



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

May 14, 1997

Mr. Robert R. Yates
Yates Cleaners
710 Missouri Avenue South
Clearwater, Florida 34616

Re: Facility No. 1030376

Dear Mr. Yates:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 1, 1997.

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

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

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

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

Sincerely,



Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Gary Robbins, Pinellas County

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

This was just mailed
to me.
LOCAL people did
NOT HAVE ME ON
FILES.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Yates Cleaners, Inc		
2. Site Name (For example, plant name or number):	Yates Cleaners		
3. Hazardous Waste Generator Identification Number:	FLD 982130866		
4. Facility Location:	Yates Cleaners		
Street Address:	710 Missouri Ave. 50		Zip Code: 34616
City:	CLEARWATER	County: PINELLAS	
5. Facility Identification Number (DEP Use):	1090376		

Responsible Official

6. Name and Title of Responsible Official:	Robert R. Yates, President		
7. Responsible Official Mailing Address:	Robert Yates		
Organization/Firm:	Yates Cleaners, Inc		
Street Address:	710 Missouri Ave. 50		Zip Code: 34616
City:	CLEARWATER	County: PINELLAS	
8. Responsible Official Telephone Number:			
Telephone:	(813) 446-1963	Fax:	() -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Robert R. Yates		
10. Facility Contact Address:	Yates Cleaners		
Street Address:	710 Missouri Ave. 50		Zip Code: 34616
City:	CLEARWATER	County: PINELLAS	
11. Facility Contact Telephone Number:			
Telephone:	(813) 446-1963	Fax:	() -

RECEIVED

APR 1 1997

#1030376

Yates Cleaners

p.14 1. (a) add date(s) control device(s)
installed

1. (c) mark out "X" and initial

3. should be new small area

source

p.15 4. should be new small area

source w/ refrig. con.

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
<i>Example</i>	#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		<i>JAN-95 Excluded</i>			<i>JAN 95</i>				
(2) w/ carbon adsorber									
(3) w/ no controls									
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

© No control devices are required to be installed

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

125 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.)

*NEW
SMALL
AREA
SOURCE*

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

X Existing Small Area Source
ALL Equipment Existing

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

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

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

Equipment Monitoring and Recordkeeping Information

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

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring *Not a, Completely Closed System*
- (e) Instrument calibration *N/A*
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

Responsible Official Certification

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

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

Robert R. Yates, Pres.
Signature
YATES CLEANERS, INC.

2-14-97
Date

#1030376

RECEIVED

MAY 20 1997

AIR QUALITY

Yates Cleaners

AS just mailed
ms
scal people did
not have me on
files

p.14 1.(a) add date(s) control device(s)
installed

1.(c) mark out "X" and initial

3. should be new small area
source

p.15 4. should be new small area
source w/ refrig. con.

1. Facility Name Yates	
2. Site Name Yates	
3. Hazardous Waste FL	
4. Facility Street Address City:	116
5. Facility	16

RECEIVED
MAY 21 1998
Bureau of Air Monitoring
& Mobile Sources

6. Name and Title Rob	
7. Responsible Organization Street Address City:	34616
8. Response Telephone	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): Robert R. Yates
10. Facility Contact Address: Yates Cleaners Street Address: 710 Missouri Ave. So City: CLEARWATER County: PIWELLAS Zip Code: 34616
11. Facility Contact Telephone Number: Telephone: (813) 446-1963 Fax: ()

RECEIVED

APR 1 1997

This was just mailed to me
Local people did not have me on files

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Yates Cleaners, Inc		
2. Site Name (For example, plant name or number):	Yates Cleaners		
3. Hazardous Waste Generator Identification Number:	FLD 982130866		
4. Facility Location:	Yates Cleaners		
Street Address:	710 Missouri Ave. 50		
City:	Clearwater	County:	Pinellas
		Zip Code:	34616
5. Facility Identification Number (DEP Use):	1030376		

RECEIVED
MAY 21 1998
Bureau of Air Monitoring & Mobile Sources

Responsible Official

6. Name and Title of Responsible Official:	Robert R. Yates, President		
7. Responsible Official Mailing Address:	Robert Yates		
Organization/Firm:	Yates Cleaners, Inc		
Street Address:	710 Missouri Ave. 50		
City:	Clearwater	County:	Pinellas
		Zip Code:	34616
8. Responsible Official Telephone Number:			
Telephone:	(813) 446-1963	Fax:	() -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Robert R. Yates		
10. Facility Contact Address:	Yates Cleaners		
Street Address:	710 Missouri Ave. 50		
City:	Clearwater	County:	Pinellas
		Zip Code:	34616
11. Facility Contact Telephone Number:			
Telephone:	(813) 446-1963	Fax:	() -

RECEIVED
APR 1 1997

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
<i>Example</i>	#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		JAN-95	1/95 Rq Enclosed		JAN-95				
(2) w/ carbon adsorber									
(3) w/ no controls									
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

Equip. Purchased New Control Devices Enclosed Installed 1/95 Rq

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

125 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

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 Rq 4-11-98

New large area source
Refrigerated condenser

~~EXISTING SMALL AREA SOURCE
ALL EQUIPMENT EXISTING~~

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

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

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

Equipment Monitoring and Recordkeeping Information

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

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring *NONE, Completely Closed System*
- (e) Instrument calibration *N/A*
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

Responsible Official Certification

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

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

Robert R. Galt
Robert R. Galt, Pres.
Signature
YATES CLEANERS, INC.

4-14-98
2-14-97
Date

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

RECEIVED
MAY 21 1998
Bureau of Air Monitoring
& Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 1030376 001 DATE: 4/14/98 TIME IN: 11:30 TIME OUT: 12:45

FACILITY NAME: Yates Cleaners

FACILITY LOCATION: 710 S. Missouri Ave.
Clearwater, FL, 34616

RESPONSIBLE OFFICIAL: Robert Yates PHONE: 813-446-1963

CONTACT: Robert Yates PHONE: 446-1963

PART I: NOTIFICATION

(Check appropriate box)

1. New facility notified DARM 30 days prior to startup

2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

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

<input type="checkbox"/> No notification form
<input type="checkbox"/> Drop store / out of business / petroleum

A.

1. Existing small area source <input type="checkbox"/> dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (Constructed before 12/9/91)	2. New small area source <input checked="" type="checkbox"/> dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (Constructed on or after 12/9/91)
3. Existing large area source <input type="checkbox"/> dry-to-dry only, 140 < 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 <input type="checkbox"/> 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 54 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?
Is the temperature differential equal to or greater than 20°F?
 Y N
 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?
Is the perc concentration equal to or less than 100 ppm?
 Y N NA
 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 duct diameters upstream from any bend contraction, or expansion; and downstream from no other inlet? Y N NA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N NA
6. Routed airflow to the carbon adsorber (if used) at all times? Y N NA

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N
 - 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 NA
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? *No deviation* Y N
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 leak detection and repair inspection? Y N

2. 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)

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: *(no leaks)*

Hose connections, fitting couplings, and valves	<input type="checkbox"/> Y <input type="checkbox"/> N	Muck cookers	<input type="checkbox"/> Y <input type="checkbox"/> N
---	---	--------------	---

Door gaskets and seating	<input type="checkbox"/> Y <input type="checkbox"/> N	Stills	<input type="checkbox"/> Y <input type="checkbox"/> N
--------------------------	---	--------	---

Filter gaskets and seating	<input type="checkbox"/> Y <input type="checkbox"/> N	Exhaust dampers	<input type="checkbox"/> Y <input type="checkbox"/> N
----------------------------	---	-----------------	---

Pumps	<input type="checkbox"/> Y <input type="checkbox"/> N	Diverter valves	<input type="checkbox"/> Y <input type="checkbox"/> N
-------	---	-----------------	---

Solvent tanks and containers	<input type="checkbox"/> Y <input type="checkbox"/> N	Cartridge Filter housing	<input type="checkbox"/> Y <input type="checkbox"/> N
------------------------------	---	--------------------------	---

Water separators	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
------------------	--	--	--

Robert Yates

Name of Responsible Official

Margaret J. Hennis

Inspector's Name (Please Print)

Margaret J. Hennis

Inspector's Signature

4/14/98

Date of Inspection

4/99

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Machine #1:
 Manufacturer Realstar Capacity 55 lbs
 Model# RS-47 Serial# 62-E4-052 Mfg yr 95

Machine #2:
 Manufacturer _____ Capacity _____ lbs
 Model# _____ Serial# _____ Mfg yr _____

Notification (unpermitted sources only):

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

Record keeping :

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) *Did not determine*

Hazardous Waste:

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

Boiler:

Manufacturer Hurst Hp 30 *1035#/hr Steam*
 Model # 93-212 Serial # V86-15063 Mfg yr 1993

Fuel Type: Natural gas? propane? fuel oil?

Comments: *Temperature measured 7°C, Uses meg Evap - by Evap. Tech. Still Bottoms in bucket - Mr. Yates placed bucket in closed container. I assisted w/ using DEP calendar to record consecutive 12 month totals. Revisions to permit were made and initialed. Mr. Yates will be obtaining a title to verify accuracy of temp. sensor.*

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

RECEIVED
MAY 21 1998
Bureau of Air Quality
& Monitoring
RE-INSPECTION

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: <u>1030376 001</u>	DATE: <u>4/14/98</u>	TIME IN: <u>11:30</u>	TIME OUT: <u>1:00</u>
FACILITY NAME: <u>Yates Cleaners</u>			
FACILITY LOCATION: <u>710 S. Missouri Ave.</u>			
<u>Clearwater, FL, 34616 33756</u>			
RESPONSIBLE OFFICIAL: <u>Robert Yates</u>		Phone No.: <u>813-446-1963</u>	
Permit No. <u>1030376-001-AG</u>		Exp. Date: _____	

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

Inspection Summary Report Guidance

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

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

Comments: *Still bottom residue in bucket. Assisted w/doing consecutive 12 month total - using DEP's calendar. Need to verify accuracy of temperature sensor.*

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 Hennis

Phone Number: 464-4422

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300 294 ✓

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

YATES CLEANERS INC
ROBERT R YATES
710 MISSOURI AVENUE
CLEARWATER FL 34616

AIRS ID#1030376

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

AIRS ID#: 1030376

ACC

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

RECEIVED

FACILITY NAME: Yates Cleaners DATE: 5/26/99
 FACILITY LOCATION: 710 S. Missouri Ave.
Clearwater, FL 33756

Bureau of Air Monitoring
& Mobile Sources

JUN 10 1999

Annual Reporting Period: April 14 1998 TO May 26 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: Robert R. Yates Robert R. Yates 5-26-99
 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#: <u>1030376 001</u>	DATE: <u>5/26/99</u>	TIME IN: <u>11:45</u>	TIME OUT: <u>12:28</u>
FACILITY NAME: <u>Yates Cleaners</u>			
FACILITY LOCATION: <u>710 S. Missouri Ave.</u>			
<u>Clearwater, FL, 33756</u>			
RESPONSIBLE OFFICIAL: <u>Robert Yates</u>		Phone No.: <u>446-1963</u>	
Permit No. <u>1030376-001-AG</u>		Exp. Date: _____	

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

Inspection Summary Report Guidance

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

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

Comments: *Facility appears to be over 140 gal./month. Needs to notify State as a new Large area source. Record keeping is adequate for changed status (already does weekly leak checks)*

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 RE-INSPECTION COMPLAINT/DISCOVERY

AIRS ID#: <u>1030376 001</u>	DATE: <u>5/26/99</u>	TIME IN: <u>11:45</u>	TIME OUT: <u>12:20</u>
FACILITY NAME: <u>Yates Cleaners</u>			
FACILITY LOCATION: <u>710 S. Missouri Ave.</u> <u>Clearwater, FL, 33756</u>			
RESPONSIBLE OFFICIAL: <u>Robert Yates</u>		PHONE: <u>446-1963</u>	
CONTACT: <u>Robert Yates</u>		PHONE: <u>"</u>	

PART I: NOTIFICATION	
(Check appropriate box)	
1. Existing facility notified DARM By 9/1/96 <u>4/1/97</u>	<input checked="" type="checkbox"/>
2. New facility notified DARM 30 days prior to startup	<input type="checkbox"/>
3. Facility failed to notify DARM to use general permit	<input type="checkbox"/>

PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (Check appropriate box)	<input type="checkbox"/> No notification form <input type="checkbox"/> Drop store / out of business / petroleum
A.	
1. Existing small area source <input type="checkbox"/> dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (Constructed before 12/9/91)	2. New small area source <input checked="" type="checkbox"/> dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (Constructed on or after 12/9/91)
3. Existing large area source <input type="checkbox"/> dry-to-dry only, 140 < 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 <input type="checkbox"/> 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: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Can not determine	
If no, please check the appropriate classification: <input checked="" type="checkbox"/> facility qualified for a general permit as number <u>4</u> above <input type="checkbox"/> facility exceeds above limits and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was <u>162.8</u> gallons.	

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

ART V: RECORDKEEPING REQUIREMENTS

As the responsible official:
 (check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

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

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

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

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

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

If using direct-reading instrumentation, is the equipment:

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

Margaret O'Hennis
Inspector's Name (Please Print)

5/26/99
Date of Inspection

Margaret O'Hennis
Inspector's Signature

5/2000
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Dry cleaning cycle had just ended. Temp. was 4°C. at sensor.
No fuel leaks observed. Has separator water - filtration -
mist system. Has haz. waste records - monthly.

ACC

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Yates Cleaners DATE: 1-5-00
 FACILITY LOCATION: 710 S. Missouri Ave.
Clearwater, FL 33756

Annual Reporting Period: May 26 1999 TO January 5 2000

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

If NO, complete the following:

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

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: _____

RECEIVED

FEB 11 2000

Bureau of Air Monitoring
& Mobile Sources

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

RESPONSIBLE OFFICIAL: Robert R. Yates Robert R. Yates 1-5-00
Name (Please Print) Signature Date

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

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

AIRS ID#:	1030376	DATE:	1/5/00	TIME IN:	11:55	TIME OUT:	12:25
FACILITY NAME:	Yates Cleaners						
FACILITY LOCATION:	710 S. Missouri Ave. Clearwater, FL 33756						
RESPONSIBLE OFFICIAL:	Robert Yates			Phone No.:	446-1963		
Permit No.:			Exp. Date:				

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

Inspection Summary Report Guidance

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

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

Comments: _____

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

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

Inspection Conducted by: Margaret Henning
(Please Print)

Inspector's Signature: Margaret U. Henning

Phone Number: 464-4422 Date of next Inspection: 1/01
(Approximate)

✓

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#:	1080376	DATE:	4/5/00	TIME IN:	11:55	TIME OUT:	12:25
FACILITY NAME:	Yates Cleaners						
FACILITY LOCATION:	710 S. Missouri Ave. Clearwater, FL 33756						
RESPONSIBLE OFFICIAL:	Robert Yates			PHONE:	446-1963		
CONTACT:	"			PHONE:	"		

PART I: NOTIFICATION

(Check appropriate box)

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

PART II: CLASSIFICATION

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

- | | |
|--|---|
| <p>A.</p> <p>1. Existing small area source <input type="checkbox"/>
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(Constructed before 12/9/91)</p> <p>3. Existing large area source <input type="checkbox"/>
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)</p> | <p><input type="checkbox"/> No notification form</p> <p><input type="checkbox"/> Drop store / out of business / petroleum</p> <p>2. New small area source <input checked="" type="checkbox"/>
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(Constructed on or after 12/9/91)</p> <p>4. New large area source <input type="checkbox"/>
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)</p> |
|--|---|

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 115 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N NA
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N NA
4. Maintained calibration data? (for direct reading instrument only) Y N NA
5. Maintained exhaust duct monitoring data on perc concentrations? Y N NA
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N NA
 Problem corrected? *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 | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Cartridge Filter housing | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | |

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

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

If using direct-reading instrumentation, is the equipment:

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

Margaret Hennis
Inspector's Name (Please Print)

1/5/00
Date of Inspection

Margaret V. Hennis
Inspector's Signature

1/01
Approximate Date of Next Inspection

Acc

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

FACILITY NAME: Yates Cleaners **Date:** 7/25/00

FACILITY LOCATION: 710 S. Missouri Ave.

Clearwater, FL, 33756

Annual Reporting Period: January 5, 2000 To July 25, 2000

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

IF NO, complete the following:

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

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

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

RECEIVED
AUG - 7 2000
Bureau of Air Monitoring
& Mobile Sources

#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: Robert Yates *Robert Yates* 7-25-00
(Name, Please Print) Signature Date

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

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



TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

AIRS ID#: <u>1030376</u>	DATE: <u>7/25/00</u>	TIME IN: <u>11:55 a.m.</u>	TIME OUT: <u>12:40 p.m.</u>
FACILITY NAME: <u>Yates Cleaners</u>			
FACILITY LOCATION: <u>710 S. Missouri Ave.</u> <u>Clearwater, FL, 33756</u>			
RESPONSIBLE OFFICIAL: <u>Robert Yates</u>		Phone No.: <u>446-1963</u>	
Permit No. <u>1030376-001-AG</u>		Exp. Date: <u>2/14/02</u>	

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

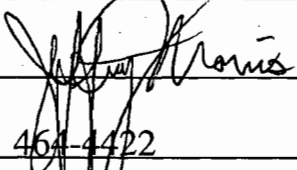
Inspection Summary Report Guidance

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

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

Comments: _____

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

Inspection Conducted by: Jeff Morris
 Inspector's Signature: 
 Phone Number: 464-4422

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

TYPE OF INSPECTION: ANNUAL RE-INSPECTION COMPLAINT/DISCOVERY

AIRS ID#: <u>1030376</u>	Date: <u>7/25/00</u>	TIME IN: <u>11:55am</u>	TIME OUT: <u>1:10pm</u>
FACILITY NAME: <u>Yates Cleaners</u>			
FACILITY LOCATION: <u>710 S. Missouri Ave.</u>			
<u>Clearwater, FL, 33756</u>			
RESPONSIBLE OFFICIAL: <u>Robert Yates</u>		PHONE: <u>446-1963</u>	
CONTACT: <u>Robert Yates</u>		PHONE: <u>446-1963</u>	

PART I: NOTIFICATION

(Check appropriate box)

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

PART II: CLASSIFICATION

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

- | | |
|--|---|
| <p>A.</p> <p>1. Existing small area source <input type="checkbox"/>
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(Constructed before 12/9/91)</p> <p>3. Existing large area source <input type="checkbox"/>
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)</p> | <p><input type="checkbox"/> No notification form</p> <p><input type="checkbox"/> Drop store / out of business / petroleum</p> <p>2. New small area source <input checked="" type="checkbox"/>
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(Constructed on or after 12/9/91)</p> <p>4. New large area source <input type="checkbox"/>
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)</p> |
|--|---|

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 78 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 ppai? Y N NA
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc. concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend contraction, or expansion; and downstream from no other inlet? Y N NA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N NA
6. Routed airflow to the carbon adsorber (if used) at all times? Y N NA

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

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

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

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

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

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

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

If using direct-reading instrumentation, is the equipment:

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

Jeff Morris
Inspector's Name (Please Print)

Jeff Morris
Inspector's Signature

7/25/00
Date of Inspection

2/25/01
Approximate Date of Next Inspection

1030376
Rec'd
2/15/01
ASCP

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

22

FACILITY NAME:	Yates Cleaners	DATE:	1/19/2001
FACILITY LOCATION:	710 S. Missouri Ave. Clearwater, FL, 33756		

Annual Reporting Period: July 25 20 00 To January 22 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:

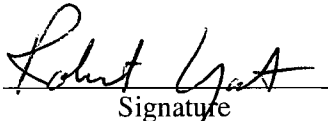
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

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: Robert Yates  1-22-01
(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 0376	DATE:	1/22/2001	TIME IN:	9:45 AM	TIME OUT:	10:35 AM
FACILITY NAME:	Yates Cleaners						
FACILITY LOCATION:	710 S. Missouri Ave., Clearwater, 33756						
RESPONSIBLE OFFICIAL:	Robert Yates	PHONE NUMBER:	446-1963				
Permit No.	1030376-001-AG		Exp. Date:				

- 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
<input type="checkbox"/>	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
<input type="checkbox"/>	Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
<input type="checkbox"/>	Monthly purchase records were not maintained as a consecutive twelve-month total.	Develop and implement a record keeping procedure that maintains monthly purchases (perc) as a consecutive twelve month total.
<input type="checkbox"/>	Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F.	Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2°F, or determine this by another method that the Department would consider appropriate.
<input type="checkbox"/>	Evaporator for separator wastewater does not incorporate a pre-filtration system.	Facility may choose to either dispose of perc-containing separator water as hazardous waste, or incorporate a carbon filtration system with the evaporator (as per the State's guidelines).
<input type="checkbox"/>	Did not store all 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.
<input type="checkbox"/>	Did not maintain a log of leak detection inspection and repair records.	Develop and implement a leak detection inspection and repair program. Maintain a log of leak detection inspection and repair records.
<input type="checkbox"/>	Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.

	Compliance Requirement/Problem	Follow-up Action Required
<input type="checkbox"/>	No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions.
<input type="checkbox"/>	Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.
<input type="checkbox"/>	Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.
<input type="checkbox"/>	The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.
<input type="checkbox"/>	Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.
<input type="checkbox"/>	Temperature monitoring was not conducted after an appropriate 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.
<input type="checkbox"/>	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.
<input type="checkbox"/>		
<input type="checkbox"/>		

Comments:

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

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

DATE OF NEXT INSPECTION

1 / 2002

(Approximate)

INSPECTION CONDUCTED BY:

Pwu-Sheng Liu

(Please Print)

INSPECTOR'S SIGNATURE:

Pwu-Sheng Liu

PHONE NUMBER:

464-4422

ASAP

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 103 0376 DATE: ²² 1/19/2001 TIME IN: 9:45 AM TIME OUT: 10:35 AM

FACILITY NAME: Yates Cleaners

FACILITY LOCATION: 710 S. Missouri Ave.
Clearwater, FL, 33756

RESPONSIBLE OFFICIAL: Robert Yates Phone No.: 446-1963

PERMIT NO. 1030376-001-AG EXP. DATE:

CONTACT: Robert Yates PHONE: 446-1963

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
- NA

PART II: CLASSIFICATION

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

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

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 117.40 Gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

A. Has the responsible official of all new sources and existing large area sources:

(check appropriate boxes)

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

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

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N NA
 Is the temperature differential equal to or greater than 10° F? Y N NA
3. Measured and recorded the perc concentration in the final drying cycle while the machine is venting to the atmosphere weekly at the end of the cycle if the machine is equipped with a carbon adsorber? Y N NA
 Is the perc concentration equal to or less than 10 ppm? Y N NA
4. Assured that the sampling location for perc concentrations is at least 20 meters upstream of any bend, contraction, or expansion; is at least 2 meters downstream from any bend contraction, or expansion; and downstream from no less than 10 meters from any vent or outlet? Y N NA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N NA
6. Routed airflow to the carbon adsorber (if used) at all times? Y N NA

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(Check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

1.	Does the responsible official conduct a weekly leak detection and repair inspection?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
2.	Which method of detection does the responsible official use?	<input type="checkbox"/> Y	<input type="checkbox"/> N
	Visual examination (condensed solvent of exterior surfaces)	<input checked="" type="checkbox"/>	
	Physical detection (airflow felt through gaskets)	<input checked="" type="checkbox"/>	
	Odor (noticeable perc odor)	<input checked="" type="checkbox"/>	
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	<input type="checkbox"/>	
	If using direct-reading instrumentation, is the equipment:	<input type="checkbox"/> Y	<input type="checkbox"/> N
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm	<input type="checkbox"/> Y	<input type="checkbox"/> N
	b. Calibrated against a standard gas prior to and after each use (PID/FID only).	<input type="checkbox"/> Y	<input type="checkbox"/> N
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	<input type="checkbox"/> Y	<input type="checkbox"/> N
	d. Kept in a clean and secure area when not in use.	<input type="checkbox"/> Y	<input type="checkbox"/> N
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	<input type="checkbox"/> Y	<input type="checkbox"/> N
3.	Has the facility maintained a leak log?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
4.	The following area should be checked for leaks by the inspector:	<input type="checkbox"/> Y	<input type="checkbox"/> N ^{NA}
	Hose connections, fitting couplings, and valves	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
	Door gaskets and seating	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
	Filter gaskets and seating	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
	Pumps	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
	Solvent tanks and containers	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
	Water separators	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
	Muck cookers	NA	<input type="checkbox"/> Y <input type="checkbox"/> N
	Stills		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
	Exhaust dampers	NA	<input type="checkbox"/> Y <input type="checkbox"/> N
	Diverter valves		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
	Cartridge Filter housing		<input type="checkbox"/> Y <input type="checkbox"/> N ^{NA}

Facility uses spin cloth filter to remove solids.

Robert Yates
Name of Responsible Official

Puu-Sheng Liu
Inspector's Name (Please Print)

11/22/2001
Date of Inspection

Puu-Sheng Liu
Inspector's Signature

1/2002
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Store Hours: Mon-Fri 7-7 Sat 8-5

Employees on site: 6

waited 20 minutes for Mr. Yate to arrive.

Spinned filter is used. Disc-like clothes and spinned out solids.

ADDITIONAL SITE INFORMATION:

22
1/19/2001

Machine #1:

Manufacturer *Realstar* Capacity *55* lbs
 Model# *RS-47* Serial# *62-E4-052* Mfg yr *95*

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 *NA*
 2. Did the facility insist on filling out its own notification, and will send it to FDEP? Y N *NA*

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: *Hurst*

Manufacturer *30* Hp
 Model # *93-212* Serial # *V86-150-63* Mfg yr *1993*

Fuel Type: Natural gas? Propane? Fuel oil?

Comments:

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389464

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 # 1030376

YATES CLEANERS
ROBERT R YATES
710 MISSOURI AVENUE
CLEARWATER FL 34616

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

RECEIVED
MAIL ROOM
DEC 14 99

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0355013

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

Bureau of Air Monitoring
& Mobile Sources

DEC 29 1998

DEC 29 1998

RECEIVED
MAIL ROOM

RECEIVED

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO 11981
Fund: 20-2-035001
Obj.: 002273

Do NOT Remove Label

AIRS ID # 1030376

YATES CLEANERS
ROBERT R YATES
710 MISSOURI AVENUE
CLEARWATER FL 34616



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

411962 DEC20 2001

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

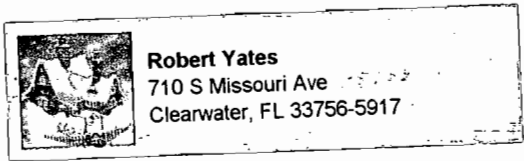
Do NOT Remove Label

AIRS ID # 1030376

YATES CLEANERS
ROBERT R YATES
710 MISSOURI AVENUE
CLEARWATER FL
34616

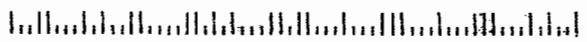
FOR GOVERNMENT USE ONLY

Org.: 3755010100 EO: A1
Fund: 20-2-035001
Obj.: 002273



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

32315+3070 99



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

405670 FEB20 2001

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 # 1030376

YATES CLEANERS
ROBERT R YATES
710 MISSOURI AVENUE
CLEARWATER FL 34616

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

407291 MAR21 2001

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

YATES CLEANERS ROBERT R YATES 710 MISSOURI AVENUE CLEARWATER FL 34616	AIRS ID # <u>1030376</u>
--	--------------------------

FOR GOVERNMENT USE ONLY Org.: 3755010100 Fund: 20-2-035001 Obj.: 002273
--

#6961 3755
2273
referred
pp 2/20/01
 Bureau of Air, Mobile & Monitoring Services
 MAR 26 2001
RECEIVED

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

9905 5289 7825 5068
 0026 4200 0000 0000

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

Postmark
Here

AIRS ID # 1030376

YATES CLEANERS
 ROBERT R YATES
 710 MISSOURI AVENUE
 CLEARWATER FL 34616

Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

AIRS ID # 1030376

YATES CLEANERS
 ROBERT R YATES
 710 MISSOURI AVENUE
 CLEARWATER FL 34616

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

2/9/10

C. Signature

X

Ann Brown

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 0600 0026 7825 5068

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

OFFICIAL USE

7000 2870 0000 7027 4640

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

Receipt
 Postmark Here

Total Postage 10 AIRS ID # 1030376001AG

Sent To ROBERT R YATES
 YATES CLEANERS
 Street, Apt. N 710 MISSOURI AVENUE
 CLEARWATER FL 34616
 City, State, Zi

PS Form 3800, May 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

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 # 1030376001AG
 ROBERT R YATES
 YATES CLEANERS
 710 MISSOURI AVENUE
 CLEARWATER FL 34616

70002870000070274640
 2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 2/7/02

C. Signature
x Daniel Colic 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