

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 30, 1997

Mr. Michael T. Grubbs President Pacer, Inc. 2300 9th Street North St. Petersburg, Florida 33704

Re: Facility I.D. No. 1030344

Dear Mr. Grubbs:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 5, 1996.

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, Florida 32399-2400

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Louis Fernandez, Southwest District

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

From:

Sent:

Landrum, AnneMarie Thursday, February 14, 2002 8:26 AM Bowman, Sandy

To: Cc:

Subject:

George, Jared DDN 413957

Good morning Sandy:

After looking at my copies in the 2/11/02 deposit folder, I see that there was a hand written note attached to the invoice which reads: We have a 3rd location at 6111 10th Street North, St. Petersburg, Fl.. The note was paper clipped to the invoice; it SHOULD still be there. Let me know if you need me to make a copy of my copy to send to you.

Anne Marie Landrum Accountant 1

From:

Bowman, Sandy

Sent:

Wednesday, February 13, 2002 2:17 PM

To:

Subject:

George, Jared FW: RE: Cashlisting for 11-feb-2002

-----Original Message-----

From:

Bowman, Sandy

Sent:

Wednesday, February 13, 2002 2:13 PM

To:

Barfoot, Heath

Subject:

RE: Cashlisting for 11-feb-2002

Heath,

I received a cashlisting today that lists 3 \$50.00 payments for 3 separate Pacer Inc facilities. The DDN for all three facilities is 413957. I have the blue receipts for two of the facilities (Value Cleaners), but did not receive any documentation for the third. With out any documentation, I do not know which of there other facility to apply the third \$50 payment.

Sandy Bowman Environmental Consultant DEP-Division of Air Resource Management (850)921-9583 or SUNCOM 291-9583 E-Mail: Sandy.Bowman@dep.state.fl.us

From:

Sent:

Bowman, Sandy Wednesday, February 13, 2002 2:12 PM

To:

'jmorris@co.pinellas.fl.us'

Subject:

RE: Pacer Inc.

Hey Jeff!

We received a little sticky note attached to an invoice receipt from PACER INC that they have a third facility for which they paid the \$50.00 fee. The facility is AIRS ID #1030346. We have this facility identified as INACTIVE in the database. Do you know if this facility has recently changed their status?

Thanks for any information you may have on this.

Sandy

Sandy Bowman Environmental Consultant DEP-Division of Air Resource Management (850)921-9583 or SUNCOM 291-9583 E-Mail: Sandy.Bowman@dep.state.fl.us

From:

Sent:

Bowman, Sandy Thursday, February 14, 2002 10:11 AM 'jmorris@co.pinellas.fl.us'

To:

Subject:

RE: Pacer

OOPS! I gave you the wrong AIRS ID # in the previous email I sent you concerning Pacer IN. The correct ID# is 1030344 (not 1030346). ARMS indicates this facility is now using petroleum.

Pacer Inc has apparently sent in payments for 3 facilities. We have invoice receipts for AIRS #'s 1030466 and 0571086. The only clue to the third payment is the note stating that there is a third facility located at 6111 10th Street North in St. Petersburg.

If this facility is still using petroleum, then I can refund the \$50.00.

Thank you. Happy Valentines Day!

Sandy

Sandy Bowman Environmental Consultant DEEP-Division of Air Resource Management (850)921-9583 or SUNCOM 291-9583 E-Mail: Sandy.Bowman@dep.state.fl.us

From: Jeff Morris [jmorris@co.pinellas.fl.us]

Sent: Thursday, February 14, 2002 10:59 AM

To: Bowman, Sandy

Subject: RE: Pacer

Hey Sandy,

Happy Valentine's Day to you tool

Pacer, Inc. (1030344) is indeed classified as Pertrolium Dry Cleaner. The facility switched over December, 1999.

Take Care. May your day be filled with roses.

>>> "Bowman, Sandy" <Sandy.Bowman@dep.state.fl.us> 02/14/02 10:11AM >>> OOPS! I gave you the wrong AIRS ID # in the previous email I sent you concerning Pacer IN. The correct ID# is 1030344 (not 1030346). ARMS indicates this facility is now using petroleum.

Pacer Inc has apparently sent in payments for 3 facilities. We have invoice receipts for AIRS #'s 1030466 and 0571086. The only clue to the third payment is the note stating that there is a third facility located at 6111 10th Street North in St. Petersburg.

If this facility is still using petroleum, then I can refund the \$50.00.

Thank you. Happy Valentines Day!

Sandy

Sandy Bowman
Environmental Consultant
DEEP-Division of Air Resource Management
(850)921-9583 or SUNCOM 291-9583
E-Mail: Sandy.Bowman@dep.state.fl.us



1800 4th Street North St. Petersburg, FL 33704 Phone: (727) 822-3159

Fax: (727) 822-1607

Title V Air General Permits Receipts P.O. Box 3070
Tallahassee FL 32315-3070

RE: Pacer Inc. d/b/a Sterling Cleaners/Value Cleaners

Enclosed are two permit renewals, and a check for three permit renewals. We need to renew for three locations, however I cannot tell which location is missing.

In the past, we had four permits but our location at 2300 9th Street North was completely lost in a fire on October 29, 1999. The locations we are renewing are:

1800 4th Street North, St. Petersburg FL 33704 #1030466 6111 10th Street North, St. Petersburg FL 1030344 4214 Nebraska Avenue, Tampa FL #057/086

Please also change our address to the 4th Street location.

PACER, INC.

Elizabeth Pauley-Wisniewska

Controller

Enclosures

Sterling Cleaners

Quality Without Compromise Since 1946

Value Cleaners
"Best for Less"

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

P= 11672

TYPE OF INSPECTION:

INSPECTOR'S SIGNATURE:

ANNUAL M

COMPLAINT/DISCOVERY

RE-INSPECTION □

7 WW.67 L	TE WELL TO THE TENTE OF THE TEN					
TIME IN: 2:00p.m. TIME OU	T: 3:45p.m. AIRS ID# 1030344 001					
TYPE OF FACILITY: Perchloroethy	lene Dry Cleaner					
FACILITY NAME: Pacer, Inc.	DATE: June 17, 1997					
FACILITY LOCATION: 6111 10th St.	N, St. Petersburg, FL 33703					
RESPONSIBLE OFFICIAL: MICHAEL GR	RUBBS PHONE NUMBER:813 527-5322					
 □ 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: □ COMPLIANCE REQUIREMENT/PROBLEM 						
Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.					
Monthly purchase records were not maintained as a twelve month rolling average.	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a twelve month rolling average.					
Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site.	If no specific procedures are available from the manufacturer, develop a SSM plan that describes procedure for maintaining and operating equipment during periods of start-up and shutdown associated with a malfunction. EPA's O&M manual may be used if no manufacturers information is available. Keep log of maintenance actions					
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.					
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.					
The Annual Compliance Certification form has been properly certified and submitted to the inspector. OATE OF NEXT INSPECTION: (Approximate)						
INSPECTION CONDUCTED BY:	(Please Print)					

Page 1 of 2

Revised 10/96

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL IN	COMPLAINT/DISCO	VERY 🗆	RE-INSPE	CTION 🗆
TIME IN: 2:00p.m. TIME OU	JT: 3:45p.m.	AIRS II	D# 10303	44 001
TYPE OF FACILITY: Perchloroethy	lene Dry Cleaner			
FACILITY NAME: Pacer, Inc.	_	DATI	E: June 17,	1997
FACILITY LOCATION: 6111 10th St.	N, St. Petersburg, I	-L 33703		
RESPONSIBLE OFFICIAL: MICHAEL GI	RUBBS	PHONE NUM	BER: 813 52	27-5322
 □ Based of the results of the compliance re to be in compliance with DEP Rule 62-2 □ Based on the results of the compliance re compliance discrepancies were noted: 	13.300, Florida Admin	istrative Code (F.	.A.C.).	•
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 impler and record the outle temperature, measur not exceed 45°F.	t temperature on	a weekly ba	sis. The
Comments:				
The Annual Compliance Certification form has been prop DATE OF NEXT INSPECTION:	perly certified and submitted	to the inspector.	Yes ⊠	No □
INSPECTION'S SIGNATURE:	Jeff (Pleas	oximate) Word ENUMBER: 4	15 64-44	

Revised 10/96

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Pacer, Inc.
2. Site Name (For example, plant name or number):
Oand Ave
3. Hazardous Waste Generator Identification Number:
FLD 98a 17a 355
4. Facility Location: Street Address: 6111 10th Street North
Street Address: 6111 [U'' 5TY eet 1001 th
City's Petersburg County: Dinellas Zip Code: 33703
5: Facility Identification Number (DEP Use):
1030344 - 1402816-
Responsible Official
6. Name and Title of Responsible Official:
Michael T. Corubs President
1 /. Responsible Official Mailing Address:
Organization/Firm: PACEY Inc. Street Address: 2300 9th Street North
City: Daters DVS County: PINCLES Zip Code: 3704
St. Potersons Pinellas
8. Responsible Official Telephone Number:
Telephone: (83)822 - 3159 Fax: (83)822 - 1687
Facility Contact (If different from Responsible Official)
Name and Title of Facility Contact (For example, plant manager):
Elizabeth Wisnieusta
10. Facility Contact Address: 2300 2th Street North
Street Address:
Street Address: Petersbow County: Pivellas Zip Code: 33704
11. Facility Contact Telephone Number:
Telephone: (913)922 - 3155 Fax: (915) 922 - 1607
RECEIVED
RECEIVED

5 1996 SEP

Bureau of Air Monitoring & Mobile Sources

#1030344

	62 nd Ave.
	-spoke with Elizabeth Wisnieuska 10/4/96
	9.add title-Controller
P.14	3. Should be new large area
P.15	4. Should be new large area Source W/refria. con.
	5.(d) not required, mark out
1	

(y V)

474 1 224

State of the graph of the state of the state

Facility Information

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

Type of Machine	lD	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	41	1	State Control						
✓ (1) w/ ref. condenser		5/93	5/93						,
(2) w/ carbon adsorber		3193	5193			-			
(3) w/ no controls									
Washer Unit			Tarraya, Tarraya						
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	- 13 Av		State Aldren	(Satural)	All Training of Earlies on a	41 F 52V 2 1 1	1		
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit			gradjanici (ve	Ar Str	Girant Const		٠.٠	ing the state of t	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [] gallons (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []									
What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi	cation only.) Ne	ew sm	nitions found nall area sour ge area sour	ce [(3) of	Part II?	
						·			

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

What control technology is required on machines pursuant to section (5) of Part II of this notificat (Indicate with an "X".)	ion form?
Existing large area source Carbon adsorber Refrigerated condenser	
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be eligible to use the general perm to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the foll exemption criteria or that no such units exist on-site: All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curte	owing less (298
during which propane or fuel oil containing no more than one percent sulfur is fired.	<i>annen</i>
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping Information	
Check all logs which are required to be kept on-site in accordance with the requirements of this gene	ral permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring (d) Carbon adsorber exhaust perc concentration monitoring (e) Instrument calibration	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

Surrender of Existing Air Permit(s)

Please indicate	with an "X" the appropriate selection:					
	l hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)					
No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification					
this notific statements maintain i	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.					
I will pron	nptly notify the Department of any changes to the information contained in this notification.					
Signature	$\frac{2hl}{2h}$ $\frac{q/1/96}{Date}$					

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	COMPLIANCE	NSPECTION C	HECKLIST		
TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	и п	COMPLAINT/DISC	COVERY	.
	id-insi Lerio	.,			
AIRS ID#: 10303	44 TIME 1	IN: 1:50			
FACILITY NAME:	Sterline	a Cle	aners,	Ph#527	-5322)
FACILITY LOCATION:	1	Inth	Still		, ,
TACIBITY EOCATION.	- · · · · · · · · · · · · · · · · · · ·		E	2006	
	Str.	eterst	uco, rc	3376	ا
		A. MAN. (1997)			
PART I: NOTIFICATION					
(check appropriate box)					,
1. Existing facility notified DAF	RM by 9/1/96°				u
2. New facility notified DARM	30 days prior to star	tup			
3. Facility failed to notify DARM	M to use general per	mit			
	(40 Hts.)				
PART II: CLASSIFICATION		-			
Facility indicated on notification	on form that it is:				
(check appropriate box)					
Α.					
1. Existing small area source dry-to-dry only, x<140 gal/yr		2. New small a dry-to-dry only,			
transfer only, x<200 gal/yr		transfer only, x	<200 gal/yr		1
both types, x<140 gal/yr (constructed before 12/9/91)		both types, x<1	10 gal/ут or after 12/9/91)		`
(constructed before 12/9/91)		(constructed on	or arter 12/9/91)		
3. Existing large area source		4. New large a			
dry-to-dry only, 140 <x<2, 10="" 200<x<1,800="" g<="" only,="" td="" transfer=""><td></td><td></td><td>140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" td="" yr<=""><td></td><td>·</td></x<1,800></x<2,></td></x<2,>			140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" td="" yr<=""><td></td><td>·</td></x<1,800></x<2,>		·
both types, 140 <x<1,800 <="" gal="" td=""><td></td><td>both types, 140</td><td><x<1,800 gal="" td="" ут<=""><td></td><td></td></x<1,800></td></x<1,800>		both types, 140	<x<1,800 gal="" td="" ут<=""><td></td><td></td></x<1,800>		
(constructed before 12/9/91)		(constructed on	or after 12/9/91)		
This is a correct facility classific	cation	MO A		•	
If no, please check the appropria	ate classification:			•	
	ed for a general pern				
☐ facility exceeds	s above limits and is	not eligible for a	general permit		
B. The total quantity of perchlor	roethylene (perc) pu	rchased within th	ne preceding 12 month	s by this dry	cleaning
facility was <u>65</u> gallons.		•			

BEST AVAILABLE COPY

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

Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
Is the temperature differential equal to or greater than 20° F?	OY ON
3. Measured and recorded the perc concentration in the exhaust stream weekly	
at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	A/AC NO YO
Is the perc concentration equal to or less than 100 ppm?	ОУ ОИ
4. Assured that the sampling port on the carbon adsorber exhaust for measuring	
perc concentrations is at least 8 duct than eters 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?	ПА -ПИ
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual	
condenser coits?	A/MD ND YD
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	OY N
2. Maintained rolling monthly averages of perc consumption?	OY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	CIY ON
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	,
and parts installed w/in 5 days of receipt?	DY MN
4. Maintained calibration data? (for direct reading instruments only)	DY DN DN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON N/A
6. Maintained startup/shutdown/malfunction plan?	DY DAY
7. Maintained deviation reports?	DY MN
Problem corrected?	OY ON
8. Maintained compliance plan, if applicable?	CIY ON DAN/A
PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	ØY □N
2. Which method of detection is used by the responsible official?	
Visual examination (condensed solvent on exterior surfaces)	\(\text{\def}\)
Physical detection (airflow felt through gaskets)	텔 · _/
Odor (noticeable perc odor)	M

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

BEST AVAILABLE COPY

If using direct-reading instrumentation, is the equipment:							
 Capable of detecting p 	erc vapo	or concentrations in	n a range of 0-500 ppm?		IN		
b. Calibrated against, a standard gas prior to and after each use (PID/FID only)?							
c. Inspector for leaks and obvious signs of wear on a weekly basis?							
d. Kept in a clean and se	cure are	a when not in use?	,	OY C	IN		
e. Verified for accuracy	by use of	duplicate samples	(calorimetric only)?	OY C	IŊ		
3. Has the facility maintained a leak log?			M	YOY O	M		
4. The following areas should be checked	for leaks	by the inspector:					
	Leak I	Detected?		Leak D	etected?		
Hose connections, fittings, couplings, and valves				ΠY	DN		
Door gaskets and seating DY M Stills				ΠY	ØN		
Filter gaskets and scating				ΠY	CAN		
Pumps	Ο̈́Υ	ØN	Diverter valves	\Box Y	COAT		
Solvent tanks and containers	\Box Y	MN	Cartridge filter housings	ΩY	RIN		
Water separators	ΩY	CON	·				
Matthew Blaine							
Name of Responsible Official							
Jestines/17/97							
Inspector's Name Please Prin	t)		Date of Inspe	ction			

ADDITIONAL SITE INFORMATION:

Renzacci 4810 Capacity Clean fro 440 Secia 1# 10300

- No maintenance of perc reccipts.
- No rolling monthly overage
- No leak log
- No weekly temperature sensor
- No SSM plan
- No Temperature Sensor accuracy letter.
- Purchase receipts located at 2300 9th St. N
- Facility has prefiltration for waste water. Meg Evap super system
 - Fulton boiler 15 hp Natural gos Fired,
 - Consultant is hired to monitor equipment.

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

		•		
TYPE OF INSPECTION:	ANNUAL 🗆	COMPLAINT/DISCOVE	RY 🗆 R	E-INSPECTION M
TIME IN: 10:35 a.m.	TIME OU	JT: 11:55 a.m.	AIRS ID#	1030344 001
TYPE OF FACILITY:	Perchloroethyle	ne Dry Cleaner	•	
FACILITY NAME:	Sterling Clean	ers	DATE: Sep	otember 25, 1997
FACILITY LOCATION:	6111 10th St. N	, St. Petersburg, FL	33703	
RESPONSIBLE OFFICIAL	: Michael Grubb	s PHO	ONE NUMBER:	(813) 527-5322
to be in compliance wi	th DEP Rule 62-213 the compliance requ	irements evaluated durin .300, Florida Administra airements evaluated durin	ative Code (F.A.C	C.).
Did not measure and record to temperature of the refrigerate the dry-to-dry machine (drye weekly basis.	ed condenser on	Develop and implement and record the outlet tentemperature, measured not exceed 45°F.	mperature on a w	eekly basis. The
Comments: The facility will need to provirefrigerated condenser.	1030	perature sensor is on the 344		de of the

The Annual Compliance Certification form has been properly certified and submitted to the inspector. Yes No DATE OF NEXT INSPECTION:

October 9, 1997

(Approximate)

INSPECTION CONDUCTED BY:

INSPECTOR'S SIGNATURE:

PHONE NUMBER: 464-4422

Page <u>2</u> of <u>2</u>

Revised 10/96

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL []	COMPLAINT/[DISCOVERY []	RE-INSPECTION M
TIME IN: 10:35 a.m. T	IME OUT: 11:55 a.m.	AIRS	ID# 1030344 001
TYPE OF FACILITY: Perchlore	oethylene Dry Clean	er	
FACILITY NAME: Sterling	Cleaners	DATI	E: September 25, 1997
FACILITY LOCATION: 6111 10	th St. N, St. Petersbu	urg, FL 33703	
RESPONSIBLE OFFICIAL: Michael	Grubbs	PHONE NUMI	BER:(813) 527-5322
☐ Based of the results of the complianto be in compliance with DEP Rule Based on the results of the compliance compliance discrepancies were not	e 62-213.300, Florida A ince requirements evalu	dministrative Code (F.A.C.).
Did not measure and record the outlet temperature of the refrigerated condenser the dry-to-dry machine (dryer, reclaimer) weekly basis.	on and record the	outlet temperature oneasured at the end o	ng program. Measure n a weekly basis. The f the drying cycle, must
Comments: The facility will need to provide proof that refrigerated condenser.	t the temperature sensor	is on the outlet exha	oust side of the
The Annual Compliance Certification form has been DATE OF NEXT INSPECTION:		er 9, 1997 (Approximate)	Yes ☑ No □
INSPECTION CONDUCTED BY:	J	Please Print)	
INSPECTOR'S SIGNATURE:	y homes PI	HONE NUMBER: <u>40</u>	64-4422

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	ON U
AIRS ID#: 1030344 DATE: 9/25 FACILITY NAME: Sterling FACILITY LOCATION: 6 (1)	197 TIME IN: 10:350 TIME OUT: 11:550 TO Cleaners The St N
St Pet	Grubbs PHONE: 527-5322
	aine PHONE: 527-5322
PART I: NOTIFICATION	
(check appropriate box) 1. New facility notified DARM 30 days prior to sta 2. Facility failed to notify DARM to use general pe	
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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	MY □N □Can not determine
	cation: neral permit as number above nits and is not cligible for a general permit
B. The total quantity of perchloroethylene (perc) pufacility was 339 gallons.	urchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) ON ON/A 1. Storing perchloroethylene in tightly scaled and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the MY UN UNA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated records not on-site) condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

מ	Has the responsible official of an existing large or new large area source also:			
ь.	That the responsible official of an existing farge of her farge 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? (records, not on site	Ð	ØN,	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПΥ	DN	-DN/A
	Is the temperature differential equal to or greater than 20° F?	ŪΥ	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is yenting to the adsorber,			
	if machines are equipped with a carbon adsorber?	$\Box Y$	ND	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box Y$	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duet 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?	ΟY	ПŅ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩΥ	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΔY	ИΩ	□N/A

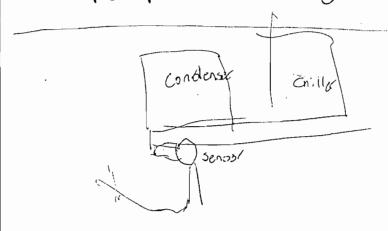
PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	AN ON				
2. Maintained rolling monthly averages of perc consumption? (rolling ave not ind)	DY QN				
3. Maintained leak detection inspection and repair reports for the following:	,				
a. documentation of leaks repaired w/in 24 hrs? or;	DY WIN DN/A				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ב/אֹם אשׁ עם				
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN BN/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	אואס אם אם אם				
6. Maintained startup/shutdown/malfunction plan?	DY MAN				
7. Maintained deviation reports? (Devito)	MY ON ON/A				
Problem corrected?	DY ON ON/A				
8. Maintained compliance plan, if applicable?	DY ON MINIA				

PART V	I: LEAK DETECTION AND R	EPAIRS	\			
1. Does	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspe	inspection?					
2. Has t	he facility maintained a leak log?				DY N	
3. Does	the responsible official check the fe	ollowing ar	eas for leaks?			
	Hose connections, fittings, couplings, and valves	DY WN	□N/A	Muck cookers	OY 00/1 O1	N/A
	Door gaskets and seating	DY GN	□N/A	Stills	DY DN DI	N/A
	Filter gaskets and seating	DY MN	□N/A	Exhaust dampers	DY EN DI	N/A
	Pumps	DY GN	□N/A	Diverter valves	DY ON DI	V/A
	Solvent tanks and containers	DY MY	□N/A	Cartridge filter housings	OY ON O	√/A
	Water separators	OY EM	□N/A			
4. Whic	h method of detection is used by th	e responsib	le official?			
	Visual examination (condensed so	lvent on ex	terior surfaces)		Ū.	
	Physical detection (airflow felt thro	ough gaske	ts)		Z,	
Odor (noticeable perc odor)				ब्		
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?				OY ON		
	b. Calibrated against a str	andard gas	prior to and at	ereach use		
	(PID/FID only)?	W 08	11000		OY ON	
	c. Inspected for leaks and		1		OY ON	
	d. Kept in a clear and sec				OA ON	
	e. Verified for accuracy b	y use of du	plicate samples	(calorimetric only)?	DY DN	
	and the second s	_				
			,	,		
	Jeff Morr	<u>.</u>		9/25/	97	
Inspector's Name (Please Print) Date of Inspection						
10/8/97						
	Inspector's Signature Approximate Date of Next Inspection				1	

ADDITIONAL SITE INFORMATION:

Renzacci 48 lb capacity Mobil # Clean Pro 44019 Ser# 10300 Mfg:

- No operations manual (ordered from Gene Rutherford)
 - Need verification that temperature Sensor is on the butlet exhaust of the refrigerated condenses
 - No verification design accuracy of temp. sensor.
 - rolling avg. not maintained from June 97 - Sept 97
 - Leak log not on site. Needs to be on site.
 - Temp sensor log not on site.



BEST AVAILABLE COPY #1030341

RECEIVED

•.		••	
	CAC Dry Clea	aners of	C 5 1997
* The second sec		arl Hawkins— &	of Air Monitoring
	-spoke with a	arl Hawkins- &	Mobile Sources
F	10/4/96		lustreis
· s D.	.13 4 add title-	-Owner	
/		RECEIV	FD
\mathcal{D} .	15 5(f) required	AUG 2 5 1	997
	, , , , , , , , , , , , , , , , , , ,	AIR QUA	LITY
4.		Allian	33774

5.			_30349 ·
	e over the set of the		760.000
The Property of the Street			
FO		redgements #Facebooks and compared to the comp	
6		and a substant of the substant	-
7.	d for the forms of the companion of the security and the		and Auditor
		enthinosta minorolysponido (17 parts 1804 de 1804), y acerbando provincio appellar moto apresante e bajor so ministro	Code: 3774
	Comments of the Advice to the Control of the Contro		33///
8.			173
		e and the statement and the statement will be addressed and the state of the statement and the statement and the	
		andrometry and the appropriate the transfer to the contract to the contract to the contract to the contract to	MAN NA AS IN
	. (For over	nle plant manager):	
9. Name	e and Title of Facility Contact (For exam	pic, plant mans 8	
	Carl D. Nawbins		
10. Facili	ity Contact Address: Address: /4/00 Walsing Co Largo FL Ity Contact Telephone Number:	sham Rd Unet #1	
Street	it Address: 14/00 White S	unty:	ode: 33774
City:	Largo the	fenellas	
1	lity Contact Telephone Number:	Fax: (813) 593	ヘルフラ

RECEIVED

SEP 5 1996

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

Bureau of Air Monitoring & Mobile Sources

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification

DEC 5 1997

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
C+C Dry Cleanus Dir of Hawkin Industries
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 14100 Walsingham Rid, Unit #1 City: Large 10 County: Ft Ginellas Zip Code: 33774
4. Facility Location:
Street Address: 14/00 Wallsmykam Ku , was 7 in Code: 22 17/1
City: Largo H County: Ft Ginellas Zip Code: 33774
5. Facility Identification Number (DEP Use):
1030349
Responsible Official
6. Name and Title of Responsible Official:
7. Responsible Official Mailing Address:
7. Responsible Official Mailing Address: Organization/Firm: CYE Dry Cleanus Dir Hauthin Ind. Street Address: 14100 Waldingham Rd Unit #1 City: Largo II County: Finellas Zip Code: 33774
Street Address: (1) as I De Col Mait #1
City: L County: \(Zip Code:
City: Largo Flancellas Zip Code: 33774
8. Responsible Official Telephone Number:
Telephone: (813) 596-1983 Fax: (813) 593-0173
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
Carl L. Hawkins
10. Facility Contact Address:
Street Address: 14/00 Walsingham Rd Unit #1
Street Address: 14100 Walsingham Rd Unit #1 City: Largo Fl County: Zip Code: 11 Facility Confact Telephone Number: 12 Facility Confact Telephone Number:
O 2 CO2
Telephone: (313) 596-1983 Fax: (813) 593-0173

RECEIVED

SEP 5 1996

Befor Dec 8 1991

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#]	03 <u>-OCT</u> -93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR
Dry-to-Dry Unit						*			
(1) w/ ref. condenser	1	03 TUNS	302FEBS	14					
(2) w/ carbon adsorber						ļ			-
(3) w/ no controls		<u> </u>							
Washer Unit (4) w/ ref. condenser		· ·	1	_		1	1		1
(5) w/ carbon adsorber		_		<u> </u>					
(6) w/ no controls									
Dryer Unit						<u>. </u>		<u>'</u>	
(7) w/ ref. condenser				Ι					
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	12	•						•	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 mont Check why it is less 3. What is the facility's so	are required are r	equired to be ity of perchlo ons ow many? [_ 12 months:	installed [] months New owner:	perc)	purchased i	:: [] Did	not k	eep records:	
(Indicate with an "X". Existing small ar			-		nall area sou	rce [1		
Existing large are					rge area sour	•	י ו		
2/00 Jal	-u 30			Iu.	.50 a.0a 30al	I <u> </u>	. J		

140

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Default Dat 08-Dec-91

(Indicate with an "X".)	les pursuant to section (5) of the	Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser	ıΧ
New small area source Refrigerated condenser []		
New large area source Refrigerated condenser []		
5. A facility which contains non-exempt emission to Rule 62-213.300, F.A.C. Verify that all steam exemption criteria or that no such units exist on-s	and hot water generating unit	
All steam and hot water generating units on-site (boiler HP or less), and (2) are fired exclusively by during which propane or fuel oil containing no m	y natural gas except for perio	ods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	<u>×</u>	
Equipment Monitorin	g and Recordkeeping Infor	mation
Check all logs which are required to be kept on-si	ite in accordance with the req	uirements of this general permit:
(a) Purchase receipts and solvent purchases		[<u>X</u>]
(b) Leak detection inspection and repair		[*]
(c) Refrigerated condenser temperature monitorin	g	LX)
(d) Carbon adsorber exhaust perc concentration m	nonitoring	
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction plan		

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

Surrender of Existing Air Permit(s)

Please indica	ate with an "X" the appropriate selection:					
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)					
X	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification					
	-					
this noti statemei maintaii	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the att made in this notification are true, accurate and complete. Further, I agree to operate and atthe air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.					
I will pr	omptly notify the Department of any changes to the information contained in this notification.					
Signatur	Carl Show Date 11-6.92					
	//					

/	AIRS ID#1030344 PACER INC MICHAEL T GRUBBS 2320 9TH STREET NORTH ST PETERSBURG FL 33704	
ţ	Do NOT Remove Label	
Annual Reporting Period:	1997 to 12/31	<u>}</u>
If NO, complete the following:	A.C.), during the period covered by this statement. YES NO NO 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:	and the second s	
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:		
notification are true, accurate and complete. Fi	ed on information and belief formed after reasonable inquiry, that the statements made in to urther, my annual consumption of perchloroethylene solvent, based upon purchase receipts o dry facilities or 1,800 gallons per year for transfer or combination facilities.	

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.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Sterling Cleaners DATE: 6/17/97
FACILITY LOCATION: 6111 10th St N
St Petersburg, FL 33703
Annual Reporting Period: June 17, 1996 TO June 17, 1997
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Responsible official shall maintain purchase records for perchlorethylene in chronological order. Exact period of non-compliance: from June 17, 1996 to June 17, 1997
Action(s) taken to achieve compliance: Responsible official shall mainte on Isite peanlorethylene purchase recon
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:
Responsible Official shall maintain monthly rolling perchlorethylene average Exact period of non-compliance: from June 17, 1997
Action(s) taken to achieve compliance: Responsible official shall maintain rolling monthly average
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: 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 of discretion of the responsible official to use this form.

Bureau of Air Monite

Bureau of Air Monitoring & Mobile Sources #1030344 Wrong R.O. 0571086

ĺ

••

.

.

.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Sterling Cleaners DATE: 6/47/9:
FACILITY LOCATION: 6111 POTH SEN
St Petersburg, FC 33703
Annual Reporting Period: June 17, 1996 TO June 17, 1997
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Responsible official shall maintain weekly temperature sensor 109: Exact period of non-compliance: from June 17, 1996 to June 17, 1997
Action(s) taken to achieve compliance: Responsible official will maintain temperature sensor 109. 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: Responsible official shall maintain weekly leak 109. Exact period of non-compliance: from Tune 17, 1996 to Tune 17, 1997 Action(s) taken to achieve compliance: Responsible official will maintain weekly leak 109.
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 transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature Date

JUL 2 9 1997

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

AIRS ID#: 1030344

Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Sterling Cleaners DATE: 6/17/97
FACILITY LOCATION: 611 10th St N
St Petersburg, FL 33703
Annual Reporting Period: June 17, 1996 TO June 17, 1997
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Responsible official shall develop and maintain a startup, shutdown for malfunction plan. 1997 Exact period of non-compliance: from June 17, 1996 to June 17, 1997
Action(s) taken to achieve compliance: Method used to demonstrate compliance: DESCUTE SPECATOR'S MONUAL OF
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Responsible official must produce a letter/skhema Verifying that temperature sensof/butlet exhaust of refrige Exact period of non-confidence from ser is accurate \$2.5 to June 17, 1997 Tune 17, 1996
Action(s) taken to achieve compliance: Responsible official will provide letter verifying design acturacy.
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: Name (Please Print) Name (Please Print)

^{*}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.

JUL 2 997

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

		•		
TYPE OF INSPECTION:	ANNUAL 🗆	COMPLAINT/DISCOVERY	□ R	E-INSPECTION 🗹
TIME IN: 10:35 a.m.	TIME O	JT: 11:55 a.m.	AIRS ID#	1030344 001
TYPE OF FACILITY:	Perchloroethyle	ene Dry Cleaner		
FACILITY NAME:	Sterling Clean	ers	DATE: Sep	ptember 25, 1997
FACILITY LOCATION	: 6111 10th St. N	l, St. Petersburg, FL 33	703	
RESPONSIBLE OFFICI	AL: Michael Grubb	PHON	E NUMBER:	(813) 527-5322
to be in compliance	with DEP Rule 62-213 of the compliance req	uirements evaluated during t 3.300, Florida Administrativ uirements evaluated during t	e Code (F.A.C	C.).
Did not measure and reco temperature of the refrige the dry-to-dry machine (d weekly basis.	rated condenser on	Develop and implement a and record the outlet temperature, measured at t not exceed 45°F.	erature on a w	eekly basis. The
Comments: The facility will need to prorefrigerated condenser.	ovide proof that the ten	nperature sensor is on the ou	tlet exhaust si	de of the
The Annual Compliance Certific	cation form has been proper	ly certified and submitted to the in	nspector. Y	es ☑ No □
DATE OF NEXT INSPECTI		October 9 (Approximate) Jeff Mo (Please Print)	997: crís	<u> </u>
INSPECTOR'S SIGNATUR	E. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ONUS PHONE NUME	3ER. 464.	-4422

Page <u>2</u> of <u>2</u>

Revised 10/96

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

	•		
TYPE OF INSPECTION: ANNUAL	COMPLAINT/D	SCOVERY 🗆	RE-INSPECTION 🗹
TIME IN: 10:35 a.m. T	IME OUT: 11:55 a.m.	AIRS II	D# 1030344 001
TYPE OF FACILITY: Perchloro	oethylene Dry Cleane	r	
FACILITY NAME: Sterling	Cleaners	DATE:	September 25, 1997
FACILITY LOCATION: 6111 101	th St. N, St. Petersbu	rg, FL 33703	
RESPONSIBLE OFFICIAL: Michael	Grubbs	PHONE NUMBE	ER:(813) 527-5322
Based of the results of the compliant to be in compliance with DEP Rule Based on the results of the compliance compliance discrepancies were noted.	e 62-213.300, Florida Ad nce requirements evalua	lministrative Code (F.	A.C.).
Did not measure and record the outlet temperature of the refrigerated condenser the dry-to-dry machine (dryer, reclaimer) weekly basis.	on and record the o		
Comments: The facility will need to provide proof that refrigerated condenser.	the temperature sensor i	s on the outlet exhaus	st side of the
	· ·		
The Annual Compliance Certification form has been DATE OF NEXT INSPECTION:		nitted to the inspector. (Approximate)	Yes ☑ No □
INSPECTION CONDUCTED BY:	Je	(Please Print)	
INSPECTOR'S SIGNATURE:	y Konis PH	ONE NUMBER: 469	4-4422

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION RE-INSPECTION	N Q
FACILITY NAME: Sterling FACILITY LOCATION: 6 (1) C St Peter RESPONSIBLE OFFICIAL: Michael	197 TIME IN: 10:35a.m TIME OUT: 11:55am Cleaners Oth St N ershurg; FL 33703 Grubbs PHONE: 527-5322
CONTACT NAME: 10000 DYO	1401.E. <u>021 03 - </u>
PART I: NOTIFICATION	
	·
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
transfer only, x < 200 gal/yr	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)
transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	MY ON OCan not determine
	ation: eral permit as number above its and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pur facility was 339 gallons.	rchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) □N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the □N □N/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated rrecords not on-site) condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the □N □N/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:	<u> </u>		
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? (records, not on site)	ær	€ N	
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ΠN	-DN/A
Is the temperature differential equal to or greater than 20° F?	ÚΥ	ПΝ	□N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is yenting to the adsorber,			
if machines are equipped with a carbon adsorber?			□N/A
Is the perc concentration equal to or less than 100 ppm? 4. Assured that the sampling port on the carbon adsorber exhaust for measuring	ΞY	ПN	□N/A
perc concentrations is at least 8 duet diameters downstream of any bend, contraction, or expansion; is at least 2 duet diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΠY	ΠN	□N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser-coils?	ΠY	DИ	□N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΠN	□N/A

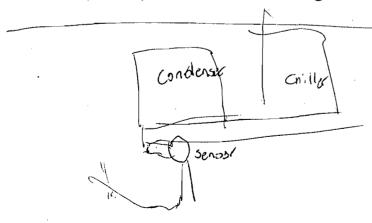
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	MA ON
2. Maintained rolling monthly averages of perc consumption? (rolling and nothing)	DY MN
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or,	DY W DN/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY WN DN/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON DANA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A
6. Maintained startup/shutdown/malfunction plan?	DY WN.
7. Maintained deviation reports? (Deviation)	MY ON ON/A
Problem corrected?	OY ON ON/A
8. Maintained compliance plan, if applicable?	OY ON MIN/A

PART VI: LEAK DETE	CTION AND RE	PAIRS	` _			
1. Does the responsible of	Ticial conduct a we	ekly (for	small sources, b	oi-weekly) leak detection ar	nd rep	air
inspection?				•	ØΥ	A MONTH
2. Has the facility mainta	ined a leak log?				ΩY	MN
3. Does the responsible of	ficial check the fol	lowing ar	eas for leaks?			
Hose connections couplings, and v		DY WN	□N/A	Muck cookers	ΠY	ON/A □N/A
Door gaskets and	seating	DY MN	□N/A	Stills	ΩY	MN DN/A
Filter gaskets and	seating	DY W	□N/A	Exhaust dampers	ΠY	M ON/A
Pumps	I	DY CM	□N/A	Diverter valves	\Box Y	ON ON/A
Solvent tanks and	containers	DY W	□N/A	Cartridge filter housings	ΠY	ON ON/A
Water separators		DY EN	□N/A			
4. Which method of detec	tion is used by the	responsib	le official?		,	
Visual examinati	on (condensed solv	ent on ext	erior surfaces)		₩,	
Physical detection	n (airflow felt throu	igh gasket	is)	•	Ø	,
Odor (noticeable	perc odor)				\mathbf{a}	
Use of direct-read	ling instrumentation	n (FID/PI	D/calorimetric	tubes)		
Halogen leak dete	ector		<i>:</i>			
If using direc	ct-reading instrun	nentation,	is the equipm	ent:	□N/	A
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					$\Box Y$	□N
1	rated against a star FID only)?	ndard gas	prior to and an	ereach use	ПΥ	DN
	cted for leaks and	obligion St	ens of wear on	a weekly basis?	ШΥ	DΝ
	in a clean and secu	1	1	•		מם
_				(calorimetric only)?	_	ON ON
	ou ioi accuracy cy	000 01 04		(,,		
				. 1	1	
Det	+ Morr	1.5		9/25/	97	
Inspector's N	ame (Please Print)			Date of Inspe	сцоп	
	NATION	V		10/8/9	7	_
Inspector	s Signature			Approximate Date of I	Next I	nspection

ADDITIONAL SITE INFORMATION:

Renzacci 48 16 capacity Moblel # Clean Pro 44019 Ser# 10300 Mfg:

- No operations manual (ordered from Gene Rutherford)
- Need verification that temperature Sensof is on the butlet exhaust of the refrigerated condense
 - No verification design accuracy of temp. sensor.
 - rolling avg. not maintained from June 97 - Sept 97
 - Leak log not on site. Needs to be on site.
 - Temp sensor log not on site.



TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF IN	SPECTION:	ANNUAL	☑ COMPI	LAINT/DISCOV	ERY 🚨	RE-INSPECTION	и 🔲
AIRS ID#:	1030344 001	DAT	E: <u>i0/</u> 5/	, <u>98</u> time i	N: <u>2115</u> p.	<u>∽</u> TIME OUT: -	2:47p.m.
FACILITY	NAME:	Pace	r, Inc.		· .	1	5
FACILITY	LOCATION:	6111	10th St. N				<u>~</u>
		St. Pe	tersburg, FL,	33703		&y 10	
RESPONSI	BLE OFFICIA	L: Mich	ael Grubbs		Phone:	822-31 5 90,	20, 6
Perm	it No. 1030344	-001-AG	Exp. Date: _	10/04/2001		Solik Solik	Antion
			•	•	•	g this inspection, the nistrative Code (F.	-
				equirements eval only items which		g this inspection, th	he following

Inspection Summary Report Guidance

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

Compliance Requirement/Problem	Follow-up Action Required
Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.
No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions
Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.
Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.
The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.
Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.
Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.
Containers for perchloroethylene and/or perchloroethylen-containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.
Comments:	
·	
	·
	ctions are required, you must take immediate corrective perform a follow-up inspection to determine that proper
Inspection Conducted by:	
Inspector's Signature:	o wo
Phone Number: 464.4422 //	
// V	ge 2 of 2

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	ব্ৰ (COMPLAINT/D	ISCOVERY [)	
AIRS ID#: 1030344 001	DATE: 10/5	5/98	TIME IN: <u>2</u>	15ρ.m TIME (OUT: <u>2:4</u>	<u>7 p.m</u> .
FACILITY NAME:	Pacer, Inc.				-	
FACILITY LOCATION:	6111 10th St. N			.		
	St. Petersburg, F.	L, 33703				
RESPONSIBLE OFFICIA				į.	c car	
CONTACT:	Mary Tis	dale		PHONE:	822-3 822-3	br.
PART I: NOTIFICATION			- -			
(Check appropriate box)						
1. Existing facility notified	DARM By 9/1/96					S
2. New facility notified DA	RM 30 days prior to sta	rtup				
3. Facility failed to notify D	ARM to use general pe	ermit	<u>.</u>	·		<u> </u>
PART II: CLASSIFICATI	ON ·					
Facility indicated on notifica (Check appropriate box)	tion form that it is:	0	No notification Drop store / ou	form t of business / p	etroleum	
A. 1. Existing small area so dry-to-dry only, x<14 transfer only, x<200 so both types, x<140 galacters.	/yr	2.	New small are dry-to-dry only transfer only, a both types, x < (Constructed of	ea source /, x<140 gal/yr <<200 gal/yr 140 gal/yr n or after 12/9/	91)	
3. Existing large area so dry-to-dry only, 140 transfer only, 200 < x both types, 140 < x < 1, (Constructed before 1	x<2,100 gal/yr 1,800 gal/yr 800 gal/yr	4.	New large are dry-to-dry only transfer only, 2 both types, 146 (Constructed of	a source /, 140 <x<2,100 /00<x<1,800 ga<br="">/<x<1,800 gal="" y<br="">n or after 12/9/</x<1,800></x<1,800></x<2,100 	gal/yr ll/yr ^{/r} 91)	
This is a correct facility clas	sification: 🗹 Y 🗆	IN 🖸 C	an not determine	;		
II ' '	ppropriate classificatio for a general permit as i bove limits and is not e	number				
B. The total quantity of per facility was 320 m	chloroethylene (perc) p gallons.	urchased v	vithin the preced	ling 12 months	by this dry cle	eaning

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?		ΠN	☐ NA
2. Examining the containers for leakage?		ПN	□ NA
3. Closing and securing machine doors except during loading/unloading?	₫ Y	Πи	
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	Y NA
PART IV: PROCESS VENT CONTROLS			
In Part II-A:			
If classification (1) has been checked, no controls are required. Proceed to Pa	ırt V.		
If classification (2) has been checked, the machine should be equipped with a (complete A below)	refrige	rated con	denser
If classification (3) has been checked, the machine should be equipped with e condenser or a carbon adsorber (complete A and B below). Carbon adsorber installed prior to September 22, 1993.	ither a r must ha	efrigerat we been	ed
If classification (4) has been checked, the machine should be equipped with a (complete A and B below.)	refrige	rated con	denser
A. Has the responsible official of all new sources and existing large area sou (check appropriate boxes)	rces:		
1. Equipped all machines with the appropriate vent controls?	⊠ Y	ПN	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☑ Y	ПN	□NA
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	\mathbf{A}^{A}	ΠN	□NA
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly bi-weekly basis?	$\mathbf{Z}_{\mathbf{Y}}$	□N	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	Y	ΠN	□ NA
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged?	Y Y	ΩN	

			•
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 □Y	ON ONA
	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm?	□Y □Y	□n □na □n □na
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc. concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 dust diameters upstream from any bend contraction, or expansion; and downstream from no other inlet?	□Υ	□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?	ПY	□n □na
P	ART V: RECORDKEEPING REQUIREMENTS		
H (c)	as the responsible official: heck appropriate boxes)		
1.	Maintained receipts for perc purchased?	⊴ Y	\square_{N}
2.	Maintained rolling monthly averages of perc consumption?	Mv	ΠN
3.	Maintained leak detection inspection and repair reports for the following:	- 1	, ,
	a. documentation of leaks repaired w/in 24 hrs? or; (No problems 5 incomes as	Υ	□n Mina
	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	′ □Y	ON ONA
4.	Maintained calibration data? (for direct reading instrument only)	ЦY	□n I na
5.	Maintained exhaust duct monitoring data on perc concentrations?	Y	□n © na
6.	Maintained startup/shutdown/malfunction plan?	Ϋ́Υ	□N
7.	Maintained deviation reports? (No Problems since) Problem corrected? Problem corrected?	\square_{Y}	□N ⊠NA
1	Durables compared Previous Distriction	_	
1	Problem corrected?	\Box Y	□n ⊡ na

PA	ART VI: LEAK DETECTION	N AND RE	PAIRS			·
1.	Does the responsible official of inspection?	conduct a we	ekly (for sm	all sources, bi-weekly) leak	detect	ion and repair
2.	Has the facility maintained a	eak log?			$\mathbf{\nabla}_{\mathbf{Y}}$	□N
3.	Does the responsible official of	heck the foll	lowing areas	for leaks:		
	Hose connections, fitting couplings, and valves	IJy □n	i □na	Muck cookers	U Y	□n □na
	Door gaskets and seating	Øy On	I □NA	Stills	⊠Y	□n □na
	Filter gaskets and seating	☑Y □N	I □NA	Exhaust dampers	□ Y	□n □na
	Pumps	A DN	□NA	Diverter valves	IJY	□n □na
	Solvent tanks and containers	Dy On	I □NA	Cartridge Filter housing	Y	□n □na
	Water separators	QY QN	□NA			
4.	Which method of detection is Visual examinatio Physical detection Odor (noticeable puse of direct-read Halogen leak dete If using direct-reading instr	n (condensed (airflow felt perc odor) ing instrument ctor	d solvent of eathrough gas	exterior surfaces) kets) /PID/calorimetric tubes)		
	a Capable of detecting po	erc vapor cor	ncentrations	in a range of 0-500 ppm.	·	□Y □N
	b. Calibrated against a star	ndard gas prid	or to and afte	r 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 sec	ure area whe	n not in use.			□y □N
	e. Verified for accuracy by	use of dupli	cate samples	(calorimetric only)?		□y □N
	Inspector's Name (Please Pri	nt)		Date of Ins Approximate Date	98 spection O O O O O O O O O O O O O	t Inspection

FACILITY DETAILS:		
FACILITY NAME: Sterling Cleaners (Store#62)		
Dry Cleaning Machine #1:		
Manufacturer Renzacci Capacity 35 lbs Model# 44019 Serial# 10300 Mfg yr 1989		
Dry Cleaning Machine #2:		
Manufacturer Capacity lbs		
Model# 4220 Serial# + 37962 Mfg yr 19 M		
Boiler:		
Manufacturer Fulton Steam Boiler Hp 45		
Model # 42201 Serial # <u>T37962</u> Mfg yr <u>1982</u>		
Fuel Type: Natural gas? 🛍 propane? 🖵 fuel oil? 🖵		
Notification (unpermitted sources only):		
1. Was the facility assisted in filling out the notification by the inspector?	\Box Y	DNNA
2. Did the facility insist on filling out its own notification, and will send it to FDEP?	ŪΥ	DN N/A
Record keeping:	į	
1. Does facility have statement/specs as to the design accuracy of the temperature sensor? (temperature of 45°F w/accuracy ±2°F, or 7.2°C w/accuracy of ±1.1°C)	' ☑ Y	□N
Hazardous Waste:	•	
1. Is all perc. contaminated wastewater either treated or disposed of properly?	ØY	
2. If wastewater is evaporated, is it an approved system, and using carbon filtration?	□Y	
3. Does the facility have secondary containment for the dry-dry machine?	/	□N
4. Does the facility have secondary containment for any perc. waste containers?	MY	ΠN
	٠	
Comments:		
·	•	

Acc

Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

- Da o	a.c. 120.0	_		
FACILITY NAME: dbo. Ste	er, Enc.	aners		DATE: 10/5/98
FACILITY LOCATION: 611	110th S	t N		·
St	Petersb	acq, FL	33703	
Annual Reporting Period: Septer	nber 25,	_19 <u>97</u> TO	Octobe	r 5, 19 <u>98</u>
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (1				
If NO, complete the following:				
#1. Term or condition of the general permi	t that has not been in	continuous compli	ance during the repor	ting period stated above:
Exact period of non-compliance: from			to .	
Zade period of hon-compliance. Hom		•		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
#2. Term or condition of the general permi	t that has not been in	continuous complia	ance during the repor	ting period stated above:
Exact period of non-compliance: from			to	
Action(s) taken to achieve compliance:		·		
Method used to demonstrate compliance:			-	
i) '				
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	and complete. Furthe	r, my annual cons	umption of perchloro	ethylene solvent, based
' Nai	me (Please Print)	V	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.

0357500

PACER INC.

2300 9TH STREET NORTH ST. PETERSBURG, FL 33704 (813) 822-3159 3755

UNITED BANK 333-3RD AVENUE NORTH ST. PETERSBURG, FLORIDA 33701

016835

NO.

THREE HUNDRED DOLLARS AND NO/100

DATE

AMOUNT

1/8/98

\$300.00

PAY TO THE ORDER FLORIDA DEPT OF ENV PROTECTION

Title V General Permits & Receipts

P.O. Box 3070

1030344 / 1030346 / 0571086

Tallahassee FL 32315-0370

Me Mh



PACER INC.

2300 Ninth Street North St. Petersburg, Florida 33704





32315-3070

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🗹 COMPI	LAINT/DISCOVERY 🖵	RE-INSPECTION	
AIRS ID#: 1030344 001	_ DATE: <u>i0/</u> 5/	98 TIME IN: 245	Quantime out: 2	47p.m.
FACILITY NAME:	Pacer, Inc.		CA	•
FACILITY LOCATION:	6111 10th St. N	OF.	C/L	
_	St. Petersburg, FL,	33703	1 ED	·
RESPONSIBLE OFFICIAL	L: Michael Grubbs	"05, 41; Phone	822-3159	
Permit No. 1030344	-001-AG Exp. Date: _	10/04/2001	troes oring	

- 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 <u>discrepancies</u> were noted (only items which are checked):

Inspection Summary Report Guidance

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

		-							
	Compliance Requirement/Problem	Follow-up Action Required							
	Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.							
	No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions							
	Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.							
	Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.							
	The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.							
	Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.							
	Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.							
	Containers for perchloroethylene and/or perchloroethylen-containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.							
	-								
	Comments:								
		ections are required, you must take immediate corrective perform a follow-up inspection to determine that proper							
•	Inspection Conducted by:								
	Inspector's Signature:	omo							
	Phone Number: 464-4422 Page 2 of 2								

PL_CHLOROETHYLENE DRY CLEAN S TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION	
AIRS ID#: 1030344 001 FACILITY NAME: Pacer, Inc. FACILITY LOCATION: St. Petersburg, FL, 33703	<u>-47</u> ρ.m.
RESPONSIBLE OFFICIAL: Michael Grubbs PHONE: 822-3159 CONTACT: Mary Tisdale PHONE: 822-3159	5322
PART I: NOTIFICATION	
(Check appropriate box)	
1. Existing facility notified DARM By 9/1/96	$oldsymbol{\boxtimes}$
2. New facility notified DARM 30 days prior to startup	
3. Facility failed to notify DARM to use general permit	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (Check appropriate box) A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (Constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <xx<2.100 (constructed="" 12="" 140<xx<1,800="" 140<xx<2,100="" 200<xx<1,800="" 4.="" 5.="" 9="" 91)="" 91)<="" after="" area="" before="" both="" dry-to-dry="" gal="" large="" new="" on="" only,="" or="" source="" td="" transfer="" types,="" yr=""><td></td></xx<2.100>	
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 diffacility was gallons.	ry cleaning

F										
	PA	RT III: GENERAL CONTROL REQUIREMENTS								
		the responsible official of the dry cleaning facility: eck appropriate boxes)	_							
1. Storing perchloroethylene in tightly sealed and impervious containers?										
2. Examining the containers for leakage?										
3. Closing and securing machine doors except during loading/unloading?										
	4.	Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	Y	□N	□NA					
	5.	Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	□ Y	ПN	M NA					
	T	DE W. BROCKES VENE CONTROLS				_				
۴		RT 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 e condenser or a carbon adsorber (complete A and B below). Carbon adsorber installed prior to September 22, 1993.	ither a r must ha	efrigerat ive been	ed					
		If classification (4) has been checked, the machine should be equipped with a (complete A and B below.)	refrige	rated con	denser					
	A.	Has the responsible official of all new sources and existing large area sou (check appropriate boxes)	rces:							
	1.	Equipped all machines with the appropriate vent controls?	Y	Ν						
	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?	\mathbf{A}^{A}	ΠN	□NA					
	4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly bi-weekly basis?	$\mathbf{v}_{\mathbf{Y}}$	□N						
	5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	Y	ΠN	□NA					
	6.	Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged?	Y	ΠN						
I										

B. Has the responsible official of an existing large or new large area source also:			
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	₪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 □Y		□NA □NA
 3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm? 4. Assured that the sampling port on the cargon adsorber exhaust for measuring perc. 	□y □y	□n □n	□na □na
concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 dust diameters upstream from any bend contraction, or expansion; and downstream from no other inlet?	□Y	□N	□NA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПY	□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	ΠN	
2. Maintained rolling monthly averages of perc consumption?	Mv	Пм	
3. Maintained leak detection inspection and repair reports for the following:			,
a. documentation of leaks repaired w/in 24 hrs? or; (No problems 5 in	e)□Y	\square N	MINA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	Υ⊒Υ	\square N	MA
4. Maintained calibration data? (for direct reading instrument only)	ΠY	\square_N	MNA
,	Ч		
5. Maintained exhaust duct monitoring data on perc concentrations?	ΔŽ	\square_{N}	MNA
6. Maintained startup/shutdown/malfunction plan?	□Y □Y	□N □N	MNA
6. Maintained startup/shutdown/malfunction plan?	□Y		Ma NA MA
6. Maintained startup/shutdown/malfunction plan?	□Y ☑Y	ΠN	/

PA	PART VI: LEAK DETECTION AND REPAIRS							
1.	Does the responsible official of inspection?	conduct	a wee	kly (for	small sources, bi-weekly) leal	k detec		
2.	Has the facility maintained a l	eak log	;?			✓Y	\square_{N}	
3.	Does the responsible official of	heck th	ne folle	owing ar	eas for leaks:			
	Hose connections, fitting couplings, and valves	y Y	□N	□NA	Muck cookers	Y	□n □na	
	Door gaskets and seating	Øy	\square N	□NA	Stills	⊠Y	□n □na	
	Filter gaskets and seating	V Y	ΠN	□NA	Exhaust dampers	□Y	□n □na	
	Pumps	Ā	ΠN	□NA	Diverter valves	IJY	□n □na	
	Solvent tanks and containers	IJ y	\square_{N}	□NA	Cartridge Filter housing	$\mathbf{\nabla}_{\mathbf{Y}}$	□n □na	
	Water separators	Y	□N	□NA				
4.	4. Which method of detection is used by the responsible official? Visual examination (condensed solvent of exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment:							
	a Capable of detecting pe	erc vapo	or con	centratio	nspin a range of 0-500 ppm.		□Y □N	
	b. Calibrated against a star	ıdard ga	as priq	to and a	ifter each use(PID/FID only).		□Y □N	
	c. Inspected for leaks and	obvious	signs	f wear	on a weekly basis?		$\square_{Y} \square_{N}$	
	d. Kept in a clean and sec	ure are	a wher	n not in u	ise.		$\square_{Y} \square_{N}$	
	e. Verified for accuracy by	use of	duplic	ate samp	les (calorimetric only)?		□Y □N	
<u>.</u>	Inspector's Name (Please Print) Date of Inspection Approximate Date of Next Inspection							

FACILITY NAME: Sterling Cleaners (Store#62) Dry Cleaning Machine #1: Manufacturer Renzacci Capacity 35 lbs Model# 44019 Serial# 10300 Mfg yr 1989 Dry Cleaning Machine #2: Manufacturer Capacity lbs Model# 420+ Serial# + 37962 Mfg yr 19 Mfg y	
Manufacturer Renzacci Capacity 35 lbs Model# 44019 Serial# 10300 Mfg yr 1989 Dry Cleaning Machine #2: Manufacturer Capacity lbs	
Model# 44019 Serial# 10300 Mfg yr 1989 Dry Cleaning Machine #2: Manufacturer Capacity lbs	
Model# 44019 Serial# 10300 Mfg yr 1989 Dry Cleaning Machine #2: Manufacturer Capacity lbs	·
Dry Cleaning Machine #2: Manufacturer Capacity lbs	
Manufacturer Capacity lbs	
Model# 642701 In Society 427942 In Mayor 49 ha	
VIOLET VIZZXI V V SENSTE TO I I I VIOLET VILLE VI VI VI VI	
Roiler	
Manufacturer Fulton Steam Boiler Hp 45	
Model # 42201 Serial # <u>T37962</u> Mfg yr <u>1982</u>	
Fuel Type: Natural gas? 🖾 propane? 🖵 fuel oil? 🖵	
Notification (unpermitted sources only): 1. Was the facility assisted in filling out the notification by the inspector? 2. Did the facility insist on filling out its own notification, and will send it to FDEP?	IN N/A
Record keeping: 1. Does facility have statement/specs as to the design accuracy of the temperature sensor? Y (temperature of 45°F w/accuracy ±2°F, or 7.2°C w/accuracy of ±1.1°C)	JN
Hazardous Waste:	
2. If wastewater is evaporated, is it an approved system, and using carbon filtration? 3. Does the facility have secondary containment for the dry-dry machine?	Ìn ○n // * ○n
Comments:	

AIRS ID#: 1030344

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

D	+ / 44	- Stall	(1-) »	- !- !
FACILITY NAME: ** Pacer,		•	Cleaners) DA	TE: 3/24/00
FACILITY LOCATION: 6111	Oth St. 1	<u>J.</u>		
	tersburg		03	
	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
Annual Reporting Period: Octo	ber 5,	19 <u>98</u> TO _	December	18, 1999
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A.	_			h DEP Rwle □NO
If NO, complete the following:				
#1. Term or condition of the general permit th	at has not been in co	ntinuous complianc	e during the reporting p	period stated above:
Exact period of non-compliance: from			0	
Action(s) taken to achieve compliance:				: , , , , , , , , , , , , , , , , , , ,
Method used to demonstrate compliance:				<i>u</i> · <i>u</i> · <i>i</i>
#2. Term or condition of the general permit th	at has not been in co	ntinuous complianc	e during the reporting r	period stated above:
Exact period of non-compliance: from		to	ourcs	(i) (i)
Action(s) taken to achieve compliance:			, ii	
Method used to demonstrate compliance:	ı			
<u> </u>				<u></u>
As the responsible official, I hereby certify, bas made in this notification are true, accurate and upon rolling averages of purchase receipts, downwarf or transfer or combination facilities. RESPONSIBLE OFFICIAL:	l complete. Further, es not exceed 2,100 g	my annual consum	ption of perchloroethyle	ene solvent, based
	(Please Print)		Signature	Date
•				• •

** Facility suspended operation as a perchloroethylene dry cleaning operation
*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

	INSTECTION SOMEWART REPORT						
<u>T</u>	TYPE OF INSPECTION: ANNUAL COMPLAINT DISCOVERY TO RE-INSPECTION						
4	AIRS ID#: 1030344 DATE: 3/20/00 TIME IN: 10:030TIME OUT: 10:500						
] 3	FACILITY NAME: Pacer, Inc.						
]	FACILITY LOCATION: _6111 10th Street North						
ĺ	St. Petersburg, FL, 33703						
נ	RESPONSIBLE OFFICIAL: Michael Grubbs Phone No.: 822-3159						
	Permit No. 1030344-001-AG Exp. Date: 9/1/2001						
	Based of the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).						
	Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted (only items which are checked):						
	Inspection Summary Report Guidance						
	Compliance Requirement/Problem Follow-up Action Required						
	Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site. If no specific procedures are available from the manufacturer, develo 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						

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

Compliance Requirement/Problem	Follow-up Action Required			
Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.			
No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions.			
Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.			
Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.			
The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.			
Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.			
Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.			
Containers for perchloroethylene and/or perchloroethylen- containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.			
Comments: Facility operates a petrolium dry cleaning Machine. Dry-dry peechloroethylene machine Was removed by Bagas, Inc., December, 1999. 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:	offey/hania			
Phone Number: 464 ^v 4	ge 2 of 2			

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT DISCOVERY			
AIRS ID#: 1030344 FACILITY NAME: FACILITY LOCATION:	Date: 3/22/00 Pacer, Inc. 6111 10th Street North St. Petersburg, FL, 337				
RESPONSIBLE OFFICIA CONTACT:	L: Michael Grubbs Michael Grubbs				
PART I: NOTIFICATION					
 Existing facility notified DAI New facility notified DAI 	(Check appropriate box) 1. Existing facility notified DARM By 9/1/96 (As a perc. facility; the facility) 2. New facility notified DARM 30 days prior to startup Petrolium dry cleaning facility; transfer 3. Facility failed to notify DARM to use general permit effective December, 1999.				
PART II: CLASSIFICATI	ON				
Facility indicated on notifica (Check appropriate box) A. 1. Existing small area s dry-to-dry only, x < 200 s both types, x < 140 gal (Constructed before I) 3. Existing large area s dry-to-dry only, 140 < transfer only, 200 < x < both types, 140 < x < 1, (Constructed before I)	source	No notification form Drop store / out of business / petroleum) 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (Constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 < x < 2,100 gal/yr transfer only, 200 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr (Constructed on or after 12/9/91)			
This is a correct facility class. If no, please check the a facility qualified to	sification: Y IN Cappropriate classification: for a general permit as number bove limits and is not eligible	for a general permit			

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		□ NA.			
2. Examining the containers for leakage?	Y	ØΝ	□ NA			
3. Closing and securing machine doors except during loading/unloading?		_ N				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?		□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 P	art V.					
If classification (2) has been checked, the machine should be equipped with a (complete A below)	If classification (2) has been checked, the machine should be equipped with a refrigerated condenser (complete A below)					
If classification (3) has been checked, the machine should be equipped with condenser or a carbon adsorber (complete A and B below). Carbon adsorber installed prior to September 22, 1993.	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 mashine should be equipped with a (complete A and B below.)	a refrige	rated cond	lenser			
A. Has the responsible official of all new sources and existing large area sou (check appropriate boxes)	ırces:					
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:	-
Measured and recorded the exhaust temperature on the outlet side of the condense located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20°F?	OY ON ONA
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm?	□y □n □na □y □n □na
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 dust diameters upstream from any bend contraction, or expansion; and downstream from no other inlet?	
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

PA	RT VI: LEAK DETECTION	<u>N ANJ</u>	D REF	PAIRS		_	
1.	Does the responsible official coinspection?	onduct	a wee	ekly (for sn	nall sources, bi-weekly) leak	detection an	d repair
2.	Has the facility maintained a le	ak log	;?				
3.	Does the responsible official c	heck tl	ne follo	owing area	s for leaks:		
	Hose connections, fitting couplings, and valves	ŪΥ	ŪΝ	□NA	Muck cookers	□Y □N	□NA
	Door gaskets and seating	$\Box_{\mathbf{Y}}$	\square_{N}	\square NA	Stills	$\square_{Y} \square_{N}$	□NA
	Filter gaskets and seating	\square_{Y}	\square_{N}	□NA	Exhaust dampers	□Y □N	□NA
	Pumps	\square_{Y}	\square_{N}	□NA\	Diverter valves	□y □n	□NA
	Solvent tanks and containers	ΠY	ŪΝ	NA	Cartridge Filter housing	□y □n	□NA
	Water separators	QΥ		DINA			
4.	4. Which method of detection is used by the responsible official? Visual examination (condensed solvent of exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment:				5		
	a Capable of detecting pe	rc vap	or con	centrations	s in a range of 0-500 ppm.	□Y	\square_{N}
	b. Calibrated against a stan	dard ga	as prio	r to and aft	er each use(PID/FID only).	□Y	□N
	c. Inspected for leaks and o	bvious	signs	of wear on	a weekly basis?	ΠY	\square_{N}
	d. Kept in a clean and secu	ire are	a wher	not in use	2.	ŪΥ	\square_{N}
	e. Verified for accuracy by	use of	duplic	ate sample	s (calorimetric only)?	ŪΥ	\square_{N}
	Inspector's Name (Please Print) Inspector's Signature Approximate Date of Next Inspection						

ADDITIONAL SITE INFORMATION:
* Facility operates a petrolium Machine
December, 1999 by Boggs, Inc
Facility will recind its permit.
Note: Facility was in compliance with its record keeping requirements from October 5, 1998- December 18, 1999, or last day of operation of the perc. dry. dry Machine.
· · · · · · · · · · · · · · · · · · ·

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00 EIVED 304768

Do NOT Remove Label

AIRS ID#1030344

PACER INC MICHAEL T GRUBBS 2360 9TH STREET NORTH ST PETERSBURG FL 33704 MAR 9 1998

MAR -6 S

Bureau of Air Monitoring

FOR GOVERNMENT USE ONLY

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

Pund: 20-2-035 Obi.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1030344

62ND AVE MICHAEL T GRUBBS 2320 9TH STREET NORTH ST PETERSBURG FL 33704

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

Z 333 613 240

US Postal Service Receipt for Certified Mail

AIRS ID 1030344

PACER INC MICHAEL T GRUBBS 2320 9TH STREET NORTH ST PETERSBURG FL 33704

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
199	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	

•			34, 1		7
reverse side?	SENDER: Complete items 1 and/or 2 for additional complete items 3, 4a, and 4b. Print your name and address on the recard to you. Attach this form to the front of the mail	verse of this form so that we		I also wish to receive the following services (for an extra fee): 1. Addressee's Address	Service.
	permit. *Write*Return Receipt Requested* on the permit of the permit is a second of the permit is a second of the permit is a second of the permit.	ne mailpiece below the artic	le number.	2. Restricted Delivery	Šen
‡	The Return Receipt will show to whom delivered.				eipt
튭					
completed	3. Article Addressed to:	Albo	4a. Article N		E Re
효	PACER INC	AIRS ID 1030344	4b. Service	Туре	eturn
	MICHAEL T GRUBBS 2320 9TH STREET NORTH ST PETERSPONDER		☐ Registere		Œ ;
ESS	ST PETERSBURG FL 33704		☐ Express	Mail Insured	using
E	- 33704		Return Red	ceipt for Merchandise 🔲 COD	K-
占			7. Date of De	elivery	₽
N.	· <u> </u>		2	-11-98	Š
RETURN	5. Received By. (Print Name)			e's Address (Only if fequested	hank
Ж	Muc		and fee is	paid)	اع
	6. Signature: (Addressee or Ager	nt)	1		
s your	X				
	PS Form 3811. December 1994	10	2595-97-B-0179	Domestic Return Receipt	

0805	(Domestic Mail O	Service _{TM} D MAIL _{TM} RE(Inly; No Insurance Coation visit our website	Coverage Provided)
9	OFF	ICIAL	USE
Ę	Postage	\$	
20	Certified Fee		
8	Return Receipt Fee (Endorsement Required)		Postmark Here ুর
510	Restricted Delivery Fee (Endorsement Required)		,
12 HD		S ID# 1030444 1st D KEY CLEANEI	
- 1	Street, Apt. No.;	Gulf Blvd ARWATER, FL 33	3767
(PS Form 3800; June 200	2	SeetReverse;fortinstructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature A. Agent Addressee B. Received by (Printed Name) C. Date of Delivery C. V. C. S. C.
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AIRS ID# 1030444 1stC SAND KEY CLEANERS	ļ
1261 Gulf Blvd CLEARWATER, FL 33767	3. Service Type
W. P. 153/6/	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	10 00 00 13 9 3 9 1 1 0 7 0 5 1
PS Form 3811, February 2004 Domestic Retr	urn Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE First-Class Mail Postage & Fees Paid USPS • Sender: Please print your name, address, and ZIP+4 in BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400 halmdaldaldadanddalladladadadad

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 1030344

PACER INC MICHAEL T GRUBBS 2320 9TH STREET NORTH ST PETERSBURG FL 33704 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0354377

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 # 1030344

62ND AVE MICHAEL T GRUBBS 2320 9TH STREET NORTH ST PETERSBURG FL 33704 & Mobile Sources FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

Bureau of Air Monitoring

(U.S. Postal Servi CERTIFIED M (Domestic Mail	IAIL RECEIPT	e Coverage Provided)
_		yl	13
9651			
급			8
'n	Postage	s	
37	Oantife of Face		
10	Certified Fee		Postmark N
	Return Receipt Fee (Endorsement Required)		Here +
0200	Restricted Delivery Fee (Endorsement Required)		13
	Total Postage & Fees	\$	2
0520	Re 10	AIRS ID # 1030344	1001AG malier)
,	MICHAEL T GRUBBS		
	62ND AVE		
2000	1800 4TH STREET NORTH ST PETERSBURG FL 33704		
L-	_ SITETERSBU	KG,FL 33704	1
	PS		instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: AIRS ID # 1030344001AG MICHAEL T GRUBBS 	A. Received by (Please Print Clearly) C. Signatule X Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
62ND AVE 1800 4TH STREET NORTH ST PETERSBURG FL 33704	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) 7000 0530 0000	9372 9651