# Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

November 25, 1996

Mr. Wayne M. Forman
President
Crown Cleaners
33821 US Highway 19 North
Palm Harbor, Florida 34684

Re: Facility I.D. No. 1030347

Dear Mr. Forman:

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

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

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

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

Sincerely,

Dotty Diltz

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Gary Robbins, Pinellas County

# Perchloroethylene Dry Cleaning Facility Notification

**Facility Name and Location**

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
   CAWAY DRY CLEANERS INC
2. Site Name (For example, plant name or number):
   CROWN CLEANERS
3. Hazardous Waste Generator Identification Number:
   FLD CESQG
4. Facility Location:
   Street Address: 33821 US Hwy 19 N
   City: PALM HARBOR FL County: PINELLAS Zip Code: 34684
5. Facility Identification Number (DEP Use): 1030347

**Responsible Official**

6. Name and Title of Responsible Official: WAYNE M FORMAN PRES.
7. Responsible Official Mailing Address:
   Organization/Firm:
   Street Address: SAME AS #4
   City: County: Zip Code:
8. Responsible Official Telephone Number:
   Telephone: (813) 789-3997 Fax: ( ) -

**Facility Contact (If different from Responsible Official)**

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

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SEP 5 1996
Bureau of Air Monitoring & Mobile Sources

#1030347

P.15
(f) should be marked

## Facility Information

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

| Type of Machine | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed |
|---|---|---|---|---|---|---|---|---|---|
| *Example* | *#1* | *03-OCT-93* | *12-NOV-93* | *#2* | *08-DEC-91* | | *#3* | *02-MAR-92* | *02-MAR-92* |
| Dry-to-Dry Unit | | | | | | | | | |
| (1) w/ ref. condenser | #1 | 30-MAY89 | | | | | | | |
| (2) w/ carbon adsorber | | | | | | | | | |
| (3) w/ no controls | X | | | | | | | | |
| Washer Unit | | | | | | | | | |
| (4) w/ ref. condenser | | | | | | | | | |
| (5) w/ carbon adsorber | | | | | | | | | |
| (6) w/ no controls | | | | | | | | | |
| Dryer Unit | | | | | | | | | |
| (7) w/ ref. condenser | | | | | | | | | |
| (8) w/ carbon adsorber | | | | | | | | | |
| (9) w/ no controls | | | | | | | | | |
| Reclaimer Unit | | | | | | | | | |
| (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 [ X ]

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

(b) If less than 12 months, how many? [____] months
Check why it is less than 12 months: New owner: [____] New store: [____] Did not keep records: [____]

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

Existing small area source [ X ] New small area source [____]

Existing large area source [____] New large area source [____]

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

| | | | |
|---|---|---|---|
| Existing large area source | | | |
| Carbon adsorber | [ ] | Refrigerated condenser | [ ] |
| New small area source | | | |
| Refrigerated condenser | [ ] | | |
| New large area source | | | |
| Refrigerated condenser | [ ] | | |

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

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

| | |
|---|---|
| All steam and hot water generating units exempt | [ ] |
| No such units on-site | [X] |

**Equipment Monitoring and Recordkeeping Information**

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

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

**Surrender of Existing Air Permit(s)**

Please indicate with an "X" the appropriate selection:

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

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

**Responsible Official Certification**

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

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

Signature _____ Date 8/26/96

AIRS ID#: 1030347

RECEIVED
NOV 10 1997
Bureau of Air Monitoring & Mobile Sources

Revised 10/1/99

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

FACILITY NAME: Crown Cleaners DATE: 10/16/97

FACILITY LOCATION: 33821 U.S. 19 N.
Palm Harbor, FL 34684

Annual Reporting Period: October 16, 1996 TO October 16, 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 did not maintain a bi-weekly leak log.

Exact period of non-compliance: from October 16, 1996 to October 16, 1997

Action(s) taken to achieve compliance: Maintain leak log on a bi-weekly basis.

Method used to demonstrate compliance:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance:

Method used to demonstrate compliance:

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

RESPONSIBLE OFFICIAL: WAYNE M FORMAN Pres _____ 10/16/97
Name (Please Print) Signature Date

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

AIRS ID#: 1030347

RECEIVED
Revised 10/10/9
NOV 10 1997
Bureau of Air Monitoring & Mobile Sources

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

FACILITY NAME: Crown Cleaners DATE: 10/16/97

FACILITY LOCATION: 33821 U.S. 19 N.
Palm Harbor, FL 34684

Annual Reporting Period: October 16, 1996 TO October 16, 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 did not maintain perchloroethylene purchase records (receipts)

Exact period of non-compliance: from October 16, 1996 to October 16, 1997

Action(s) taken to achieve compliance: Maintain perchloroethylene purchase records in chronological order.

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 did not maintain perchloroethylene purchase records as a monthly rolling average

Exact period of non-compliance: from October 16, 1996 to October 16, 1997

Action(s) taken to achieve compliance: Maintain purchase records as a 12 month rolling 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: WAYNE M FORMAN Pres [signature] 10/16/97
Name (Please Print) Signature Date

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

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

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

| | | |
|---|---|---|
| TIME IN: 11:45 a.m. | TIME OUT: 12:55 p.m. | AIRS ID# **1030347 001** |
| TYPE OF FACILITY: | **Perchloroethylene Dry Cleaner** | |
| FACILITY NAME: | **Crown Cleaners** | DATE: October 16, 1997 |
| FACILITY LOCATION : | **33821 U.S. Highway 19 N, Palm Harbor, FL 34684** | |
| RESPONSIBLE OFFICIAL: | **Wayne Forman** | PHONE NUMBER:(813) 789-3997 |

☐ 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 | FOLLOW-UP ACTION REQUIRED |
|---|---|
| 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 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. Yes ☑ No ☐

DATE OF NEXT INSPECTION: October 30, 1997 (Approximate)

INSPECTION CONDUCTED BY: Jeff Morris (Please Print)

INSPECTOR'S SIGNATURE: Jeffrey J Morris PHONE NUMBER: 464-4422

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

TYPE OF INSPECTION: ANNUAL ☑ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 1030347 DATE: 10/16/97 TIME IN: 11:45a.m TIME OUT: 12:55p.m

FACILITY NAME: Crown Cleaners

FACILITY LOCATION: 33821 US 19 N
Palm Harbor, FL 34684

RESPONSIBLE OFFICIAL: Wayne Forman PHONE: 789-3997

CONTACT NAME: Wayne Forman PHONE: 789-3997

### PART I: NOTIFICATION

(check appropriate box)

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

### PART II: CLASSIFICATION

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

A.

**1. Existing small area source** ☑
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed before 12/9/91)

**2. New small area source** ☐
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(constructed on or after 12/9/91)

**3. Existing large area source** ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed before 12/9/91)

**4. New large area source** ☐
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr
both types, 140 ≤ x ≤ 1,800 gal/yr
(constructed on or after 12/9/91)

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

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 80.7 gallons.

## PART III: GENERAL CONTROL REQUIREMENTS

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

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

## PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

N/A

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

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

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

## PART V: RECORDKEEPING REQUIREMENTS

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

| | | | |
|---|---|---|---|
| 1. Maintained receipts for perc purchased? | ☐Y | ☑N | |
| 2. Maintained rolling monthly averages of perc consumption? | ☐Y | ☑N | |
| 3. Maintained leak detection inspection and repair reports for the following: | | | |
| a. documentation of leaks repaired w/in 24 hrs? or; | ☐Y | ☑N | ☐N/A |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | ☐Y | ☑N | ☐N/A |
| 4. Maintained calibration data? *(for applicable direct reading instruments)* | ☐Y | ☐N | ☑N/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | ☐Y | ☐N | ☑N/A |
| 6. Maintained startup/shutdown/malfunction plan? | ☑Y | ☐N | |
| 7. Maintained deviation reports? | ☑Y | ☐N | ☐N/A |
| Problem corrected? (No problems) | ☐Y | ☐N | ☐N/A |
| 8. Maintained compliance plan, if applicable? | ☐Y | ☐N | ☑N/A |

## PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ☑Y ☐N
2. Has the facility maintained a leak log? ☐Y ☑N
3. Does the responsible official check the following areas for leaks?

| | | | |
|---|---|---|---|
| Hose connections, fittings, couplings, and valves | ☑Y ☐N ☐N/A | Muck cookers | ☑Y ☐N ☐N/A |
| Door gaskets and seating | ☑Y ☐N ☐N/A | Stills | ☑Y ☐N ☐N/A |
| Filter gaskets and seating | ☑Y ☐N ☐N/A | Exhaust dampers | ☑Y ☐N ☐N/A |
| Pumps | ☑Y ☐N ☐N/A | Diverter valves | ☑Y ☐N ☐N/A |
| Solvent tanks and containers | ☑Y ☐N ☐N/A | Cartridge filter housings | ☑Y ☐N ☐N/A |
| Water separators | ☑Y ☐N ☐N/A | | |

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

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

Jeff Morris
Inspector's Name (Please Print)

10/16/97
Date of Inspection

Inspector's Signature

10/30/97
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

AJAX
Economatic
40 lb Capacit
Mfg: 1987 Model # BS453
Serial # 6504

- Has not maintained a leak log.

- Propane gas 15 Hp Serial # J15A10 09888998
- Industrial Boiler Co. #5081
- secondary containment needed for petc waste

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

**TYPE OF INSPECTION:** ANNUAL ☐ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☑

**AIRS ID#:** 0347 001 **DATE:** 1/27/98 **TIME IN:** 1:50 **TIME OUT:** 2:10

**FACILITY NAME:** Crown Cleaners

**FACILITY LOCATION:** 33821 U.S. Highway 19 N

Palm Harbor, FL

RESPONSIBLE OFFICIAL: Mr. Wayne Forman Phone No.: 813-789-2271

Permit No. 1030347-001-AG Exp. Date: 10/03/2001

## PART I: NOTIFICATION

(Check appropriate box)

1. Existing facility notified DARM by 9/1/96 ☑
2. New facility notified DARM 30 days prior to startup ☐
3. Facility failed to notify DARM to use general permit ☐

Pinellas County

## PART II: CLASSIFICATION

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

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

A.

**1. Existing small area source** ☑
dry-to-dry only, x<140 gal/yr
transfer only, x<200 gal/yr
both types, x<140 gal/yr
(Constructed before 12/9/91)

**2. New small area source** ☐
dry-to-dry only, x<140 gal/yr
transfer only, x<200 gal/yr
both types, x<140 gal/yr
(Constructed before 12/9/91)

**3. Existing large area source** ☐
dry-to-dry only, 140<x<2,100 gal/yr
transfer only, 200<x<1,800 gal/yr
both types, 140<x<1,800 gal/yr
(Constructed before 12/9/91)

**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 before 12/9/91)

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

If no, please check the appropriate classification:

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 80 gallons.

## PART III: GENERAL CONTROL REQUIREMENTS

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

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

## PART IV: PROCESS VENT CONTROLS

**In Part II-A:**

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

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

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

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

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

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

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

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? ☐Y ☐N

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? ☐Y ☐N
   Is the temperature differential equal to or greater than 20° F? ☐Y ☐N

3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? ☐Y ☐N ☐NA
   Is the perc concentration equal to or less than 100 ppm? ☐Y ☐N

4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 dust diameters upstream from any bend contraction, or expansion; and downstream from no other inlet? ☐Y ☐N ☐NA

5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? ☐Y ☐N ☐NA

6. Routed airflow to the carbon adsorber (if used) at all times? ☐Y ☐N ☐NA

## PART V: RECORDKEEPING REQUIREMENTS

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

1. Maintained receipts for perc purchased? ☑Y ☐N
2. Maintained rolling monthly averages of perc consumption? ☑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
   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
4. Maintained calibration data? *(for direct reading instrument only)* ☐Y ☐N ☑NA
5. Maintained exhaust duct monitoring data on perc concentrations? ☐Y ☐N ☑N/A
6. Maintained startup/shutdown/malfunction plan? ☑Y ☐N
7. Maintained deviation reports? ☑Y ☐N
   No deviations from SSM plan.
   Problem corrected? ☐Y ☐N
8. Maintained compliance plan, if applicable? ☐Y ☐N ☑NA

## PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a ~~weekly~~ bi-weekly leak detection and repair inspection? ☒Y ☐N

2. 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) | ☐ |

**If using direct-reading instrumentation, is the equipment:**

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

3. Has the facility maintained a leak log? ☒Y ☐N

4. The following area should be checked for leaks by the inspector: Machine was not running at time of inspection. Distillation device was on. No leaks detected

| | | | | | |
|---|---|---|---|---|---|
| Hose connections, fitting couplings, and valves | ☒Y | ☐N | Muck cookers | ☐Y | ☐N |
| Door gaskets and seating | ☒Y | ☐N | Stills | ☒Y | ☐N |
| Filter gaskets and seating | ☒Y | ☐N | Exhaust dampers | ☒Y | ☐N |
| Pumps | ☒Y | ☐N | Diverter valves | ☒Y | ☐N |
| Solvent tanks and containers | ☒Y | ☐N | Cartridge Filter housing | ☒Y | ☐N |
| Water separators | ☒Y | ☐N | | | |

Wayne Foreman
Name of Responsible Official

Margaret Hennis
Inspector's Name (Please Print)

January 27, 1998
Date of Inspection

Margaret D. Hennis
Inspector's Signature

October 1998
Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**

**Machine #1:**

Manufacturer _____ Capacity _____ lbs

Model# _____ Serial# _____ Mfg yr _____

**Machine #2:**

Manufacturer _____ Capacity _____ lbs

Model# _____ Serial# _____ Mfg yr _____

**Notification (unpermitted sources only):**

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

**Record keeping :**

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

**Hazardous Waste:**

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

**Boiler:**

Manufacturer _____ Hp _____

Model # _____ Serial # _____ Mfg yr _____

Fuel Type: Natural gas? ❑ propane? ❑ fuel oil? ❑

**Comments:**_____

_____

_____

_____

_____

_____

_____

**ADDITIONAL SITE INFORMATION:**

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

**TYPE OF INSPECTION:** ANNUAL ☐ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☑

**AIRS ID#:** 1030347 001 **DATE:** 1/27/98 **TIME IN:** 1:50 **TIME OUT:** 2:10

**FACILITY NAME:** Crown Cleaners

**FACILITY LOCATION:** 33821 U.S. Highway 19 N

Palm Harbor, FL

RESPONSIBLE OFFICIAL: Mr. Wayne Forman Phone No.: 813-789-2271

Permit No. 1030347-001-AG Exp. Date: 10/03/2001

☑ 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, 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. |

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

**Comments:** Facility has obtained Secondary Containment for Annual / Waste Storage Area.

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

The Annual Compliance Certification form has been properly certified and submitted to the inspector. Yes ☑ No ☐ (During October 1997 insp.)

Inspection Conducted by: Margaret V. Hennis (Please Print)

Inspector's Signature: Margaret V. Hennis

Phone Number: 464-4422 Date of next Inspection: October 1998 (Approximate)

**BEST AVAILABLE COPY**

AIRS ID#: 1030347

Revised 10/10/96

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

RECEIVED
APR MAR 1999
Bureau of Air Monitoring & Mobile Sources

FACILITY NAME: CROWN CLEANERS DATE: 3/11/99

FACILITY LOCATION: 33821 U.S. Hwy. 19 N
2481 W. McMullen Booth Rd
Palm Harbor
CLEARWATER FL 34684 33759

Annual Reporting Period: January 27 1998 TO March 11 1999

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

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

RESPONSIBLE OFFICIAL: JASON HETER (Name Please Print) _____ (Signature) 3/11/99 (Date)

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

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

**TYPE OF INSPECTION:** ANNUAL ☐ COMPLAINT/DISCOVERY ☑ RE-INSPECTION ☐

**AIRS ID#:** 1030347 001 **DATE:** 3/11/99 **TIME IN:** 12:30 **TIME OUT:** 1:15

**FACILITY NAME:** Crown Cleaners

**FACILITY LOCATION:** 33821 U.S. Highway 19 N

Palm Harbor, FL, 34684

**RESPONSIBLE OFFICIAL:** Wayne Forman Phone: 789-2271

Permit No. 1030347-001-AG Exp. Date: 10/03/2001

☑ 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, 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:** Periodic exceedance occurred in May, 1998, due to contamination. If another exceedance occurs (>140 gal) again after 5/99, then you will need to begin measuring temperature and increase frequency of leak checks as discussed during inspection.

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

Inspection Conducted by: **Margaret Hennis**

Inspector's Signature: Margaret O. Hennis

Phone Number: 464-4422

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

**TYPE OF INSPECTION:** ANNUAL ☑ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

**AIRS ID#:** 1030347 001 **DATE:** 3/11/99 **TIME IN:** 12:30 **TIME OUT:** 1:15

**FACILITY NAME:** Crown Cleaners

**FACILITY LOCATION:** 33821 U.S. Highway 19 N
Palm Harbor, FL, 34684

**RESPONSIBLE OFFICIAL:** Wayne Forman **PHONE:** 789-2271

**CONTACT:** _____ **PHONE:** _____

## PART I: NOTIFICATION

(Check appropriate box)

1. Existing facility notified DARM By 9/1/96 ☑
2. New facility notified DARM 30 days prior to startup ☐
3. Facility failed to notify DARM to use general permit ☐

## PART II: CLASSIFICATION

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

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

A.

1. **Existing small area source** ☑
dry-to-dry only, x<140 gal/yr
transfer only, x<200 gal/yr
both types, x<140 gal/yr
*(Constructed before 12/9/91)*

2. **New small area source** ☐
dry-to-dry only, x<140 gal/yr
transfer only, x<200 gal/yr
both types, x<140 gal/yr
*(Constructed on or after 12/9/91)*

3. **Existing large area source** ☐
dry-to-dry only, 140<x<2,100 gal/yr
transfer only, 200<x<1,800 gal/yr
both types, 140<x<1,800 gal/yr
*(Constructed before 12/9/91)*

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

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

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 142.1 gallons.*

## PART III: GENERAL CONTROL REQUIREMENTS

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

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

## PART IV: PROCESS VENT CONTROLS

**In Part II-A:**

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

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

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

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

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

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

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

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? ☐Y ☐N

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? ☐Y ☐N ☐NA
   Is the temperature differential equal to or greater than 20° F? ☐Y ☐N ☐NA

3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? ☐Y ☐N ☐NA
   Is the perc concentration equal to or less than 100 ppm? ☐Y ☐N ☐NA

4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc. concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 dust diameters upstream from any bend contraction, or expansion; and downstream from no other inlet? ☐Y ☐N ☐NA

5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? ☐Y ☐N ☐NA

6. Routed airflow to the carbon adsorber (if used) at all times? ☐Y ☐N ☐NA

## PART V: RECORDKEEPING REQUIREMENTS

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

1. Maintained receipts for perc purchased? ☑Y ☐N
2. Maintained rolling monthly averages of perc consumption? ☑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? No deviations ☐Y ☐N ☑NA
8. Maintained compliance plan, if applicable? ☐Y ☐N ☑NA

## PART VI: LEAK DETECTION AND REPAIRS

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

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

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

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Hose connections, fitting couplings, and valves | ☑Y | ☐N | ☐NA | Muck cookers | ☑Y | ☐N | ☐NA |
| Door gaskets and seating | ☑Y | ☐N | ☐NA | Stills | ☑Y | ☐N | ☐NA |
| Filter gaskets and seating | ☑Y | ☐N | ☐NA | Exhaust dampers | ☑Y | ☐N | ☐NA |
| Pumps | ☑Y | ☐N | ☐NA | Diverter valves | ☑Y | ☐N | ☐NA |
| Solvent tanks and containers | ☑Y | ☐N | ☐NA | Cartridge Filter housing | ☑Y | ☐N | ☐NA |
| Water separators | ☑Y | ☐N | ☐NA | | | | |

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

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

**If using direct-reading instrumentation, is the equipment:**

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm. ☐Y ☐N

b. Calibrated against a standard gas prior to and after each use(PID/FID only). ☐Y ☐N

c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N

d. Kept in a clean and secure area when not in use. ☐Y ☐N

e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

Margaret J. Hennis
Inspector's Name (Please Print)

3/11/99
Date of Inspection

Margaret J. Hennis
Inspector's Signature

3/2000
Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**

Facility exceeded 140 gal. back in May 1998, due to having to purchase 96 gal on May of 1998 to replace contaminated Solvent and filters. Facility has 30 gal. drum of perc (used) that they will be recovering in the Still to remove water + oil, and then re-using. Their actual usage appears to be 122.1 gal. Waste Shipment records reflect filter + Still bottom waste records in May 1998. Facility closes of Still 50 Hours routinely. Facility has carbon filtration system for separator waste water disposal. Adjacent to machine the facility keeps a tally of water in filtration System so that they will know when carbon needs to be reclaimed (in dryer) 1000 gallons. This demonstrates they are following maintenance procedures for System. Facility is disposing of unit as hazardous waste w/ old filters. No perc odor in store. Work area + plant is very clean. TNH - Advised owner of requirements to monitor temperature of their usage goes above 140 again. They do not purchase perc every month - normally.

RS ID#: 1030347

Revised 10/10/96

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

ACILITY NAME: Crown Cleaners DATE: 11/9/99

ACILITY LOCATION: 33821 U.S. Hwy 19 N
Palm Harbor, FL 34684

nual Reporting Period: March 11 1999 TO Nov. 9 1999

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

NO, complete the following:

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

act period of non-compliance: from _____ to _____

tion(s) taken to achieve compliance: _____

thod used to demonstrate compliance: _____

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

ct period of non-compliance: from _____ to _____

ion(s) taken to achieve compliance: _____

thod used to demonstrate compliance: _____

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

SPONSIBLE OFFICIAL: ~~Margaret V~~ WAYNE M FORMAN Pres (Name (Please Print)) Wayne M Forman Pres (Signature) 11/9/99 (Date)

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

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

**TYPE OF INSPECTION:** ANNUAL ☐ COMPLAINT/DISCOVERY ☑ RE-INSPECTION ☐

**AIRS ID#:** 1030347 001 **DATE:** 11/9/99 **TIME IN:** 12:20 **TIME OUT:** 12:45

**FACILITY NAME:** Crown Cleaners

**FACILITY LOCATION:** 33821 U.S. Highway 19 N

Palm Harbor, FL, 34684

**RESPONSIBLE OFFICIAL:** Wayne Forman Phone No.: 789-2271

Permit No. 1030347-001-AG Exp. Date: 10/03/2001

☑ 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, 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:** _____

_____

_____

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

Inspection Conducted by: **Margaret Hennis**

Inspector's Signature: Margaret V. Hennis

Phone Number: 464-4422

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

**TYPE OF INSPECTION:** ANNUAL ☑ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

**AIRS ID#:** 1030347 001 **DATE:** 11/9/99 **TIME IN:** 12:20 **TIME OUT:** 12:45

**FACILITY NAME:** Crown Cleaners

**FACILITY LOCATION:** 33821 U.S. Highway 19 N
Palm Harbor, FL, 34684

**RESPONSIBLE OFFICIAL:** Wayne Forman **PHONE:** 789-2271

**CONTACT:** _____ **PHONE:** _____

## PART I: NOTIFICATION

(Check appropriate box)

1. Existing facility notified DARM By 9/1/96 ☑
2. New facility notified DARM 30 days prior to startup ☐
3. Facility failed to notify DARM to use general permit ☐

## PART II: CLASSIFICATION

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

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

A.

1. **Existing small area source** ☑
dry-to-dry only, x<140 gal/yr
transfer only, x<200 gal/yr
both types, x<140 gal/yr
*(Constructed before 12/9/91)*

2. **New small area source** ☐
dry-to-dry only, x<140 gal/yr
transfer only, x<200 gal/yr
both types, x<140 gal/yr
*(Constructed on or after 12/9/91)*

3. **Existing large area source** ☐
dry-to-dry only, 140<x<2,100 gal/yr
transfer only, 200<x<1,800 gal/yr
both types, 140<x<1,800 gal/yr
*(Constructed before 12/9/91)*

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

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

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 90.3 gallons.

## PART III: GENERAL CONTROL REQUIREMENTS

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

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

## PART IV: PROCESS VENT CONTROLS

**In Part II-A:**

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

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

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

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

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

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

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

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

## PART V: RECORDKEEPING REQUIREMENTS

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

| | | | |
|---|---|---|---|
| 1. Maintained receipts for perc purchased? | ☑Y | ☐N | |
| 2. Maintained rolling monthly averages of perc consumption? | ☑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? No deviations | ☑Y | ☐N | ☑NA |
| Problem corrected? | ☐Y | ☐N | ☑NA |
| 8. Maintained compliance plan, if applicable? | ☐Y | ☐N | ☑NA |

## PART VI: LEAK DETECTION AND REPAIRS

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

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

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

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Hose connections, fitting couplings, and valves | ☑Y | ☐N | ☐NA | Muck cookers | ☐Y | ☐N | ☑NA |
| Door gaskets and seating | ☑Y | ☐N | ☐NA | Stills | ☑Y | ☐N | ☐NA |
| Filter gaskets and seating | ☑Y | ☐N | ☐NA | Exhaust dampers | ☐Y | ☐N | ☑NA |
| Pumps | ☑Y | ☐N | ☐NA | Diverter valves | ☑Y | ☐N | ☐NA |
| Solvent tanks and containers | ☑Y | ☐N | ☐NA | Cartridge Filter housing | ☑Y | ☐N | ☐NA |
| Water separators | ☑Y | ☐N | ☐NA | | | | |

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

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

**If using direct-reading instrumentation, is the equipment:**

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm. ☐Y ☐N

b. Calibrated against a standard gas prior to and after each use(PID/FID only). ☐Y ☐N

c. Inspected for leaks and obvious signs of wear on a weekly basis? ☐Y ☐N

d. Kept in a clean and secure area when not in use. ☐Y ☐N

e. Verified for accuracy by use of duplicate samples (calorimetric only)? ☐Y ☐N

Margaret Hennis
Inspector's Name (Please Print)

11/9/99
Date of Inspection

Margaret V. Hennis
Inspector's Signature

11/2000
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

AIR ID# 1030347
Recd 2/15/01 ASCP

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

| | | | |
|---|---|---|---|
| **FACILITY NAME:** | Crown Cleaners | **DATE:** | January 10, 2001 |
| **FACILITY LOCATION:** | 33821 U.S. Highway 19 N | | |
| | Palm Harbor, FL, 34684 | | |

Annual Reporting Period: November 9 ~~20~~ 1999 To January 8 (10 MAX) 20 01

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

**IF NO**, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Inadequate record keeping for Bi-weekly Leak Check

Exact period of non-compliance: **from** Oct 1, 2000 **to** Dec 31, 2000

Action(s) taken to achieve compliance: verbal warning

Method used to demonstrate compliance: Mr Forman states he will perform record keeping of record checks on timely basis

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

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

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

| RESPONSIBLE OFFICIAL: | Wayne Forman | Wayne Forman | 1/10/01 |
|---|---|---|---|
| | (Name, Please Print) | Signature | Date |

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

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

TYPE OF INSPECTION: ☒ ANNUAL ☐ COMPLAINT/DISCOVERY ☐ RE-INSPECTION

| | | | | | |
|---|---|---|---|---|---|
| AIRS ID | 103 0347 | DATE: ~~10/3/01~~ 10/8/01 jm | TIME IN: | 9:20 | TIME OUT: 10:40 |
| FACILITY NAME: | Crown Cleaners | | | | |
| FACILITY LOCATION: | 33821 U.S. Highway 19 N, Palm Harbor, 34684 | | | | |
| RESPONSIBLE OFFICIAL: | Wayne Forman | | PHONE NUMBER: | 789-2271 | |
| Permit No. | 1030347-001-AG | | Exp. Date: | 10/3/01 | |

☐ Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be **in compliance** with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

☑ Based on the results of the compliance requirements evaluated during this inspection, the following **compliance discrepancies** were noted:

| | Compliance Requirement/Problem | Follow-up Action Required |
|---|---|---|
| ☐ | Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated record keeping, 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 record keeping 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 perchloroethylene, and perchloroethylene containing waste in tightly sealed containers. | Store all perchloroethylene and perchloroethylene-containing waste in tightly sealed containers, which are impervious and chemically un-reactive 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. |
| ☐ | 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. |

| | Compliance Requirement/Problem | Follow-up Action Required |
|---|---|---|
| ❑ | 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 cool down period and after verifying that the coolant was completely charged. | Conduct all temperature monitoring following an appropriate cool down period and after verifying that the coolant has been completely charged. |
| ❑ | Containers for perchloroethylene and/or perchloroethylene containing waste were found to be leaking. | Examine the containers, used for storing perchloroethylene and/or perchloroethylene containing waste, for leakage. |
| ❑ | | |
| ❑ | | |

**Comments:**

Verbal warning regarding not recording leak check bi-weekly records for Oct, Nov, Dec 2000. Owner stated checks are performed & facility has been busy. Mr Brenon states he will update & maintain records bi-weekly & additionally the have a leak detector that indicates perc via alarm. FIF 5250A

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

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

DATE OF NEXT INSPECTION January 10, 2002 (Approximate)

INSPECTION CONDUCTED BY: MICHELE LONG (Please Print)

INSPECTOR'S SIGNATURE: Michele Long PHONE NUMBER: 464-4422

RSCP

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

**TYPE OF INSPECTION:** ANNUAL ☑ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

| | | | |
|---|---|---|---|
| **AIRS ID#:** 103 0347 | **DATE:** 1/8/2001 | **TIME IN:** 9:30 | **TIME OUT:** 10:40 |

| | | | |
|---|---|---|---|
| **FACILITY NAME:** | Crown Cleaners | | |
| **FACILITY LOCATION:** | 33821 U.S. Highway 19 N<br>Palm Harbor, FL, 34684 | | |
| **RESPONSIBLE OFFICIAL:** | Wayne Forman | Phone No.: | 789-2271 |
| **PERMIT NO.** | 1030347-001-AG | **EXP. DATE:** | 10/3/01 |
| **CONTACT:** | Wayne Forman | **PHONE:** | 789-2271 |

## PART I: NOTIFICATION

(Check appropriate box)

1. Existing facility notified DARM by 9/1/96 ☑
2. New facility notified DARM 30 days prior to startup ☐
3. Facility failed to notify DARM to use general permit ☐

## PART II: CLASSIFICATION

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

A.

**1. Existing small area source** ☑
dry-to-dry only, x☐140 gal/yr
transfer only, x☐200 gal/yr
both types, x☐140 gal/yr
(Constructed before 12/9/91)

**2. New small area source** ☐
dry-to-dry only, x☐140 gal/yr
transfer only, x☐200 gal/yr
both types, x☐140 gal/yr
(Constructed on or after 12/9/91)

**3. Existing large area source** ☐
dry-to-dry only, 140☐x☐2,100 gal/yr
transfer only, 200☐x☐1,800 gal/yr
both types, 140☐x☐1,800 gal/yr
(Constructed before 12/9/91)

**4. New large area source** ☐
dry-to-dry only, 140☐x☐2,100 gal/yr
transfer only, 200☐x☐1,800 gal/yr
both types, 140☐x☐1,800 gal/yr
(Constructed on or after 12/9/91)

This is a correct facility classification ☑ Y ☐ N ☐ Can not determine

If no, please check the appropriate classification:

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

B. The total quantity of perchloroethylene purchased within the preceding 12-months by this dry cleaning facility was 70 Gallons.

## PART III: GENERAL CONTROL REQUIREMENTS

| Is the responsible official of the dry cleaning facility: (check appropriate boxes) | | | |
|---|---|---|---|
| 1. Storing perchloroethylene in tightly sealed and impervious containers? | ☑ Y | ❑ N | ❑ NA |
| 2. Examining the containers for leakage? | ☑ Y | ❑ N | ❑ NA |
| 3. Closing and securing machine doors except during loading/unloading? | ❑ Y | ❑ N | |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | ☑ Y | ❑ N | ❑ NA |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | ❑ Y | ❑ N | ☑ NA |

## PART IV: PROCESS VENT CONTROLS

| **In Part II-A:** | | | |
|---|---|---|---|
| If classification (1) has been checked, no controls are required. Proceed to Part V. | | | |
| If classification (2) has been checked, the machine should be equipped with a refrigerated condenser (complete A below) | | | |
| If classification (3) has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993. | | | |
| If classification (4) has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below.) | | | |
| | | | |
| **A. Has the responsible official of all new sources and existing large area sources:** (check appropriate boxes) | | | |
| 1. Equipped all machines with the appropriate vent controls? | ❑ Y | ❑ N | |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | ❑ Y | ❑ N | ❑ NA |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | ❑ Y | ❑ N | ❑ NA |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/~~biweekly~~ basis? | ❑ Y | ❑ N | |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | ❑ Y | ❑ N | ❑ NA |
| 6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged? | ❑ Y | ❑ N | |

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

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? ☐Y ☐N

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? ☐Y ☐N ☐NA
   Is the temperature differential equal to or greater than 20° F? ☐Y ☐N ☐NA

3. Measured and recorded the perc concentration in the exha[illegible] weekly at the end of the final drying cycle while the machine is venting [illegible] the adso[illegible]ines are equipped with a carbon adsorber? ☐Y ☐N ☐NA
   Is the perc concentration equal to o[illegible] ppm ☐Y ☐N ☐NA

4. Assured that the sampling port on the carbo[illegible]sorber exhaust for measuring perc. concentrations is at least 8 duct diameters dow[illegible]stream of any bend, contraction, or expansion; is at least 2 dust diameters upstream from any bend contraction, or expansion; and downstream from no other inlet? ☐Y ☐N ☐NA

5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? ☐Y ☐N ☐NA

6. Routed airflow to the carbon adsorber (if used) at all times? ☐Y ☐N ☐NA

## PART V: RECORDKEEPING REQUIREMENTS

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

1. Maintained receipts for perc purchased? ☑Y ☐N

2. Maintained rolling monthly averages of perc consumption? ☑Y ☐N

3. Maintained leak detection inspection and repair reports for the following:

   a. Documentation of leaks repaired w/in 24 hrs? or; ☐Y ☐N ☑NA

   b. Documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? ☐Y ☐N ☑NA

4. Maintained calibration data? *(for direct reading instrument only)* ☐Y ☐N ☑NA

5. Maintained exhaust duct monitoring data on perc concentrations? ☐Y ☐N ☑NA

6. Maintained startup/shutdown/malfunction plan? ☑Y ☐N

7. Maintained deviation reports? ☐Y ☐N ☑NA

   Problem corrected? ☐Y ☐N ☑NA

8. Maintained compliance plan, if applicable? ☐Y ☐N ☑NA

## PART VI: LEAK DETECTION AND REPAIRS

bi-

| | | | |
|---|---|---|---|
| 1. | Does the responsible official conduct a weekly leak detection and repair inspection? | ☑Y | ☐N |
| 2. | Which method of detection does the responsible official use? | ☐Y | ☐N |
| | Visual examination (condensed solvent of exterior surfaces) | ☑ | |
| | Physical detection (airflow felt through gaskets) | ☑ | |
| | Odor (noticeable perc odor) (leak detector - indicator) (no quantity) | ☑ | |
| | Use of direct-reading instrumentation (FID/PID/calorimetric tubes) | ☐ | |
| | **If using direct-reading instrumentation, is the equipment:** | ☐Y | ☐N |
| | a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm | ☐Y | ☐N |
| | b. Calibrated against a standard gas prior to and after each use (PID/FID only). | ☐Y | ☐N |
| | c. Inspected for leaks and obvious signs of wear on a weekly basis? | ☐Y | ☐N |
| | d. Kept in a clean and secure area when not in use. | ☐Y | ☐N |
| | e. Verified for accuracy by use of duplicate samples (calorimetric only)? | ☐Y | ☐N |
| 3. | Has the facility maintained a leak log? | ☑Y | ☐N |
| 4. | The following area should be checked for leaks by the inspector: | ☐Y | ☐N |

| | | | | | | |
|---|---|---|---|---|---|---|
| Hose connections, fitting couplings, and valves | ☑Y | ☐N | Muck cookers | ☐Y | ☐N | N/A |
| Door gaskets and seating | ☑Y | ☐N | Stills | ☑Y | ☐N | |
| Filter gaskets and seating | ☑Y | ☐N | Exhaust dampers | ☐Y | ☐N | N/A |
| Pumps | ☑Y | ☐N | Diverter valves | ☐Y | ☐N | N/A |
| Solvent tanks and containers | ☑Y | ☐N | Cartridge Filter housing | ☑Y | ☐N | |
| Water separators | ☑Y | ☐N | | | | |

Wayne FOREMAN
Name of Responsible Official

Michele LONG
Inspector's Name (Please Print)

January 10, 2001
Date of Inspection

Michelle Long
Inspector's Signature

01-10-2002
Approximate Date of Next Inspection

**ADDITIONAL SITE INFORMATION:**

| | | | |
|---|---|---|---|
| **Machine #1:** | Ajax Economatic (1987) B545 | | |
| Manufacturer | Magic Air | Capacity 45 | lbs |
| Model# | | Serial# | Mfg yr |
| **Machine #2:** | | | |
| Manufacturer | | Capacity | lbs |
| Model# | | Serial# | Mfg yr |

**Notification (unpermitted sources only):**

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

**Record keeping :**

| | | |
|---|---|---|
| 1. Does facility have statement/specs as to the design accuracy of the temperature sensor? (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? | ❑Y | ❑N |
| 2. If wastewater is evaporated, is it an approved system, and using carbon filtration? | ❑Y | ❑N |
| 3. Does the facility have secondary containment for the dry-dry machine? | ❑Y | ❑N |
| 4. Does the facility have secondary containment for any perc. waste containers? | ❑Y | ❑N |

**Boiler:** Falcon

| | | |
|---|---|---|
| Manufacturer Industrial Boiler | | Hp 20 |
| Model # FIC53PV. | Serial # FVF10195 | Mfg yr 1988 |

Fuel Type: Natural gas? ❑ Propane? ☒ Fuel oil? ❑

**Comments:**

**ADDITIONAL SITE INFORMATION:**

## ENFORCEMENT SUMMARY

**INSPECTION DATE:** January 8, 2001 **ARMS #** 1030347

| Viol# | Violation Description | Frequency | From | To |
|---|---|---|---|---|
| per00 | Failure to notify and obtain a permit | | | |
| per01 | No purchase records | Monthly | | |
| per02 | No perc. purchase rolling totals | Monthly | | |
| per03 | No leak log | Weekly / (Bi-weekly) | Oct 2000 | Dec 2000 |
| per04 | No temp. log | Weekly | | |
| per05 | No SSM plan | | | |
| per06 | Temp. sensor accuracy verification | | | |
| per07 | No leak checks | Weekly / Bi-weekly | | |
| per08 | No temp. checks | Weekly | | |
| per09 | Perceptible leaks | | | |
| per10 | No carbon absorber | | | |
| per11 | No carbon absorber test | Weekly | | |
| per12 | No leak tight containers | | | |
| per13 | No separator pre-filter | | | |
| per14 | Leaks not repaired within 24hrs. | | | |
| per15 | Repair refrig. cond./carbon abs. within 2 days | | | |

| Viol# | Comments |
|---|---|
| per03 | Intermittant records on leak check log. Verbal warning that permit requires bi-weekly records that are consistant. Mr. Forman states he will ensure completion of leak check log on a regular basis |

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

7000 0520 0020 9372 9668

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

Postmark Here

10 AIRS ID # 1030347001AG
WAYNE A FORMAN
CROWN CLEANERS
33821 US HWY 19 N
PALM HARBOR FL 34684

PS Form 3800, [illegible]

by mailer)

for instructions

---

**SENDER: *COMPLETE THIS SECTION***

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

1. Article Addressed to:

10 AIRS ID # 1030347001AG
WAYNE A FORMAN
CROWN CLEANERS
33821 US HWY 19 N
PALM HARBOR FL 34684

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by *(Please Print Clearly)* | B. Date of Delivery: 8-17-01

C. Signature
X Carolyn Forman ☐ Agent ☐ Addressee

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

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

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

2. Article Number *(Copy from service label)*
7000 0520 0020 9372 9668

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 402012

**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 # 1030347
CROWN CLEANERS
WAYNE A FORMAN
33821 US HWY 19 N
PALM HARBOR FL 34684

RECEIVED
MAIL ROOM
JAN - 8 2001

**FOR GOVERNMENT USE ONLY**
**Org.: 37550101000 EO: 01**
**Fund: 20-2-035001**
**Obj.: 002273**

CROWN CLEANERS

9101

Department Of Environmental Protection

12/29/2000

2001

50.00

102-000 checking Am Sout AIRS ID. # 1030347

50.00

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

413242 JAN17 2002

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

# TOTAL AMOUNT DUE: $50.00

RECEIVED
JAN 22 2002
Bureau of Air Monitoring
& Mobile Sources

**Do NOT Remove Label**

AIRS ID # 1030347
CROWN CLEANERS
WAYNE A FORMAN
33821 US HWY 19 N
PALM HARBOR FL
34684

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

CROWN CLEANERS 10085

Department Of Environmental Protection 1/31/2002

AIRS ID# 1030347 50.00

102-000 checking Am Sout AIRS ID# 1030347 50.00

CROWN CLEANERS

3108

Department Of Environmental Protection 1/19/97

750-000 50.00

101-000 AIRS ID. # 1030347 50.00

**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING** 258964

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

CAWAY

RECEIVED
JAN 24 97

**TOTAL AMOUNT DUE: $50.00**

**Do NOT Remove Label**

AIRS ID# 1030347
SAWAY DRY CLEANERS INC
WAYNE A FORMAN
33821 US HWY 19 N
PALM HARBOR FL 34684

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0389877

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

RECEIVED
MAIL ROOM
DEC 20 99

Do NOT Remove Label

AIRS ID # 1010347
CLOTHES DOCTOR
PENNY PARKER
5300 EPPING LANE
ZEPHYRHILLS FL 33541

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING ✓ 0390749

**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

RECEIVED
MAIL ROOM
JAN -7 00

**Do NOT Remove Label**

AIRS ID # 1030347
CROWN CLEANERS
WAYNE A FORMAN
33821 US HWY 19 N
PALM HARBOR FL 34684

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

**CROWN CLEANERS**

Department Of Environmental Protection

1/19/2001

8028

50.00

102-000

AIRS ID. # 1030347

50.00

Z 333 660 687 1999

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

Sent to

AIRS ID # 1030347

CROWN CLEANERS
WAYNE A FORMAN
33821 US HWY 19 N
PALM HARBOR FL 34684

| | |
|---|---|
| Certified Fee | |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| **TOTAL** Postage & Fees | $ |
| Postmark or Date | |

PS Form **3800**, April 1995

Fold at line over top of envelope to the right of the return address

**S**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write *"Return Receipt Requested"* on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 1030347

CROWN CLEANERS
WAYNE A FORMAN
33821 US HWY 19 N
PALM HARBOR FL 34684

4a. Article Number
2333660687

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
2-13-99

5. Received By: *(Print Name)*

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*
X

PS Form **3811**, December 1994 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

0360406

**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

RECEIVED
MAIL ROOM
FEB 12 '99

**Do NOT Remove Label**

AIRS ID # 1030347
CROWN CLEANERS
WAYNE A FORMAN
33821 US HWY 19 N
PALM HARBOR FL 34684

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

CROWN CLEANERS

7015

*Department Of Environmental Protection* 1/20/1999
750-000 50.00

102-000 AIRS ID. # 1030347 50.00

**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

303727

RECEIVED
MAIL ROOM
FEB 25 98

**Do NOT Remove Label**

AIRS ID 1030347
CAWAY DRY CLEANERS INC
WAYNE A FORMAN
33821 US HWY 19 N
PALM HARBOR FL 34684

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

CROWN CLEANERS

5969

Department Of Environmental Protection
750-000

2/21/1998

50.00

102-000

AIRS ID. # 1030347

50.00

Z 333 613 243

US Postal Service

## Receipt for Certified Mail

No Insurance Coverage Provided.

AIRS ID 1030347
CAWAY DRY CLEANERS INC
WAYNE A FORMAN
33821 US HWY 19 N
PALM HARBOR FL 34684

| | |
|---|---|
| Postage | $ |
| Certified Fee | |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| **TOTAL** Postage & Fees | $ |
| Postmark or Date | |

PS Form **3800**, April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

**SENDER:**
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write *"Return Receipt Requested"* on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 1030347
CAWAY DRY CLEANERS INC
WAYNE A FORMAN
33821 US HWY 19 N
PALM HARBOR FL 34684

4a. Article Number
Z 333 613 243

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
2-14-98

5. Received By: *(Print Name)*

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*
X Jason McWayne

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.