



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

March 22, 2000

Mr. Daniel Lombardo
Campus Walk Cleaners
Campus Walk Plaza
2551 Drew Street, Suite 103
Clearwater, Florida 33765

Re: Facility No.: 1030343-002

Dear Mr.Lombardo:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 11, 2000.


Please note that in January 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,


Jew Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Gary Robbins, Pinellas County

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

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

COMMISSIONERS

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

RECEIVED

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

JAN 20 2004

January 14, 2004

Bureau of Air Monitoring
& Mobile Sources

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

Re: Campus Walk Cleaners 1030343-002-AG

Mr. Butler:

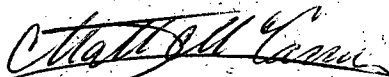
Based on a January 12, 2004, inspection at Campus Walk Cleaners, located at 2551 Drew Street, Unit 103, Clearwater, FL this facility is shutdown for perchloroethylene dry-to-dry operations. Inspection findings indicate that the facility changed ownership back on August 29, 2003, and a petroleum solvent cleaning machine replaced the perchloroethylene dry-to-dry machine. The solvent in current use is Synthetic Isoparaffinic Hydrocarbon (CAS No. 64742-48-9), an aliphatic hydrocarbon.

The following conditions are associated with the new facility:

- 1) Air Quality is unaware of any correspondence requesting the permit to be rescinded.
- 2) Perchloroethylene equipment is no longer on the premises.
- 3) A different owner is currently in possession of the building space.
- 4) The new operation is considered exempt from air permits, pending further analysis.
- 5) Air Quality intends to deactivate this facility from its tracking files and awaits confirmation from your office that it has been deactivated in the ARMS system.

Should you have any questions relative to this facility's operations please contact the assigned inspector Pwu-Sheng Liu, or myself at suncom 570-4422, or by email at mmccann@co.pinellas.fl.us.

Sincerely,



Matt McCann, Environmental Program Manager
Air Quality Division

cc: RF, PF (103 0343)
Attachment: MSDS

MATERIAL SAFETY DATA SHEET
ExxonMobil Chemical Company
A Division of Exxon Mobil Corporation

PAGE: 1
DATE PREPARED: FEB 27, 2003
MSDS NO.: 92849691

OMS

SECTION 1 CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME: OMS

CHEMICAL NAME:

Synthetic Isoparaffinic Hydrocarbon

64742-48-9

CHEMICAL FAMILY:

Aliphatic Hydrocarbon

PRODUCT DESCRIPTION:

Clear colorless liquid.

CONTACT ADDRESS:

ExxonMobil Chemical Company

P.O. Box 3272, Houston, Texas 77253-3272

** EMERGENCY TELEPHONE NUMBERS: (24 Hours) **

** CHEMTREC (800) 424-9300 **

** ExxonMobil Chemical Company (800) 726-2015 **

NON EMERGENCY TELEPHONE NUMBERS : (8am-5pm M-F)

FOR GENERAL PRODUCT INFORMATION CALL : (281) 870-6000

FOR HEALTH AND MEDICAL INFORMATION CALL : (281) 870-6884

SECTION 2 COMPOSITION/INFORMATION ON INGREDIENTS

This product is hazardous as defined in 29 CFR1910.1200.

OSHA HAZARD

Combustible

SECTION 3 HAZARDS IDENTIFICATION

POTENTIAL HEALTH EFFECTS

EYE CONTACT:

Slightly irritating but does not injure eye tissue.

SKIN CONTACT:

Frequent or prolonged contact may irritate and cause dermatitis.

Low order of toxicity.

Skin contact may aggravate an existing dermatitis condition.

INHALATION:

High vapor/aerosol concentrations (attainable at elevated temperatures well above ambient) are irritating to the eyes and the respiratory tract, and may cause headaches, dizziness, anaesthesia, drowsiness, unconsciousness, and other central nervous system effects, including death

INGESTION:

Small amounts of this product aspirated into the respiratory system during ingestion or vomiting may cause mild to severe pulmonary injury, possibly

Continues on page 2

MATERIAL SAFETY DATA SHEET
ExxonMobil Chemical Company
A Division of Exxon Mobil Corporation

PAGE: 2
DATE PREPARED: FEB 27, 2003
MSDS NO.: 92849691

OMS

progressing to death.
Minimal toxicity.

SECTION 4 FIRST AID MEASURES

EYE CONTACT:

Flush eyes with large amounts of water until irritation subsides. If irritation persists, get medical attention.

SKIN CONTACT:

Flush with large amounts of water; use soap if available.
Remove grossly contaminated clothing, including shoes, and launder before reuse.

INHALATION:

Using proper respiratory protection, immediately remove the affected victim from exposure. Administer artificial respiration if breathing is stopped. Keep at rest. Call for prompt medical attention.

INGESTION:

If swallowed, DO NOT induce vomiting. Keep at rest. Get prompt medical attention.

SECTION 5 FIRE-FIGHTING MEASURES

FLASH POINT: 120 Deg F. METHOD: TCC ASTM D56 NOTE: Minimum
FLAMMABLE LIMITS: LEL: 0.7 UEL: 5.4 @ 77 Deg F. NOTE: Approximate
AUTOIGNITION TEMP.: 689 Deg F.

GENERAL HAZARD

Combustible Liquid, can form combustible mixtures at temperatures at or above the flashpoint.

Static Discharge, material can accumulate static charges which can cause an incendiary electrical discharge.

"Empty" containers retain product residue (liquid and/or vapor) and can be dangerous. DO NOT pressurize, cut, weld, braze, solder, drill, grind, or expose such containers to heat, flame, sparks, static electricity, or other sources of ignition; THEY MAY EXPLODE AND CAUSE INJURY OR DEATH.

Empty drums should be completely drained, properly bunged and promptly returned to a drum reconditioner, or properly disposed of.

FIRE FIGHTING

Use water spray to cool fire exposed surfaces and to protect personnel.

Isolate "fuel" supply from fire.

Use foam, dry chemical, or water spray to extinguish fire.

Avoid spraying water directly into storage containers due to danger of boilover.

This liquid is volatile and gives off invisible vapors. Either the liquid or vapor may settle in low areas or travel some distance along the ground or surface to ignition sources where they may ignite or explode.

Continues on page 3

MATERIAL SAFETY DATA SHEET
ExxonMobil Chemical Company
A Division of Exxon Mobil Corporation

PAGE: 3
DATE PREPARED: FEB 27, 2003
MSDS NO.: 92849691

OMS

DECOMPOSITION PRODUCTS UNDER FIRE CONDITIONS

No unusual

SECTION 6 ACCIDENTAL RELEASE MEASURES

LAND SPILL

Eliminate sources of ignition. Prevent additional discharge of material, if possible to do so without hazard. For small spills implement cleanup procedures; for large spills implement cleanup procedures and, if in public area, keep public away and advise authorities. Also, if this product is subject to CERCLA reporting (see Section 15 REGULATORY INFORMATION) notify the National Response Center.

Prevent liquid from entering sewers, watercourses, or low areas. Contain spilled liquid with sand or earth. Do not use combustible materials such as sawdust.

Recover by pumping (use an explosion proof or hand pump) or with a suitable absorbent.

Consult an expert on disposal of recovered material and ensure conformity to local disposal regulations.

WATER SPILL

Eliminate sources of ignition. Warn occupants and shipping in surrounding and downwind areas of fire and explosion hazard and request all to stay clear.

Remove from surface with suitable adsorbents. If allowed by local authorities and environmental agencies, sinking and/or suitable dispersants may be used in non-confined waters.

Consult an expert on disposal of recovered material and ensure conformity to local disposal regulations.

SECTION 7 STORAGE AND HANDLING

ELECTROSTATIC ACCUMULATION HAZARD:

Yes, use proper bonding and/or grounding procedure.

Additional information regarding safe handling of products with static accumulation potential can be ordered by contacting the American Petroleum Institute (API) for API Recommended Practice 2003, entitled "Protection Against Ignitions Arising Out of Static, Lightning, and Stray Currents" (American Petroleum Institute, 1220 L Street Northwest, Washington, DC 20005), or the National Fire Protection Association (NFPA) for NFPA 77 entitled "Static Electricity" (National Fire Protection Association, 1 Batterymarch Park, P.O. Box 9101, Quincy, MA 02269-9101).

STORAGE TEMPERATURE, Deg F:

Ambient

LOADING/UNLOADING TEMPERATURE, Deg F:

Ambient

Continues on page 4

MATERIAL SAFETY DATA SHEET
ExxonMobil Chemical Company
A Division of Exxon Mobil Corporation

PAGE: 4
DATE PREPARED: FEB 27, 2003
MSDS NO.: 92849691

OMS

STORAGE/TRANSPORT PRESSURE, mmHg:

Atmospheric

LOADING/UNLOADING VISCOSITY, cSt:

2.1

STORAGE AND HANDLING:

Keep container closed. Handle and open containers with care. Store in a cool, well ventilated place away from incompatible materials.

Do NOT handle or store near an open flame, heat or other sources of ignition. Protect material from direct sunlight.

Material will accumulate static charges which may cause an electrical spark (ignition source). Use proper bonding and/or grounding procedures.

Do NOT pressurize, cut, heat, or weld containers. Empty product containers may contain product residue. Do NOT reuse empty containers without commercial cleaning or reconditioning.

SECTION 8 EXPOSURE CONTROLS/PERSONAL PROTECTION

EXPOSURE CONTROLS

The use of local exhaust ventilation is recommended to control process emissions near the source. Laboratory samples should be handled in a lab hood. Provide mechanical ventilation of confined spaces. See respiratory protection recommendations.

PERSONAL PROTECTION

For open systems where contact is likely, wear safety glasses with side shields, long sleeves, and chemical resistant gloves.

Where contact may occur, wear safety glasses with side shields.

Where concentrations in air may exceed the limits given in this Section and engineering, work practice or other means of exposure reduction are not adequate, NIOSH approved respirators may be necessary to prevent overexposure by inhalation.

WORKPLACE EXPOSURE GUIDELINES

ExxonMobil RECOMMENDS THE FOLLOWING OCCUPATIONAL EXPOSURE LIMITS:

a TWA of 1200 mg/m³ (177 ppm) based on total hydrocarbon.

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

SPECIFIC GRAVITY at Deg F:	0.76 at 60
VAPOR PRESSURE, mmHg at Deg F:	0.78 at 68 Estimate
SOLUBILITY IN WATER, wt. % at Deg F:	Less than 0.01 at 77
VISCOSITY OF LIQUID, cSt at Deg F:	1.8 at 77
SP. GRAV. OF VAPOR, at 1 atm (Air=1):	5.40 Calculated
FREEZING/MELTING POINT, Deg F:	Less than -81
EVAPORATION RATE, n-Bu Acetate=1:	0.1
BOILING POINT, Deg F:	354 to 369

Continues on page 5

MATERIAL SAFETY DATA SHEET
ExxonMobil Chemical Company
A Division of Exxon Mobil Corporation

PAGE: 5
DATE PREPARED: FEB 27, 2003
MSDS NO.: 92849691

OMS

SECTION 10 STABILITY AND REACTIVITY

STABILITY:

Stable

CONDITIONS TO AVOID INSTABILITY:

Not applicable

HAZARDOUS POLYMERIZATION:

Will not occur

CONDITIONS TO AVOID HAZARDOUS POLYMERIZATION:

Not applicable

MATERIALS AND CONDITIONS TO AVOID INCOMPATIBILITY:

Strong oxidizing agents.

HAZARDOUS DECOMPOSITION PRODUCTS:

None

SECTION 11 TOXICOLOGICAL INFORMATION

Please refer to Section 3 for available information on potential health effects.

SECTION 12 ECOLOGICAL INFORMATION

No specific ecological data are available for this product. Please refer to Section 6 for information regarding accidental releases and Section 15 for regulatory reporting information.

SECTION 13 DISPOSAL CONSIDERATIONS

Please refer to Sections 5, 6 and 15 for disposal and regulatory information.

SECTION 14 TRANSPORT INFORMATION

DEPARTMENT OF TRANSPORTATION (DOT):

DOT SHIPPING DESCRIPTION: PETROLEUM DISTILLATE, N.O.S., COMBUSTIBLE LIQUID
UN 126B, III

Note: In containers of 119 gallons capacity or less this product
is not regulated by DOT.

SECTION 15 REGULATORY INFORMATION

TSCA:

This product is listed on the TSCA Inventory at CAS Registry Number
64742-48-9

Continues on page 6

MATERIAL SAFETY DATA SHEET
ExxonMobil Chemical Company
A Division of Exxon Mobil Corporation

PAGE: 6
DATE PREPARED: FEB 27, 2003
MSDS NO.: 92849691

OMS

Clean Water Act/Oil Pollution Act:

This product is classified as an oil under Section 311 of the Clean Water Act (40 CFR 110) and the Oil Pollution Act of 1990. Discharge or spills which produce a visible sheen on either surface water, or in waterways/sewers which lead to surface water, must be reported to the National Response Center at 800-424-8802.

CERCLA:

If this product is accidentally spilled, it is not subject to any special reporting under the requirements of the Comprehensive Environmental Response, Compensation and Liability Act. We recommend you contact local authorities to determine if there may be other local reporting requirements.

SARA TITLE III:

Under the provisions of Title III, Sections 311/312 of the Superfund Amendments and Reauthorization Act, this product is classified into the following hazard categories:

Fire.

This information may be subject to the provisions of the Community Right-to-Know Reporting Requirements (40 CFR 370) if threshold quantity criteria are met.

SECTION 16 OTHER INFORMATION

HAZARD RATING SYSTEMS:

This information is for people trained in:
National Paint & Coatings Association's (NPCA)
Hazardous Materials Identification System (HMIS)
National Fire Protection Association (NFPA 704)
Identification of the Fire Hazards of Materials

	NPCA-HMIS	NFPA 704	KEY
HEALTH	1	1	4 = Severe
FLAMMABILITY	2	2	3 = Serious
REACTIVITY	0	0	2 = Moderate
			1 = Slight
			0 = Minimal

CAUTION: HMIS ratings are based on a 0-4 rating scale with 1 representing minimal hazards or risks, and 4 representing significant hazards or risks. Recommended HMIS ratings should not be used in the absence of a fully implemented HMIS hazard communication program.

Continues on page 7

MATERIAL SAFETY DATA SHEET
ExxonMobil Chemical Company
A Division of Exxon Mobil Corporation

PAGE: 7
DATE PREPARED: FEB 27, 2003
MSDS NO.: 92849691

OMS

REVISION SUMMARY:

Since October 18, 2002 this MSDS has been revised in Section(s):

3

REFERENCE NUMBER:
HDHA-C-25036

SUPERSEDES ISSUE DATE:
October 18, 2002

This information relates to the specific material designated and may not be valid for such material used in combination with any other materials or in any process. Such information is to the best of our knowledge and belief, accurate and reliable as of the date compiled. However, no representation, warranty or guarantee is made as to its accuracy, reliability or completeness. It is the users responsibility to satisfy himself as to the suitability and completeness of such information for his own particular use. We do not accept liability for any loss or damage that may occur from the use of this information nor do we offer warranty against patent infringement.

LAST PAGE

**PINELLAS COUNTY
BOARD OF
COUNTY
COMMISSIONERS**

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
AIR QUALITY DIVISION
300 SO. GARDEN AVE.
CLEARWATER, FL 33756

*Return
Service
Requested*



PRESORTED
FIRST CLASS



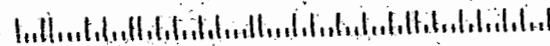
U.S. POSTAGE

00572

M METER 536974

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

LK:DPHMP 32399



RECEIVED

FEB 11 2000

Bureau of Air Monitoring & Mobile Sources

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	CAMPUS WALK CLEANERS (formerly Lockman's Cleaners)		
2. Site Name (For example, plant name or number):	CAMPUS WALK CLEANERS		
3. Hazardous Waste Generator Identification Number:	C.E.S.Q.G.		
4. Facility Location:	CAMPUS WALK PLAZA		
Street Address:	2551 Drew St. Ste 103		
City:	Clearwater	County:	Pinellas
		Zip Code:	33765
5. Facility Identification Number (DEP Use ONLY - do not fill in)	1030343-002		

Responsible Official

6. Name and Title of Responsible Official:			
Name:	Daniel Lombardo	Title:	Owner
7. Responsible Official Mailing Address:	2551 Drew St Ste 103		
Organization/Firm:	CAMPUS WALK CLEANERS		
Street Address:	2551 Drew St. Ste 103		
City:	Clearwater	County:	Pinellas
		Zip Code:	33765
8. Responsible Official Telephone Number:			
Telephone:	(727) 797-7081	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:	() -

1030343-002

p16

(6.C)

Should not be marked. Not required for Existing small sources. Mark out and initial.

BEST AVAILABLE COPY

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site?

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
2/88	Existing/New	RC/CA/None required	Same
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

How many dryers/reclaimers do you have on-site?

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

gallons (You must fill this in)

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

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

New store: New machine

Unopened store (date of expected opening _____)

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)

Small Area Source

- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
- Transfer only on-site (used less than 200 gallons of perc per year)
- Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
- Transfer only on-site (used 200 - 1,800 gallons of perc per year)
- Both machine types on-site (used 140 - 1,800 gallons of perc per year)

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

Existing machines at small area source
(NONE REQUIRED)

New machines at small area source
Refrigerated condenser

Existing machines at large area source
Carbon adsorber
Refrigerated condenser

New machines at 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 (see attached memo for the criteria).

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

OR

How many boilers do you have on-site?

For each boiler, indicate its horsepower (HP) rating:

What type of fuel do you use?

propane
 No. 2 fuel oil
 No. 6 fuel oil

natural gas
 No. 4 fuel oil
 Other (please list)

Electric

6. Equipment Monitoring and Recordkeeping Information

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

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

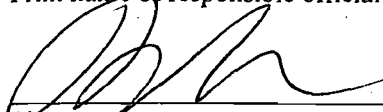
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

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.

Daniel Lombardo
Print name of responsible official


Signature

1-14-99
Date

Instructions for Completing Part III of Notification Form

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

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

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

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

Facility Name and Location

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

Responsible Official

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

Facility Contact

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

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

RECEIVED
JAN 11 1999
Bureau of
& Mobile
Sources
Monitoring

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

1030343-002
 AIRS ID#: Not applied for yet DATE: 12/20/99 TIME IN: 1:30 TIME OUT: 2:00
 FACILITY NAME: Lochmann's Playa Dry Cleaners
 FACILITY LOCATION: 2551 Duw St. Unit 103
Clearwater FL 34625 33765
 RESPONSIBLE OFFICIAL: Daniel Lombardo Phone No.: 727-797-7081
 Permit No. N.A Exp. Date: N.A

- Based of the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted (only items which are checked):

Inspection Summary Report Guidance

Compliance Requirement/Problem

Follow-up Action Required

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

<input type="checkbox"/>	Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.
<input type="checkbox"/>	No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions..
<input type="checkbox"/>	Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.
<input type="checkbox"/>	Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.
<input type="checkbox"/>	The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.
<input type="checkbox"/>	Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.
<input type="checkbox"/>	Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.
<input type="checkbox"/>	Containers for perchloroethylene and/or perchloroethylen-containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.
<input checked="" type="checkbox"/>	SEE COMMENTS	
<input type="checkbox"/>		

Comments: Needs to apply for title & general permit. New owner.

If the Inspection Summary Report indicates follow-up actions are required, you must take immediate corrective measures to achieve compliance. Pinellas County will perform a follow-up inspection to determine that proper corrective actions have been taken.

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

Inspection Conducted by: Margaret Henris (Please Print)

Inspector's Signature: Margaret O. Henris

Phone Number: 464-4422

Date of next Inspection: 12/2000
(Approximate)

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

TYPE OF INSPECTION: ANNUAL RE-INSPECTION COMPLAINT/DISCOVERY

AIRS ID#: 1030343-002 *Not applied for* DATE: 12/20/99 TIME IN: 1:30 TIME OUT: 2:00
 FACILITY NAME: Loehmann's Plaza Dry Cleaners
 FACILITY LOCATION: 2551 Drew St. Unit 103
Clearwater FL ~~34625~~ 33765
 RESPONSIBLE OFFICIAL: Daniel Lombardo PHONE: 727-797-7081
 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 New owner

PART II: CLASSIFICATION

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

- No notification form
- Drop store / out of business / petroleum

- A.
- 1. Existing small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(Constructed before 12/9/91)
 - 2. New small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(Constructed on or after 12/9/91)
 - 3. Existing large area source
dry-to-dry only, $140 < x < 2,100$ gal/yr
transfer only, $200 < x < 1,800$ gal/yr
both types, $140 < x < 1,800$ gal/yr
(Constructed before 12/9/91)
 - 4. New large area source
dry-to-dry only, $140 < x < 2,100$ gal/yr
transfer only, $200 < x < 1,800$ gal/yr
both types, $140 < x < 1,800$ gal/yr
(Constructed on or after 12/9/91)

This is a correct facility classification: Y N Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 50 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

- | | | | |
|--|----------------------------|----------------------------|-----------------------------|
| 1. Equipped all machines with the appropriate vent controls? | <input 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?
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?
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?
Problem corrected? *No deviation* Y N NA
8. Maintained compliance plan, if applicable? Y N NA

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

2. Has the facility maintained a leak log? Y N

3. Does the responsible official check the following areas for leaks:

- | | | | |
|---|--|--------------------------|--|
| Hose connections, fitting couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Cartridge Filter housing | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | |

4. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent of exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector

If using direct-reading instrumentation, is the equipment:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm. Y N
- b. Calibrated against a standard gas prior to and after each use(PID/FID only). Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use. Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Margaret Hennis
Inspector's Name (Please Print)

12/20/99
Date of Inspection

Margaret V. Hennis
Inspector's Signature

12/2000
Approximate Date of Next Inspection

all

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Campus Walk Cleaners DATE: 7/5/00
FACILITY LOCATION: 2551 Drew Street, Unit # 103 Clearwater, FL 33765

Annual Reporting Period: December 20, 1999 TO July 5, 2000

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

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

Facility did not maintain leak detection, bi-weekly inspection and repair records
Exact period of non-compliance: from April 7, 2000 to July 5, 2000

Action(s) taken to achieve compliance: Maintain bi-weekly leak detection records.

Method used to demonstrate compliance:

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

Facility did not conduct bi-weekly leak detection and repair inspection
Exact period of non-compliance: from April 7, 2000 to July 5, 2000

Action(s) taken to achieve compliance: Maintain bi-weekly leak detection inspections

Method used to demonstrate compliance:

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.
RESPONSIBLE OFFICIAL: Daniel Lombardo Signature Date 7-5-00

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

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Campus Walk Cleaners DATE: 7/5/00
FACILITY LOCATION: 2551 Drew Street, Unit #103
 Clearwater, FL 33765

Annual Reporting Period: December 20, 1999 TO July 5, 1999

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

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

 Monthly purchase records were not maintained as a
 12-month consecutive total.
Exact period of non-compliance: from May 1, 2000 to July 1, 2000

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Daniel Lombardo [Signature] 7-5-00
Name (Please Print) Signature Date

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

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

AIRS ID#: 1030343 **DATE:** 7/5/00 **TIME IN:** 11:45am **TIME OUT:** 12:17pm

FACILITY NAME: Campus Walk Cleaners

FACILITY LOCATION: 2551 Drew Street, Unit 103
Clearwater, FL, 33765

RESPONSIBLE OFFICIAL: Daniel Lombardo Phone No.: 797-7081

Permit No. 1030343-002-A6 **Exp. Date:** 1/14/04

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance **discrepancies** were noted (only items which are checked):

Inspection Summary Report Guidance

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

	Compliance Requirement/Problem	Follow-up Action Required
<input checked="" type="checkbox"/>	Did not conduct ^{bi-weekly} weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.
<input type="checkbox"/>	No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions..
<input type="checkbox"/>	Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.
<input type="checkbox"/>	Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.
<input type="checkbox"/>	The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.
<input type="checkbox"/>	Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.
<input type="checkbox"/>	Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.
<input type="checkbox"/>	Containers for perchloroethylene and/or perchloroethylen-containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.
<input type="checkbox"/>		
<input type="checkbox"/>		

Comments: Facility did not maintain the 12-month consecutive usage log (May-July, 2000). Facility did not maintain the bi-weekly detection log (April 7, 2000-July 5, 2000).

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: Jeff Morris

Inspector's Signature: 

Phone Number: 464-4422

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

TYPE OF INSPECTION: ANNUAL RE-INSPECTION COMPLAINT/DISCOVERY

AIRS ID#: 1030343 Date: 7/5/00 TIME IN: 11:30 a.m. TIME OUT: 12:17 p.m.

FACILITY NAME: Campus Walk Cleaners

FACILITY LOCATION: 2551 Drew Street, Unit 103
Clearwater, FL, 33765

RESPONSIBLE OFFICIAL: Daniel Lombardo PHONE: 797-7081

CONTACT: Daniel Lombardo PHONE: 797-7081

PART I: NOTIFICATION

- (Check appropriate box)
- 1. Existing facility notified DARM By 9/1/96
 - 2. New facility notified DARM 30 days prior to startup
 - 3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

- Facility indicated on notification form that it is:
(Check appropriate box)
- No notification form
 - Drop store / out of business / petroleum
- A.
- 1. Existing small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(Constructed before 12/9/91)
 - 2. New small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(Constructed on or after 12/9/91)
 - 3. Existing large area source
dry-to-dry only, $140 < x < 2,100$ gal/yr
transfer only, $200 < x < 1,800$ gal/yr
both types, $140 < x < 1,800$ gal/yr
(Constructed before 12/9/91)
 - 4. New large area source
dry-to-dry only, $140 < x < 2,100$ gal/yr
transfer only, $200 < x < 1,800$ gal/yr
both types, $140 < x < 1,800$ gal/yr
(Constructed on or after 12/9/91)
- This is a correct facility classification: Y N Can not determine
- If no, please check the appropriate classification:
- facility qualified for a general permit as number _____ above
 - facility exceeds above limits and is not eligible for a general permit
- B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 45 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 N
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 N NA

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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 NA
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N NA
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N NA
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged? Y 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

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources bi-weekly) leak detection and repair inspection? Y N

2. Has the facility maintained a leak log? Y N

3. Does the responsible official check the following areas for leaks:

- | | | | |
|---|--|--------------------------|--|
| Hose connections, fitting couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Cartridge Filter housing | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | |

4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent of exterior surfaces)
 - Physical detection (airflow felt through gaskets)
 - Odor (noticeable perc odor)
 - Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
 - Halogen leak detector

If using direct-reading instrumentation, is the equipment:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm. Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only). Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use. Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Jeff Morris
Inspector's Name (Please Print)

7/5/00
Date of Inspection

Jeff Morris
Inspector's Signature

8/15/00
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

The facility did not maintain the 12-month consecutive usage log (May, 2000-July, 2000). Facility did not maintain the bi-weekly detection log (April 7, 2000 - July 5, 2000). ju

ASBP

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

FACILITY NAME:	Campus Walk Cleaners	DATE:	1/8/2001
FACILITY LOCATION:	2551 Drew Street,, Unit 103 Clearwater, FL, 33765		

Annual Reporting Period: July 5 20 00 To January 8 20 01

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.

YES NO

IF NO, complete the following:

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

Incomplete record keeping of biweekly leak checks for December 2000.

Exact period of non-compliance: **from** November 30, 2000 to December 21, 2000

Action(s) taken to achieve compliance: Facility needs to maintain biweekly leak checks

Method used to demonstrate compliance: _____

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


Exact period of non-compliance: **from** _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

RECEIVED
JAN 11 2001
Bureau of Air Monitoring
Mobile Sources

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Daniel Lombardo  1/8/00
(Name, Please Print) Signature Date

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

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

AIRS ID#: 1030343 DATE: 12/21/00 TIME IN: 10:30AM TIME OUT: 10:50AM
 FACILITY NAME: Campus Walk Cleaners
 FACILITY LOCATION: 2551 Drew Street... Unit 103
Clearwater, FL, 33765
 RESPONSIBLE OFFICIAL: Daniel Lombardo Phone No.: (727) 797-7081
 Permit No. 1030343-002-AG Exp. Date: 1/14/2004

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance **discrepancies** were noted (only items which are checked):

Inspection Summary Report Guidance

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

	Compliance Requirement/Problem	Follow-up Action Required
<input type="checkbox"/>	Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.
<input type="checkbox"/>	No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions..
<input type="checkbox"/>	Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.
<input type="checkbox"/>	Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.
<input type="checkbox"/>	The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.
<input type="checkbox"/>	Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.
<input type="checkbox"/>	Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.
<input type="checkbox"/>	Containers for perchloroethylene and/or perchloroethylen-containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.
<input type="checkbox"/>		
<input type="checkbox"/>		

Comments: Facility did not maintain 12-month total for Dec, 2000 and bi weekly leak detection log.

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: Pau-Sheng Lill

Inspector's Signature: Pau-Sheng Lill

Phone Number: 464-4422

ASGP

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION COMPLAINT/DISCOVERY

AIRS ID#: 1030343 Date: 12/21/00 TIME IN: 10:30AM TIME OUT: 10:50AM
FACILITY NAME: Campus Walk Cleaners
FACILITY LOCATION: 2551 Drew Street,, Unit 103
Clearwater, FL, 33765
RESPONSIBLE OFFICIAL: Daniel Lombardo PHONE: (727) 797-7081
CONTACT: Daniel Lombardo PHONE: (727) 797-7081

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. No notification form
 Drop store / out of business / petroleum
1. Existing small area source
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(Constructed before 12/9/91)
2. New small area source
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(Constructed on or after 12/9/91)
3. Existing large area source
dry-to-dry only, 140 < x < 2,100 gal/yr
transfer only, 200 < x < 1,800 gal/yr
both types, 140 < x < 1,800 gal/yr
(Constructed before 12/9/91)
4. New large area source
dry-to-dry only, 140 < x < 2,100 gal/yr
transfer only, 200 < x < 1,800 gal/yr
both types, 140 < x < 1,800 gal/yr
(Constructed on or after 12/9/91)
This is a correct facility classification: Y N Can not determine
If no, please check the appropriate classification:
 facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 3500 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

- | | | | |
|--|----------------------------|----------------------------|-----------------------------|
| 1. Equipped all machines with the appropriate vent controls? | <input 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? Not required before 1999
 Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?
Is the temperature differential equal to or greater than 20° F? Y N NA
 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?
Is the perc concentration equal to or less than 100 ppm? Y N NA
 Y N NA
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc. concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 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?
Problem corrected? Y N NA
 Y N NA
8. Maintained compliance plan, if applicable? Y N NA

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? *The facility missed one bi-weekly leak inspection.* Y N

2. Has the facility maintained a leak log? *psl 12/21/00* Y N

3. Does the responsible official check the following areas for leaks:

- | | | | |
|---|--|--------------------------|--|
| Hose connections, fitting couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Diverter valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Cartridge Filter housing | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | |

4. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent of exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector

If using direct-reading instrumentation, is the equipment:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm. Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only). Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use. *NA* Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Pou-sheng Liu
Inspector's Name (Please Print)

12/21/00
Date of Inspection

Pou-sheng Liu
Inspector's Signature

6/21/00
Approximate Date of Next Inspection

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
AUG 20 2001
Bureau of Air Monitoring
Mobile Sources

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	PGA CAMPUS WALK CLEANERS / LOEHMANN'S PLAZA CLEANERS INC.	
2. Site Name (For example, plant name or number):	CAMPUS WALK CLEANERS	
3. Hazardous Waste Generator Identification Number:	FLD 984 250 423	
4. Facility Location:	e	
Street Address:	2551 DREW ST STE. 103	
City:	County:	Zip Code:
CLEARWATER	PINELLAS	33765
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1030343-000	

Responsible Official

6. Name and Title of Responsible Official:		
Name:	Daniel Lombardo	Title: OWNER/PRESIDENT
7. Responsible Official Mailing Address:		
Organization/Firm:		
Street Address:	2551 DREW ST. STE 103	
City:	County:	Zip Code:
CLEARWATER	PINELLAS	33765
8. Responsible Official Telephone Number:		
Telephone:	(727) 797-7081	Fax: (727) 797-7081

Facility Contact (If different from Responsible Official)

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

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site?

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
<u>1986</u>	Existing/ New	RC /CA/None required	1986 <u>1996</u>
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

How many dryers/reclaimers do you have on-site?

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

55 gallons (You must fill this in)

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

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

New store: New machine

Unopened store (date of expected opening _____)

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)

- Small Area Source
- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
 - Transfer only on-site (used less than 200 gallons of perc per year)
 - Both machine types on-site (used less than 140 gallons of perc per year)
- Large Area Source
- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
 - Transfer only on-site (used 200 - 1,800 gallons of perc per year)
 - Both machine types on-site (used 140 - 1,800 gallons of perc per year)

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

- | | |
|--|---|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input checked="" type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input type="checkbox"/> |

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

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

How many boilers do you have on-site?

For each boiler, indicate its horsepower (HP) rating:

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) _____

6. Equipment Monitoring and Recordkeeping Information

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

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring N/A
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

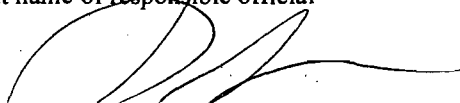
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

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.

Daniel Lombardo
Print name of responsible official


Signature

8/17/01
Date

IMPORTANT

A facility is eligible to operate under a Title V air general permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate with an air Title V general permit

- If you wish to **continue** your entitlement, please complete the enclosed notification form and return it to the Department of Environmental Protection at the address included with the notification form. A fee is not required with this notification submittal

- If you are a new owner, please check this and return this form with your completed notification form.

- If you are a **new RO** (Responsible Official), and/or your existing business has **moved** to a new location, please check this box and return this form with your completed notification form.

- If you **do not** wish to continue your **eligibility**, please disregard this notice.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400781

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 ✓

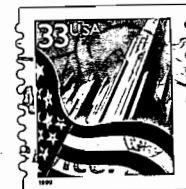
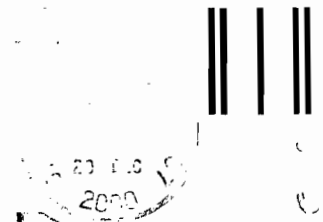
Do **NOT** Remove Label

AIRS ID # 1030343
CAMPUS WALK CLEANERS
DANIEL LOMBARDO
2551 DREW ST STE 103
CLEARWATER FL 33765

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

RECEIVED
MAIL ROOM
DEC 22 10 31 AM

CAMPUS WALK CLEANERS
CAMPUS WALK PLAZA
2551 DREW ST. STE. 103
CLEARWATER, FL 33765



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

323153070





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413728 FEB 1 2002

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 # 1030343 CAMPUS WALK CLEANERS DANIEL LOMBARDO 2551 DREW ST STE 103 CLEARWATER FL 33765
--

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273
--



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

425744 MAR14 2003

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

~~4~~
TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#1030343
CAMPUS WALK CLEANERS
DANIEL LOMBARDO
2551 DREW ST STE 103
CLEARWATER FL
33765

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

RECEIVED
MAR 17 2003
Bureau of Air Monitoring
& Mobile Sources

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

7001 0320 0001 7976 6744

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

[Handwritten Signature]
 Postmark
 Date

AIRS ID#1030343

Sent To **CAMPUS WALK CLEANERS**
DANIEL LOMBARDO
 Street, Apt. No.,
 or PO Box No. **2551 DREW ST STE 103**
 City, State, ZIP **CLEARWATER FL**
33765

PS Form 3800

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

AIRS ID#1030343

CAMPUS WALK CLEANERS
DANIEL LOMBARDO
2551 DREW ST STE 103
CLEARWATER FL
33765

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* **Daniel Lombardo** B. Date of Delivery **2-7-03**

C. Signature *[Handwritten Signature]* Agent
 Addressee

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

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

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

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

7001 0320 0001 7976 6744

UNITED STATES POSTAL SERVICE



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

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

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

Division of Air Monitoring
for Mobile Sources

FEB 10 2003

RECEIVED



7003 0500 0004 0144 8273

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

2nd Cx
Postmark Here
2003

AIRS ID #1030343

Total Pct

Sent To DANIEL LOMBARDO
 Street, Apt or PO Box CAMPUS WALK CLEANERS
 2551 DREW ST STE 103
 City, State CLEARWATER, FL 33765

PS Form 3800, June 2002

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

AIRS ID #1030343
 DANIEL LOMBARDO
 CAMPUS WALK CLEANERS
 2551 DREW ST STE 103
 CLEARWATER, FL 33765

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
x Tiffany Jones Addressee

B. Received by (Printed Name) C. Date of Delivery
Tiffany Jones 3-6-04

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

7003 0500 0004 0144 8273

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air Monitoring

MAR 9 2004

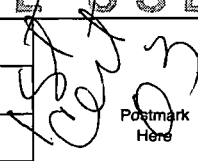
RECEIVED

9806 9806 0595 5650 9806
7003 2260 0003 5650 9806

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			

Total Postage ID# 1030343
 DANIEL LOMBARDO
 CAMPUS WALK CLEANERS
 2551 DREW ST STE 103
 CLEARWATER, FL 33765

Sent To
 Street, Apt. No.
 or PO Box No
 City, State, Zi.

PS Form 3800 June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ID#:1030343
 DANIEL LOMBARDO
 CAMPUS WALK CLEANERS
 2551 DREW ST STE 103
 CLEARWATER, FL 33765

2. Article Number
 (Transfer from service label)

7003 2260 0003 5650 9806

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X  Agent
 Addressee

B. Received by (Printed Name)
 Ronald Collier

C. Date of Delivery
 2/6/04

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

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

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



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

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

Bureau of Air Monitoring
& Mobile Sources

FEB 11 2004

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

ED

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0001 7976 7673

OFFICIAL USE

Postage	\$	<i>and notice</i> Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

AIRS ID#1030343

CAMPUS WALK CLEANERS
 DANIEL LOMBARDO
 2551 DREW ST STE 103
 CLEARWATER FL
 33765

PS Form 3800, January 2001

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

AIRS ID#1030343

CAMPUS WALK CLEANERS
 DANIEL LOMBARDO
 2551 DREW ST STE 103
 CLEARWATER FL
 33765

COMPLETE THIS SECTION ON DELIVERY

A. Signature <i>Charlotte Jung</i>	<input type="checkbox"/> Agent
B. Received by (Printed Name) <i>Charlotte Jung</i>	<input type="checkbox"/> Addressee
C. Date of Delivery <i>July 3-10</i>	
D. Is delivery address different from item 1? If YES, enter delivery address below	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Service Type

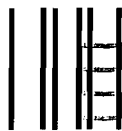
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

7001 0320 0001 7976 7673

UNITED STATES POSTAL SERVICE



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

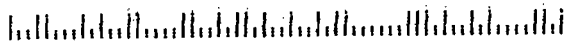
• Sender: Please print your name, address, and ZIP+4 in this box •

BUREAU OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2500 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

MAR 24 2003

RECEIVED



U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7001 1140 0001 7556 3579

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage &	ATKS ID # 1030343

Handwritten: 803
 Postmark Here

Sent To

Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+

CAMPUS WALK CLEANERS
 DANIEL LOMBARDO
 2551 DREW ST STE 103
 CLEARWATER, FL 33765

PS Form 3811, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ATKS ID # 1030343
 CAMPUS WALK CLEANERS
 DANIEL LOMBARDO
 2551 DREW ST STE 103
 CLEARWATER, FL 33765
1030343

2. Article Number
 (Transfer from service label)

7001 1140 0001 7556 3579

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
x Tiffany Addressee

B. Received by (Printed Name) C. Date of Delivery
Tiffany 4-3-04

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

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

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



POSTAGE WILL BE PAID BY ADDRESSEE
FIRST CLASS PERMIT NO. G-10
PETERSBURG, FL 337

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

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

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

Bureau of Air Monitoring
& Mobile Sources

APR 5 2004

RECEIVED

