

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 9, 1996

Mr. Soo Hwan Kim Bayou Cleaners 2812 Orange Grove Way Palm Harbor, Florida 34684

Re: Facility I.D. No. 1030336

Dear Mr. Kim:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 30, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Louis Fernandez, Southwest District

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

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	7 D	COMPLAINT/DISCOVERY	
AIRS 10#: <u>(030336</u> d.	ATE: 10/16	/97 TIME	in: <u>9:30a, m</u> , time out	: 10:45am
FACILITY NAME:	Bayou	Clean	ers	
FACILITY LOCATION:	1073 5	i. Pinel	las Ave.	
	•		95, FL 34689	
RESPONSIBLE OFFICIAL : _				
CONTACT NAME:	Soo H	wan Kin	n phone: <u>942-17.</u>	34
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 30	days prior to start	up		
2. Facility failed to notify DARM	to use general perm	nit		
	-			
PART II: CLASSIFICATION				li.
Facility indicated on notification (check appropriate box)	form that it is:		☐ No notification form ☐ Drop store/out of business/	petroleum
Facility indicated on notification (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)	d	transfer only, x both types, $x <$	☐ Drop store/out of business/ area source ☐ , x < 140 gal/yr < 200 gal/yr	petroleum
(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	O gal/yr gal/yr	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140	☐ Drop store/out of business/ area source ☐ , x < 140 gal/yr < 200 gal/yr 140 gal/yr	petroleum
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 gal (constructed before 12/9/91) 5. This is a correct facility class If no, please check the appropriate facility of the source of the	O gal/yr gal/yr /yr sification propriate classificat	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140 (constructed on TY UN tion:	□ Drop store/out of business/ area source □ $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ $x < 12/9/91$ area source □ $x < 140 \le x \le 2,100 \text{ gal/yr}$ $x < 1,800 \text{ gal/yr}$	petroleum

1 of 5

Revised 8/11/97

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?		1
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY O	√ □N/A
	Is the temperature differential equal to or greater than 20° F?	OY ON	A/ND V
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the the the stream weekly		
	if machines are equipped with a carbon adscreer?	OY ON	I ON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON	1 🗆 N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring		
	perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion, is at least 2 duct diameters upstream from any bend, contraction,		-
	or expansion; and downstream from no other inlet?	OY ON	I □N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers), with individual condenser coils?		Į □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON	I DN/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	DY ON			
2. Maintained rolling monthly averages of perc consumption?	DY EN			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	DY ØN DN/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?	DY ON DN/A			
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DY/A			
5. Maintained exhaust duct monitoring data on perc concentrations?				
6. Maintained startup/shutdown/malfunction plan?	אם עש			
7. Maintained deviation reports?				
Problem corrected? (No problems reported)	OY ON WANA			
8. Maintained compliance plan, if applicable?	OY ON STANA			

PART VI: LEAK DETECTION AND F	REPAIRS		
1. Does the responsible official conduct a	weekly (for small sources, bi-weekly) leak detection a	nd repair	
inspection?	•	MA DW	
2. Has the facility maintained a leak log?		DY WY	
3. Does the responsible official check the	following areas for leaks?		
Hose connections, fittings, couplings, and valves	Muck cookers	DY ON ON/A	
Door gaskets and seating	DY ON ON/A Stills	ON ON/A	
Filter gaskets and seating	☐Y ☐N ☐N/A Exhaust dampers	DY ON ON/A	
Pumps	DY DN DN/A Diverter valves	אומם מם יצים	
Solvent tanks and containers	☐Y/☐N ☐N/A Cartridge filter housings	DY ON ON/A	
Water separators	MY ON ON/A		
4. Which method of detection is used by the	ne responsible official?	/	
Visual examination (condensed so	lvent on exterior surfaces)	ω <u>′</u>	
Physical detection (airflow felt thr	ough gaskets)		
Odor (noticeable perc odor)			
Use of direct-reading instrumentat	tion (FID/PID/calorimetric tubes)		
Halogen leak detector			
If using direct-reading instru	amentation, is the equipment:	□n/a	
a. Capable of detecting p	erc vapor concentrations in a range of 0-500 ppm?	OY ON	
b. Calibrated against a st (PID/FID only)?	andard gas prior to and after each use		
,	A thurst on a quality basis?		
,	dbylous signs of wear on a weekly basis?		
	cure area when not in use?		
e. Verified for accuracy to	by use of duplicate samples (calorimetric only)?	OY ON	
Jeff Morris	10/16	197	
Inspector's Name (Please Print	Date of Insper	gtion	
Vell Aron	ie 10/30.	197	
Inspector's Signature	Approximate/Date of t	Next Inspection	

ADDITIONAL SITE INFORMATION:

Spencer Sprint 200 Serial #825 25 1b capacity Model 2008

- -leak logs not maintained on a bi-weekly basis -Facility has operator's manual
- Electric Boiler 1.5 Hp.
- Waste water is boiled off.
- -No secondary containment for haz waste

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	SOO HWAN KIM (INDIVIDUAL OWNER)
2.	Site Name (For example, plant name or number):
	BAYOU CLEANERS
3.	Hazardous Waste Generator Identification Number:
	Applying Now (NEW LOCATION. OLD EPA # FLD 9842230 Facility Location: 1073 S. PINELLAS AVE.
4.	Facility Location: 1073 S. PINELLAS AVE.
1	Street Address: City: TARPON SPRINGS County: PINELLAS Zip Code: 34689
	FL.
5.	テレ・ Facility Identification Number (DEP Use):
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	The second secon
	Responsible Official
6.	Name and Title of Responsible Official:
	SOO HWAN KIM, OWNER
	Responsible Official Mailing Address:
	Organization/Firm Street Address: ZXI) ORANGE GROVE WAY
	Street Address: Z812 ORANGE GROVE WAY City: PALM HARBOR, FL County: PINELLAS Zip Code: 34684
	Telephone: (813) 942-1734 Fax: () -
	•
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	SOO HWAN KIM
10.	Facility Contact Address: 1093 S. PINELLAS AVE.
	Street Address:
	City: TARPON SPRINGS County: PINELLAS Zip Code: 34689
11	Facility Contact Telephone Number:
11.	Telephone: $(\mathcal{L}) \mathcal{L} - \mathcal{L} \mathcal{L}$ Fax: ()

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Bureau of Air Monitoring & Mobile Sources

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	Bayou Ueaners
P./3 5	7. add firm
P.14 1.	(a) add date control device installed, if any (c) not required, mark out "X" and initial
p.15 5	and initial mark out "X"
i	

Facility Information

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	<u> </u>	01-0cT-							
(1) w/ ref. condenser	#1	1991							
(2) w/ carbon adsorber	-	•							
(3) w/ no controls									
Washer Unit					•				<u> </u>
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			•						, -
(7) w/ ref. condenser									
(8) w/ carbon adsorber							_		
(9) w/ no controls									
Reclaimer Unit			, , , , , , , , , , , , , , , , , , ,			•			,1
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls	_	<u> </u>							
(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 montrol of the control	are raquant	equired to be ity of perchlo ons ow many? [_	oroethylene (X perc)	purchased in				·]
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large ar	Selec ea so	ource []	ication only.)	ew sn	nall area soui	rce [3) of	Part II?	
Existing large are	ea so	urce []	No	ew la	rge area sour	ce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)	pursuant to section (3) 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 natural gas except for periods of natural gas curtailment e than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	[<u>*</u>]
	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	[X]
(b) Leak detection inspection and repair	[<u>*</u>]
(c) Refrigerated condenser temperature monitoring	[X]
(d) Carbon adsorber exhaust perc concentration mo	nitoring []
(e) Instrument calibration	[X]
(f) Start-up, shutdown, malfunction plan	[<u>X</u>]

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

Surrender of Existing Air Permit(s)

Please indica	te with an "X" the appropriate selection:
[]	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in faction. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts 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	omptly notify the Department of any changes to the information contained in this notification.
	8/26/96
Signatur	Date

DEP Form No. 62-213.900(2) Effective: 6-25-96 AIRS ID#: 1030336

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DRY CLEANER AIR QUALITY GENERAL PERMIT NOV 1 0 1997 ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: BOYOU CLEANERS	Bureau of Air Monitoring & Mobile Soluces 9
FACILITY LOCATION: 1073 S. Pinellas Ave.	
Tarpon Springs, FL 34689	
Annual Reporting Period: October 16, 1996 TO Octo	bec 16, 1997
Based on each term or condition of the Title V general air permit, my facility has remained in complian 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 repo	orting period stated above:
Responsible official did not maint perchloroethylene purchase records as a Exact period of non-compliance: from October 16, 1990 to Octob	Monthly rolling
Action(s) taken to achieve compliance: Maintain purchase recall 12 month rolling average Method used to demonstrate compliance:	, ,
#2. Term or condition of the general permit that has not been in continuous compliance during the repo	
Responsible official did not maint	'
Exact period of non-compliance: from October 16, 1996 to October 16	per 16, 1997
Action(s) taken to achieve compliance: Maintain a hi-weekly 1	eak log
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable incommade in this notification are true, accurate and complete. Further, my annual consumption of perchlor upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facility year for transfer or combination facilities.	oethylene solvent, based
RESPONSIBLE OFFICIAL: Soo HWANKIM Name (Please Print) Signature	1°/16/97 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.

AIRS ID#: 1030336

RECEIVED

DRY CLEANER AIR QUALITY GENERAL PERMIT NOV 1 0 1997 ANNUAL COMPLIANCE CERTIFICATION FORM Bureau of Air Monitoring & Mobile Sources

FACILITY NAME:BO.	you Clear	iers	DATE: 10/16/97
FACILITY LOCATION: 10	3 S. Pine	llas Ave.	
	rpon Spri	ngs, FL 3	+689
		J /	
Annual Reporting Period:	ber 16, 19	96 то Ос	tober 16, 1997
Based on each term or condition of the Ti 62-213.300, Florida Administrative Code	•		
If NO, complete the following:			
#1. Term or condition of the general perm	nit that has not been in contin	nuous compliance during th	e reporting period stated above:
Exact period of non-compliance: from	containing	perchloro	ethylene is
Action(s) taken to achieve compliance: Method used to demonstrate compliance:	hazardous a carbon	ter shall be waste or to adsorbtion the atmos	reated through
#2. Term or condition of the general perm	nit that has not been in contin	nuous compliance during th	e reporting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:		<u> </u>	
As the responsible official, I hereby certify made in this notification are true, accurate upon rolling averages of purchase receipt year for transfer or combination facilities.	e and complete. Further, my s, does not exceed 2,100 gall	annual consumption of per	rchloroethylene solvent, based
RESPONSIBLE OFFICIAL: Soo P	1WAN KIM (ame (Please Print)	Signature	10/17/97 Date
,	mue (1 10030 x 11111)	Digitaluc	Date

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

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: AN	NNUAL 🗆	COMPLAINT/DISC	COVERY []	RE-INSPE	CTION 🗹
TIME IN: 11:15	TIME C	OUT: 11:30	AIF	RS ID# 103	0336
TYPE OF FACILITY:	Perchloroethyler	ne Dry Cleaner			
FACILITY NAME:	Bayou Cleaners	3	DATE: 11/	20/1997	
FACILITY LOCATION:	1073 S. Pinellas	Ave., Tarpon S	prings, FL 34	689	
RESPONSIBLE OFFICIAL:	Mr. Soo Hwan	Kim (David)	PHONE NUM	BER: (813) 94	12-1734
Based of the results of the to be in compliance with Based on the results of the compliance discrepancies	DEP Rule 62-213. he compliance requ	300, Florida Admi	nistrative Code (F.A.C.).	
COMPLIANCE REQUIRE	MENT/PROBLEM	FOI	LLOW-UP ACTI	ON REQUIR	ED
Comments:					
		;			
				,	
			. •		
					· .
The Annual Compliance Certification DATE OF NEXT INSPECTION:	form has been properly Novembe	1998		Yes □	No □
INSPECTION CONDUCTED BY	: margas	7	pproximate)		·
INSPECTOR'S SIGNATURE:	Marguel J. Le	PHON	IE NUMBER: <u>(</u>	713) 464-4	422

Page __ of ____

Revised 10/96

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
	SOO HWAN KIM (INDIVIDUAL OWNER)	
2.	Site Name (For example, plant name or number):	
	BAYOU CLEANERS	
3.	Hazardous Waste Generator Identification Number:	
	Applying Now (NEW LOCATION. OLD EPA # FLD 9842236 Facility Location: 1073 S. PINELLAS AVE.	008)
4.	Facility Location: 1073 S. PINELLAS AVE. Street Address:	
	City: TARPON SPRINGS County: PINELLAS Zip Code: 34689	
5.	Facility Identification Number (DEP Use):	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
10630	於於其一個學學學學學學學學學學學學學學學學學學學學學學學學學學學學學學學學學學學	

Responsible Official

6.	Name and Title of Responsible Official: BAYOU CLEANERS SOO HWAN KIM, DWNER SHK. 11/20/97
	SOO HWAN KIM, OWNER SHK. 11/20/97
7.	Responsible Official Mailing Address:
	Organization/Firm:
	Street Address: Z812 ORANGE GROVE WAY
	City: PALM HARBOR, FL County: PINELLAS Zip Code: 34684
8.	Responsible Official Telephone Number:
	Telephone: (813) 942-1734 Fax: () -

Facility Contact (If different from Responsible Official)

9.	Name and Title of Facility	Contact (For ex	cample,	plant manager):				
	500 HWAN	KIM						
10.	Facility Contact Address:	1093	S.	PINELLAS		AVE.		
	Street Address: City: TARPON S	FL	County	PINELLAS	S	Zip Code:	34689	
11.	Facility Contact Telephone	Number:		•				
	Telephone: (8/3) ?	42.103	4	Fax: ()	-		

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Bureau of Air Monitoring & Mobile Sources

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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		01-0CT-		u &	11/20/97				
(1) w/ ref. condenser	#1	-1991			1				
(2) w/ carbon adsorber		•	13711		1		1		
(3) w/ no controls									
Washer Unit		•			•				
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls						1			
Drycr Unit								_	
(7) w/ ref. condenser		Ī							
(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 devices2.(a) What was the total of	are r	equired to be	installed [_	X	J.	in the latest I	2 moi	nths?	
(b) If less than 12 mont Check why it is less	gallo	ons ow many? [] months	.					
3. What is the facility's so (Indicate with an "X".					initions foun	nd in section	(3) of	Part II?	
Existing small ar	ea so	urce [X _]	No	ew sn	nall area sou	irce [J		
Existing large ar	ea so	urce []	N	ew Ia	rge area sou	rce [_]		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

 What control technology is required on machines (Indicate with an "X".) 	pursuant to section (5) of P	art 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		
•		
5. A facility which contains non-exempt emissions to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that πο such units exist on-site:	d hot water generating units	
All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by numbers during which propane or fuel oil containing no more	atural gas except for period	ls of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	<u> </u>	
Equipment Monitoring a	nd Recordkeeping Inforn	nation
Check all logs which are required to be kept on-site	in accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent purchases		[X]
(b) Leak detection inspection and repair		[x]
(c) Refrigerated condenser temperature monitoring		[# SHK 11/20/97
(d) Carbon adsorber exhaust perc concentration mon	itoring	
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction plan		

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

Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif	ication. I hereby certify, based on information and belief formed after reasonable inquiry, that th
this notif statemen maintain	
this notif statemen maintain comply w	the air pollutant emissions units and air pollution control equipment described above so as to
this notif statemen maintain comply w	ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts 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.

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#1030336
SOO HWAN KIM
SOO HWAN KIM
2812 ORANGE GROVE WAY
PALM HARBOR FL 34684

Bureau of Air Monitoring

Do NOT Remove Label

(OCT) - 16 19 **9** 7 Annual Reporting Period: 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. **M**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: RESPONSIBLE OFFICIAL DIDN'T MAINTAIN PERC PURCHASE RECORD AS A MONTHLY ROLLING to OCTOBER-16/1998 Exact period of non-compliance: from I MAINTAIN PURCHASE RECORD AS 12 MONTHLY NOW. 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: DIDN'T MAINTAIN A LEAK LOG OCT-16/1996 to OCT-15/1997 Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

Name (Please Print)

RESPONSIBLE OFFICIAL: 500 HWAN KIM

Signature

^{*}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 INSPECTI	ON: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION
/ AIRS ID#: <u>103033</u>	6 001 DATE: 1/19/98 TIME IN: 11:15 TIME OUT: 11:15
FACILITY NAME:	Bayou Cleaners
FACILITY LOCAT	TION: 1073 S. Pinellas Ave.
	Tarpon Springs, FL, 34689
RESPONSIBLE OI	FICIAL: Soo Hwan Kim Phone No. 3 813-942-1734
Permit No. 10	30336-001-AG Exp. Date: 09/24/2001 Cs. Triple
	the results of the compliance requirements evaluated during this inspection, the facility is found to be in ace with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
	the results of the compliance requirements evaluated during this inspection, the following compliance incies were noted (only items which are checked):

Inspection Summary Report Guidance

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

	••					
Compliance Requirement/Problem	Follow-up Action Required					
Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.					
No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions					
Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.					
Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.					
The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.					
Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.					
Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.					
Containers for perchloroethylene and/or perchloroethylen- containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.					
•						
Comments: Has new Carbon filtraha	inoul for waste					
 If the Inspection Summary Report indicates follow-up actions are required, you must take immediate corrective measures to achieve compliance. Pinellas County will perform a follow-up inspection to determine that proper corrective actions have been taken.						
Inspection Conducted by: Margaret Henry	is					
Inspector's Signature: Wagaref U.	Henry					
Phone Number: 464-4422						

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVER RE-INSPECTION	Y 🗖
AIRS ID#: 1030336 001 DATE: 11/19/98 TIME IN: 11/15 TIME TIME TIME TIME TIME TIME TIME TIME	
RESPONSIBLE OFFICIAL: Soo Hwan Kim Dowiel PHONE	
PART I: NOTIFICATION	
 (Check appropriate box) Existing facility notified DARM By 9/1/96 New facility notified DARM 30 days prior to startup Facility failed to notify DARM to use general permit 	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (Check appropriate box) A. 1. Existing small area source 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 (constructed="" (perc)="" 12="" 140<xx1,800="" 200<xx1,800="" 9="" 91)="" a="" above="" acility="" and="" appropriate="" as="" b.="" before="" both="" check="" classification:="" correct="" eligible="" exceeds="" facility="" for="" gal="" general="" if="" is="" limits="" mo<="" no,="" not="" number="" of="" only,="" perchloroethylene="" permit="" please="" preceding="" purchased="" qualified="" quantity="" th="" the="" this="" total="" transfer="" types,="" within="" yr=""><th>al/yr yr 12/9/91) 2.100 gal/yr 00 gal/yr gal/yr f2/9/91)</th></x<2,100>	al/yr yr 12/9/91) 2.100 gal/yr 00 gal/yr gal/yr f2/9/91)
facility was gallons.	ntns 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 containers?	ŪÝ	□N·	□ NA			
2. Examining the containers for leakage?	ĽΥ	ПN	□NA			
3. Closing and securing machine doors except during loading/unloading?						
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	ПN	□ ŃA			
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 econdenser or a carbon adsorber (complete A and B below). Carbon adsorber installed prior to September 22, 1993.	ither a i must ha	refrigerate ave 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	ПN				
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	ΠN	□NA			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	QΥ	ΩN				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	QΥ	□N	□NA			
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged?	QΥ	□N				

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?	ZY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20°F?	□Y □Y	_	□na □na
	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm?	□Y □Y		□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?	ΩY	□n	□na
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ÙΥ	ΠN	□NA
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ΠN	□NA
PA	ART V: RECORDKEEPING REQUIREMENTS			
H: (cl	as the responsible official: neck appropriate boxes)			
1.	Maintained receipts for perc purchased?	OY-	ΠN	
2.	Maintained rolling monthly averages of perc consumption?	Q _Y		
3.	Maintained leak detection inspection and repair reports for the following:	Carrie V		•
	a. documentation of leaks repaired w/in 24 hrs? or;	₽¥	\square N	□NA
	 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	97	\square_{N}	□NA
4.	Maintained calibration data? (for direct reading instrument only)	ΩY	\square N	AME
5.	Maintained exhaust duct monitoring data on perc concentrations?	\square_{Y}	\square N	□ N A
6.	Maintained startup/shutdown/malfunction plan?	Q¥.	\square_N	
7.	Maintained deviation reports? No deviations	□ Y	\square_N	□NA
	Problem corrected?	ΩY		⊴ NA
		T 1	-114	

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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 l	eak log	g?			OY ON
3.	. Does the responsible official check the following areas for leaks:					
	Hose connections, fitting couplings, and valves	Y	ŪΝ	□na	Muck cookers	ØY □n □na
	Door gaskets and seating	ØÝ	ΠN	□NA	Stills	DY ON ONA
	Filter gaskets and seating	UÝ	ПN	□NA	Exhaust dampers	Dy Dn Draa
	Pumps	₫Ŷ	ΔN	□NA	Diverter valves	OY ON ONA
	Solvent tanks and containers	⊡ Y	ΠN	□NA	Cartridge Filter housing	OY ON ONA
	Water separators	Y Y	ŪΝ	□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	ıment	ation,	is the equ	ipment:	
	a Capable of detecting pe	rc vap	or con	centration	s in a range of 0-500 ppm.	□Y □N
	b. Calibrated against a star	dard g	as prio	r to and af	fter each use(PID/FID only).	. □Y □N
	c. Inspected for leaks and	bviou	s signs	of wear o	n a weekly basis?	□Y □N
	d. Kept in a clean and sec	ure are	a whei	n not in us	se.	QY ON
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?					
	Majaref D. Henris Inspector's Name (Please Print) Majaref D. Henris Inspector's Signature Approximate Date of Next Inspection					

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ADDITIONAL SITE INFORMATION:				
D - 25-1 // C 1 /				
Hackety Has System to f	Her worde sexualor water Has sec containment for			
from to musting out sease.	Tas Sec. Confarment for			
machine and wase.				
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	•			
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-				
				





TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINT/DISCOVERY	
	RE-INSPECTION	9		
AIRS 10#: 1/30336				11:30
FACILITY NAME: 50	you Cleaners	_		
FACILITY NAME:	1073 S. F	inellas	Aur.	
	Tarpon Spring	3 FL		
RESPONSIBLE OFFICIAL:	Soo Itwan Kin (David)	PHONE: \$13 942 -1	73 y
CONTACT NAME: Sw	ah Kim		PHONE:	
PART I: NOTIFICATION				
(check appropriate box)		_		
1. New facility notified DARM	30 days prior to startup			
2. Facility failed to notify DAR	M to use general permit			
Y				
	<u> </u>			.,
PART II: CLASSIFICATION				
PART II: CLASSIFICATION Facility indicated on notification			☐ No notification form	
Facility indicated on notification (check appropriate box)			☐ No notification form ☐ Drop store/out of business/p	etroleum
Facility indicated on notification (check appropriate box) A.	on form that it is:	lew small a	☐ Drop store/out of business/p	etroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/y	on form that it is: ce	to-dry only,	\square Drop store/out of business/p rea source \square x < 140 gal/yr	etroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr	ce	to-dry only, sfer only, x	☐ Drop store/out of business/p rea source x < 140 gal/yr < 200 gal/yr	etroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/y	ce 2. Norm that it is: ce 2. Norm dry-terans	to-dry only, sfer only, x types, x < 1	☐ Drop store/out of business/p rea source x < 140 gal/yr < 200 gal/yr	etroleum
Facility indicated on notification (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)	ce 2. Normal dry-tage both (con.	to-dry only, sfer only, $x = types$, $x < 1$ structed on	Drop store/out of business/p rea source x < 140 gal/yr < 200 gal/yr .40 gal/yr or after 12/9/91)	etroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr	on form that it is: ce 2. No dry-trans both (con	to-dry only, sfer only, x types, x < listructed on	Drop store/out of business/p rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr	etroleum
Facility indicated on notification (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 ≤ 2,3 transfer only, 200 ≤ x ≤ 1,800	on form that it is: ce 2. Nor dry-trans both (con- ce 4. Nor 100 gal/yr dry-trans	to-dry only, sfer only, x types, x < 1 structed on lew large a to-dry only, sfer only, 20	Drop store/out of business/p rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 40 \text{ gal/yr}$ or after $12/9/91$) rea source $= 140 \le x \le 2,100 \text{ gal/yr}$ $= 100 \le x \le 1,800 \text{ gal/yr}$	etroleum
Facility indicated on notification (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 \le x \le 2, 2 transfer only, 200 \le x \le 1,800 gboth types, 140	on form that it is: ce 2. Nor dry-trans both (con- ce 4. Nor 100 gal/yr dry-trans gal/yr both	to-dry only, x types, x < 1 structed on lew large a to-dry only, sfer only, 20 types, 140	Drop store/out of business/p rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 140 \text{ gal/yr}$ or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $= 140 \le x \le 1,800 \text{ gal/yr}$ $= 140 \le x \le 1,800 \text{ gal/yr}$ $= 140 \le x \le 1,800 \text{ gal/yr}$	etroleum
Facility indicated on notification (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, 1 transfer only, 200 < x < 1,800 both types, 140 < x < 1,800 g (constructed before 12/9/91)	on form that it is: ce 2. No dry-terms both (constant dry-terms) ce 4. No dry-terms	to-dry only, sfer only, x types, x < 1 structed on lew large a to-dry only, sfer only, 20 types, 140 structed on	Drop store/out of business/p rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 40 \text{ gal/yr}$ or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $= 100 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	etroleum
Facility indicated on notification (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 \le x \le 2, 3 transfer only, 200 \le x \le 1,800 gboth types, 140	on form that it is: ce 2. No dry-terms both (constant dry-terms) ce 4. No dry-terms	to-dry only, sfer only, x types, x < 1 structed on lew large a to-dry only, sfer only, 20 types, 140 structed on	Drop store/out of business/p rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 140 \text{ gal/yr}$ or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $= 140 \le x \le 1,800 \text{ gal/yr}$ $= 140 \le x \le 1,800 \text{ gal/yr}$ $= 140 \le x \le 1,800 \text{ gal/yr}$	etroleum
Facility indicated on notification (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 \le x \le 2, 3 transfer only, 200 \le x \le 1,800 g (constructed before 12/9/91) 5. This is a correct facility class of the second constructed before 12/9/91)	on form that it is: ce 2. Nor dry-trans both (con- ce 4. Nor dry-trans 20 gal/yr trans (con- cassification Pr	to-dry only, x types, x < 1 structed on lew large a to-dry only, sfer only, 20 types, 140 structed on	Drop store/out of business/p rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 40 \text{ gal/yr}$ or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $= 100 \le x \le 1,800 \text{ gal/yr}$ $= 100 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) Can not determine	etroleum
Facility indicated on notification (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 ≤ 2,3 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility classification, please check the a facility of the source of the sou	on form that it is: ce 2. Nor dry-trans both (con- ce 4. Nor 100 gal/yr dry-trans gal/yr both (con- cassification PY	to-dry only, x types, x < 1 structed on lew large a to-dry only, sfer only, 20 types, 140 structed on	Drop store/out of business/p rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 40 \text{ gal/yr}$ or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $= 100 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) Can not determine mber above	etroleum
Facility indicated on notification (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 ≤ 2,3 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility classification, please check the a facility of the source of the sou	on form that it is: ce 2. Note trans both (constant dry-top) ce 4. Note dry-top (constant dry-top) constant dry-top) co	to-dry only, x types, x < 1 structed on lew large a to-dry only, sfer only, 20 types, 140 structed on DN	Drop store/out of business/p rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 40 \text{ gal/yr}$ or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $= 00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) Can not determine The property of the pro	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) CY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? QY ON ON/A 2. Examining the containers for leakage? DY DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DX/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) QY ON 1. Equipped all machines with the appropriate vent controls? MY DN DWA 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 DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated OY ON condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY ON 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?	ΠY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	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, if machines are equipped with a carbon adsorber?	ΩY	□и	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box Y$	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			•
	or expansion; and downstream from no other inlet?	ΠY	ΠN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПИ	□N/A

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

PART VI: LEAK DETECTION AND REPAIRS .							
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
inspection?	DY ON						
2. Has the facility maintained a leak log?		DY DN					
3. Does the responsible official check the	following areas for leaks?						
Hose connections, fittings, couplings, and valves	©Y □N □N/A	Muck cookers	⊕Y □N □N/A				
Door gaskets and seating	ĐÝ ON ON/A	Stills	⊟Y □N □N/A				
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	□Y □N □N/A				
Pumps	BY ON ON/A	Diverter valves	□Y □N □N/A				
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	□Y □N □N/A				
Water separators	QY ON ON/A						
4. Which method of detection is used by t	the responsible official?						
Visual examination (condensed s	solvent on exterior surfaces)		9				
Physical detection (airflow felt th	rough gaskets)						
Odor (noticeable perc odor)							
Use of direct-reading instruments							
Halogen leak detector							
If using direct-reading instrumentation, is the equipment:							
a. Capable of detecting	perc vapor concentrations i	n a range of 0-500 ppm?	OY ON				
b. Calibrated against a (PID/FID only)?	standard gas prior to and af	ter each use	□Y □N				
c. Inspected for leaks ar	nd obvious signs of wear on	a weekly basis?	OY ON				
	ecure area when not in use		OY ON				
e. Verified for accuracy	by use of duplicate sample	s (calorimetric only)?	OY ON				
Margaret & Honois	Marcaret Lypnois						
Margare L. Hennis Anspector's Name (Please Pri	nt)	Date of Inspe	ction				
Mayour V. Hanis		11/20/98					
Majorer V. Hanis Inspector's Signature		Approximate Date of Next Inspection					

ADDITIONAL SITE INFORMATION:

Bayon Cleaners is collecting water from Separator into container, and is then disposed in 10 gal. container as hery dens waste. 10 gal container has proper Se condany containment.

PERCHLOROETHYLENE DRY CLEANERS

all

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY ION ION ION ION ION ION ION ION			
AIRS ID#: 1010336 DATE: 2/5 FACILITY NAME: Celtic Dry C	198 TIME IN: 12:15 TIME OUT: 12:35			
FACILITY LOCATION: 12639 U				
RESPONSIBLE OFFICIAL: Fred Jon	nes phone: 813/862-58/2			
CONTACT NAME:	PHONE:			
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 30 days prior to st	•			
2. Facility failed to notify DARM to use general p	permit			
PART II: CLASSIFICATION				
PART II: CLASSIFICATION				
Facility indicated on notification form that it is: (check appropriate box) A.	: □ No notification form □ Drop store/out of business/petroleum			
Facility indicated on notification form that it is: (check appropriate box)				
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	☐ Drop store/out of business/petroleum 2. New small area source ☐ dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr			
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 \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	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr			
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 (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classif facility qualified for a g	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 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) PAY □N □Can not determine			

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

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?	ΟY	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	DИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	\Box Y	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,			
	if machines are equipped with a carbon adsorber?	ΩY	ПИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	ПΝ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion, is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΠY	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	ИП	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	₽TY □N				
2. Maintained rolling monthly averages of perc consumption?	Ø4√ □N				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	AND NO TA				
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 EMIA				
4. Maintained calibration data? (for applicable direct reading instruments)	AVAGG NO YO				
5. Maintained exhaust duct monitoring data on perc concentrations?	AVNE NO YO				
6. Maintained startup/shutdown/malfunction plan?	ØY □N				
7. Maintained deviation reports?	AME NO YO				
Problem corrected?	אואָבל אם צם				
8. Maintained compliance plan, if applicable?	ANA DO YO				

_							
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?				₹YY	. [אכ
2.	Has the facility maintained a leak log?				À Y	C	אכ
3.	Does the responsible official check the f	following ar					
	Hose connections, fittings, couplings, and valves	MD JA	□N/A	Muck cookers	by	ПN	□N/A
	Door gaskets and seating	₽Y □N	□N/A	Stills	₽ Y	ΠN	□N/A
	Filter gaskets and seating	фу □и	□N/A	Exhaust dampers	₽¥	ПN	□N/A
	Pumps	ио үф	□N/A	Diverter valves	∌ Y	ΠN	□N/A
	Solvent tanks and containers	₽Y □N	□N/A	Cartridge filter housings	BY	ПΝ	□N/A
	Water separators	ру Пи	□N/A				
4.	Which method of detection is used by the	ne responsib	le official?				
	Visual examination (condensed so	lvent on ex	terior surfaces))zd		
	Physical detection (airflow felt thr	ough gaske	ts)		4		
	Odor (noticeable perc odor)	4			\$		
	Use of direct-reading instrumentat	tion (FID/Pl	D/calorimetric	tubes)			
	Halogen leak detector						
	If using direct-reading instru	ımentation	, is the equipme	ent:	BIM	A	
	a. Capable of detecting p	erc vapor c	oncentrations in	a range of 0-500 ppm?	ПY	ΠN	
	b. Calibrated against a st (PID/FID only)?	andard gas	prior to and afte	er each use	ΩΥ	ΩΝ	
	c. Inspected for leaks and	d obvious si	gns of wear on a	weekly basis?	$\Box Y$	ПN	
	d. Kept in a clean and se	cure area w	hen not in use?	•	ПY	ПN	
	e. Verified for accuracy b	y use of du	plicate samples	(calorimetric only)?	ПY	ПΝ	

MARGARET CANGRO	2/5/98
Inspector's Name (Please Print)	Date of Inspection
Margaret Congro	Feb 99
Inspector's Signature	Approximate Date of Next Inspection

#3. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: WASTE WATER CONTAINING PERC 15 EVAPORATED,

Exact period of non-compliance: from

to

Action(s) taken to achieve compliance: I TREATED WASTE WATER THROUGH A CARBON ADSORBTION SYSTEM BEFORE EXITING Method used to demonstrate compliance: INTO THE ATMOSPHERE NOW.

RECEIVEL

Perchloroethylene Dry Cleaning Facility Notification

	Facility Name and Location			
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):			
	SOO HWAN KIM (INDIVIDUAL OWNER)			
2.	Site Name (For example, plant name or number):			
	BAYOU CLEANERS			
3.	Hazardous Waste Generator Identification Number:			
	Applying Now (NEW LOCATION. OLD EPA # FLD 98422300 Facility Location: 1073 S. PINELLAS AVE.			
4.	Facility Location: 1073 S. PINELLAS AVE, Street Address:			
	City: TARPON SPRING'S County: PINELLAS Zip Code: 34689			
	FL.			
5.	Facility Identification Number (DEP Use)			
Responsible Official				
6.	Name and Title of Responsible Official: BAVOU CLEANERS			
	Name and Title of Responsible Official: BAYOU CLEAMERS Soo HWAN KIM, DWNER SHK. 11/20/97			
7.	, may be made a second of the			
	Organization/Firm: Street Address: Z812 ORANGE GROVE WAY			
	City: PALM HARBOR, FL County: PINELLAS Zip Code: 34684			
8.				
1	Telephone: (813) 942-1934 Fax: ()			

Facility Contact (If different from Responsible Official)

9.	Name and Ti	tle of Facility	Contact (For e	xample,	plant manager):			
	500	HWAN	KIM					
10.	Facility Cont	act Address:	1093	S.	PINELLAS	S AVE.		
	Street Address City: TAK	ss: (pon Sl	PINGS FL	County	PINELLA.	S Zip Code:	3468	9
11.	Facility Cont	act Telephone	Number:		Fax: (
	reiepnone:	(813) 8	42 77	3-Cf	14%. (•		В
			STORTE STORTE			RECE		Reau of Ai
		02:9 48	CZ HYC OK				- 0 1996	bi A

CS :8 NA ES MAL 89

DEP Form No. 62-213.900(2) 13038 Page 13 of 16 Effective: 6-25-96

AUG 50 1996

Bureau of Air Monitoring & Mobile Sources

& Mobile Sources

V (030336

Soo Hwan Kim

DBA. Bayou Cleaners 2812 Orange Grove Way Palm Harbor, FL. 34684

Jan-12, 1998 State of Florida Department of Environmental Protection

To whom it may concern,

I sent you the reporting form of new location already. Enclosed I send you a copy of the form which I sent you last August 1996. Please notice my new address.

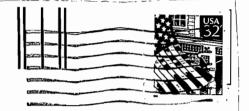
If you have any Question, call me any time to 813)942-1734.

Thanks. Sincerely.

Soo Hwan Kim

BAYOU CLEANERS 1073 S. PINELLAS AVE. TARABONESPRUMIESTI DE BEGRESTED (813) 942-1734





FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION STORAGE TANK REGISTRATION 2600 BLAIR STONE RD TALLAHASSEE FL 32399-2405

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ALC

	." h s #	
AIRS ID#:	1030336	

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	Z n Q t S	DATE: 11/19/98
FACILITY NAME: Bayon Clear FACILITY LOCATION: 1073 Tarpon	5. Pinellas Ave.	
Taria	S (22 E1 - 3468)	9
	Springs 12 5760)	
Annual Reporting Period: Novambar	. // 1998 T	10 November 19 194
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.	• • • • •	· <u>-</u> _
If NO, complete the following:		
#1. Term or condition of the general permit t	hat has not been in continuous con	npliance during the reporting period stated above
Exact period of non-compliance: from _		to
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance: _	·	· · · · · · · · · · · · · · · · · · ·
#2. Term or condition of the general permit t	hat has not been in continuous con	apliance during the reporting period stated above
· · · · · · · · · · · · · · · · · · ·	hat has not been in continuous con	npliance during the reporting period stated above toto
Exact period of non-compliance: from	hat has not been in continuous con	
#2. Term or condition of the general permit t Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance:	hat has not been in continuous con	
Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance:		to
Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, be made in this notification are true, accurate an	ased on information and belief forn nd complete. Further, my annual c	
Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, be made in this notification are true, accurate an upon rolling averages of purchase receipts, depend on the process of the purchase receipts.	ased on information and belief forn nd complete. Further, my annual c	ned after reasonable inquiry, that the statements onsumption of perchloroethylene solvent, based

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

•	N SUMMARY REPORT	
TYPE OF INSPECTION: ANNUAL 🗹	COMPLAINT/DISCOVERY □	RE-INSPECTION □
TIME IN: 9:30 a.m. TIME OU	JT: 10:45 a.m. AIRS ID#	1030336 001
TYPE OF FACILITY: Perchloroethyle	ne Dry Cleaner	
FACILITY NAME: Bayou Cleaner	s DATE: Octobe	er 16, 1997
FACILITY LOCATION: 1073 S. Pinellas	s Ave., Tarpon Springs, FL 3468	9
RESPONSIBLE OFFICIAL: Soo Hwan Kim	PHONE NUMBER	2:(813) 942-1734
Based of the results of the compliance required to be in compliance with DEP Rule 62-213. Based on the results of the compliance required compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM	.300, Florida Administrative Code (F.A. airements evaluated during this inspect	A.C.). ion, the following
Monthly purchase records were not maintained as a twelve month rolling average.	Develop and implement a recordkeep maintains monthly purchases (perc) a rolling average.	- -
Did not maintain a log of leak detection inspection and repair records.	Develop and implement a leak detection repair program. Maintain a log of lead and repair records.	
Evaporator for separator wastewater does not incorporate a pre-filtration system.	Facility may choose to either dispose separator water as hazardous waste, o filtration system with the evaporator (guidelines).	r incorporate a carbon

The Annual Compliance Certification form has been properly certified and submitted to the inspector.

DATE OF NEXT INSPECTION:

October 30, 1997 INSPECTION CONDUCTED BY: INSPECTOR'S SIGNATURE:

Page __ of __

Revised 10/96

Acc

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Boyon Cleaners	DATE: 1/7/00
FACILITY NAME: Boyon Cleaners FACILITY LOCATION: 1073 S. Pinellas A Tarpon Springe FL	Pol.
Tarner Coriana Fi	31/1 Pa
- Grange	U.96 V 7
Annual Reporting Period: November 19 19 98	To January 7 1000
Based on each term or condition of the Title V general air permit, my facility 62-213.300, Florida Administrative Code (F.A.C.), during the period covered	has remained in compliance with DEP Rule
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous of	compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	· ·
#2. Term or condition of the general permit that has not been in continuous of	compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief j made in this notification are true, accurate and complete. Further, my annu- upon rolling averages of purchase receipts, does not exceed 2,100 gallons pe year for transfer or combination facilities.	al consumption of perchloroethylene solvent, based
RESPONSIBLE OFFICIAL: 500 HWan Kim Name (Please Print)	

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

Page __/_ of ___/.

Bureau of Air Monitoring & Mobile Sources

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION COMPLAINT/DISCOVERY
AIRS ID#: 1030336 DATE: 1/7/00 TIME IN: 12:20 FACILITY NAME: Bayon Cleaners FACILITY LOCATION: 1073 S. Pinellas Avr. Tarpon Springs FL 34189 RESPONSIBLE OFFICIAL: 500 Hwan Kinn (David) PHONE: 942-1734
CONTACT: PHONE: — '
PART I: NOTIFICATION
(Check appropriate box) 1. Existing facility notified DARM By 9/1/96 2. New facility notified DARM 30 days prior to startup 3. Facility failed to notify DARM to use general permit
PART II: CLASSIFICATION
Facility indicated on notification form that it is: (Check appropriate box) 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, 1,40 < x < 1,800 gal/yr (Constructed before 12/9/91) This is a correct facility classification: If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was facility was facility was gallons.

PA	RT III: GENERAL CONTROL REQUIREMENTS					
	he responsible official of the dry cleaning facility: eck appropriate boxes)					
1.	Storing perchloroethylene in tightly sealed and impervious containers?	<u> </u>	ПN	☐ NA		
2.	Examining the containers for leakage?	UY	ПN	☐ NA		
3.	Closing and securing machine doors except during loading/unloading?	Ū∤Y	ΠN			
4.	Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	₽'n	ПN	□ na		
5.	Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	□Y	ПΝ	☐ NA		
T _A	DE IV. DECCETENT CONTROL C					
	RT 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.)	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?	\square Y	ПN			
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?		☐ Y	□N□NA		
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ПY	ΩN	□NA		
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	QΥ	ПN			
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	ΟY	ПN	□NA		
6.	Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged?	ΩY	ΠN			

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?	OY ON
 Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20° E? 	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?	□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?	OY ON ONA
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?	Oy On
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON ONA
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	OY ON ONA
4. Maintained calibration data? (for direct reading instrument only)	DY DN DNA
5. Maintained exhaust duct monitoring data on perc concentrations?	□y □n ⊡ n a
6. Maintained startup/shutdown/malfunction plan?	Qy On
7. Maintained deviation reports?	🖙 🛮n 🗓na
Problem corrected? No deviations	Oly On O ln a
8. Maintained compliance plan, if applicable?	

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	;?			QY	\square_{N}
3.	Does the responsible official c	heck tl	ne folle	owing ar	eas for leaks:		
	Hose connections, fitting couplings, and valves	<u>u</u> y	□N	□NA	Muck cookers	₫¥´	□n □na
	Door gaskets and seating	ØÝ	□N	\square NA	Stills	ΘÝ	□n □na
	Filter gaskets and seating	₽y	ŪΝ	□NA	Exhaust dampers	⊒ Y	□n □na
	Pumps	ØÝ	ΠN	□NA	Diverter valves	ΘÝ	□n □na
	Solvent tanks and containers	Q _Y	ΠN	□NA	Cartridge Filter housing	ΘY	□n □na
	Water separators	9Ý	ΠN	□NA			
4.	Visual examination (condensed solvent of exterior surfaces)						
	If using direct-reading instrumentation, is the equipment:						
	a Capable of detecting perc vapor concentrations in a range of 0-500 ppm.						□Y □N
	b. Calibrated against a star	ıdard g	as pric	or to and	after each use(PID/FID only).		□Y □N
	c. Inspected for leaks and obvious signs of wear on a weekly basis?					□Y □N	
	d. Kept in a clean and secure area when not in use.						$\square_{Y} \square_{N}$
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?						\square_{Y} \square_{N}
	Margaret Knris Inspector's Name (Please Print) Margaret Ulffrage 1/7/00 Date of Inspection						
	Inspector's Signature				Approximate Date	e of Nex	kt Inspection

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TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

7	TYPE OF INSPECTION: ANNUAL 4 COMPLAIN	IT/DISCOVERY L RE-INSPECTION L	
	AIRS ID#: 1030336 DATE: 1/7/00	TIME IN: 12:00 TIME OUT: -12:20	
	FACILITY NAME:		
	FACILITY LOCATION: 1073 S. Pinel	as Aur	
	Tarpon Spring	31 FL 34689	
	FACILITY NAME: FACILITY LOCATION: 1073 S. Pinell Tarpen Spring RESPONSIBLE OFFICIAL: Soo Hoan Kin	Phone No.: 9/2 - 1731	
	Permit No Exp. Date:		
ָן	compliance with DEP Rule 62-213.300, Florida Adr	•	
	Based on the results of the compliance requirements discrepancies were noted (only items which are checked)	evaluated during this inspection, the following compliance ked):	
	Inspection Summary	Report Guidance	
	Compliance Requirement/Problem	Follow-up Action Required	
	plan in place, along with associated recordkeeping, on site. developera associated recordkeeping, on opera associated recordkeeping,	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	
		ain all purchase receipts in a log kept on-site for determination chloroethylene solvent consumption.	
		op and implement a recordkeeping procedure that maintains aly purchases (perc) as a consecutive twelve month total.	
<u> </u>	to measure 45°F with an accuracy of ±2°F. is des	n verification from the manufacturer that the temperature sensor igned to measure 45°F with an accuracy of ±2°F, or determine y another method that the Department would consider priate.	
<u></u>	a pre-filtration system.	ty may choose to either dispose of perc-containing separator as hazardous waste, or incorporate a carbon filtration system he evaporator (as per the State's guidelines).	
		all perc and perc-containing waste in tightly sealed containers are impervious and chemically unreactive to the solvent.	
		lop and implement a leak detection inspection and repair am. Maintain a log of leak detection inspection and repair	

	Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.				
	No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions				
	Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.				
	Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.				
	The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.				
	Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.				
	Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.				
	Containers for perchloroethylene and/or perchloroethylen- containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.				
	Comments:					
	If the Inspection Summary Report indicates follow-up actions are required, you must take immediate corrective measures to achieve compliance. Pinellas County will perform a follow-up inspection to determine that proper corrective actions have been taken. The Annual Compliance Certification form has been properly certified and submitted to the inspector. Yes No					
,	Inspection Conducted by: Margoref A	Cennis (Please Print)				
	Inspector's Signature: Magarel	1. ferms				
	Phone Number: 464-4422 Date of next Inspection: //O/					

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL Z COMPLAINT/DISCOVERY RE-INSPECTION	gan
AIRS ID#: <u>1030336</u>	DATE: 8/1/00 TIME IN: 10:470.cc TIME OUT: 11:320.	
FACILITY NAME:	Rayou Cleaners	
FACILITY LOCATION:	1073 S. Pinellas Ave.	_
	Tarpon Springs, FL, 34689	_
RESPONSIBLE OFFICIAL	Soo Hwan Kim Phone No.: 942-1734	
Permit No.		
☐ Based of the resu	alts of the compliance requirements evaluated during this inspection, the facility is found to be in	n

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

Inspection Summary Report Guidance

1	-	
	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.
过	Did not maintain a log of leak detection inspection and repair records. (bi-weekly)	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 did not n	naintain bi-weekly leak
detection log (July 1- Ju	uly 31, 2000). Facility did not
USDOR 109 (141, 2000). Fac	secutive total perchloroethylene lility was verbally warned.
measures to achieve compliance. Pinellas County will perfective actions have been taken.	perform a follow-up inspection to determine that proper
Inspection Conducted by: Inspector's Signature:	of Morris
Phone Number:	422 age 2 of 2

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY •				
AIRS ID#: 1030336	Date: <u>8/1/00</u>	TIME IN: 10:47am TIME OUT: 11:32am				
FACILITY NAME:	Bayou Cleaners	<u> </u>				
FACILITY LOCATION:	1073 S. Pinellas Ave	<u> </u>				
·	Tarpon Springs, FL,	34689				
RESPONSIBLE OFFICIA	L: Soo Hwan Kim	PHONE: 942-1734				
CONTACT:	Soo Hwan Kim	PHONE: 942-1734				
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 notificated (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	I/Vr	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (Constructed on or after 12/9/91)				
3. Existing large area so dry-to-dry only, 140-dry only, 200-x-both types, 140-xx-1, (Constructed before	source	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)				
1	This is a correct facility classification: Y N Can not determine					
If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit						
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was3 7 gallons.						

PART III: GENERAL CONTROL REQUIREMENTS						
Is the responsible official of the dry cleaning facility: (check appropriate boxes)						
1. Storing perchloroethylene in tightly sealed and impervious containers?	Y	□N	☐ NA			
2. Examining the containers for leakage?	⊈ Y	□N	□NA			
3. Closing and securing machine doors except during loading/unloading?	☑ Y	ΠN				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	Y	ПΝ	□NA			
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	□Y	ΠN	☐ 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.		<i></i>			
If classification (2) has been checked, the machine should be equipped with a (complete A below)	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 a condenser or a carbon adsorber (complete A and B below). Carbon adsorber installed prior to September 22, 1993.	either a must ha	refrigerat ive 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)	irces:					
1. Equipped all machines with the appropriate yent controls?	ΩY	ΠN				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ΠY	\square N	☐ NA			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	QΥ	ΠN	□NA			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ΔY	ΠN	,			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	☐ Y	Ωи	□NA			
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged?	QΥ	ПN				

В.	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?	□у	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		
\ \ \ ! .	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm?	□Y □Y		□na □na		
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc. concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 dust diameters upstream from any bend contraction, or expansion; and downstream from no other inlet?	□Y	ПN	□NA		
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПY	ΠN	□NÄ		
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	ΠN	□NA		
P	ART V: RECORDKEEPING REQUIREMENTS					
H (c	as the responsible official: heck appropriate boxes)					
ı	Maintained receipts for perc purchased?	ĭ✓Y	ΠN			
2.	Maintained rolling monthly averages of perc consumption?	□v	Ø _N			
3.	Maintained leak detection inspection and repair reports for the following:	_ 1				
	a. documentation of leaks repaired w/in 24 hrs? or;	\Box Y	ME	\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? 	ΩY		□NA		
4.	Maintained calibration data? (for direct reading instrument only)	\square_{Y}		INA		
5.	Maintained exhaust duct monitoring data on perc concentrations?	$\Box_{\mathbf{Y}}$	\square N	MA		
6.	Maintained startup/shutdown/malfunction plan?	ΨY	\square N			
7.	Maintained deviation reports?	\Box_{Y}	\square N	□NA		
	Problem corrected?	_		. 🔂		
	1 Total Collected:	\square_{Y}	ЦN	` M NA		

PA	ART VI: LEAK DETECTION	<u>N ANJ</u>	D REP	AIRS_			
1.	Does the responsible official coinspection?	onduct	a wee	kly (for s	small sources, bi-weekly) leak	detect	ion and repair
2.	Has the facility maintained a le	ak log	?			\square_{Y}	MN
3.	Does the responsible official c	heck tl	ne follo	owing are	eas for leaks:		4
	Hose connections, fitting couplings, and valves	Щ́Y	□N	□NA	Muck cookers	 Y	□n □na
	Door gaskets and seating	☑Y	ΠN	\square NA	Stills	Y	□n □na
	Filter gaskets and seating	Y Y	□N	□NA	Exhaust dampers	Y	□n □na
	Pumps	$\mathbf{\nabla}_{\mathbf{Y}}$	\square_{N}	□NA	Diverter valves	Z Y	□n □na
	Solvent tanks and containers	⊠Y	ΠN	□NA	Cartridge Filter housing	Y	□n □na
	Water separators	ĭ₫Y	ΠN	□NA			
4.	Physical detection Odor (noticeable p	n (cond (airflo erc odd ng inst	densed w felt or)	solvent through	of exterior surfaces)		(a)
	If using direct-reading instru	ıment	ation,	is the eq	uipment:		
l.	a Capable of detecting perc vapor concentrations in a range of 0-500 ppm Y N						
	b. Calibrated against a stan	dard g	as prio	r to and a	after each-use(PID/FID only).		$\square_{Y} \square_{N}$
	c. Inspected for leaks and	obviou	s signs	of wear	on a weekly basis?		□Y □N
	d. Kept in a clean and sec	ure are	a whe	n not in t	ise.		\square_{Y} \square_{N}
	e. Verified for accuracy by	use of	f duplic	cate samp	oles (calorimetric only)?		□Y □N
	Inspector's Name (Please Print) Inspector's Signature Approximate Date of Next Inspection						

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Bayou Cleaners	Date:	8/1/00
FACILITY LOCATION	:1073 S. Pinellas Ave.		<u> </u>
	Tarpon Springs, FL, 34689		
Annual Reporting Period:	January 7, 20 00 to A	ugust	1, 2000
Based on each term or condition	n of the Title V general air permit, my facility has remained COde (F.A.C.), during the period covered by this statemen	in compliance	with DEP Rule 62-
IF NO, complete the following	ng: Mobilo		
#1. Term or condition of the ge	neral permit that has not been in continuous compliance du	ring the report	ing period stated above:
Bi-weekly	leak detection logging	of Ma	intained
Exact period of non-compliance	:: from July \$ 2000 to	July 31	, 2000
Action(s) taken to achieve comp	oliance: Maintain bi-weekly	leak	log.
Method used to demonstrate con	1		
#2. Term or condition of the go	eneral permit that has not been in continuous compliance d	uring the repor	ting period stated above:
12-month Maintaine Exact period of non-compliance	consecutive pechloroe	thylen	e Usage log ne
Action(s) taken to achieve comp	1		
Method used to demonstrate con	mpliance:	orge co	
I that the stâtements made i	I, I hereby certify, based on information and belie in this notification are true, accurate and complete ent, based upon rolling averages of purchase receivables or 1,800 gallons per year for transfer or contact: Soo Hwan Kim (Name, Please Print) Signature	pts, does no nbination fa	ny annual consumption. I

^{*}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.

Z 510 PP3 01P

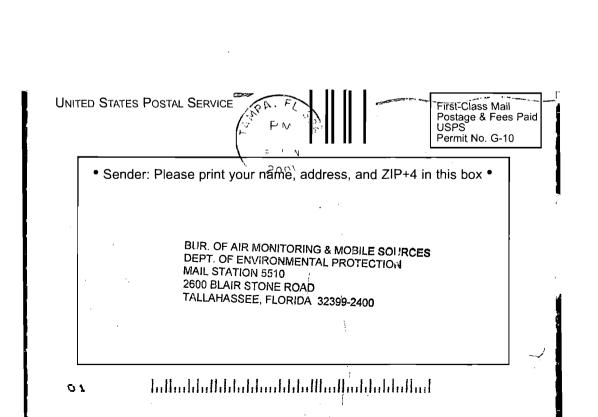
US Postal Service

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

AIRS ID # 1030336001AG 10 SOO HWAN KIM BAYOU CLEANERS 2812 ORANGE GROVE WAY PALM HARBOR FL 34684

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	_
Return Receipt Showing to Whom & Date Delivered	·
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	
	Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addresse's Address TOTAL Postage & Fees

and a later out those odt to tel days and the	
old at line over top of envelope to	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also comitem 4 if Restricted Delivery is desired. ■ Print your name and address on the reso that we can return the card to you. ■ Attach this card to the back of the masor on the front if space permits. 10 AIRS ID # 1030336001AC SOO HWAN KIM BAYOU CLEANERS 2812 ORANGE GROVE WAY PALM HARBOR FL 34684	verse C. Signature Agent Addressee D. Is delivery address different from iten 1? Yes If YES, enter delivery address below: No
Article Number (Copy from service label)	
PS Form 3811, July 1999	Domestic Return Receipt 102595-99-M-1789



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0359478

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

TOTAL AMOUNT DUE: \$50.00

MAIL ROOM

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AIRS ID # 1030336

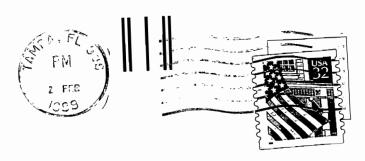
BAYOU CLEANERS SOO HWAN KIM 2812 ORANGE GROVE WAY PALM HARBOR FL 34684

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

SOO HWAN KIM 2812 Orange Grove Way Palm Harbor, FL. 34684





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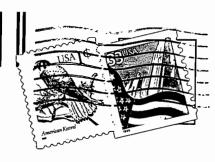
Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

BAYOU CLEANERS 1073 S. PINELLAS AVE TARPON SPRINGS, FL 34689 (727) 942-1734







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TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 1010336

CELTIC DRY CLEANERS FRED W JONES 12639 US HWY 19 HUDSON FL 34667 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

FREDERICK & EVELYN JONES 12237 CIDER MILL LANE, BAYONET POINT, FL. 34667-2450 USA







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Fund: 20-2-035001 Obj.: 002273

'BAYOU CLEANERS 1073 S. PINELLAS AVE TARPON SPRINGS, FL 34689 (727) 942-1734





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TOTAL AMOUNT DUE: \$50.00

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Fund: 20-2-035001 Obi.: 002273



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Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obi.: 002273