00.000
#2. Term or condition of the general permit that has not been in continuous compliance during	g 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 reason made in this notification are true, accurate and complete. Further, my annual consumption of upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to a year for transfer or combination facilities.	perchloroethylene solvent, based
RESPONSIBLE OFFICIAL: Alex Petros Ki Vey Ville Name (Please Print) Signat	Josh 3-27-97 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.

FACILITY NAME: (CASSIC Cleaners DATE: 3/24/97
FACILITY LOCATION: 6393 9th St N, #112 88
St Petersburg, FL 33702
Annual Reporting Period: March 24, 1996 TO March 24, 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:
Monthly Durchase records were not maintained as a 121 month volling average Exact period of non-compliance: from March 24, 1996 to March 24, 1997
Action(s) taken to achieve compliance: Develop and implement a record keeping Procedure that maintains a 12 month Method used to demonstrate compliance: Tolling a verage.
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Did not have a Start-up, shutdown, Malfunction (SSM) plan in place. Exact period of non-compliance: from March 24, 1996 to March 24, 1997
Action(s) taken to achieve compliance: If no specific procedures are available. Method used to demonstrate compliance: The specific procedures are available. From Manufacturer, develop an 55M plon
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.
RESPONSIBLE OFFICIAL: Alexander Petroski Oleg Petroski 3-24-97 Name (Please Print) Signature Date

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

TYPE OF INSPECTION:	ANNUAL	COMPLAINT/DISC	OVERY LI	RE-INSPECTION M			
TIME IN: 2:15 p.m.	TIME O	UT: 2:25 p.m.	AIRS ID#	1030328 001			
TYPE OF FACILITY: Perchloroethylene Dry Cleaner							
FACILITY NAME: Classic Cleaners DATE: October 16, 1997							
FACILITY LOCATION: 6393 9th St. N # 112, St. Petersburg, FL 33702							
RESPONSIBLE OFFICIAL: Alex Petroski PHONE NUMBER:(813) 522-7618							
Based of the results o to be in compliance w Based on the results o compliance discrepan	vith DEP Rule 62-213 of the compliance req	3.300, Florida Admi	nistrative Code (F	,			

I:\USERS\AIRQUAL\WPDOCS\AQTOX\CAA\DRYCLN\CLASS.DOC

The Annual Compliance Certification form has been properly certification.	rtified and submitted to the inspector.	Yes 🗹	No □
	(Approximate)		
INSPECTION CONDUCTED BY:	Jeffrey Mor		
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 4	64-4422	<u></u>
NT 1 °			

Page <u>1</u> of <u>1</u>

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT DISC	COVERY 🗹		
AIRS ID#: 1030328 TIME FACILITY NAME: Classic FACILITY LOCATION: 6393 9t St Pete	th St N	: 4:00 p.m		
PART I: NOTIFICATION				
(check appropriate box)				
1. Existing facility notified DARM by 9/1/96		☑		
2. New facility notified DARM 30 days prior to star	rtup	a		
3. Facility failed to notify DARM to use general per	rmit	a		
PART II: CLASSIFICATION				
Facility indicated on notification form that it is: (check appropriate box)				
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)			
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>			
This is a correct facility classification	MY ON .			
If no, please check the appropriate classification:				
facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit				
B. The total quantity of perchloroethylene (perc) pu	rchased within the 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) ZY ON 1. Storing perchloroethylene in tightly scaled and impervious containers? MY DN 2. Examining the containers for leakage? MY UN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY UN least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) MY ON 1. Equipped all machines with the appropriate vent controls? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the MY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? (No temperature sensor on) refrigerator condenser) 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? 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

DY WN

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

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2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? DY DN Is the temperature differential equal to or greater than 20° F? DY DN-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? DY DN DN/A Is the perc concentration equal to or less than 100 ppm2 OY ON 4. Assured that the sampling port on the carbon accorder exhaust for measuring perc concentrations is at least 8 duct diatheters downstream of any bend, contraction, or expansion; is at least 2 dud diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? DY DN 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? OY ON ON/A DY DN DN/A 6. Routed airflow to the carbon adsorber (if used) at all times?

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
Maintained receipts for perc purchased?	DAY ON				
2. Maintained rolling monthly averages of perc consumption?	DY DAN				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or; ✓Y □N					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	MY ON				
4. Maintained calibration data? (for direct reading instruments only)	DY ON MYA				
5. Maintained exhaust duct monitoring data on perc concentrations?					
6. Maintained startup/shutdown/malfunction plan?					
7. Maintained deviation reports?					
Problem corrected? (No deviation report)					
8. Maintained compliance plan, if applicable?					

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly leak detection and repair inspection?					
2. Which method of detection is used by the responsible official?					
Visual examination (condensed solvent on exterior surfaces)	Ø				
Physical detection (airflow felt through gaskets)	M				
Odor (noticeable perc odor)					
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	<u> </u>				

Non Applicable						
If using direct-reading instrun	nentation	, is the equ	ipment:			
a. Capable of detecting	g perc vap	or concentr	ations in a range of 0-500 ppm?	$\Box Y$	□N	
b. Calibrated against a (PID/FID only)?	and after each use	ΠY	ПN			
c. Inspected for leaks a	ind obviou	ıs signs of v	vear on a weekly basis?	$\Box Y$	מם	
d. Kept in a clean and	secure are	a when not	in use?	ΠY	NO	
e. Verified for accuracy	y by use o	f duplicate :	samples (calorimetric only)?	ΠY	מם	
3. Has the facility maintained a leak log	?			™ Y	□N	
4. The following areas should be checked	d for leaks	by the insp	pector:			
Leak Detected? Leak Det						
Hose connections, fittings, couplings, and valves	ΠY	CDVA	Muck cookers	ΩY	ПE	
Door gaskets and seating	ΠY	ПN	Stills	ΠY	MИ	
Filter gaskets and scating	ΠY	DIN	Exhaust dampers	ΠY	CHN	
Pumps	ΠY	CIN .	Diverter valves	ΠY	DAN	
Solvent tanks and containers	ΠY	DAN .	Cartridge filter housings	ΠY	RN	
Water separators	ΠY	UN				
Alex Petros	Alex Petroski					

Alex Petroski
Name of Responsible Official
Jeffrey Morris
Inspector's Marie (Please Print)
Whow Thomas
Inspector's 8 gnature

Pebruary 25, 1997
Date of Inspection

March 12, 1997

Approximate Date of Next Inspection

- Ajax 3516 Dry-Dry Machine
- * water from water separator Kept in crock pot
- *Per Sec (perchloroethylene) drum not in secondary containment
- * water from water separator to be routed through a filtration system
- * 3" walled dyke is planned to contain machine still and perc/perc waste
- *No rolling averages kept on site
- * No temperature sensor or ref. Condenser cannot determine if condenser temp meet \$45°F criteria. No weekly temperature sensor records.
- * No startup/shutdown Malfunction plan.
- * No indication that water from water separator is dumped down a sewer drain.

	BEST AVAIL	ABLE COPY
	#1030328 P.13	
	6. 9 d d 1.	Wello
	P. 14 P. 14 Le- Owner	Media
1.	\rightarrow 3. \circ . \checkmark	
	Source Sharge area	,
2.	2. Site Name	
3.		
		,
4.	4. Facility Street	
	City:	le: 337 <i>0</i> ,2
5.	S. Facili	
		30328
		<u>.</u>
6.	6. Na	
7.		,
	Organization/Firm: Street Address: CLASSIC CLEAN/EAS	
	City: County: County: Pincilla	Zip Code: 33702
8.	Telephone: () - Fax: ()	_
L	8U 502- 7C/8	
	Facility Contact (If different from Responsible Official)	
9.		
10.	10. Facility Contact Address:	
	Street Address:	
		Code:
11.	11. Facility Contact Telephone Number: Telephone: () - Fax: ()	-
<u></u>	\ <u>'</u>	

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

l.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	alexander Petrosli
2.	Site Name (For example, plant name or number):
	Classic Cleaner
3.	Hazardous Waste Generator Identification Number:
	FLD 981869175
4.	Facility Location:
	Street Address:
	Street Address: City: County: Pine
	Facility Identification Number (DEP Use):
b 4	Facility Identification Number (DEP Use): 1030328
	Responsible Official
	, <u> </u>
6.	Name and Title of Responsible Official:
	Olexande Petroski, ouver ap 3-24-97 Responsible Official Mailing Address:
7.	Responsible Official Maning Address.
	Organization/Firm: Street Address: CLASIC CLEANERS
	Street Address: CLASIC Clean/en. City: Zip Code:
	Street Address: CLASTC CLeaners City: County: Zip Code: C393 9 STN STReta Pinella 33702 Responsible Official Telephone Number:
8.	Responsible Official Telephone Number:
	relephone: () - rax: () -
	80 522- 7618
	Facility Contact (If different from Responsible Official)
9	Name and Title of Facility Contact (For example, plant manager):
<i>,</i> .	Traine and Trace of Facility Contact (For example, plant manager).
	SAME
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
	Zip odd.
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

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GEP 3 1590

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		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	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	_	,							
(2) w/ carbon adsorber		APPENX							-
(3) w/ no controls		9-24	- v	_					,
Washer Unit		5-1			•	•			
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		<u>' </u>			<u> </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 quant gallo	equired to be ity of perchloons ow many? [_	installed [oroethylene (months	perc)	purchased in		ge /r	nths?	
3. What is the facility's so (Indicate with an "X". Existing small are Existing large are	Selec ea so	t one classifi urc e [cation only.)	ew sn	nall area sour	ce []	3) of	Part II?	
		£	<i>,</i>		_		-		

DEP Form No. 62-213.900(2)

4. What control technology is required on machines pursuant to section (3 (Indicate with an "X".)	o) of Part II of this notification form?
Existing large area source Carbon adsorber [] Refrigerated condenses New small area source Refrigerated condenser [] New large area source Refrigerated condenser []	nser [X]
5. A facility which contains non-exempt emissions units shall not be elig to Rule 62-213.300, F.A.C. Verify that all steam and hot water generatin exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat inpuboiler HP or less), and (2) are fired exclusively by natural gas except for during which propane or fuel oil containing no more than one percent su	periods of natural gas curtailment
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	e requirements of this general permit:
(a) Purchase receipts and solvent purchases	(X)
(b) Leak detection inspection and repair	(X)
(c) Refrigerated condenser temperature monitoring	\mathcal{L}
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

DEP Form No. 62-213.900(2)

Surrender of Existing Air Permit(s)

ease indicat	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)
نك	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its 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 with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
Signature	lex Potrosh B-31-96 Date Dote: 3-24-97
<u> </u>	

DEP Form No. 62-213.900(2)



COMMISSIONERS

CALVIN D. HARRIS

SALLIE PARKS

STEVE SEIBERT

PINELLAS COUNTY DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

AIR QUALITY DIVISION

300 SOUTH GARDEN AVENUE CLEARWATER, FLORIDA 34616

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APR 1 4 1997

Bureau of Air Monitoring & Mobile Sources



PHONE: (813) 464-4422 FAX:(813) 464-4420 SUNCOM: 570-4422 SUNCOMFAX:570-4420

April 9, 1997

ROBERT B. STEWART - CHAIRMAN

BARBARA SHEEN TODD - VICE CHAIRMAN

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

Re: Revised General Permit Notifications for February 1997, Perchloroethylene Dry Cleaning Inspections

Ms. Diltz:

Enclosed are copies of corrected Title V general permit Notifications associated with four February inspections, along with the Compliance Certification for Classic Cleaners. These were not included in the March 24, 1997, mailout of February's inspections, summaries, etc.

If you have any questions, please contact Matt McCann at Suncom 570-4422.

The tor

Sincerely,

Peter A. Hessling

Air Quality Division Administrator

cc: RF

AQTOX\CAA\DRYCLN\BAMMS.ltr

T	YPE OF INSPECTION:	ANNUAL 🗹 COMP	LAINT/DISCOVERY RE-INSPECTION
	AIRS ID#: 1030328 001	DATE: _3/17/	98 TIME IN: 2:39ρ TIME OUT: 3:00 ρ.m.
)	FACILITY NAME:	Classic Cleaners	
)	FACILITY LOCATION:	6393 9th St. N # 112	
		St. Petersburg, FL, 33	702
 I	RESPONSIBLE OFFICIAL	: Mr. Alex Petroski	Phone No.: 813-522-76989
	Permit No. 1030328-001-AG	Evn Data:	
L			Sound 19
	Based of the resu compliance with	lts of the compliance require DEP Rule 62-213.300, Florid	ments evaluated during this inspection, the facility is found to be in da Administrative Code (F.A.C.).
		ults of the compliance require re noted (only items which ar	ements evaluated during this inspection, the following compliance re checked):
		Inspection Sum	mary Report Guidance
	Compliance Requiremen		Follow-up Action Required
	Did not have a start-up, shutdown plan in place, along with associate	wn, malfunction (SSM)	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 main	ntained properly.	Maintain all purchase receipts in a log kept on-site for determination o perchloroethylene solvent consumption.
	Monthly purchase records were consecutive twelve month total.	not maintained as a	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a consecutive twelve month total.
	Could not confirm that tempera measure 45°F with an accuracy	ture sensor was designed to 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 wastev a pre-filtration system.	water does not incorporate	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- sealed containers.	containing waste in tightly	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 of repair records.	letection inspection and	Develop and implement a leak detection inspection and repair program. Maintain a log of leak detection inspection and repair records.
	Did not conduct weekly leak de inspection.	etection and repair	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.							
	The Annual Compliance Certification form has been properly certified and submitted to the inspector. Yes ☑ No □							
	Inspection Conducted by:	Jeff Morris						
	Inspector's Signature:	Mythonix						
	Phone Number: 464-4422	Date of next Inspection: 12/17/98						

INSPECTION SUMMARY REPORT						
TYPE OF INSPECTION:	ANNUAL M	COMPLAINTYDISCOVERY &	RE-	INSPECTION		
TIME IN: 2:50 pm	TIME OU	JT: 4:00 pm	AIRS ID#	1030328 001		
TYPE OF FACILITY:	Perchloroethyle	ene Dry Cleaner				
FACILITY NAME:	Classic Clear	ners DATE:	February 2	25, 1997		
FACILITY LOCATION:	6393 9th St. N	# 112, St. Petersburg, FL	33702			
RESPONSIBLE OFFICIA	L: Alex Petrosk	i PHONE N	NUMBER:	813-522-7618		
to be in compliance	with DEP Rule 62-212 of the compliance requires were noted:		Code (F.A.C. s inspection,). the following EQUIRED		
1.) Monthly purchase records were not maintained as a twelve month rolling average. Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a twelve month rolling average.						
2.) 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 procedure 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						
3.) 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).						
4.) Did not measure and rectemperature of the refrigerative dry-to-dry machine (dry-weekly basis.	ated condenser on	Develop and implement a mo and record the outlet tempera temperature, measured at the not exceed 45°F.	ature on a we	ekly basis. The		
The Annual Compliance Certification form has been properly certified and submitted to the inspector. No DATE OF NEXT INSPECTION: March 12, 1997						

Page 1 of 2

INSPECTION CONDUCTED BY:

INSPECTOR'S SIGNATURE:

Revised 10/96

TYPE OF INSPECTION:	ANNUAL 🗹 COMPLA	NINT/DISCOVERY-12	RE-INSPECTION □
TIME IN: 2:50 pm	TIME OUT: 4:00 pn	n AIRS	ID# 1030328 001
TYPE OF FACILITY:	Perchloroethylene Dry C	leaner	
FACILITY NAME:	Classic Cleaners	DATE: Feb	ruary 25, 1997
FACILITY LOCATION:	6393 9th St. N # 112, St	Petersburg, FL 337	702
RESPONSIBLE OFFICIA	L: Alex Petroski	PHONE NUMB	ER: 813-522-7618
/ to be in compliance	of the compliance requirements ewith DEP Rule 62-213.300, Floriof the compliance requirements encies were noted:	ida Administrative Code (F.A.C.).
COMMENTS:			
Unable to determine if the no temperature sensor in pl	outlet temperature exceeds 45°F ace.	at the outlet of the refrige	rated condenser due to
	•		
The Annual Compliance Certifica DATE OF NEXT INSPECTIO	tion form has been properly certified and N:	nd submitted to the inspector. (Approximate)	Yes ☑ No □
INSPECTION CONDUCTED	ву: Те	ffrey Morris	
INSPECTOR'S SIGNATURE	: White Hame	PHONE NUMBER:	764-4422

Revised 10/96

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APR 2 2 1998

Bureau of Air Monitoring & Mobile Sources

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#1030328
ALEXANDER PETROSKI
ALEXANDER PETROSKI
6393 9TH STREET NORTH
ST PETERSBURG FL 33702

Do NOT Remove Label

Annual Reporting Period:		.19	то	19
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (<u>-</u> /	DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permi	it that has not been in con	tinuous c	compliance during the reporting pe	riod stated above:
Exact period of non-compliance: from			to	
Action(s) taken to achieve compliance:	· 			
Method used to demonstrate compliance:	<u> </u>			
#2. Term or condition of the general permi	it that has not been in cont	tinuous c	compliance during the reporting pe	riod stated above:
Exact period of non-compliance: from			to	
Action(s) taken to achieve compliance:		•		
Method used to demonstrate compliance:	·	•		
As the responsible official, I hereby certify, bar notification are true, accurate and complete. I does not exceed 2,100 gallons per year for dry-	Further, my annual consum	ption of	perchloroethylene solvent, based upo	n purchase receipts,
RESPONSIBLE OFFICIAL:	Setroske ume (Please Print)	<u> </u>	Cev Petroski Signature	4/1/98 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. CHLOROETHYLENE DRY CLEAN & TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

·	ANNUAL M COMPL	AINT/DISCOVERY RE-INSPEC	CTION L
AIRS ID#: 0328 001 FACILITY NAME:	DATE: 3/17/9°	TIME IN: 2.3 9 ATIME OU	T: 3.00p.m.
FACILITY LOCATION:	6393 9th St. N # 112		
_	St. Petersburg, FL, 3370	02	=1
RESPONSIBLE OFFICIAL:	Mr. Alex Petroski	Phone No.: 813-52	22-7618
Permit No. 1030328-001-	AG Exp. Date:		CE APR
PART I: NOTIFICATION			BAT 19
(Check appropriate box)			onitoring
1. Existing facility notified D	ARM by 9/1/96		ing 🗆
2. New facility notified DAR	M 30 days prior to startup		
3. Facility failed to notify DA	RM to use general permit		
			
PART II: CLASSIFICATION	IN		
Facility indicated on notificat (Check appropriate box)		☐ No notification form ☐ Drop store / out of business / petr	oleum
Facility indicated on notificat (Check appropriate box) A. 1. Existing small area so dry-to-dry only, x<140 gal/y both types, x<140 gal/yr (Constructed before 12/9/	ource		roleum
(Check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 ga	ion form that it is: ource l/yr r 91) urce ,100 gal/yr 00 gal/yr gal/yr	 Drop store / out of business / petr New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr 	
A. 1. Existing small area so dry-to-dry only, x<140 galyr transfer only, x<200 galyr both types, x<140 galyr (Constructed before 12/9/ 3. Existing large area so dry-to-dry only, 140 <x<2 140<x<1,800<="" 200<x<1,86="" both="" only,="" td="" transfer="" types,=""><td>ion form that it is: ource l/yr r 91) urce ,100 gal/yr 00 gal/yr gal/yr 91)</td><td> Drop store / out of business / petr 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 before 12/9/91) 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 </td><td></td></x<2>	ion form that it is: ource l/yr r 91) urce ,100 gal/yr 00 gal/yr gal/yr 91)	 Drop store / out of business / petr 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 before 12/9/91) 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 	
A. 1. Existing small area so dry-to-dry only, x<140 ga transfer only, x<200 gal/y both types, x<140 gal/yr (Constructed before 12/9/ 3. Existing large area so dry-to-dry only, 140 <x<2 (constructed="" 12="" 140<x<1,800="" 200<x<1,80="" 9="" <="" before="" both="" only,="" td="" transfer="" types,=""><td>ion form that it is: ource l/yr r 91) urce ,100 gal/yr 00 gal/yr gal/yr 91) ification: YY IN</td><td> Drop store / out of business / petr 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 before 12/9/91) New large area source dry-to-dry only, 140<x<2,100 (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" li="" only,="" transfer="" types,="" yr=""> </x<2,100></td><td></td></x<2>	ion form that it is: ource l/yr r 91) urce ,100 gal/yr 00 gal/yr gal/yr 91) ification: YY IN	 Drop store / out of business / petr 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 before 12/9/91) New large area source dry-to-dry only, 140<x<2,100 (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" li="" only,="" transfer="" types,="" yr=""> </x<2,100>	
A. 1. Existing small area so dry-to-dry only, x<140 gatransfer only, x<200 gal/y both types, x<140 gal/yr (Constructed before 12/9/ 3. Existing large area sod dry-to-dry only, 140 <x<2 (constructed="" 12="" 140<x<1,800="" 200<x<1,80="" 9="" a="" appro<="" before="" both="" check="" class="" correct="" facility="" if="" is="" no,="" only,="" please="" td="" the="" this="" transfer="" types,=""><td>ion form that it is: ource l/yr r 91) urce ,100 gal/yr 00 gal/yr gal/yr 91) ification: YY IN</td><td> Drop store / out of business / petr 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 before 12/9/91) New large area source dry-to-dry only, 140<x<2,100 (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" li="" only,="" transfer="" types,="" yr=""> Can not determine </x<2,100></td><td></td></x<2>	ion form that it is: ource l/yr r 91) urce ,100 gal/yr 00 gal/yr gal/yr 91) ification: YY IN	 Drop store / out of business / petr 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 before 12/9/91) New large area source dry-to-dry only, 140<x<2,100 (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" li="" only,="" transfer="" types,="" yr=""> Can not determine </x<2,100>	

PART III: GENERAL CONTROL REQUIREMENTS						
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	/					
1. Storing perchloroethylene in tightly sealed and impervious containers?	₫y	□N	·			
2. Examining the containers for leakage?	IJy	□ N	ſ			
3. Closing and securing machine doors except during loading/unloading?	Ŭ Y	□ N	ſ			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	y ✓ Y	ΩN				
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☐ Y	□N	NA NA			
PART IV: PROCESS VENT CONTROLS	. •					
	-					
In Part II-A:						
If classification (1) has been checked, no controls are required. Proceed to Pa	rt V.					
If classification (2) has been checked, the machine should be equipped with a (complete A below)	refrige	rated o	condenser			
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 (complete A and B below.)	refrige	rated o	condenser			
A. Has the responsible official of all new sources and existing large area sour	rces:		•			
(check appropriate boxes)	Mach_		Mach			
1. Equipped all machines with the appropriate vent controls?	√ ⊈ y[JN.	ΠYΠN			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	Y [□N	□Y □N			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	Y [⊐N	□y □n			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	Y (□n	□y □n			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	☑ Y [⊐n	□Y □N			
6. Conducted all temperature monitoring after an appropriate cooldown period						

	<u> </u>	
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
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?	
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 prim?	OY ON ONA
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?	DY DN DNA
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □NA
P	ART V: RECORDKEEPING REQUIREMENTS	
H	as the responsible official: heck appropriate boxes)	
l .	Maintained receipts for perc purchased?	ØY ON
l	Maintained rolling monthly averages of perc consumption?	Øıy □N
3.		
	a. documentation of leaks repaired w/in 24 hrs? or;	☑Y □N
	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	Øy □n
4.	Maintained calibration data? (for direct reading instrument only)	DY DN DNA
5.	Maintained exhaust duct monitoring data on perc concentrations?	DY ON N/A
6.	Maintained startup/shutdown/malfunction plan?	ØY □N
7.	Maintained deviation reports?	\square_{Y} \square_{N}
	Problem corrected?	□y □n ,
	Trootem concerned,	

100

2-50

PART VI: LEAK DETECTION AND I	REPAIR	S			
Does the responsible official conduct a	weekly l	eak detec	ction and repair inspection?	₫y	ŪΝ
2. Which method of detection is used by the	ne respon	nsible off	icial?		
Visual examination (conden	sed solv	ent of ext	terior surfaces)	· 🗹	
Physical detection (airflow t	elt throu	gh gaske	ets)	\square	
Odor (noticeable perc odor)					
Use of direct-reading instru	mentatio	n (FID/Pi	(D/calorimetric tubes)		
If using direct-reading instrumentation		`	ŕ	_	
a Capable of detecting perc var 0-500 ppm. b. Calibrated against a standard	oor conc	entrations	s in a range of	ÐY.	
(PID/FID only). c. Inspected for leaks and obvious	ous sighs	of wear	on a weekly basis?	⊔Y □Y	ŬN □N
d. Kept in a clean and secure ar		1	$\mathbb{P}\setminus$	ΠY	□N
e. Verified for accuracy by use (calorimetric only)?	Ŋ.		<i>/</i> ·	ПY	ΠN
3. Has the facility maintained a leak log?				Y	\square N
4. The following area should be checked f	or leaks	by the in	spector:		
Hose connections, fitting couplings, and valves	Øy	\square_{N}	Muck cookers	⊠ Y,	ΠN
Door gaskets and seating	Øy	\square N	Stills	ΩÝ	\square N
Filter gaskets and seating	ĭ⊈y	□N .	Exhaust dampers	□ Y	\square N
Pumps	Øy	\square N	Diverter valves	Ľ¥Y	□N
Solvent tanks and containers	Øy	\square N	Cartridge Filter housing		\square N
Water separators		N			
Name of Responsible Official Jeff Moccis Inspector's Name (Please Print) Inspector's Signature	<u> </u>		Daye of Inspectio	n	ion

ADDITIONAL SITE INFORMATION:
Machine #1: Manufacturer Model# Capacity 35 lbs Model# Serial# 446244966Mfg yr 1981
Machine #2: Manufacturer
Notification (unpermitted sources only): 1. Was the facility assisted in filling out the notification by the inspector? 2. Did the facility insist on filling out its own notification, and will send it to FDEP?
Record keeping: 1. Does facility have statement/specs as to the design accuracy of the temperature sensor? Y (temperature of 45°F w/accuracy ±2°F, or 7.2°C w/accuracy of ±1.1°C)
Hazardous Waste: 1. Is all perc. contaminated wastewater either treated or disposed of properly? 2. If wastewater is evaporated, is it an approved system, and using carbon filtration? 3. Does the facility have secondary containment for the dry-dry machine? 4. Does the facility have secondary containment for any perc. waste containers?
Boiler: ManufacturerBoiler Co_Hp Model #PS 15 3PV GASerial # 20 10 607
Comments: Facility records complete up to date. In compliance

ADDITIONAL SITE INFORMATION:

Revised 10/10/9

per

AIRS ID#: 1030328

FACILITY NAME:	assic Clean	ers	DAT	TE: 11/9/98
	93 9th St.	N #11	2	
	. Petersburg	, FL 33	702	
Annual Reporting Period: March	1998	TO No	vember	9, 1998
Based on each term or condition of the Title	e V general air permit, my facili	ty has remained in	compliance with	DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period cover	ed by this statemer	nt. 🛛 YES	\square NO
If NO, complete the following:				
#1. Term or condition of the general permi	t that has not been in continuou	s compliance durir	ng the reporting po	eriod stated above:
Exact period of non-compliance: from		to	<u></u>	
Action(s) taken to achieve compliance:				·
Method used to demonstrate compliance:				
#2. Term or condition of the general permi	t that has not been in continuous	compliance durin	g the reporting pe	eriod stated above:
Exact period of non-compliance: from	:	to		
Action(s) taken to achieve compliance:				
\text{\text{Method used to demonstrate compliance:}}		-		
j.				
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Na	and complete. Further, my ann does not exceed 2,100 gallons p	ual consumption o	f perchloroethyle	ne solvent, based

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

TYPE OF INSPEC	TION: ANNUAL	☐ COMPLAINT/DISCOV	'ERY 🖵 RE-INSPE	CTION $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$			
AIRS ID#: 1030	328 001 DAT	E: 11/9/98 TIME I	N: (i: 0% a.m. TIME O	UT: <u>[1:450.m</u> .			
FACILITY NAM	IE: Class	sic Cleaners	P				
FACILITY LOC	ATION: 6393	9th St. N # 112	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u>\</u>			
	St. Pe	tersburg, FL, 33702	Que Oky				
RESPONSIBLE	OFFICIAL: Alex	Petroski	Phone 813-522	-7618			
Permit No. 1030328-001-AG Exp. Date:							
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.).							
		compliance requirements eval were noted (only items which	•	tion, the following			

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.

г								
	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.						
	Ġ t							
	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: Jeffrey Morris							
	Inspector's Signature:	and						
	Phone Number: 464-4422							

Page 2 of 2



COMPLAINT/DISCOVERY 📮

TYPE OF INSPECTION:

ANNUAL

RE-INSP	ECTION 🖵			
AIRS ID#: <u>1030328 001</u> DA7	11/9/98 ГЕ: <u>Н/6/9</u> 8 у	TIME IN:	OSp.m. TIME OUT:	11:45am.
FACILITY NAME: Class	ssic Cleaners			
FACILITY LOCATION: 6393	9th St. N # 112			
St. P	etersburg, FL, 3370	2		
RESPONSIBLE OFFICIAL:Alex	Petroski		PHONE: _813-522	-7618
CONTACT:			PHONE:	
PART I: NOTIFICATION				
(Check appropriate box)				
1. Existing facility notified DARM By	9/1/96		•	전
2. New facility notified DARM 30 day	s prior to startup			
3. Facility failed to notify DARM to us	e general permit			
PART II: CLASSIFICATION				
Facility indicated on notification form t (Check appropriate box)	hat it is: [No notification Drop store / ou	ı form t of business / petroleur	m
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)			y, x<140 gal/yr x<200 gal/yr 140 gal/yr n or after 12/9/91)	
3. Existing large area source dry-to-dry only, 140 < x < 2,100 ga transfer only, 200 < x < 1,800 gally both types, 140 < x < 1,800 gallyr (Constructed before 12/9/91)	dl/yr √r	4. New large are dry-to-dry only transfer only, 2 both types, 146 (Constructed of	ea source y, 140 <x<2,100 gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,100>	
This is a correct facility classification:	MY ON O	Can not determine	;	
If no, please check the appropriate facility qualified for a genera facility exceeds above limits	al permit as number	· · · · · · · · · · · · · · · · · · ·		
B. The total quantity of perchloroethyl facility was	ene (perc) purchased	d within the preced	ding 12 months by this	dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS			· · · · · · · · · · · · · · · · · · ·					
Is the responsible official of the dry cleaning facility: (check appropriate boxes)								
1. Storing perchloroethylene in tightly sealed and impervious containers?	⊴ Y	ПN	□ NA					
2. Examining the containers for leakage?	₫ Y	ПN	□ NA					
3. Closing and securing machine doors except during loading/unloading?	☑ Y	ΠN						
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	✓ Y	ПN	□ NA					
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ΩY	ПN	☑ NA					
PART IV: PROCESS VENT CONTROLS								
In Part II-A:								
If classification (1) has been checked, no controls are required. Proceed to Pa	art V.							
If classification (2) has been checked, the machine should be equipped with a (complete A below)	refrige	rated con	denser					
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 (complete A and B below.)	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:							
Equipped all machines with the appropriate vent controls?		ПN						
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	Z Y	ПN	□ NA					
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	Y	ΠN	□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?	Z Y	□N	□NA					
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged?	☑ Y	□N						

B. Has the responsible official of an existing large or new large a	rea source also:
Measured and recorded the exhaust temperature on the outlet side located on dry-to-dry, reclaimer, and dryer machines on a weekly	/
2. Measured and recorded the washer exhaust temperature at the con outlet weekly? Is the temperature differential equal to or greater than 20° F?	denser inlet and Y IN INA Y IN INA
 3. Measured and recorded the perc concentration in the exhaust streatend of the final drying cycle while the machine is venting to the admachines 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 	dsorber, if Y ON ONA Y ON ONA
concentrations is at least 8 duct diameters downstream of any bend expansion; is at least 2 dust diameters upstream from any bend concentration; and downstream from no other inlet?	d, contraction, or
5. Equipped transfer machines (dryers, reclaimers, and washers) with condenser coils?	n individual
6. Routed airflow to the carbon adsorber (if used) at all times?	□y □n □na
	_
PART V: RECORDKEEPING REQUIREMENTS	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes)	
-	✓y □n
Has the responsible official: (check appropriate boxes)	ØY □N
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	⊈Y □n
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following a documentation of leaks repaired w/in 24 hrs? or; (Chong	lowing:
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following a documentation of leaks repaired w/in 24 hrs? or; (Chong	lowing: JY ON lowing: JY ON ONA Aired 10/15/78) JY ON ONA
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following the second seco	lowing:
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the followant and accumentation of leaks repaired w/in 24 hrs? or; (Chons) b. documentation of parts ordered to repair leak and leak repair w/in 2 days and parts installed w/in 5 days of receipt?	lowing: JY ON lowing: JY ON ONA Aired 10/15/78) JY ON ONA
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the followal and accumentation of leaks repaired w/in 24 hrs? or; (Chons) b. documentation of parts ordered to repair leak and leak repair l	lowing: JY ON lowing: JY ON ONA Aired 10/15/78) JY ON ONA OY ON ONA
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the folia documentation of leaks repaired w/in 24 hrs? or; (chons b. documentation of parts ordered to repair leak and leak repair w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instrument only) 5. Maintained exhaust duct monitoring data on perc concentrations?	lowing: JY ON lowing: Jed Loor gasked DY ON ONA Aired 10/15/78) JY ON ONA OY ON ONA
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the folia a documentation of leaks repaired w/in 24 hrs? or; (Chons) b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instrument only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan?	lowing: JY IN lowing: JY IN INA Aired 10/15/78) JY IN INA IY IN INA IY IN INA IY IN INA IY IN INA

PA	ART VI: LEAK DETECTIO	N AN	D REI	PAIRS			
1.	Does the responsible official of inspection?	conduct	t awee	ekly)(for s	mall sources, bi-weekly) leal		ion and repair
2.	Has the facility maintained a l	eak log	g?			Y	\Box N
3.	Does the responsible official of	heck th	he follo	owing are	as for leaks:		•
	Hose connections, fitting couplings, and valves	⊈ Y	□N	□NA	Muck cookers	ΨY	□n □na
	Door gaskets and seating	IJY	□N	□NA	Stills	Y	□n □na
	Filter gaskets and seating	☑Y	ΠN	□NA	Exhaust dampers	I Y	□n □na
	Pumps	ĭ₫Y	ΠN	□NA	Diverter valves	ØY	□n □na
	Solvent tanks and containers	T Y	ŪΝ	□NA	Cartridge Filter housing	☑ Y	□n □na
	Water separators	ŪY	\square N	□NA			
4.	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 po	erc vap	or con	centration	as in a range of 0-500 ppm.		□y □N
				\ /	fer each use(PID/FID only).		□y □n
	c. Inspected for leaks and	obviou	ssigns	of wear o	n a weekly basis?		□y □n
	d. Kept in a clean and secure area when not in use.						□Y □N
	e. Verified for accuracy by	use of	duplic	cate sampl	es (calorimetric only)?		□y □n
	Inspector's Name (Please Pri	nt)		_	Date of Inv	98 spection 98	at Inspection

	FACILITY DETAILS	<u>:</u>		
FACILITY NAME:	Classic Cleane	255		
Dry Cleaning Machine #	1:	·		
Manufacturer	Ajax 12074 Serial# 4462449605	Capacity 35 lbs		
Dry Cleaning Machine #2	2:			
	Serial#			
Boiler:				
Model # PS	is 3PV GAS Serial # 2010607	Mfg yr <u>1986</u>		
Fuel Type: Natur	ral gas? propane? fuel oil?	u		
•	d sources only): assisted in filling out the notification by the asist on filling out its own notification, and	- ·	□Y □Y	□N N/A
1. Does facility have	e statement/specs as to the design accuracy 45°F w/accuracy ±2°F, or 7.2°C w/accu	y of the temperature sensor? uracy of ±1.1°C)	₫Y	□N
2. If wastewater is ex3. Does the facility	ninated wastewater either treated or disposivaporated, is it an approved system, and using have secondary containment for the dry-drawe secondary containment for any perc.	ng carbon filtration? ry machine?	OY OY OY OY	
Comments: - Operate	or identified all po	ínts for len	Æ	

ARS ID#:	1030328
μ_{μ}	100002

Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMET VED ANNUAL COMPLIANCE CERTIFICATION FORM

						1777
FACILITY NAME:	CI	assic C'	leaner.	s	Bureau of Air	ATE INTO 17/99
FACILITY LOCATION:	63	93 9th	St. N	#112	& Mobile	
	S	t. Peters	burg,	FL 337	02	
						
Annual Reporting Period:	Nov	ember 9	1998	то	ay 17,	19 <u>99</u>
Based on each term or condition of 62-213.300, Florida Administration						th DEP Rwe По
If NO, complete the following:					,	
#1. Term or condition of the gene	eral permi	t that has not been	in continuous c	ompliance duri	ing the reporting	period stated above:
Exact period of non-compliance:	from			to		
Action(s) taken to achieve compli	ance:					
Method used to demonstrate comp	oliance:				· · ·	
#2. Term or condition of the gene	eral permi	t that has not been i	n continuous co	ompliance duri	ing the reporting	period stated above:
Exact period of non-compliance:	from			to		
Action(s) taken to achieve compli-						/
Nethod used to demonstrate comp				•		
p						
As the responsible official, I hereb made in this notification are true, upon rolling averages of purchase year for transfer or combination for RESPONSIBLE OFFICIAL:	accurate de receipts, acilities.	and complete. Furt	her, my annual	consumption of	of perchloroethy of dry facilities of	lene solvent, based

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

TYPE OF IN	SPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION
AIRS ID#:	1030328 001 DATE: 5/17/99 TIME IN: 9:190 MTIME OUT: 10:520 m.
FACILITY	NAME: Classic Cleaners
FACILITY	LOCATION: 6393 9th St. N # 112
	St. Petersburg, FL, 33702
RESPONS	IBLE OFFICIAL: Alex Petroski Phone No.: 522-7618
Perm	it No. 1030328-001-AG Exp. Date:
희	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

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:	
-	nctions are required, you must take immediate corrective perform a follow-up inspection to determine that proper
Inspection Conducted by: Jeffrey Morris	
Inspector's Signature:	mo
Phone Number: 464-44-22	<u>. </u>

Page 2 of 2

 \mathbf{A}

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION	
AIRS ID#: 1030328 001 DATE: 5/17/99 TIME IN: 9:190.m TIME OUT: 10	
FACILITY LOCATION: 6393 9th St. N # 112	
St. Petersburg, FL, 33702	
RESPONSIBLE OFFICIAL:Alex Petroski PHONE:522-7618_	
CONTACT: PHONE:	<u>_</u>
PART I: NOTIFICATION	
(Check appropriate box)	
1. Existing facility notified DARM By 9/1/96	I
2. New facility notified DARM 30 days prior to startup	
3. Facility failed to notify DARM to use general permit	<u> </u>
PART II: CLASSIFICATION	· · · · · · · · · · · · · · · · · · ·
Facility indicated on notification form that it is: (Check appropriate box) No notification form Drop store / out of business / petroleum	
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (Constructed before 12/9/91) 2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (Constructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, 140 < x < 2,100 gal/yr transfer only, 200 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr (Constructed before 12/9/91) 4. New large area source dry-to-dry only, 140 < x < 2,100 gal/yr transfer only, 200 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr (Constructed on or after 12/9/91)	·
This is a correct facility classification: Y N Can not determine	
If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry facility was $\hbar \cap \Omega$ gallons.	cleaning

PART III: GENERAL CONTROL REQUIREMENTS			
Is the responsible official of the dry cleaning facility: (check appropriate boxes)			
1. Storing perchloroethylene in tightly sealed and impervious containers?	Y	ΠN	☐ NA
2. Examining the containers for leakage?	☑ Y	ΠN	☐ NA
3. Closing and securing machine doors except during loading/unloading?	Y	ŪИ	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	Y	ΠN	□NA
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ΔY	ΠN	NA
PART IV: PROCESS VENT CONTROLS			
In 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 con	denser
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 must ha	efrigerat we been	ed :
If classification (4) has been checked, the machine should be equipped with a (complete A and B below.)	refrige	rated con	denser
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	ПN	□ NA
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	Y	ŪΝ	□NA
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly bi-weekly basis?	Y	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	ПN	

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 ON
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 ONA OY ON ONA
	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm?	□Y □N □NA □Y □N □NA
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc. concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 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?	□y □n □na
P	ART V: RECORDKEEPING REQUIREMENTS	· .
H (c	as the responsible official: heck appropriate boxes)	
1.	Maintained receipts for perc purchased?	☑Y □N
2.	Maintained rolling monthly averages of perc consumption?	∍My □n
3.	Maintained leak detection inspection and repair reports for the following:	, <u></u>
	a. documentation of leaks repaired w/in 24 hrs? or;	DY DN ØNA
	 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 MA
4.	Maintained calibration data? (for direct reading instrument only)	DY DN DNA
5.	Maintained exhaust duct monitoring data on perc concentrations?	□Y □N ☑NA
6.	Maintained startup/shutdown/malfunction plan?	MY ON
7.	Maintained deviation reports?	□Y □N ☑NA
	Problem corrected?	DY ON MA
l		— x , — x y x

PA	ART VI: LEAK DETECTIO	N AN	D REF	PAIRS			
1.	Does the responsible official of inspection?	onduc	t a wee	kly (for	small sources, bi-weekly) leal		tion and repair
2.	Has the facility maintained a l	eak log	g?			I Y	. □ N
3.	Does the responsible official of	heck t	he follo	owing are	eas for leaks:		
	Hose connections, fitting couplings, and valves	⊠ Y	□N	□NA	Muck cookers	□Y	□n ⊠na
	Door gaskets and seating	□ Y	\square N	\square NA	Stills	Y	□n □na
	Filter gaskets and seating	Y	\square_N	□NA	Exhaust dampers	ŊΥ	□n □na
	Pumps	$\mathbf{\Xi}_{\mathbf{Y}}$	□N	□NA	Diverter valves	⊡ Y,	□n □na
	Solvent tanks and containers	□ Y	\square_{N}	□NA	Cartridge Filter housing	Y	□n □na
	Water separators	Y	\square_{N}	□NA			
4.	Physical detection Odor (noticeable p	n (cond (airflo erc odeng ing instactor	densed w felt or) trumen	solvent of through station (F	of exterior surfaces) gaskets) ID/PID/calorimetric tubes)		P P D D D
	a Capable of detecting pe	erc vap	or con	centratio	ns in a range of 0-500 ppm.		OY ON
	b. Calibrated against a star	ndard g	as prio	r to and/a	fter each use(PID/FID only).		$\square_{Y} \square_{N}$
	c. Inspected for leaks and	obviou	s_signs	of wear	on a weekly basis?		$\square_{Y} \square_{N}$
	d. Kept in a clean and sec	ure are	a wher	n not in u	ise.		$\square_{Y} \square_{N}$
	e. Verified for accuracy by	use of	duplic	ate samp	les (calorimetric only)?		□Y □N
	Inspector's Name (Please Pri	nt)			Date/of Ins	spection / /99 of Nex	n kt Inspection

T	YPE OF INSPECTION: ANNUAL 🗆 COMP	LAINT/DISCOVERY 🗆 RE-INSPECTION 🗹
I	compliance with DEP Rule 62-213.300, Florid	Phone No.: 522-7618 The ments evaluated during this inspection, the facility is found to be in the da Administrative Code (F.A.C.). The ments evaluated during this inspection, the following compliance the following compliance the following compliance.
		mary 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.
Ŕ	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: the i	nspect	o- could	not '	verify	the
outlet exh	oust te	emperati	re of	the	etrigeratu
condenser	is less	than 450	F. Jan		
	•	•	f'		

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:	Jeffrey Morris
Inspector's Signature:	John Monix
Phone Number:	464-4422

	RE-INSPECTION	COMPLAINT/DISCO	OVERY U
AIRS ID#: 1030328 001 FACILITY NAME: _ FACILITY LOCATION: _	Classic Cleaners	2	mTIME OUT: 9:400,m
RESPONSIBLE OFFICIAL			HONE: 522-7618 HONE: 522-7618
PART I: NOTIFICATION			· · · · · · · · · · · · · · · · · · ·
(Check appropriate box) 1. Existing facility notified D 2. New facility notified DAR 3. Facility failed to notify DAR	M 30 days prior to startup		☑ □ □
PART II: CLASSIFICATIO)N		
Facility indicated on notificate (Check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 transfer only, x < 200 gas both types, x < 140 gal/y (Constructed before 12) 3. Existing large area so dry-to-dry only, 140 < x transfer only, 200 < x < 1 both types, 140 < x < 1,80 (Constructed before 12)	ource	No notification form Drop store / out of the description of the descri	ousiness / petroleum urce 140 gal/yr 0 gal/yr gal/yr after 12/9/91)
facility exceeds abo	propriate classification: or a general permit as num ove limits and is not eligib	ole for a general permit	12 months by this dry cleaning

PART	III: GENERAL CONTROL REQUIREMENTS	_		
	esponsible official of the dry cleaning facility: appropriate boxes)			
1. Stor	ring perchloroethylene in tightly sealed and impervious containers?	Y	ΩN	🔾 na
2. Exa	mining the containers for leakage?	₫Y	ΠN	🗖 na
3. Clos	sing and securing machine doors except during loading/unloading?	☑ Y	ΠN	
1	ining cartridge filters in their housing or in sealed containers for at st 24 hours prior to disposal?	T Y	ПN	□NA
	Intaining solvent-to- carbon ratios and steam pressure for carbon adsorber ds according to the manufacturer's specifications?	ΩY	·□N	☑ NA
PART	IV: PROCESS VENT CONTROLS			
In Par	t II-A:			
If c	classification (1) has been checked, no controls are required. Proceed to Pa	ırt V.		
	classification (2) has been checked, the machine should be equipped with a mplete A below)	refrige	rated con	denser
cor	classification (3) has been checked, the machine should be equipped with endenser or a carbon adsorber (complete A and B below). Carbon adsorber talled prior to September 22, 1993.	ither a must ha	refrigerate ave been	ed
If c	classification (4) has been checked, the machine should be equipped with a mplete A and B below.)	refrige	rated con	denser
A. Ha	s the responsible official of all new sources and existing large area sou eck appropriate boxes)	rces:		
1. Eq.	uipped all machines with the appropriate vent controls?	₫ Y	ΠN	
2. Equ	uipped dry-to-dry machines with a closed-loop vapor venting system?	Y	\square N	□ NA
1 -	uipped the condenser with a diverter valve so airflow will be directed ay from the condenser upon opening the door?	ØY	ΩN	□NA
1	rigerated condenser on a weekly bi-weekly basis?	₫Y	□N	
1	paired or adjusted the equipment within 24 hours if the exhaust nperature of the condenser exceeded 45°F?	Y.	□N	□NA
1	iducted all temperature monitoring after an appropriate cool down period after verifying the coolant had been completely charged?	₫ Y	□N	

B. Has the responsible official of an existing large or new large area source also:	
1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	⊠Y □N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20°F?	Oy On Ona Oy On Ona
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm?	□y □n □na □y □n □na
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc. concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 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?	
o. Routed attriow to the carbon adsorber (if used) at an times?	OY ON ONA
PART V: RECORDKEEPING REQUIREMENTS	
PART V: RECORDKEEPING REQUIREMENTS	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes)	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or;	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	☐Y □N ☐Y □N ☐NA
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	☐Y □N ☐Y
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instrument only)	OY ON OY ON MA OY ON MA OY ON MA
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instrument only) 5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ONA
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instrument only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan?	Y ON Y ON Y ON YNA OY ON YNA OY ON YNA OY ON YNA OY ON YNA

PA	PART VI: LEAK DETECTION AND REPAIRS						
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?						
2.	Has the facility maintained a le	ak log	g?			$\mathbf{A}^{\mathbf{A}}$	\square_{N}
3.	Does the responsible official c	heck t	he follo	owing ar	eas for leaks:		
	Hose connections, fitting couplings, and valves	⊠Y	□N	□NA	Muck cookers	□Y	on Sina
	Door gaskets and seating	\square_{Y}	ΠN	□NA	Stills	□Y	□n □na
	Filter gaskets and seating	IJY	ΠN	\square NA	Exhaust dampers	₫Y	□n □na
	Pumps	Y	ΠN	\square_{NA}	Diverter valves	ĭZY	□n □na
	Solvent tanks and containers	$\mathbf{\Xi}_{\mathbf{Y}}$	ΠN	□NA	Cartridge Filter housing	Z Y	□n □na
	Water separators	$\mathbf{\underline{\square}}_{\mathrm{Y}}$	ΠN	□NA			
4.	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 pe	rc vap	or con	centratio	ons in a range of 0-500 ppm.		DY ON
	b. Calibrated against a stan	dard g	as prio	r to and	after each use(PID/FID only).		□Y □N
	c. Inspected for leaks and o	bviou	s signs	of wear	on a weekly basis?		\square_{Y} \square_{N}
	d. Kept in a clean and second	ure are	ea wher	n not in u	ise.		$\square_{Y} \square_{N}$
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?						
	Inspector's Name (Rease Print) Inspector's Name (Rease Print) Inspector's Signature Inspector's Signature Inspector Signature Insp						

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Classic Cle		DATE: 11/19/99
FACILITY LOCATION:	6393 9th	St 1) #110	
		00.10.112	
		urg, FL 33702	
Annual Reporting Period:	May 17,	1999 TO Nove	Mer 19, 1999
. Based on each term or condition of	the Title V general air permit, my	facility has remained incompli	ance with DEP Rule
62-213.300, Florida Administrative		(-0	:
If NO, complete the following:		bile so	
#1. Term or condition of the genera	al permit that has not been in cont	inuous compliance during there	porting period stated above:
The outlet ext condenser excee Exact period of non-compliance: fro (Pre-existing cons	ds 45°F and wo	ture of the factor to some to some to some the source of t	rithin 124 hrs.
Action(s) taken to achieve compliand Method used to demonstrate compliand	ce: Repair or a 14 hours of n ance: outlet exhau	djust condens reasurement indi est temperature ceeds 45°F.	cating that the coffigerate
32. Term or condition of the general	l permit that has not been in conti	nuous compliance during the reg	porting period stated above:
Monthly pur a consecutive Exact period of non-compliance: fro		s were not ma 31, 1999 to Noven	
Action(s) taken to achieve complianch i Method used to demonstrate complia	procedure the	of maintains mo cutive 12 month	record keeping on they perc. purchase total.
			•
ls the responsible official, I hereby on made in this notification are true, ac spon rolling averages of purchase re sear for transfer or combination faci	curate and complete. Further, my sceipts, does not exceed 2,100 gal.	annual consumption of perchlo	roethylene solvent, based
,		$a \cap b \cap a = a$	

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

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Action(s) taken to achieve compliance: Develop and implement adapted detection in spection and repair program. #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Facility did not measure and record the outlet temper of the refrigerated condenser on the dry-dry machine on a week! Exact period of non-compliance: from November 2, 1949 to November 19, 1999 Action(s) taken to achieve compliance: Develop and implement a manitaring promethod used to demonstrate compliance: Measure and record the outlet temperate on a weekly basis 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 appoint rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.				· · · · · · · · · · · · · · · · · · ·	
Annual Reporting Period: May 17, 1999 TO November 19, 199 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 MNO If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Facility did not maintain alog of leak detection Exact period of non-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: Facility did not measure and repair program. 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: Facility did not measure and record the outlet temperate of the left generated condenser on the dry-ary mechine on a week! Exact period of non-compliance: Method used to demonstrate compliance: Method used t	FACILITY NAME:	Classic	Cleaners		DATE: 11/19/99
Annual Reporting Period: May 17, 1999 TO November 19, 109 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 INO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above Facility did not maintain a log of leak detection Exact period of non-compliance: from October 25, 1999 to November 19, 1999 Action(s) taken to achieve compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period of non-compliance. #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period of non-compliance	FACILITY LOCATION:	6393 9-	th St. N. t	±112	· · ·
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.000, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES ANO If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above. Facility did not maintain a log of leak detection Exact period of non-compliance: from October 25, 1999 to November 19, 1999 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: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #2. Term or condition o		St. Pete	rsburg, Fl	- 33702	
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES ANO If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above Facility did not maintain a log of leak detection in Spection and repair records. Exact period of non-compliance: from October 25, 1999 to November 19, 1999 Action(s) taken to achieve compliance: Method used to demonstrate 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: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period of non-complete. Purlance of the order of the order of the order of the order of the o	Annual Reporting Period:	May 17,	19 99 TO	Novem	ber 19, 1999
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above Facility did not maintain a log of leak detection In Spection and repair records. Exact period of non-compliance: from October 25, 1999 to November 19, 1999 Action(s) taken to achieve compliance: Method used to demonstrate compliance: Method used to demonstrate compliance: Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Facility did not measure and record the outlet temper of the Pefriquented condenser on the dry-dry mechine on a weekly Exact period of non-compliance: from November 2, 1999 to November 19, 1999 Action(s) taken to achieve compliance: Develop and implement a manitoring pro Method used to demonstrate compliance: Measure and record the outlet temperate On a weekly bosis As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Here					
Exact period of non-compliance: from October 25, 1999 to November 19, 1999 Action(s) taken to achieve compliance: Develop and implement article detection in spection and repair program. Method used to demonstrate compliance: The more condition of the general permit that has not been in continuous compliance during the reporting period stated above: Facility did not measure and record the outlet temperate of the refrigerated condenser on the dry dry machine on a week! Exact period of non-compliance: from November 2, 1999 to November 19, 1999 Action(s) taken to achieve compliance: Develop and implement a manitaring program. Method used to demonstrate compliance: Measure and record the outlet temperate on a weekly bosis As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Alexander of the outlet of the statements of transfer or combination facilities.	If NO, complete the following:				
Action(s) taken to achieve compliance: Develop and implement adeak detection in spection and repair program. #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Facility did not measure and record the outlet temper of the refrigerated condenser on the dry-dry machine on a week! Exact period of non-compliance: from November 2, 1999 to November 19, 1999 Action(s) taken to achieve compliance: Measure and record the outlet temperate on a weekly basis As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Alex Petroski: Develop and implement adening the reporting period stated above: no and repair program.	#1. Term or condition of the general	permit that has not been i	in continuous complian	ace during the repo	rting period stated above:
Action(s) taken to achieve compliance: Develop and implement a takek detection in spection and repair program. #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Facility did not measure and record the outlet temper of the refrigerated condenser on the dry-dry machine on a week! Exact period of non-compliance: from November 2, 1999 to November 19, 1999 Action(s) taken to achieve compliance: Measure and record the outlet temperate on a weekly basis As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Alex Petroshi: Develop and implement a mental detection. The program. Method used to demonstrate compliance: November 19, 1999 November 2, 1999 to November 19, 1999 November 19, 1999 November 2, 1999 to November 2, 1999 to November 19, 1999 November 2, 1999 to November 2, 1999 to November 19, 1999 November 2, 1999 to November 2, 1999 to November 19, 1999 November 2, 1999 to November 2, 1999 to November 19, 1999 November 2, 1999 to November 2, 1999 to November 19, 1999 November 2, 1999 to November 2, 1999 to November 19, 1999 November 2, 1999 to November 2, 1999 to November 19, 1999 November 2, 1999 to November 2, 1999 to November 19, 1999 to November 2, 1999 to November 19, 1999 to November 19, 1999 to November 2, 19	Facility did in Spection and Exact period of non-compliance; from	not mainto repair recor Octob	as. per 25, 1999	fleak 10 Nover	detection ober 19, 1999
Facility did not measure and record the outlet tempers of the refrigerated condenser on the dry-dry machine on a week! Exact period of non-compliance: from November 2, 1909 to November 19, 1999 Action(s) taken to achieve compliance: Develop and implement a manitaring promethod used to demonstrate compliance: Measure and record the outlet temperation a weekly basis As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Alex Petroski: All Machine 19,1201-9		: Develop			, .
Action(s) taken to achieve compliance: Develop and implement a manitaring pro Method used to demonstrate compliance: Measure and record the outlet temperation of a weekly basis As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Alex Petroski Delication and belief formed after reasonable inquiry, that the statements are not perceived to the control of the cont					
rade in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	Action(s) taken to achieve compliance i Method used to demonstrate compliance	Developan	d impleme	nt a mac	ritaring progr
RESPONSIBLE OFFICIAL: Alex Petroski: Del 11-201-99 Name (Please Print) Signature Date	nade in this notification are true, accu upon rolling averages of purchase rec	rate and complete. Furt cipts, does not exceed 2.1	her, my annual consum	ption of perchloro	ethvlene solvent hased
	Λ.	ex Petroski Name (Please Print)	Qg	Signature	//-201-99 Date

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

TYPE OF IN	SPECTION: AN	NUAL 🗹 COMPLAIN	T/DISCOVERY 📮	RE-INSPECTION	Q				
	1030328 001		TIME IN: 120	_a TIME OUT: 🥱 : ւ	<u>5a.m</u> .				
FACILITY	NAME:	Classic Cleaners							
FACILITY	LOCATION:	6393 9th St. N # 112							
	St. Petersburg, FL, 33702								
RESPONSIBLE OFFICIAL: Alex Petroski Phone No.: 522-7618									
Permi	Permit No1030328-001-AG Exp. Date:								
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.).									
凶	Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted (only items which are checked):								

	,	
	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
П	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. (November)	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.
Ą	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
Ø	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.
প্র	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: Temperature of the refrigerated condens
Records have not been kept since 11/1/99. No Icak recordings for Nov. 99
recordings for Nov. 49
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: Jeffrey Morris
Inspector's Signature:

Phone Number:

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION						
AIRS ID#: 1030328 001 DATE: 11/19/99 TIME IN: 8:120.07 TIME OUT: 9:150 FACILITY NAME: Classic Cleaners FACILITY LOCATION: 6393 9th St. N # 112 St. Petersburg, FL, 33702	3. <i>m</i> .					
RESPONSIBLE OFFICIAL: Alex Petroski PHONE: 522-7618 CONTACT: And Care PHONE: 522-7618						
PART I: NOTIFICATION						
(Check appropriate box) 1. Existing facility notified DARM By 9/1/96 2. New facility notified DARM 30 days prior to startup 3. Facility failed to notify DARM to use general permit	ල් ට ට					
PART II: CLASSIFICATION	•.					
Facility indicated on notification form that it is: (Check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (Constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 < x < 2,100 gal/yr transfer only, 200 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr (Constructed on or after 12/9/91)						
This is a correct facility classification:	ning					
facility was gallons. (actabes, 99)						

PART III: GENERAL CONTROL REQUIREMENTS			-					
Is the responsible official of the dry cleaning facility: (check appropriate boxes)								
1. Storing perchloroethylene in tightly sealed and impervious containers?								
2. Examining the containers for leakage?	₫Y	ΠN	□NA					
3. Closing and securing machine doors except during loading/unloading?	₫y	ΩN						
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	₫ Y	□ N	□NA					
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	Y	ΩN	☑ NA					
PART IV: PROCESS VENT CONTROLS								
In 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 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 (complete A and B below.)	If classification (4) has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below.)							
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)								
1. Equipped all machines with the appropriate vent controls?	∃ Y	\square_N						
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	₫ Y	ΩN	\square NA					
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	₫Y	□N	□NA					
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly bi-weekly basis?	₫ Y	ПN						
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	ПN						

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
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 Ona Oy On Ona
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?	OY ON ONA
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?	Oy On Ona
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □NA
6.	Routed airflow to the carbon adsorber (if used) at all times?	□y □n □na
PA	ART V: RECORDKEEPING REQUIREMENTS	
Ha (cl	as the responsible official: neck appropriate boxes)	
1.	Maintained receipts for perc purchased?	ØY □N
2.	Maintained rolling monthly averages of perc consumption?	⊠y □n
3.	Maintained leak detection inspection and repair reports for the following:	
	a. documentation of leaks repaired w/in 24 hrs? or;	DY DN DNA
	 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 DN MÍNA
4.	Maintained calibration data? (for direct reading instrument only)	Oy On Ma
5.	Maintained exhaust duct monitoring data on perc concentrations?	DY DN MA
6.	Maintained startup/shutdown/malfunction plan?	□Y □N
7.	Maintained deviation reports?	OY ON MA
	Problem corrected?	OY ON DINA
8.	Maintained compliance plan, if applicable?	DV DN DNA

PA	PART VI: LEAK DETECTION AND REPAIRS							
1.	1. Does the responsible official conduct a weekly for small sources, bi-weekly) leak detection and repair inspection?							
2.	Has the facility maintained a le	eak log	g?			₫́Y	□N	
3.	Does the responsible official of	heck t	he follo	owing are	as for leaks:			
	Hose connections, fitting couplings, and valves	☑Y	□N	□NA	Muck cookers	ΩY	□n ⊡na	
	Door gaskets and seating	₫Y	□N	□NA	Stills	$\mathbf{\nabla}_{\mathbf{Y}}$	□n □na	
	Filter gaskets and seating	☑Y	\square_{N}	□NA	Exhaust dampers	ØY	\square_N \square_{NA}	
	Pumps	$\mathbf{\nabla}_{\mathbf{Y}}$	ΠN	□NA	Diverter valves	Y	□n □na	
	Solvent tanks and containers	ďΥ	\square_{N}	□NA	Cartridge Filter housing	☑Y	□n □na	
	Water separators	₫Y	□N	□NA				
4.	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 instru			_	_			
		_		. 1	as in a range of 0-500 ppm.		LLY LIN	
	b. Calibrated against a star		_ () \	\:			OY ON	
	c. Inspected for leaks and o		- N	\supset [-		UY UN	
	d. Kept in a clean and sec	ure are	a wher	n not in u	se.		□Y □N	
	e. Verified for accuracy by	use of	duplic	ate sampl	es (calorimetric only)?		□y □n	
	Jeff Morris Inspector's Name (Please Print) Date of Inspection							
	Inspector's Signature	,			Approximate Date	g of Nex	t Inspection	
	- // \/\//				11		•	

T	YPE OF INSPECTION: ANNUAL 🚨 COMP	LAINT/DISCOVERY RE-INSPECTION
	AIRS ID#: 1030328 001 DATE: 11/30/ FACILITY NAME: Classic Cleaners FACILITY LOCATION: 6393 9th St. N # 1 St. Petersburg, FL, RESPONSIBLE OFFICIAL: Alex Petroski Permit No. 1030328-001-AG Exp. Date:	12
	□ Based on the results of the compliance require discrepancies were noted (only items which a	ments evaluated during this inspection the following compliance
	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: Facility has instituted operation	
instructions that will verify the temperature of the	
refrigerated condenser will be below 45 of Refrigerated	-
refrigerated condenser will be below 45°F. Refrigerated condenser temperature observed 44 8°F during cooldown.) If the Inspection Summary Report Indicates follow-up actions are required, you must take immediate corrective	m
measures to achieve compliance. Pinellas County will perform a follow-up inspection to determine that proper	
corrective actions have been taken.	٠.

Inspection Conducted by:	Jeffrey Morris
Inspector's Signature:	Holy Mone
Phone Number:	464-4422
	J

	ANNUAL RE-INSPECTION	团	COMPLAINT	DISCOVERY	
AIRS ID#: 1030328 001 FACILITY NAME:	_ DATE: _il_/	,	_ TIME IN: 9	720am TIME OUT:	9:460.m.
					<u> </u>
FACILITY LOCATION: _	6393 9th St. N	N # 112	·	.	
_	St. Petersburg	, FL, 3370)2		
RESPONSIBLE OFFICIAL	Alex Petroski			PHONE: _522-76	18
CONTACT:	Alex Pet	205ki	/	PHONE: <u>522</u> -	-7618
PART I: NOTIFICATION				<u> </u>	
(Check appropriate box)		-			
1. Existing facility notified D	ARM By 9/1/96	5:		÷	র্
2. New facility notified DAR	2. New facility notified DARM 30 days prior to startup				
3. Facility failed to notify DARM to use general permit					
				<u></u>	
PART II: CLASSIFICATION)N				
Facility indicated on notificat (Check appropriate box)	ion form that it is:		No notificati Drop store /	on form out of business / petrole	um
A. 1. Existing small area so dry-to-dry only, x<140 transfer only, x<200 ga both types, x<140 gally (Constructed before 12)	ource al/yr al/yr yr yr 2/9/91)		2. New small a dry-to-dry or transfer only both types, x (Constructed	nrea source nly, x<140 gal/yr , x<200 gal/yr <140 gal/yr d on or after 12/9/91)	ם
3. Existing large area so dry-to-dry only, 140 <x (constructed="" 12<="" 140<x<1,8="" 200<x<1="" before="" both="" only,="" td="" transfer="" types,=""><td>/</td><td></td><td>4. New large a dry-to-dry or transfer only both types, 1 (Constructed</td><td>rea source nly, 140<x<2,100 gal="" yr<br="">y, 200<x<1,800 gal="" yr<br="">40<x<1,800 gal="" yr<br="">d on or after 12/9/91)</x<1,800></x<1,800></x<2,100></td><td>ם</td></x>	/		4. New large a dry-to-dry or transfer only both types, 1 (Constructed	rea source nly, 140 <x<2,100 gal="" yr<br="">y, 200<x<1,800 gal="" yr<br="">40<x<1,800 gal="" yr<br="">d on or after 12/9/91)</x<1,800></x<1,800></x<2,100>	ם
This is a correct facility classi	ification:		Can not determine	ine	
If no, please check the ap facility qualified for facility exceeds above	or a general permit a ove limits and is no	as number et eligible f	or a general perr	nit	
B. The total quantity of perchaging facility was	hloroethylene (perc gallons.	purchase	d within the pred	ceding 12 months by this	dry cleaning

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	PART III: GENERAL CONTROL REQUIREMENTS					
	Is the responsible official of the dry cleaning facility: (check appropriate boxes)					
	1. Storing perchloroethylene in tightly sealed and impervious container	s? \(\vert \) Y \(\sigma\)	N 🗆 NA			
	2. Examining the containers for leakage?	ƴ Y □	IN 🗆 NA			
	3. Closing and securing machine doors except during loading/unloadin	g? ☑ -Y □	ÌN			
	4. Draining cartridge filters in their housing or in sealed containers for least 24 hours prior to disposal?		In □na			
	5. Maintaining solvent-to- carbon ratios and steam pressure for carbon beds according to the manufacturer's specifications?		IN ☑NA			
L						
L	PART IV: PROCESS VENT CONTROLS					
l	In Part II-A:					
l	If classification (1) has been checked, no controls are required. Pro-	ceed 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 equipp (complete A and B below.)	ed with a refrigerate	d condenser			
	A. Has the responsible official of all new sources and existing large (check appropriate boxes)	area sources:				
	1. Equipped all machines with the appropriate vent controls?	⊴Y □	ÎN .			
	2. Equipped dry-to-dry machines with a closed-loop vapor venting system	n? 🗹 Y 🗆	IN □NA			
	3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ed 🗹 Y 🛚	In 🗆 na			
	4. Measured and recorded the temperature of the outlet exhaust stream refrigerated condenser on a weekly bi-weekly basis?	of a	In			
	5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	☑(Y □	IN 🗆 NA			
	6. Conducted all temperature monitoring after an appropriate cool dow and after verifying the coolant had been completely charged?	n period	In			
1						

at the second se	
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 □N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20°F?	OY ON ONA
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 ppim?	□y □n □na □y □n □na
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc. concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 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?	□Y □N □NA
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	'⊡'Y □N
2. Maintained rolling monthly averages of perc consumption?	r din din
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	□y □n Øna
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 MA
4. Maintained calibration data? (for direct reading instrument only)	DY DN MNA
5. Maintained exhaust duct monitoring data on perc concentrations?	Dy On Ma
	,
6. Maintained startup/shutdown/malfunction plan?	☑Y □N
6. Maintained startup/shutdown/malfunction plan?7. Maintained deviation reports?	Øy □n □y □n Øna
	,

PA	PART VI: LEAK DETECTION AND REPAIRS						
1.	Does the responsible official coinspection?	onduc	t awee	kly (for sm	all sources, bi-weekly) leal	detect	
2.	Has the facility maintained a le	eak log	g?			ŪY	\square_{N}
3.	Does the responsible official c	heck t	he follo	owing areas	for leaks:		
	Hose connections, fitting couplings, and valves	₫y	□N	□NA	Muck cookers	ΩY	□n ⊴na
	Door gaskets and seating	¥Υ	□N	□NA	Stills	ĀĀ	□n □na
	Filter gaskets and seating	Y	□N	□NA	Exhaust dampers	ĭ⊒Y	□n □na
	Pumps	Y	□N	□NA	Diverter valves	ĭ¥Y	□n □na
	Solvent tanks and containers	ΔΊΥ	ΠN	□NA	Cartridge Filter housing	ĽΥ	\square_N \square_{NA}
	Water separators	□ _Y	\square_{N}	□NA			
4.	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.					\square_{Y} \square_{N}	
					r each use(PID/FID only).		□y □n
	c. Inspected for leaks and	bviou	s signs	of wear on	a weekly basis?		□y □n
	d. Kept in a clean and secu	1	\				$\square_{\mathrm{Y}} \square_{\mathrm{N}}$
	e. Vérified for accuracy by	use of	<i>t</i> f duplic	ate samples	(calorimetric only)?		\square_{Y} \square_{N}
	Inspector's Name (Please Print) Date of Inspection 5/19/2000 Inspector's Signature Approximate Date of Next Inspection						

AIRS ID#: _	1030328
` —	

Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Classic Cl	eaners	DA′	TE: 5/22/00
FACILITY LOCATION:	6993 9th	St N #112	· · · · · · · · · · · · · · · · · · ·	· ,
	St. Petersb	urg, FL 337	02	
			Λ Λ	
Annual Reporting Period:	November 19,	19 <u>99</u> TO	May 2	2, 2000
,	of the Title V general air permit, ive Code (F.A.C.), during the per			DEP Rule
If NO, complete the following:				
#1. Term or condition of the gen	neral permit that has not been in c	continuous compliance du	uring the reporting p	eriod stated apole:
Exact period of non-compliance:	from	to	Mob	
Action(s) taken to achieve compl	iance:	·	ile S	
Method used to demonstrate com	pliance:	· ·	urces	Sonitor
#2. Term or condition of the gen	eral permit that has not been in a	ontinuous compliance du	ring the reporting p	eriod stated above:
m2. Term of confidence of the gen	crai permit diat has not occur in c	· ·	and the reporting pa	criod stated acove.
Exact period of non-compliance:	from	to	*	
Action(s) taken to achieve compli	iance:			
Method used to demonstrate comp	pliance:		,	
As the responsible official, I here made in this notificalion are true, upon rolling averages of purchas year for transfer or combination j	accurate and complete. Further e receipts, does not exceed 2,100	r, my annual consumption	of perchloroethyle	ne solvent, based
RESPONSIBLE OFFICIAL: _	ALex Petrosk Name (Please Print)	G Oly F	etisshi mature	5-26-00 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.

TYPE OF INSPECTION:	ANNUAL G COMPLAIN	T/DISCOVERY RE-INSPECTION
AIRS ID#: 1030348	DATE:5/22/00	TIME IN: 10:240 TIME OUT: 10:220 A
FACILITY NAME:	Classic Cleaners	
FACILITY LOCATION:	_6393 9th Street North, # 112	
	St. Petersburg, FL, 33702	<u> </u>
RESPONSIBLE OFFICIAL:	Alex Petroski	Phone No.: <u>522-7618</u>
Permit No.	1030328-001-AG	Exp. Date: $3/24/2000$

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.).

F W

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):

	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.
Ø	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: Facility aid not	maintain a 12-month							
Consecutive perchlor	oethylene usage total							
	22,12000)							
* Temperature observed '4 If the Inspection Summary Report indicates follow-up as	ctions are required, you must take immediate corrective?							
	perform a follow-up inspection to determine that proper							
corrective actions have been taken.								
Inspection Conducted by:	ris							
Inspector's Signature:	MAY							
Phone Number: 464-4422								

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY	
AIRS ID#:_10363\$8	Date:5/22/00	TIME IN: 10:24s.mTIME OUT:	1:22a.m.
FACILITY NAME:	Classic Cleaners		· .
FACILITY LOCATION:	6393 9th Street North	h, # 112	
	St. Petersburg, FL, 3	3702	
RESPONSIBLE OFFICIA	L: Alex Petroski	PHONE:	2618
CONTACT:	Alex Petroski	PHONE: 522-	7618
PART I: NOTIFICATION		· .	
(Check appropriate box)		-	,
1. Existing facility notified	DARM By 9/1/96	·	_
2. New facility notified DA	RM 30 days prior to startup	,	
3. Facility failed to notify D	ARM to use general permit		
PART II: CLASSIFICATI	ON		
Facility indicated on notifica (Check appropriate box)	ation form that it is:	No notification form Drop store / out of business / petroleum	
A. 1. Existing small area and dry-to-dry only, x<14 transfer only, x<200 both types, x<140 gas (Constructed before	source 10 gal/yr gal/yr l/yr 12/9/91)	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (Constructed on or after 12/9/91)	
3. Existing large area so dry-to-dry only, 140-xtransfer only, 200-xx-both types, 140-xx-1, (Constructed before	source x<2,100 gal/yr <1,800 gal/yr 800 gal/yr 12/9/91)	4. New large area source dry-to-dry only, 140 < x < 2,100 gal/yr transfer only, 200 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr (Constructed on or after 12/9/91)	* *.
facility qualified	ssification: Y ON appropriate classification: for a general permit as numl bove limits and is not eligib		
B. The total quantity of per facility was	•	nased within the preceding 12 months by this dr	y cleaning

PART III: GENERAL CONTROL REQUIREMENTS							
Is the responsible official of the dry cleaning facility: (check appropriate boxes)							
1. Storing perchloroethylene in tightly sealed and impervious containers?	⊴ Y	□N	□ NA				
2. Examining the containers for leakage?	Y	□N	□ NA				
3. Closing and securing machine doors except during loading/unloading?	☑ Y	ΩN					
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	⊿ Y	ΠN	□ na				
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	Y	□N	☑NA				
DADT IV. DDOCESS VENT CONTDOLS							
In Part II-A:			<u> </u>				
If classification (1) has been checked, no controls are required. Proceed to Pa	ort VI						
		. •	•				
If classification (2) has been checked, the machine should be equipped with a (complete A below)	refrige	rated con-	denser				
If classification (3) has been checked, the machine should be equipped with excondenser or a carbon adsorber (complete A and B below). Carbon adsorber installed prior to September 22, 1993.	ither a r must ha	efrigerate ve been	ed.				
If classification (4) has been checked, the machine should be equipped with a (complete A and B below.)	refrige	rated con	denser				
A. Has the responsible official of all new sources and existing large area sou (check appropriate boxes)	rces:		<i>*</i>				
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	\square N	□ NA				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	¥Υ	ПN	□ NA				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	□ Y	□N					
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	₫ Y	ΠŅ	□NA				
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged?	✓Y	ŪΝ					

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	ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20°F?	□Y □Y		□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 spin?	□Y □Y		□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?	ПY	ПN	□NA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ŪΥ	□N	□na
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y	ΠN	□NA
PA	ART V: RECORDKEEPING REQUIREMENTS			
H :	as the responsible official: heck appropriate boxes)			
1.	Maintained receipts for perc purchased?	$\mathbf{I}_{\mathbf{Y}}$	\square_{N}	
2.	Maintained rolling monthly averages of perc consumption?	VIV	Πin	
3.	Maintained leak detection inspection and repair reports for the following:			
	a. documentation of leaks repaired w/in 24 hrs? or; (water separator bolt tightened April)2	Y	\square N	\square NA
	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	Y	\square_{N}	□NA
4.	Maintained calibration data? (for direct reading instrument only)	ΠY	\square N	⊠NA
5.	Maintained exhaust duct monitoring data on perc concentrations?	□Y	\Box N	Y NA
6.	Maintained startup/shutdown/malfunction plan?	\mathbf{Y}	\square_N	
7			□list	⊠NA
/.	Maintained deviation reports?	ĽΥ		HINA.
<i>'</i> .	Problem corrected?	□Y		MNA

PA	PART VI: LEAK DETECTION AND REPAIRS									
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?									
2.	Has the facility maintained a le	ak log	?			₫Y	\square_{N}			
3.	Does the responsible official c	heck th	ne follo	owing areas	for leaks:					
	Hose connections, fitting couplings, and valves	ΣY	□N	□NA	Muck cookers	₫y	□n □na			
	Door gaskets and seating	⊠Y	ΠN	□NA	Stills	\square_{Y}	□n ⊠na			
	Filter gaskets and seating	☑Y	\square_{N}	\square_{NA}	Exhaust dampers	₫y	□n □na			
	Pumps	Ū∕Y	\square_{N}	\square_{NA}	Diverter valves	$\mathbf{v}_{\mathbf{Y}}$	□n □na			
	Solvent tanks and containers	₫Y	\square_{N}	□NA	Cartridge Filter housing	Y	□n □na			
	Water separators	☑Y	\Box_{N}	□NA						
4.	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 pe	rc vap	or con	centrations i	n a range of 0-500 ppm.		□Y □N			
	b. Calibrated against a stan	dard ga	as prio	r to and after	fach use(PID/FID only).		□Y □N			
	c. Inspected for leaks and o	bvious	signs	of wear on a	weekly basis?		□y □n			
	d. Kept in a clean and seco	ire are	a wher	n not in use.			□Y □N			
	e. Verified for accuracy by	use of	duplic	ate samples	(calorimetric only)?		□y □n			
	Inspector's Name (Please Print) Date of Inspection Inspector's Signature J2/22/00 Approximate Date of Next Inspection									

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION	
AIRS ID#: 1030328 DATE: 10/16/97 TIME IN: 2:1500 TIME OUT:	2:25pm
FACILITY NAME: Classic Cleaners	
FACILITY LOCATION: 6393 96h St N #112	
St Petersburg, FL 33702)
responsible official: Alex Petros Ki phone: 522-70	.18
contact name: Alex Petroski phone: 522-70	il.
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup	
2. Facility failed to notify DARM to use general permit	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	etroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)	·
5. This is a correct facility classification Y N Can not determine	
If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this d facility was 120 gallons.	ry cleaning

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

В	. Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OZY	DИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
ļ	if machines are equipped with a carbon adsorber?	\Box Y	$\square N$	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box Y$	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,			
	or expansion; is at least 2 duct diameters upstream from any bend, contraction,	ΩV		
	or expansion; and downstream from no other inlet?	ΔY	UN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□N	□N/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?	MY DN				
3. Maintained leak detection inspection and repair reports for the following:	,				
a. documentation of leaks repaired w/in 24 hrs? or,	MY ON ON/A				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	MY ON ON/A				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON WYA				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON DINIA				
6. Maintained startup/shutdown/malfunction plan?	DY ON				
7. Maintained deviation reports?	DAY ON ONIA				
Problem corrected? (No problems)	DY DN WN/A				
8. Maintained compliance plan, if applicable?	DY DN DN/A				

PA	PART VI: LEAK DETECTION AND REPAIRS							
1.	1. Does the responsible official conduct weekly (for small sources bi-weekly) leak detection and repair							
	inspection?	Y DN						
2.	. Has the facility maintained a leak log?	¥Y □N						
3.	. Does the responsible official check the following areas for leaks?							
	Hose connections, fittings, couplings, and valves DY DN DN/A Muck cookers	AV ON ON/A						
	Door gaskets and seating DY DN DN/A Stills	Y ON ON/A						
	Filter gaskets and seating OV ON ON/A Exhaust dampers O	Y ON ONA						
	Pumps DY ON ON/A Divorter valves C	AY ON ON/A						
	Solvent tanks and containers	Y ON ON/A						
	Water separators QY ON ON/A							
4.	. Which method of detection is used by the responsible official?							
	Visual examination (condensed solvent on exterior surfaces)	1						
	Physical detection (airflow felt through gaskets)							
	Odor (noticeable perc odor)	<u>ر</u> ا						
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	נ						
	Halogen leak detector	3						
	If using direct-reading instrumentation, is the equipment:	IN/A						
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	ND Y						
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	DY DN						
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	NO YE						
	d. Kept in a clean and secure area when not in use?							
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	N DY						

Inspector's Name (Please Print)

Inspector's Sygnature

Daye of Inspection

4/5/98
Approximate Date of Next Inspection

ADDITIONAL SITE INFO	RMATION:	
	·	
	·	
	·	
177		
	•	

44:3

•AIRS ID _1030328

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Classic Cleaners	Date: _	11/9/00
FACILITY LOCATION	: 6393 9th Street North, # 112	P	
	St. Petersburg, FL, 33702		
Based on each term or condition	n of the Title V general air permit, my fa	cility has remained in complian	ce with DEP Rule 62-
IF NO, complete the following	ng:		
#1. Term or condition of the ge	neral permit that has not been in continu	ous compliance during the repo	orting period stated above:
Exact period of non-compliance	: from	to	
Action(s) taken to achieve comp	oliance:		
Method used to demonstrate con	mpliance:		
#2. Term or condition of the go	eneral permit that has not been in continu	uous compliance during the repo	orting period stated above:
Exact period of non-compliance	:: from	to	
Action(s) taken to achieve comp	oliance:		·
Method used to demonstrate con	mpliance:		
As the responsible official that the statements made in of perchloroethylene solve per year for dry-to-dry facing RESPONSIBLE OFFICIAL	, I hereby certify, based on inform this notification are true, accurate the horizont, based upon rolling averages of lities or 1,800 gallons per year for the horizontal structure. L: Alex Petroski (Name, Please Print)	nation and belief formed afte and complete. Further, f purchase receipts, does not transfer or combination for Signature	Eter reasonable inquiry, my annual consumption of exceed 2,100 gallons acilities.

^{*}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 IN	SPECTION:	ANNUAL	☑ COMPLAI	NT/DISCOVER	y 🖵 Re	E-INSPECTION	
AIRS ID#:	1030328	DATI	E: <u>11/9/00</u>	TIME IN:	<u>1:45am</u> T	IME OUT: 12	:02p.m
FACILITY	'NAME:	_Classic	: Cleaners				
FACILITY	LOCATION:	6393 9th St	reet North, # 112				
		St. Petersbu	rg, FL, 33702			-	
RESPONSI	BLE OFFICIAL	: Alex Petro	oski		Phone No.	: (727) 522-761	18
	Permit No.	1030328-00)1-AG	Exp. Date:	3/24/2002		
₫			•	s evaluated during t dministrative Code (•	, the facility is found	l to be in
			pliance requiremen tems which are ch	_	this inspection	, the following comp	pliance

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.
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	Comments:	
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	<u></u>	· · · · · · · · · · · · · · · · · · ·
	If the Inspection Summary Report indicates follow-up as measures to achieve compliance. Pinellas County will p	ctions are required, you must take immediate corrective
	corrective actions have been taken.	serjorm a jouow-up inspection to determine that proper
	Inspection Conducted by:	Et Morris
,	Inspector's Signature:	My Time
	Phone Number: 464	420
	Pa	ge 2 of 2

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

YPE OF INSPECTION:	ANNUAL RE-INSPECTION	10	COMPLAINT/I	DISCOVERY 📮	
AIRS ID#:_1030328	_ Date:11		TIME IN: 103	<u> 18am</u> TIME OUT: <u>12</u>	2:02 p.m
FACILITY NAME:	<u>Classic Cl</u>	<u>leaners</u>		<u> </u>	
FACILITY LOCATION:	6393 9th Stree	t North, # 11	12		
	St. Petersburg,	, FL, 33702			
RESPONSIBLE OFFICIA	L: Alex Petroski			PHONE : (727) 522-76	018
CONTACT:	Alex Petroski		 	PHONE: (727) 522-76	18
PART I: NOTIFICATION					
(Check appropriate box)		,		·	
Existing facility notified I	OARM By 9/1/96	. , ,			(
2. New facility notified DAI	RM 30 days prior to	startup			
3. Facility failed to notify D	ARM to use general	permit			- 🛄
			·		
PART II: CLASSIFICATI	ON				
Facility indicated on notifica (Check appropriate box)	tion form that it is:	0		n form ut of business / petroleum	
A. 1. Existing small area so dry-to-dry only, x<14 transfer only, x<200 good both types, x<140 gala (Constructed before 1	/yr	2.	New small ar dry-to-dry onl transfer only, both types, x < (Constructed of	ea source y, x<140 gal/yr x<200 gal/yr 140 gal/yr on or after 12/9/91)	
3. Existing large area s dry-to-dry only, 140 < transfer only, 200 < x < both types, 140 < x < 1,6 (Constructed before 1	ource x < 2,100 gal/yr 1,800 gal/yr 300 gal/yr 2/9/91)	4.	New large are dry-to-dry onl transfer only, both types, 14 (Constructed of	ea source y, 140 <x<2,100 gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,100>	
This is a correct facility class	sification:		an not determin	e e	
If no, please check the a facility qualified f facility exceeds at	or a general permit a	s number			
B. The total quantity of perofacility was ダ ≦) purchased v	vithin the prece	ding 12 months by this dry	cleaning

,

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 a located on dry-to-dry, reclaimer, and dryer machines on a weekly basis.	,
2. Measured and recorded the washer exhaust temperature at the conden outlet weekly? Is the temperature differential equal to or greater than 20°F?	ser inlet and Y NA NA
3. Measured and recorded the perc concentration in the exhaust stream vend of the final drying cycle while the machine is venting to the adsormachines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm?	ber, if Y N NA Y N NA
4. Assured that the sampling port on the carbon adsorber exhaust for me concentrations is at least 8 duct diameters downstream of any bend, concentration; is at least 2 dust diameters upstream from any bend contra expansion; and downstream from no other inlet?	ontraction, or
5. Equipped transfer machines (dryers, reclaimers, and washers) with incondenser coils?	dividual 🔲 Y 🔲 N 🔲 NA
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ONA
PART V: RECORDKEEPING REQUIREMENTS	□Y □N □NA
	□Y □N □NA
PART V: RECORDKEEPING REQUIREMENTS	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes)	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	✓Y □N
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the follow	ing:
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the follow a. documentation of leaks repaired w/in 24 hrs? or;	ing:
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the follow	ing:
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PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the follow a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaire w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instrument only)	ing: Silvetenned MY ON SNA 91:600 d chilor repaired 11/2011/3 OY ON MA
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the follow a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaire w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instrument only) 5. Maintained exhaust duct monitoring data on perc concentrations?	ing: Silverance Sy ON SNA 91:600 d chilor repaired 11/2+11/3 OY ON SNA OY ON SNA
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the follow a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaire w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instrument only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan?	ing: Or ON OR OR OR

PAR	RT VI: LEAK DETECTIO	N ANI) KEF	AIRS			
II .	Does the responsible official conspection?	onduct	awee	kly (for sm	all sources, bi-weekly) leak		ion and repair □N
2F	Has the facility maintained a le	ak log	?			\mathbf{Y}	□N
3. I	Does the responsible official c	heck th	ne follo	owing areas	s for leaks:		
11	Hose connections, fitting couplings, and valves	Y Y	ΠN	□NA	Muck cookers	✓Y	□n □na
1	Door gaskets and seating	V Y	ΠN	\square NA	Stills	$\Box_{\mathbf{Y}}$	ON ONA
H I	Filter gaskets and seating	ΨY	ΠN	□NA	Exhaust dampers	₫y	□n □na
I	Pumps	Y	ŪΝ	\square NA	Diverter valves	Y	□n □na
	Solvent tanks and containers	⊡ Y	ΠN	□NA	Cartridge Filter housing	□Y	□n □na
	Water separators	₫Y	ΠN	□NA			
4. N	Which method of detection is Visual examination Physical detection Odor (noticeable po Use of direct-readin Halogen leak detection	n (cond (airflowerc odd erc odd ng inst	lensed w felt (or)	solvent of through gas	exterior surfaces)		PSD00
1	f using direct-reading instru	ımenta	ition,	is the equip	pment:		
	-	•	-		in a range of 0-500 ppm.		DY ON
	b. Calibrated against a stan	dard ga	as prio	r to and afte	r each use(PID/FID only).		□Y □N
	c. Inspected for leaks and o	bvious	signs	of wear on	a weekly basis?		□y □n
	d. Kept in a clean and secu	ire are:	a wher	not in use			□Y □N
	e Verified for accuracy by	use of	duplic	ate samples	(calorimetric only)?		□y □n
	Inspector's Name (Please Prin	\$it)			Date of Ins 5/9/ Approximate Date	of Nex	t Inspection

			•
SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write 'Return Receipt Requested' on the mailpiece below the artice. The Return Receipt will show to whom the article was delivered are delivered. AIRS ID#: 1030328 ALEXANDER PETROSKI ALEXANDER PETROSKI 6393-9TH STREET NORTH ST PETERSBURG FL 33702	te does not le number. Ind the date 4a. Article N P265 4b. Service T Registere Express I Retum Ret	<i>1 302 3 /∂</i> Гуре od	e's Address d Delivery er for fee. Certified Insured COD COD
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	8. Addressee and fee is	o's Address <i>(Only if</i> paid)	requested Thank you
PS Form 3811 , December 1994	•	Domestic Retu	rn Receipt

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

Z 333 667 196

US Postal Service Receipt for Certified Mail

AIRS ID # 1030328

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CLASSIC CLEANERS ALEXANDER PETROSKI 6393 9TH STREET NORTH ST PETERSBURG FL 33702

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
PS Form 3800 , April 1995	Return Receipt Showing to Whorn & Date Delivered	
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800,	TOTAL Postage & Fees	\$
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on the reverse side?	Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. 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.	I also wish to receive the following services (for an extra fee): 1.
	3. Article Addressed to:	4a. Article N フ タタ	umber 3 667196
N ADDRESS completed	AIRS ID # 1030328 CLASSIC CLEANERS ALEXANDER PETROSKI 6393 9TH STREET NORTH ST PETERSBURG FL 33702	4b. Service 1 ☐ Registere ☐ Express I	Type ad Certified Mail Insured Localpt for Merchandise COD
ETURN	5. Received By: (Print Name)	8. Addressee and fee is	e's Address (Only if requested paid)

102595-97-B-0179

Signature: (Addressee or Agent)

PS Form 3811, December 1994

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UNITED STATES POSTAL SERVICE



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E C E I V E D

APR - 7 1999

Bureau of Air Monitoring & Mobile Sources

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

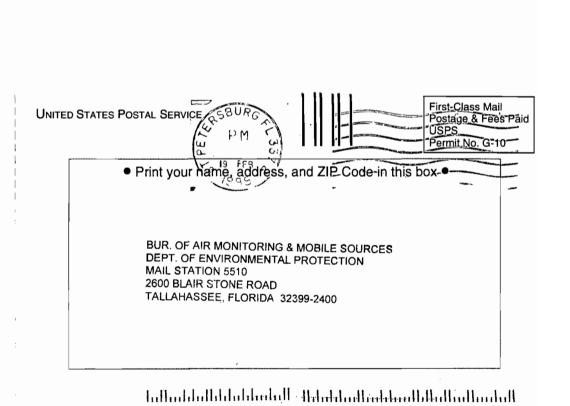
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SENDER: Complete Items 1 and/or 2 for additional Complete Items 3, 4a, and 4b. Print your name and address on the recard to you.	:	can return this	I also wish to re following service extra fee):	es (for an
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delivered. 3. Article Addressed to:		4a. Article N	Consult postma	ster for fee.
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CLASSIC CLEANERS		4b. Service		
ALEXANDER PETROSKI 6393 9TH STREET NORTH		Registere		Certified C
ST PETERSBURG FL 33702		Express I		☐ Insured .⊊
		7. Date of De	ceipt for Merchandis elivery	see's Address led Delivery ster for fee. Certified Insured Insured See COD of requested
5. Received By: (Print Name)		8. Addrésse and fee is	e's Address (Only paid)	if requested

Domestic Return Receipt

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

Is your RETURN ADDRESS completed on the



P 174 052 649 US Postal Šervice **Receipt for Certified Mail** No Insurance Coverage Provided.

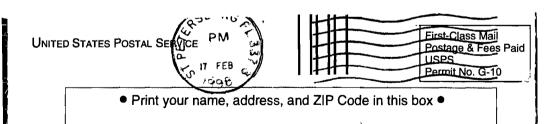
Do not use for International Mail (See reverse) Sent to AIRS ID # 1030328 CLASSIC CLEANERS ALEXANDER PETROSKI 6393 9TH STREET NORTH ST PETERSBURG FL 33702 Centried Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom Date, & Addressee's Address Return Receipt Showing to Whom Date, & Addressee's Address Form **3800**, TOTAL Postage & Fees Postmark or Date <u>S</u>

on the reverse side?	SENDER: © Complete items 1 and/or 2 for additional services. © Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. © Attach this form to the front of the mailpiece, or on the back if spapermit. Write *Return Receipt Requested* on the mailpiece below the article The Return Receipt will show to whom the article was delivered at delivered.	ce does not de number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
IN ADDRESS completed	3. Article Addressed to: AIRS ID # 1030328 CLASSIC CLEANERS ALEXANDER PETROSKI 6393 9TH STREET NORTH ST PETERSBURG FL 33702	4b. Service Registere Express Return Rec	Type ad
Is your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994	8. Addressed and fee is	e's Address (Only if requested 🞽

Z 333 613 232 US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. AIRS ID 1030328 ALEXANDER PETROSKI ALEXANDER PETROSKI 6393 9TH STREET NORTH ST PETERSBURG FL 33702 Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees \$ Postmark or Date

SENDER: Complete items 1 and/or 2 for additio Complete items 3, 4a, and 4b. Print your name and address on the reard to you.		e can return this	I also wish to re following service extra fee):	
Attach this form to the front of the ma permit.	ilpiece, or on the back if spa	ce does not	1. 🗖 Addres	see's Address
■Write "Return Receipt Requested" on ■The Return Receipt will show to whore			2. C Restric	ted Delivery
delivered.	ii tile attice was cellyeled al	io trio date	Consult postma	aster for fee.
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Received By: (Print Name) G. Signature: (Addressee or Age		8. Addressee and fee is	e's Address (Only paid)	y if requested



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

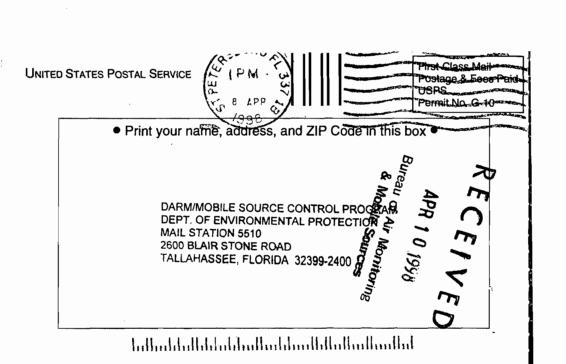
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	Restricted Delivery Fee		
1995	Return Receipt Showing to Whom & Date Delivered		
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PS Form 3800 , April 1995	Postmark or Date		
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additiona	I services.	20 - 20 -	I also wish to r

SENDER: eceive the Complete items 1 and/or 2 for Complete items 3, 4a, and 4b. ces (for an ■Print your name and address of ■ Attach this form to the front of the mailpiece, or on the back if space does not 1. Addressee's Address 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 2. Restricted Delivery RETURN ADDRESS completed on the Consult postmaster for fee. delivered. 3. Article Addressed to: 4a. Article Number AIRS ID# 1030328 CLASSIC CLEANERS 4b. Service Type ALEXANDER PETROSKI Certified ☐ Registered 6393 9TH STREET NORTH ☐ Express Mail ☐ Insured ST PETERSBURG FL 33702 ☐ Return Receipt for Merchandise ☐ COD 7. Date of Delivery APR 0 8 5. Received By: (Print Name) 8. Addressee's Address (Only if requested and fee is paid) 6. Signature: (Addressee or Agent)

102595-97-B-0179

Domestic Return Receipt

PS Form 3811, December 1994



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Receipt for Certified Mail
No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to AIRS ID # 1030328 CLASSIC CLEANERS ALEXANDER PETROSKI 6393 9TH STREET NORTH ST PETERSBURG FL 33702 Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**. TOTAL Postage & Fees Postmark or Date

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiéce, or on the back if space permit. Write 'Return Receipt Requested' on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.		
Is your RETURN ADDRESS completed on	3. Article Addressed to: AIRS ID # 1030328- CLASSIC CLEANERS ALEXANDER PETROSKI 6393 9TH STREET NORTH ST PETERSBURG FL 33702 5. Received By: (Print.Nafre) 6. Signature: (Addressee or Agent)	4a. Article Number 233667430 4b. Service Type Registered Respress Mail Return Receipt for Merchandise COD 7. Date of Delivery 2-12-00 8. Addressee's Address (Only if requested and fee is paid)		
<u>s</u>	PS Form 3811 , December 1994	Domestic Return Receipt	(

		U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)					
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	0 0020 9373	Tr	\$ AIRS ID #	1030	H	imark ;	
		CLASSIC CLE ALEXANDER 6393 9TH STRI ST PETERSBU 63702 PS Form 3800 Februa	ANERS PETROSKI EET NORTH RG FL	And For Manager		Instructions	DIEDY
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 # 1030328 CLASSIC CLEANERS ALEXANDER PETROSKI		aplete l. everse	A. Re	gnature Guy Co delivery address YES, enter deliver	Spelent Clearly)	B. Date of Delivery 2-9-02 Agent Addressee 17 Yes	
6393 9TH STREE ST PETERSBURG 33702	7T N	ODTH	: L	X	ervice Type Certified Mail Registered Insured Mail estricted Delivery	C.O.D.	il eipt for Merchandise
2. Article Number (Copy from service label) 7000 0520 0020 9373 3026 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789							

Z 210 662 956 **US Postal Service** Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to AIRS ID # 1030328001AG ALEXANDER PETROSKI CLASSIC CLEANERS 6393 9TH STREET NORTH ST PETERSBURG FL 33702 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address PS Form **3800**. TOTAL Postage & Fees \$ Postmark or Date

Assembly and the Same Same Same Same Same Same Same Sam				
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 # 1030328001AG ALEXANDER PETROSKI CLASSIC CLEANERS	A. Received by (Nease Print Clearly) Agent Addressee D. Is delivery address different from item 1? Yes Yes No			
6393 9TH STREET NORTH ST PETERSBURG FL 33702	3. Service Type Certified Mail			
146	4. Restricted Delivery? (Extra Fee) ☐ Yes			
2. Article Number (Copy from service label)				
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789			

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

RECEIVED MAIL ROOM

HAR -3 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#: 1030328
ALEXANDER PETROSKI
ALEXANDER PETROSKI
6393 9TH STREET NORTH
ST PETERSBURG FL 33702

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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TOTAL AMOUNT DUE: \$50.00

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TOTAL AMOUNT DUE: \$50.00

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CLASSIC CLEANERS ALEXANDER PETROSKI 6393 9TH STREET NORTH ST PETERSBURG FL 33702

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