

1030338



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

October 25, 1996

Mr. William Kirschman  
Mr T's Cleaners and Coin Laundry  
1145 Missouri Avenue North  
Largo, Florida 34640

Dear Mr. Kirschman:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

/DD

cc: Mr. Gary Robbins, Pinellas County

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	William KIRSCHMANN		
2. Site Name (For example, plant name or number):	MR T'S CLEANERS & COIN LAUNDRY		
3. Hazardous Waste Generator Identification Number:	9501101		
4. Facility Location:	Street Address: 1145 MISSOURI AVE N.	City: LARGO	County: PINELLAS Zip Code: 34640
5. Facility Identification Number (DEP Use):	1030338		

## Responsible Official

6. Name and Title of Responsible Official:	William KIRSCHMANN, OWNER		
7. Responsible Official Mailing Address:	Organization/Firm: MR. T'S CLEANERS & COIN LAUNDRY	Street Address: 1145 MISSOURI AVE N.	City: LARGO County: PINELLAS Zip Code: 34640
8. Responsible Official Telephone Number:	Telephone: (813) 581 - 2424	Fax: ( ) -	

## Facility Contact (If different from Responsible Official)

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

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SEP 3 1996

Bureau of Air Monitoring  
& Mobile Sources

### Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser									
(2) w/ carbon adsorber									
(3) w/ no controls	#1	30-AUG-90							
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed

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

gallons

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

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

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

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

*Existing Small Area*

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

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

### Equipment Monitoring and Recordkeeping Information

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

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

### Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

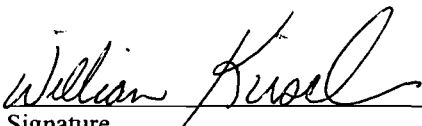
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_.

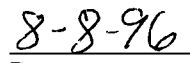
No air permits currently exist for the operation of the facility indicated in this notification form.

### Responsible Official Certification

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

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

  
Signature

  
Date

To whom this may concern,

This letter is to inform you that I am  
no longer doing dry cleaning at the  
following location:

MRT'S CLEANERS  
1145 Missouri Ave N.  
LARGO, FL 33770

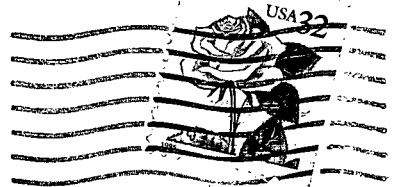
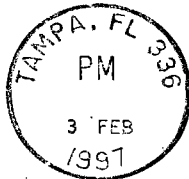
SITE # 9501101

I no longer have a Dry Cleaning machine.

Thank you,  
William Kuschman

AIRS # 1030338

MR T'S CLEANERS  
1145 MISSOURI AVE N  
LARGO, FL 34640



TITLE V GENERAL PERMITTING OFFICE  
BUREAU OF AIR MONITORING & MOBILE SOURCES  
MS-5510  
DEPT. OF ENVIRONMENTAL PROTECTION  
2600 BLAIR STONE RD.

32393/2400



# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:      ANNUAL                            COMPLAINT/DISCOVERY        
    RE-INSPECTION                     

AIRS ID#:	<u>1030338</u>	DATE:	<u>11/18/97</u>	TIME IN:	<u>10:18 a.m.</u>	TIME OUT:	<u>10:25 a.m.</u>
FACILITY NAME:	<u>Mr T's Cleaners</u>						
FACILITY LOCATION:	<u>1145 Missouri Ave N</u> <u>Largo, FL 34640</u>						
RESPONSIBLE OFFICIAL:	<u>Choon You</u>	PHONE:	<u>581-2424</u>				
CONTACT NAME:	<u>Choon You/Boung You</u>	PHONE:	<u>581-2424</u>				

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

<b>PART II: CLASSIFICATION</b>	
Facility indicated on notification form that it is: (check appropriate box)	<input type="checkbox"/> No notification form <input checked="" type="checkbox"/> Drop store/out of business/petroleum
A.	
1. Existing small area source <input type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	2. New small area source <input type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)
3. Existing large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)
5. This is a correct facility classification <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can not determine	
If no, please check the appropriate classification:	
<input type="checkbox"/> facility qualified for a general permit as number _____ above	
<input type="checkbox"/> facility exceeds above limits and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was _____ 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  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/A

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:  
(check appropriate boxes)

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



ADDITIONAL SITE INFORMATION:

Mr T's formerly performed dry cleaning but was sold 3/28/97 and is now a drop store.

William Kisschmann <sup>(661-9735)</sup> ~~will~~ (former owner) will need to send a letter to FDEP indicating sale of business.

3129 F. ... Dr.  
Branon FL 335.1

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

*acc*

TYPE OF INSPECTION:      ANNUAL                       COMPLAINT/DISCOVERY        
    RE-INSPECTION                     

AIRS ID#: 1010338    DATE: 2/9/98    TIME IN: 10:30    TIME OUT: 11:05  
 FACILITY NAME: Touch Of Quality Cleaners  
 FACILITY LOCATION: 37948 E. Meridian Ave  
    Dade City                      33525  
 RESPONSIBLE OFFICIAL: Sharon Hoffman    PHONE: 352/521-7030  
 CONTACT NAME: \_\_\_\_\_    PHONE: \_\_\_\_\_

**PART I: NOTIFICATION**

(check appropriate box)

1. New facility notified DARM 30 days prior to startup                        
 2. Facility failed to notify DARM to use general permit                     

**PART II: CLASSIFICATION**

Facility indicated on notification form that it is:  
 (check appropriate box)                       No notification form  
     Drop store/out of business/petroleum

A.

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

5. This is a correct facility classification                        N       Can not determine

If no, please check the appropriate classification:  
 facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 55 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  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/A

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:  
(check appropriate boxes)

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

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

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
Is the temperature differential equal to or greater than 20° F?  Y  N  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?  Y  N  N/A  
Is the perc concentration equal to or less than 100 ppm?  Y  N  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?  Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly averages of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
  - a. documentation of leaks repaired w/in 24 hrs? or;  Y  N  N/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  N  N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/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?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A            | Stills                    | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A            |
| Filter gaskets and seating                        | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A            | Exhaust dampers           | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A            |
| Pumps   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A            | Diverter valves           | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A            |
| Solvent tanks and containers                      | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A            | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A            |
| Water separators                                  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A            |                           |   |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:**  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

MARGARET CANGRO  
 Inspector's Name (Please Print)

2/9/98  
 Date of Inspection

Margaret Cangro  
 Inspector's Signature

Feb 99  
 Approximate Date of Next Inspection

RECEIVED

JAN 29 1997

Bureau of Air Monitoring  
& Mobile Sources

Dear Sir or Madam,

I will no longer be doing dry cleaning. My  
machine was sold for parts so I will not be  
making this permit.

Thank you  
William Kuschman  
MCT's Cleaners  
1145 Missouri Ave N.  
Largo, FL 33770

AIRS ID # 1030338

0 /

**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

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

**TOTAL AMOUNT DUE: \$50.00**

**Do NOT Remove Label**

AIRS ID# 1030338  
MT T'S CLEANERS & COIN LAUNDRY  
WILLIAM KIRSCHMANN  
1145 MISSOURI AVE N  
CLEARWATER FL 34640

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

RECEIVED  
1991 OCT 11  
MAIL ROOM 1A 10 05 11 91

RECEIVED

12-5-97

RECEIVED

DEC 1 0 1997

Bureau of Air Monitoring  
& Mobile Sources

Dear Sir/Madam,

This letter is to inform you that I no longer own Mr T's Cleaners and Coin Laundry. I sold it in March 1997. I discontinued doing dry cleaning in 1996. I will not be needing the Title V General Air Permit renewed.

The Facility Number for Mr T's is 9501101. 39313 is the acct. number.

I also have enclosed a copy of the letter I received from Gary Roberts, Environmental Program Manager.

Thank You  
William Kirschmann  
William Kirschmann  
3129 Buckman Dr.  
BRANDON, FL  
33571

AIRSID  
1030338





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



COMMISSIONERS  
 ROBERT B. STEWART - CHAIRMAN  
 BARBARA CHEEN TODD - VICE CHAIRMAN  
 CALVIN D. HARRIS  
 SALLY PARKS  
 STEVE GILBERT

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

November 17, 1997

William Knecht  
 3129 Buckrun Dr  
 Brandon, FL 33511

Dear Sir/Madam:

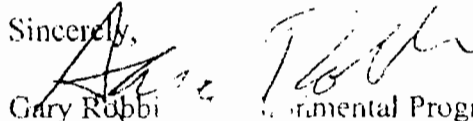
On November 6, 1997, an annual inspection was performed at Mr. T's Cleaners & Coin Laundry to determine if the facility was operating in compliance with the conditions of the Title V General Air Permit. During the inspection it was determined that you no longer operate the perchloroethylene dry cleaning equipment. Since perchloroethylene dry cleaners in the State of Florida operate under a Title V air general permit, the permit for this facility needs to be updated. If you wish to surrender the air permit for the Mr. T's Cleaners & Coin Laundry store, a letter specifying this must be sent to the State's Bureau of Air Monitoring and Mobile Sources (BAMMS), or the State will continue to assess annual fees, etc. Please submit the letter to the following address:

Dept. of Environmental Protection  
 Title V General Permitting Office  
 Bureau of Air Monitoring & Mobile Sources, MS-5510  
 2600 Bruce Lane Rd.  
 Tallahassee, Florida 32399-2464

Please provide a copy of any correspondence to this office, and maintain a copy of the letter on-site. Pinellas County appreciates your cooperation and timely response in submitting this letter.

If you have any questions, please contact Matt McCann or Jeff Morris at 464-4422.

Sincerely,

  
 Gary Rubbi, Environmental Program Manager  
 Air Quality Division

cc: RF, PF  
 wpdocs\air\qual\drycln.c



# INTEROFFICE MEMORANDUM

**Date:** 09-Sep-1998 02:33pm  
**From:** Jeff Morris  
jmorris@co.pinellas.fl.us@PMDF@EPIC66  
**Dept:**  
**Tel No:**

**To:** BOWMAN\_S

( BOWMAN\_S@A1@DER )

**Subject:** Inactive Permits

Hi Sandy,

The following dry cleaners will need to have inactive GP's. I have tried to contact both to make sure that they contact FDEP, but have not received any correspondence.

Mr. T's Cleaners & Coin Laundry #1030338  
Indian Rocks Cleaners #1030319

Could you E-mail me back so I can close the files?

Thanks,  
Jeff

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

TYPE OF INSPECTION: ANNUAL  RE-INSPECTION  COMPLAINT/DISCOVERY

AIRS ID#: <u>1030338 001</u>	DATE: <u>8/15/98</u>	TIME IN: <u>9:15a.m</u>	TIME OUT: <u>9:27</u> a.m.
FACILITY NAME: <u>Mr. T's Cleaners &amp; Coin Laundry</u>			
FACILITY LOCATION: <u>1145 Missouri Ave. N</u> <u>Largo, FL, 33770</u>			
RESPONSIBLE OFFICIAL: <u>Jane H. Chang</u>		PHONE: <u>581-2424</u>	
CONTACT: <u>Choon You</u>		PHONE: <u>581-2424</u>	

**RECEIVED**  
SEP 25 1998  
Bureau of Air Monitoring & Mobile Sources

**PART I: NOTIFICATION**

(Check appropriate box)

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

**PART II: CLASSIFICATION**

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

<p>A.</p> <p>1. Existing small area source dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (Constructed before 12/9/91) <input type="checkbox"/></p> <p>3. Existing large area source dry-to-dry only, 140 &lt; x &lt; 2,100 gal/yr transfer only, 200 &lt; x &lt; 1,800 gal/yr both types, 140 &lt; x &lt; 1,800 gal/yr (Constructed before 12/9/91) <input type="checkbox"/></p>	<p><input type="checkbox"/> No notification form</p> <p><input checked="" type="checkbox"/> Drop store / out of business / petroleum <i>(Does not perform Dry Cleaning)</i> <input type="checkbox"/></p> <p>2. New small area source dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (Constructed on or after 12/9/91) <input type="checkbox"/></p> <p>4. New large area source dry-to-dry only, 140 &lt; x &lt; 2,100 gal/yr transfer only, 200 &lt; x &lt; 1,800 gal/yr both types, 140 &lt; x &lt; 1,800 gal/yr (Constructed on or after 12/9/91) <input type="checkbox"/></p>
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This is a correct facility classification:  Y  N  Can not determine

If no, please check the appropriate classification:

facility qualified for a general permit as number \_\_\_\_\_ above

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

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

### PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:  
(check appropriate boxes)

- |   |                            |                            |  |
|---|----------------------------|----------------------------|--|
| 1. Storing perchloroethylene in tightly sealed and impervious containers?   | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" type="checkbox"/> NA |
| 2. Examining the containers for leakage?  | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA            |
| 3. Closing and securing machine doors except during loading/unloading?  | <input type="checkbox"/> Y | <input type="checkbox"/> N |  |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?                     | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA            |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA            |

### PART IV: PROCESS VENT CONTROLS

#### In Part II-A:

If classification (1) has been checked, no controls are required. Proceed to Part V.

If classification (2) has been checked, the machine should be equipped with a refrigerated condenser (complete A below)

If classification (3) has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993.

If classification (4) has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below.)

#### A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
(check appropriate boxes)

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



**FACILITY DETAILS:**

**FACILITY NAME:** Mr T's Cleaners

**Dry Cleaning Machine #1:**

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

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

**Dry Cleaning Machine #2:**

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

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

**Boiler:**

Manufacturer \_\_\_\_\_ Hp \_\_\_\_\_

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

Fuel Type: Natural gas?  propane?  fuel oil?

**Notification (unpermitted sources only):**

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

**Record keeping :**

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

**Hazardous Waste:**

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

**Comments:**

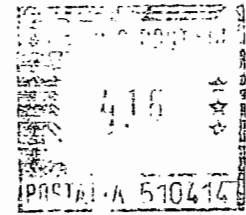
Mr. Kirschmann, former owner, did not send a letter indicating sale of business and removal of dry cleaning machine.

STATE OF FLORIDA  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 MS 5510-37550 304000  
 2600 BLAIR STONE ROAD  
 TALLAHASSEE FL 32399-2400

**CERTIFIED**

Z 210 662 955

**MAIL**



Z 210 662 955

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

Sent to

10 AIRS ID # 1030338001AG  
 WILLIAM KIRSCHMANN  
 MR T'S CLEANERS & COIN LAUNDRY  
 1145 MISSOURI AVE N  
 CLEARWATER FL 34640

**RECEIVED**  
 JUN 11 2001  
 Bureau of Air Monitoring  
 & Mobile Sources

PS Form 3800, April 1995

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Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
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10 AIRS ID # 1030338001AG  
 WILLIAM KIRSCHMANN  
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 1145 MISSOURI AVE N  
 CLEARWATER FL 34640

**NO SUCH NUMBER**  
 CLEARWATER FL



