Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

December 19, 1997

Mr. Ronald K. Usry
Renaissance Vinoy Resort
501 5th Avenue Northeast
St. Petersburg, Florida 33701

Re: Facility No.: 1030409

Dear Mr. Usry:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 5, 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, Fl 32399-2400

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

Sincerely,

for Sandra Brewton

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Gary Robbins, Pinellas County

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

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

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Renaissance Vinoy Hotel
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
4. Facility Location:
   Street Address: 501 5th Ave. NE
   City: St. Petersburg County: Pinellas Zip Code: 33701
5. Facility Identification Number (DEP Use ONLY - do not fill in):

Responsible Official

6. Name and Title of Responsible Official:
   Name: Teresa Larry Title: Supervisor, Laundry Dept.
7. Responsible Official Mailing Address:
   Organization/Firm:
   Street Address: 501 5th Ave. NE
   City: St. Petersburg County: Pinellas Zip Code: 33701
8. Responsible Official Telephone Number:
   Telephone: (727) 894-1000 Fax: (727) 894-1970

Facility Contact (If different from Responsible Official)

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

Facility Information

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

How many dry-to-dry machines do you have on-site? [1]

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

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
June/1992	~~Existing~~/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

1.(b) **TRANSFER MACHINES ONLY**

How many washers do you have on-site? [_____]

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

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

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

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

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

[150] gallons (You must fill this in)

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

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

New store: [____] New machine [____]

Unopened store [____] (date of expected opening _____)

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

Small Area Source [____]

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

Large Area Source [X]

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

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

Existing machines at small area source	New machines at small area source
(NONE REQUIRED) [____]	Refrigerated condenser [____]
Existing machines at large area source	New machines at large area source
Carbon adsorber [X]	Refrigerated condenser [X]
Refrigerated condenser [X]	

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

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

How many boilers do you have on-site? [1]

For each boiler, indicate its horsepower (HP) rating: [150] [____] [____]

What type of fuel do you use?

[____] propane	[X] natural gas
[____] No. 2 fuel oil	[____] No. 4 fuel oil
[____] No. 6 fuel oil	[____] Other (please list)_____

6. Equipment Monitoring and Recordkeeping Information

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

(a) Purchase receipts and solvent purchases/solvent addition log [X]

(b) Leak detection inspection and repair [X]

(c) Refrigerated condenser temperature monitoring [X]

(d) Carbon adsorber exhaust perc concentration monitoring [____]

(e) Startup, shutdown, malfunction plan [X]

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

[X] No DEP air permits currently exist for the operation of the facility indicated in this notification form. (change of RO)

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.

Teresa Larry
Print name of responsible official

Teresa Larry
Signature

4/12/01
Date

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

COMMISSIONERS

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

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

April 23, 2001

Mr. Rick Butler
Bureau of Air Monitoring & Mobile Sources
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Re: Title V General Permit Notification **1030409-001-AG**

Mr. Butler:

Enclosed is a Title V General Permit Notification for Renaissance Vinoy Resort, 501 5th Avenue NE, St. Petersburg, FL 33701, which was recently collected.

If you have any questions concerning this mailing, you may contact me at Suncom 570-4422, or by E-mail.

Sincerely,

Matt McCann, Senior Environmental Specialist
Air Quality Division

cc: RF, PF (103 0409)

F:\users\wpdocs\airqual\aqi\040900401rochg.doc

Bowman, Sandy

From: Jeff Morris [jmorris@co.pinellas.fl.us]
Sent: Thursday, April 26, 2001 1:37 PM
To: Bowman, Sandy
Subject: RE: Renaissance Vinoy Hotel

I have not a clue. Ron, the former RO was Valet Supervisor.

>>> "Bowman, Sandy" <Sandy.Bowman@dep.state.fl.us> 04/26/01 01:33PM >>>
Jeff,

Thanks for getting back to me on this. The title of Supervisor, Laundry Dept. does not appear to meet the definition of an RO. Is she an officer of the corporation or a similar person? Sometimes it is hard to tell from titles?

Sandy

----Original Message----
From: Jeff Morris [mailto:jmorris@co.pinellas.fl.us]
Sent: Thursday, April 26, 2001 1:29 PM
To: Bowman, Sandy
Subject: RE: Renaissance Vinoy Hotel

Hi Sandy,

This is my facility. Indeed, the Renaissance Vinoy Hotel does have a new RO. Ms. Larry specifically told me her title was Supervisor, Laundry Dept.

Jeff

>>> "Bowman, Sandy" <Sandy.Bowman@dep.state.fl.us> 04/26/01 10:52AM >>>
Matt,
We received the notification form from the Renaissance Vinoy Hotel this morning. I noted that there is a change in the RO. Is this the only change?

Also, Ms. Larry's title of "Supervisor, Laundry Dept." does not meet the definition of Responsible Official. Generally, RO's for larger facilities such as this identify their engineers as the RO.

Sandy

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

AIRS ID#: 1030409 [redacted]

Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

acc

FACILITY NAME: Renaissance Vinoy Resort DATE: 11/10/97

FACILITY LOCATION: 501 5th Ave N.E.
St. Petersburg, FL 33701

Annual Reporting Period: November 10, 1996 TO November 10, 1997

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

If NO, complete the following:

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

The responsible official of the facility shall determine its eligibility for a Title V air general permit.

Exact period of non-compliance: from November 10, 1996 to November 10, 1997

Action(s) taken to achieve compliance: A facility that operates a dry cleaning machine shall apply

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:

Monthly purchase records were not maintained as a 12 month rolling average.

Exact period of non-compliance: from November 10, 1996 to November 10, 1997

Action(s) taken to achieve compliance: Develop & implement a record keeping

Method used to demonstrate compliance: procedure that maintains monthly purchases (perc) as a 12 month rolling average

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: Ronald Usry (Name (Please Print)) Ronald Usry (Signature) 11-10-97. (Date)

RECEIVED
DEC 5 1997
Bureau of Air Monitoring & Mobile Sources

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

AIRS ID#: _____ Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Renaissance Vinoy Resort DATE: 11/10/97

FACILITY LOCATION: 501 5th Ave N.E.
St Petersburg, FL 33701

Annual Reporting Period: November 10, 1996 TO November 10, 1997

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

If NO, complete the following:

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

Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F

Exact period of non-compliance: from November 10, 1996 to November 10, 1997

Action(s) taken to achieve compliance: Obtain verification from the manufacturer

Method used to demonstrate compliance: that the temperature sensor is designed to measure 45°F with an accuracy of ± 2°F.

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

Did not maintain a leak log (detection inspection leak log) and repair records

Exact period of non-compliance: from November 10, 1996 to November 10, 1997

Action(s) taken to achieve compliance: Develop and implement a leak detection

Method used to demonstrate compliance: log and maintain this log on a biweekly basis.

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: Ronald Usry (Name (Please Print)) Ronald Usry (Signature) 10-10-97 (Date)

RECEIVED
DEC 5 1997
Bureau of Air Monitoring & Mobile Sources

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

AIRS ID#: _____ Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Renaissance Vinoy Resort DATE: 11/10/97

FACILITY LOCATION: 501 5th Ave N.E.
St Petersburg, FL 33701

Annual Reporting Period: November 10, 1996 TO November 10, 1997

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

If NO, complete the following:

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

Did not measure and record the outlet temperatur of the refrigerated condenser on a dry-dry machine on a weekly basi

Exact period of non-compliance: from November 10, 1996 to November 10, 1997

Action(s) taken to achieve compliance: Measure and record the outlet temperature on a weekly basis

Method used to demonstrate compliance:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

RESPONSIBLE OFFICIAL: Ronald Usry (Name (Please Print)) Ronald Usry (Signature) 10-10-97 (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.

RECEIVED
DEC 5 1997
Bureau of Air Monitoring & Mobile Sources

TITLE V AIR QUALITY AIR GENERAL PERMIT
INSPECTION SUMMARY REPORT

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

TIME IN: 12:15 p.m.	TIME OUT: 12:30 p.m.	AIRS ID# **1030409 001**
TYPE OF FACILITY:	**Perchloroethylene Dry Cleaner**	
FACILITY NAME:	**Renaissance Vinoy Resort**	DATE: January 22, 1998
FACILITY LOCATION :	**501 5th Ave NE, St. Petersburg, FL 33701**	
RESPONSIBLE OFFICIAL:	**Ronald Usry**	PHONE NUMBER: (813) 894-1000

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

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Did not maintain a log of leak detection inspection and repair records.	Develop and implement a leak detection inspection and repair program. Maintain a log of leak detection inspection and repair records.

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

DATE OF NEXT INSPECTION: February 6, 1998 (Approximate)

INSPECTION CONDUCTED BY: Jeff Morris (Please Print)

INSPECTOR'S SIGNATURE: Jeff Morris PHONE NUMBER: 464-4422

Revised 10/96

I:\USERS\AIRQUAL\WPDOCS\AQTOX\CAA\DRYCLN\VINOY2.DOC

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
   Renaissance Vinoy Resort (Marriot Intl. Mgmt)
2. Site Name (For example, plant name or number):
   Renaissance Vinoy Resort
3. Hazardous Waste Generator Identification Number:
4. Facility Location:
   Street Address: 501 5th Ave N.E.
   City: St Petersburg, FL County: Pinellas Zip Code: 33701
5. Facility Identification Number (DEP Use): 1030109

Responsible Official

6. Name and Title of Responsible Official:
   Ronald K. Usry, Valet Supervisor
7. Responsible Official Mailing Address:
   Organization/Firm: Renaissance Vinoy Resort
   Street Address: 501 5th Ave N.E.
   City: St. Petersburg, FL County: Pinellas Zip Code: 33701
8. Responsible Official Telephone Number:
   Telephone: (813) 894-1000 Fax: (813) 894-1685

Facility Contact (If different from Responsible Official)

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

RECEIVED
DEC 5 1997
Bureau of Air Monitoring & Mobile Sources

1030409

12/18/97	Spoke to Ronald Usary and he stated that he is the person in charge of the Dry Cleaning equipment and he is the ultimate manager of that machine.
p14 1(c)	Should not be marked. Mark out and initial.
p16	Responsible Official sign and date for changes

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	*#1*	*03-OCT-93*	*12-NOV-93*	*#2*	*08-DEC-91*		*#3*	*02-MAR-92*	*02-MAR-92*
Dry-to-Dry Unit									
(1) w/ ref. condenser		15-JUN-92	15-JUN-92						
(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 [X] (has refrigerated condenser)

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

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 [X]

New large area source
Refrigerated condenser [ ]

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

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

All steam and hot water generating units exempt [X]
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 [X]

(b) Leak detection inspection and repair [X]

(c) Refrigerated condenser temperature monitoring [X]

(d) Carbon adsorber exhaust perc concentration monitoring [ ]

(e) Instrument calibration [ ]

(f) Start-up, shutdown, malfunction plan [X]

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

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

Responsible Official Certification

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

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

Ronald Kay
Signature

11-10-97.
Date

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☑ for COMPLAINT/DISCOVERY ☑

RE-INSPECTION ☐

AIRS ID#: _____ DATE: 11/10/97 TIME IN: 9:30 TIME OUT: 12:15p.m.

FACILITY NAME: Renaissance Vinoy Resort

FACILITY LOCATION: 501 5th Ave N.E.
St. Petersburg, FL 33701

RESPONSIBLE OFFICIAL: Ronald Usry PHONE: 894-1000

CONTACT NAME: Ronald Usry PHONE: 894-1000

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

A.

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

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

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

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

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

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 65 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

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

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

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

   If using direct-reading instrumentation, is the equipment: ☐N/A
   a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ☐Y ☐N
   b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ☐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)

11/10/97
Date of Inspection

Inspector's Signature

11/24/97
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

VIC 30lb
Dry-Dry
Machine

Mfg: 1992

Serial P6-91-1263-7
Model # 1235 F/S-1001

- NO GP application
- No leak log.
- No weekly temp sensor log.
- No temperature sensor design accuracy verification

1 Operates by propane gas
CleaverBrooks CB Packaged boiler 150HP
Model CBH700-60 Serial# L90189

- hazardous waste/waste water
- secondary containment needed for haz waste

TITLE V AIR QUALITY AIR GENERAL PERMIT
INSPECTION SUMMARY REPORT

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

TIME IN: 9:30 a.m. 1030409 TIME OUT: 12:15 p.m.		AIRS ID#
TYPE OF FACILITY:	**Perchloroethylene Dry Cleaner**	
FACILITY NAME:	**Renaissance Vinoy Resort**	DATE: November 10, 1997
FACILITY LOCATION :	**501 5th Ave. N.E., St. Petersburg, FL 33701**	
RESPONSIBLE OFFICIAL:	**Ronald Usry**	PHONE NUMBER: (813) 894-1000

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

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Monthly purchase records were not maintained as a twelve month rolling average.	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a twelve month rolling average.
The responsible official of the facility shall determine its eligibility for Title V air permit. New and existing dry cleaning facilities are required to complete and submit a Title V General Permit Notification Form.	A Title V General Permit Notification Form was completed by the facility at time of inspection.
Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F.	Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2°F, or determine this by another method that the Department would consider appropriate.
Did not maintain a log of leak detection inspection and repair records.	Develop and implement a leak detection inspection and repair program. Maintain a log of leak detection inspection and repair records.

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

DATE OF NEXT INSPECTION: November 24, 1997 (Approximate)

INSPECTION CONDUCTED BY: Jeff Morris (Please Print)

INSPECTOR'S SIGNATURE: [signature] PHONE NUMBER: 464-4422

Revised 10/96

VINOY.DOC

TITLE V AIR QUALITY AIR GENERAL PERMIT
INSPECTION SUMMARY REPORT

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

TIME IN: 9:30 a.m.	TIME OUT: 12:15 p.m.	AIRS ID#
TYPE OF FACILITY:	**Perchloroethylene Dry Cleaner**	
FACILITY NAME:	**Renaissance Vinoy Resort**	DATE: November 10, 1997
FACILITY LOCATION :	**501 5th Ave. N.E., St. Petersburg, FL 33701**	
RESPONSIBLE OFFICIAL:	**Ronald Usry**	PHONE NUMBER: (813) 894-1000

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

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

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.

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

DATE OF NEXT INSPECTION: November 24, 1997 (Approximate)

INSPECTION CONDUCTED BY: Jeff Morris (Please Print)

INSPECTOR'S SIGNATURE: [signature] PHONE NUMBER: 464-4422

Revised 10/96

VINOY.DOC

aec

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: 0409 001 **DATE:** 1/22/98 **TIME IN:** 12:15pm **TIME OUT:** 12:30p.m.

FACILITY NAME: Renaissance Vinoy Resort

FACILITY LOCATION: 501 5th Ave NE

St. Petersburg, FL

RESPONSIBLE OFFICIAL: Ronald Usry Phone No.: 894-1000

Permit No. 1030409-001-AG Exp. Date: 12/18/2002

PART I: NOTIFICATION

(Check appropriate box)

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

PART II: CLASSIFICATION

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

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

A.

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

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

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

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

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

If no, please check the appropriate classification:

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 65 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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 of exterior surfaces)	☑
Physical detection (airflow felt through gaskets)	☑
Odor (noticeable perc odor)	☑
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	☐

If using direct-reading instrumentation, is the equipment:

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

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

4. The following area should be checked for leaks by the inspector:

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

Ron Usery
Name of Responsible Official

Jeff Morris
Inspector's Name (Please Print)

1/22/98
Date of Inspection

Inspector's Signature

2/5/98
Approximate Date of Next Inspection

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

ADDITIONAL SITE INFORMATION:

Machine #1:
Manufacturer VIC Capacity 30 lbs
Model# 1235 F/S-1001 Serial# P6-91-1263-7 Mfg yr 1992

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

Notification (unpermitted sources only):
1. Was the facility assisted in filling out the notification by the inspector? ☒Y ☐N
2. Did the facility insist on filling out its own notification, and will send it to FDEP? ☐Y ☐N

Record keeping :
1. Does facility have statement/specs as to the design accuracy of the temperature sensor? ☐Y ☐N N/A
(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 N/A
3. Does the facility have secondary containment for the dry-dry machine? ☒Y ☐N
4. Does the facility have secondary containment for any perc. waste containers? ☒Y ☐N

Boiler:
Manufacturer Cleaver-Brooks CB Packaged Boiler Hp 150
Model # CBH 700-60 Serial # L90189 Mfg yr _____
Fuel Type: Natural gas? ☐ propane? ☒ fuel oil? ☐

Comments: Facility is not maintaining its bi-weekly leak log.

ADDITIONAL SITE INFORMATION:

TITLE V AIR QUALITY AIR GENERAL PERMIT
INSPECTION SUMMARY REPORT

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

AIRS ID#: 1030409 **DATE:** 8/10/98 **TIME IN:** 1:00p.m **TIME OUT:** 1:40p.m.

FACILITY NAME: Renaissance Vinoy Hotel

FACILITY LOCATION: 501 5th Ave. N.E.
St. Petersburg, FL

RESPONSIBLE OFFICIAL: Ron Usery Phone No.: 894-1000

Permit No. _____ Exp. Date: _____

RECEIVED
SEP 23 1998
Bureau of Air Monitoring & Mobile Sources

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

☑ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted (only items which are checked):

Inspection Summary Report Guidance

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

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

Comments: Need to keep weekly leak log updated, Facility is missing one week of data for the ~~August~~ July (7/13-7/18/98) & following: 2/6/98, 4/22/98, 8/3/98

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: Jeffrey Morris (Please Print)

Inspector's Signature: [signature]

Phone Number: 464-4422 Date of next Inspection: 3/12/98 (Approximate)

PL CHLOROETHYLENE DRY CLEAN. S
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: 1030409 001 **DATE:** 8/10/98 **TIME IN:** 1:00 p.m **TIME OUT:** 1:40 p.m

FACILITY NAME: Renaissance Vinoy Resort

FACILITY LOCATION: 501 5th Ave NE
St. Petersburg, FL, 33701

RECEIVED
SEP 23 1998
Bureau of Air Monitoring & Mobile Sources

RESPONSIBLE OFFICIAL: Ron Usery **PHONE:** 894-1000

CONTACT: _____ **PHONE:** _____

PART I: NOTIFICATION

(Check appropriate box)

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

PART II: CLASSIFICATION

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

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

A.

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

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

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

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

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

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 145 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

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

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

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

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

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

If using direct-reading instrumentation, is the equipment:

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

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

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

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

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

Jeffrey Morris
Inspector's Name (Please Print)

8/11/98
Date of Inspection

Inspector's Signature

3/12/99
Approximate Date of Next Inspection

FACILITY DETAILS:

FACILITY NAME: Renaissance Vinoy Hotel

Dry Cleaning Machine #1:

Manufacturer VIC Capacity 30 lbs

Model# 1235-1001 Serial# P6-91-1263-7 Mfg yr 1992

Dry Cleaning Machine #2:

Manufacturer _____ Capacity _____ lbs

Model# _____ Serial# _____ Mfg yr _____

Boiler:

Manufacturer Cleaver-Brooks CB Packaged Boiler Hp 150

Model # CBH700-60 Serial # L90189 Mfg yr 1998

Fuel Type: Natural gas? ☐ propane? ☑ fuel oil? ☐

Notification (unpermitted sources only):

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

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 N/A
3. Does the facility have secondary containment for the dry-dry machine? ☑Y ☐N
4. Does the facility have secondary containment for any perc. waste containers? ☑Y ☐N

Comments:

Leak by; Missing ~~Jan 30, 98~~, Feb 6, 1998, April 22, 1998, August records? Facility is not recording perchloroethylene purchases as a 12 mo. consecutive total. jm

AIRS ID#: 1030409

Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Renaissance Vinoy Hotel DATE: 9/8/98

FACILITY LOCATION: 501 5th Ave. NE
St. Petersburg, FL 33710

Annual Reporting Period: January 22, 1998 TO August 10, 1998

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
SEP 25 1998
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: Ronald K. Usry (Name Please Print) Ronald Usry (Signature) 9-8-98 (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.

INTEROFFICE MEMORANDUM

Date: 10-Mar-1999 12:26pm
From: Sandy Bowman TAL
BOWMAN_S
Dept: Air Resources Management
Tel No: 850/921-9583

To: Ann Sullivan TAL (SULLIVAN_A)
To: William Davis TAL (DAVIS_W)

Subject: Vinoy Renaissance

Ann,

In addition to the fax number I gave you earlier (922-1362),I would also like to give you a backup number, just in case... The other fax number is 922-6979. Our payment deadline was March 1 and we are now preparing to send out penalties. I would greatly appreciate it if I could receive the payment documentation for the Vinoy Renaissance prior to sending out penalty notices.

Thank you for all of your assistance.

Sandy

RENAISSANCE
VINOY RESORT

1/22/98

Sandy Bowman
Department of Environmental Protection
2600 Blairstone Rd.
Mail Station 5510
Tallahassee, FL. 32399-2400

Dear Ms. Bowman,

This letter is to confirm that the $50.00 overage that was received by the Waste Cleanup Department, was meant to be credited to the Air Permit Division, specifically, our Title V Air General Permit ID # 1030409.

I apologize for any confusion this may have caused you, and thank you again for all your help.

Sincerely,

Dana Frank
Engineering Coordinator

501 Fifth Avenue N.E., St. Petersburg, Florida 33701 Telephone 727-894-1000 Guest Fax 727-822-2785 Sales Fax 727-894-1970
RENAISSANCE HOTELS AND RESORTS

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: $50.00

Do NOT Remove Label

AIRS ID # 1030409
RENAISSANCE VINOY RESORT
RONALD USRY
501 5TH AVENUE NE
ST PETERSBURG FL 33701

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

Department of Environmental Protection
Cash Receiving Application (CRAR056)
Payment Transaction Detail Report %
Printed: 11-MAR-99 - Page: 2
Cashlist Area : 3755
Deposit Date Between 24-DEC-1998 and 24-DEC-1998

Fund	Object	Org	Samas Acct #
APCTF	002273	37550101000	202035001

Amount	DDN	Receipt #	PNR	Name	Dep Date	Check #	Dep #	CL #	Cl Area	Payment	Remittance	Reference Acct
50.00	62746			REMAISSANC	24-DEC-1998	0531736	990449	18040	3755	327974	300426	1030409
50.00	355255	246477		MADHU & JA	24-DEC-1998	3122	990453	18067	3755	313922	300334	0990405
50.00	355256	246478		WARRICK S,	24-DEC-1998	08964	990453	18067	3755	313923	300335	0112273
50.00	355257	246479		FIFTH AVEN	24-DEC-1998	2217	990453	18067	3755	313924	300336	0990378
50.00	355258	246480		KIMS CLEAN	24-DEC-1998	1107	990453	18067	3755	313925	300337	0112398
50.00	355259	246481		CLASSIC TO	24-DEC-1998	2233	990453	18067	3755	313926	300338	1170360
50.00	355260	246482		ACOSTA CLE	24-DEC-1998	2674	990453	18067	3755	313927	300339	0090155
50.00	355261	246483		GABRICK CO	24-DEC-1998	4299	990453	18067	3755	313928	300340	0250709
50.00	355262	246484		HUNT CLUB	24-DEC-1998	4800	990453	18067	3755	313929	300341	1170075
50.00	355263	246485		SANDALFOOT	24-DEC-1998	2675	990453	18067	3755	313930	300342	0990380
50.00	355264	246486		CRUZ R.	24-DEC-1998	0742	990453	18067	3755	313931	300343	1150095
50.00	355265	246487		TANTS 60 M	24-DEC-1998	1857	990453	18067	3755	313932	300344	0710153
50.00	355266	246488		TANTS 60 M	24-DEC-1998	14456	990453	18067	3755	313933	300345	0710154
50.00	355267	246489		SPRINGFIEL	24-DEC-1998	1965	990453	18067	3755	313934	300346	0950373
50.00	355268	246490		TENDER TOU	24-DEC-1998	7110	990453	18067	3755	313935	300347	1050310
50.00	355269	246491		GLS CLEANE	24-DEC-1998	13378	990453	18067	3755	313936	300348	0310402
50.00	355270	246492		ONE HOUR M	24-DEC-1998	344	990453	18067	3755	313937	300349	0890045
50.00	355271	246493		SPECIALTY	24-DEC-1998	1053	990453	18067	3755	313938	300350	1030421
50.00	355272	246494		PORT CITY	24-DEC-1998	56485	990453	18067	3755	313939	300351	0330228
50.00	355273	246495		PARKS CLEA	24-DEC-1998	5499	990453	18067	3755	313940	300352	0310359
50.00	355274	246496		FIRST CLAS	24-DEC-1998	8945	990453	18067	3755	313941	300353	0950344

Object Subtotal 1,050.00

Fund	Object	Org	Samas Acct #
002278	37550101000	202035001	

Amount	DDN	Receipt #	PNR	Name	Dep Date	Check #	Dep #	CL #	Cl Area	Payment	Remittance	Reference Acct
200.00	355341	246569		CROSS ENVI	24-DEC-1998	21974	990453	18067	3755	313824	300476	
1,000.00	355342	246570		LANG ENGIN	24-DEC-1998	009144	990453	18067	3755	313825	300477	

TITLE V AIR QUALITY AIR GENERAL PERMIT
INSPECTION SUMMARY REPORT

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

AIRS ID#: 1030409 001 **DATE:** 2/4/99 **TIME IN:** 10:35a.m. **TIME OUT:** 11:00a.m.

FACILITY NAME: Renaissance Vinoy Resort

FACILITY LOCATION: 501 5th Ave NE

St. Petersburg, FL, 33701

RESPONSIBLE OFFICIAL: _____ Phone No.: 894-1000

Permit No. 1030409-001-AG Exp. Date: 12/18/2002

RECEIVED
MAR 15 1999
Bureau of Air Monitoring & Mobile Sources

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

☐ Based on the results of the compliance requirements evaluated during this inspection, the following compliance **discrepancies** were noted (only items which are checked):

Inspection Summary Report Guidance

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

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

Comments:_____

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

Inspection Conducted by: **Jeffrey Morris**

Inspector's Signature: _____

Phone Number: 464-4422

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: 1030409 001 **DATE:** 2/4/99 **TIME IN:** 10:35a.m **TIME OUT:** 11:00a.m.

FACILITY NAME: Renaissance Vinoy Resort

FACILITY LOCATION: 501 5th Ave NE
St. Petersburg, FL, 33701

RESPONSIBLE OFFICIAL: Ron Usry **PHONE:** 894-1000

CONTACT: _____ **PHONE:** _____

PART I: NOTIFICATION

(Check appropriate box)

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

PART II: CLASSIFICATION

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

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

A.

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

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

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

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

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

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 70 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? ☑Y ☐N
2. Maintained rolling monthly averages of perc consumption? ☑Y ☐N
3. Maintained leak detection inspection and repair reports for the following:
   a. documentation of leaks repaired w/in 24 hrs? or; (Nov. 98 New Springs for Diverter Valve) ☑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	☑Y	☐N	☐NA	Muck cookers	☐Y	☐N	☑NA
Door gaskets and seating	☑Y	☐N	☐NA	Stills	☑Y	☐N	☐NA
Filter gaskets and seating	☑Y	☐N	☐NA	Exhaust dampers	☑Y	☐N	☐NA
Pumps	☑Y	☐N	☐NA	Diverter valves	☑Y	☐N	☐NA
Solvent tanks and containers	☑Y	☐N	☐NA	Cartridge Filter housing	☑Y	☐N	☐NA
Water separators	☑Y	☐N	☐NA				

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

If using direct-reading instrumentation, is the equipment:

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

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

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

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

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

Jeff Morris
Inspector's Name (Please Print)

2/4/99
Date of Inspection

Inspector's Signature

8/4/99
Approximate Date of Next Inspection

FACILITY DETAILS:

FACILITY NAME: Renaissance Vinoy Hotel

Dry Cleaning Machine #1:

Manufacturer VIC Capacity 30 lbs

Model# 1235-1001 Serial# P6-91-1263-7 Mfg yr 1992

Dry Cleaning Machine #2:

Manufacturer _____ Capacity _____ lbs

Model# _____ Serial# _____ Mfg yr _____

Boiler:

Manufacturer Cleaver-Brooks CB Packaged Boiler Hp 150

Model # CBH 700-60 Serial # L90189 Mfg yr 1998

Fuel Type: Natural gas? ☐ propane? ☑ fuel oil? ☐

Notification (unpermitted sources only):

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

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 N/A
3. Does the facility have secondary containment for the dry-dry machine? ☑Y ☐N
4. Does the facility have secondary containment for any perc. waste containers? ☑Y ☐N

Comments:

ADDITIONAL SITE INFORMATION:

Responsible official, Ron Usry, performed a leak check and demonstrated/identified all leak check points. pm

AIRS ID#: 1030409

Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Renaissance Vinoy Hotel DATE: 2/4/99

FACILITY LOCATION: 501 5th Ave. N.E.
St. Petersburg, FL 33701

Annual Reporting Period: August 10, 1998 TO February 4, 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: _____

RECEIVED
MAR 15 1999
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: Ronald Usry (Name (Please Print)) Ronald Usry (Signature) 2-4-99 (Date)

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

ACC

AIRS ID#: 1030409

Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Renaissance Vinoy Hotel DATE: 8/4/99

FACILITY LOCATION: 501 5th Ave. N.E.
St. Petersburg, FL 33710

RECEIVED
SEP 15 1999
Bureau of Air Monitoring & Mobile Sources

Annual Reporting Period: February 4, 1999 TO August 4, 1999

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

If NO, complete the following:

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

Monthly purchase records were not maintained as a consecutive twelve month total.

Exact period of non-compliance: from July 1, 1999 to July 31, 1999

Action(s) taken to achieve compliance: Maintain monthly purchases as a consecutive 12 month total.

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:

Did not maintain a log of leak detection inspection and repair records.

Exact period of non-compliance: from July 1, 1999 to July 31, 1999

Action(s) taken to achieve compliance: Maintain a log of leak detection inspection and repair records.

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: RONALD USRY (Name (Please Print)) Ronald Usry (Signature) 8-4-99 (Date)

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

TITLE V AIR QUALITY AIR GENERAL PERMIT
INSPECTION SUMMARY REPORT

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

AIRS ID#: 1030409 001 **DATE:** 8/4/99 **TIME IN:** 10:07 a.m **TIME OUT:** 11:15 a.m

FACILITY NAME: Renaissance Vinoy Resort

FACILITY LOCATION: 501 5th Ave NE

St. Petersburg, FL, 33701

RESPONSIBLE OFFICIAL: Ron Usery Phone No.: 894-1000

Permit No. 1030409-001-AG Exp. Date: 12/18/2002

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

☑ Based on the results of the compliance requirements evaluated during this inspection, the following compliance **discrepancies** were noted (only items which are checked):

Inspection Summary Report Guidance

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

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

Comments: Facility did not maintain bi-weekly leak log and 12-month consecutive total for July, 1999. jm

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: **Jeffrey Morris**

Inspector's Signature: Jeffrey Morris

Phone Number: 464-4422

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: 1030409 001 **DATE:** 8/4/99 **TIME IN:** 10:07a.m. **TIME OUT:** 11:15a.m.

FACILITY NAME: Renaissance Vinoy Resort

FACILITY LOCATION: 501 5th Ave NE
St. Petersburg, FL, 33701

RESPONSIBLE OFFICIAL: Ron Usecy **PHONE:** 894-1000

CONTACT: _____ **PHONE:** _____

PART I: NOTIFICATION

(Check appropriate box)

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

PART II: CLASSIFICATION

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

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

A.

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

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

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

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

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

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 165 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

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

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

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

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

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

If using direct-reading instrumentation, is the equipment:

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

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

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

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

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

Jeff Morris
Inspector's Name (Please Print)

8/4/99
Date of Inspection

Jeff Morris
Inspector's Signature

2/4/2000
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

installed refrigerated condenser coil on 6/9/99. Reflected in weekly leak log. pm

- Facility did not maintain 12-month consecutive total and bi-weekly leak log for July, 1999. pm

TITLE V AIR QUALITY AIR GENERAL PERMIT
INSPECTION SUMMARY REPORT

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

AIRS ID#: 1030409 **DATE:** 8/10/98 **TIME IN:** 1:00p.m **TIME OUT:** 1:40p.m.

FACILITY NAME: Renaissance Vinoy Hotel

FACILITY LOCATION: 501 5th Ave. N.E.
St. Petersburg, FL

RESPONSIBLE OFFICIAL: Ron Usery Phone No.: 894-1000

Permit No. _____ Exp. Date: _____

RECEIVED
AUG 1998
Bureau of Air Monitoring & Mobile Sources

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

☑ Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted (only items which are checked):

Inspection Summary Report Guidance

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

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

Comments: Need to keep weekly leak log updated. Facility is missing one week of data for the ~~August~~ July (7/13-7/18/98) & following: 2/6/98, 4/22/98, 8/3/98

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: Jeffrey Morris (Please Print)

Inspector's Signature: [signature]

Phone Number: 464-4422 Date of next Inspection: 3/12/98 (Approximate)

PL CHLOROETHYLENE DRY CLEAN. S
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: 1030409 001 **DATE:** 8/10/98 **TIME IN:** 1:00p.m **TIME OUT:** 1:40 p.m

FACILITY NAME: Renaissance Vinoy Resort

FACILITY LOCATION: 501 5th Ave NE
St. Petersburg, FL, 33701

RESPONSIBLE OFFICIAL: Ron Usery **PHONE:** 894-1000

CONTACT: _____ **PHONE:** _____

PART I: NOTIFICATION

(Check appropriate box)

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

PART II: CLASSIFICATION

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

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

A.

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

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

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

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

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

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 145 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

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

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

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

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

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

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

If using direct-reading instrumentation, is the equipment:

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

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

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

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

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

Jeffrey Morris
Inspector's Name (Please Print)

8/11/98
Date of Inspection

Inspector's Signature

3/12/99
Approximate Date of Next Inspection

FACILITY DETAILS:

FACILITY NAME: Renaissance Vinoy Hotel

Dry Cleaning Machine #1:

Manufacturer VIC Capacity 30 lbs

Model# 1235-1001 Serial# P6-91-1263-7 Mfg yr 1992

Dry Cleaning Machine #2:

Manufacturer _____ Capacity _____ lbs

Model# _____ Serial# _____ Mfg yr _____

Boiler:

Manufacturer Cleaver-Brooks CB Packaged Boiler Hp 150

Model # CBH700-60 Serial # L90189 Mfg yr 1998

Fuel Type: Natural gas? ☐ propane? ☑ fuel oil? ☐

Notification (unpermitted sources only):

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

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 N/A
3. Does the facility have secondary containment for the dry-dry machine? ☑Y ☐N
4. Does the facility have secondary containment for any perc. waste containers? ☑Y ☐N

Comments:

Leak by; Missing ~~Jan 30, 98~~, Feb 6, 1998, April 22, 1998, August records? Facility is not recording perchloroethylene purchases as a 12 mo. consecutive total Jm

Z 333 660 715 1999

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

AIRS ID # 1030409

RENAISSANCE VINOY RESORT
RONALD USRY
501 5TH AVENUE NE
ST PETERSBURG FL 33701

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

PS Form **3800**, April 1995

AIRS ID#: 1030409 AVC

Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Renaissance Vinoy Hotel DATE: 2/3/00

FACILITY LOCATION: 501 5th Ave. NE
St. Petersburg, FL 33701

Annual Reporting Period: August 4, 1999 TO February 3, 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: _____

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: Ronald Usry (Name (Please Print)) Ronald Usry (Signature) 2/3/00 (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#: 1030409 **DATE:** 2/3/00 **TIME IN:** 11:00a.m. **TIME OUT:** 11:40a.m.

FACILITY NAME: Renaissance Vinoy Resort

FACILITY LOCATION: 501 5th Ave NE
St. Petersburg, FL, 33701

RESPONSIBLE OFFICIAL: Ron Usery Phone No.: 894-1685

Permit No. 1030409 **Exp. Date:** 11/10/02

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

☐ Based on the results of the compliance requirements evaluated during this inspection, the following compliance **discrepancies** were noted (only items which are checked):

Inspection Summary Report Guidance

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

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

Comments:_____

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

Inspection Conducted by: Jeff Morris

Inspector's Signature: _____

Phone Number: 464-4422

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: 1030409 **Date:** 2/3/00 **TIME IN:** 11:09 a.m. **TIME OUT:** 11:40 a.m.

FACILITY NAME: Renaissance Vinoy Resort

FACILITY LOCATION: 501 5th Ave NE
St. Petersburg, FL, 33701

RESPONSIBLE OFFICIAL: Ron Usery **PHONE:** 894-1685

CONTACT: Ron Usery **PHONE:** 894-1685

PART I: NOTIFICATION

(Check appropriate box)

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

PART II: CLASSIFICATION

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

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

A.

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

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

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

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

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

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 95 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

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

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

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

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

If using direct-reading instrumentation, is the equipment:

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

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

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

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

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

Jeff Morris
Inspector's Name (Please Print)

2/3/00
Date of Inspection

Jeff Morris
Inspector's Signature

8/3/00
Approximate Date of Next Inspection

AIRS ID 1030409

Revised 10/1/99

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Renaissance Vinoy Resort **Date:** 8/4/00

FACILITY LOCATION: 501 5th Avenue NE

St. Petersburg, FL, 33701

Annual Reporting Period: February 3, 2000 To August 4, 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
SEP 1 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: Ron Usry (Name, Please Print) Ronald Usry Signature 8-5-00 Date

Teresa Larry Teresa Larry

*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#: 1030409 **DATE:** 8/4/00 **TIME IN:** 10:34a.m **TIME OUT:** 10:55a.m

FACILITY NAME: Renaissance Vinoy Resort

FACILITY LOCATION: 501 5th Avenue NE
St. Petersburg, FL. 33701

RESPONSIBLE OFFICIAL: Ron Usry Phone No.: (727) 894-1685

Permit No. 1030409-001-AG **Exp. Date:** 11/10/2002

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

☐ Based on the results of the compliance requirements evaluated during this inspection, the following compliance **discrepancies** were noted (only items which are checked):

Inspection Summary Report Guidance

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

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

Comments: _____

_____

_____

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

Inspection Conducted by: Jeff Morris

Inspector's Signature: _____

Phone Number: 464-4422

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: 1030409 **Date:** 8/4/00 **TIME IN:** 10:34a.m **TIME OUT:** 10:55a.m

FACILITY NAME: Renaissance Vinoy Resort

FACILITY LOCATION: 501 5th Avenue NE
St. Petersburg, FL, 33701

RESPONSIBLE OFFICIAL: Ron Usry **PHONE:** (727) 894-1685

CONTACT: Ron Usry **PHONE:** (727) 894-1685

PART I: NOTIFICATION

(Check appropriate box)

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

PART II: CLASSIFICATION

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

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

A.

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

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

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

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

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

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 960 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; fan replaced front door 5/24 ☑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? valve change 5/24 ☑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	☑Y	☐N	☐NA	Muck cookers	☐Y	☐N	☑NA
Door gaskets and seating	☑Y	☐N	☐NA	Stills	☑Y	☐N	☐NA
Filter gaskets and seating	☑Y	☐N	☐NA	Exhaust dampers	☑Y	☐N	☐NA
Pumps	☑Y	☐N	☐NA	Diverter valves	☑Y	☐N	☐NA
Solvent tanks and containers	☑Y	☐N	☐NA	Cartridge Filter housing	☑Y	☐N	☐NA
Water separators	☑Y	☐N	☐NA				

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

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

If using direct-reading instrumentation, is the equipment:

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

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

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

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

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

N/A

Jeff Morris
Inspector's Name (Please Print)

8/4/00
Date of Inspection

Inspector's Signature

2/4/01
Approximate Date of Next Inspection

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

RECEIVED
DEC 27 2000
Bureau of Air Monitoring
& Mobile Sources

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

33-610108

RECEIVED
MAIL ROOM
DEC27 2000

Do NOT Remove Label

AIRS ID # 1030409
RENAISSANCE VINOY RESORT
RONALD USRY
501 5TH AVENUE NE
ST PETERSBURG FL 33701

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

12-27-00

RENAISSANCE VINOY RESORT
ST. PETERSBURG, FLORIDA

501 5TH AVENUE, N.E.
ST. PETERSBURG, FL 33701
(727) 894-1000

0000000006424
DEPT OF ENVIRONMENTAL

CHECK NUMBER
0549436
0000549436

INVOICE NUMBER	INVOICE DATE	GROSS AMOUNT	DISCOUNT TAKEN	NET AMOUNT
WE121500	12/15/2000	50.00	.00	50.00
CHECK DATE ▶	12/20/2000		CHECK AMOUNT ▶	50.00

Z 333 612 766

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

AIRS ID 1030409
RENAISSANCE VINOY RESORT
RONALD USRY
501 5TH AVENUE NE
ST PETERSBURG FL 33701

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

PS Form **3800**, April 1995

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 1030409
RENAISSANCE VINOY RESORT
RONALD USRY
501 5TH AVENUE NE
ST PETERSBURG FL 33701

4a. Article Number
Z 333 612 766

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

7. Date of Delivery
2/14/98

5. Received By: *(Print Name)*
Robb Tahn

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

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

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

...ou for using Return Receipt Service.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 304128

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

TOTAL AMOUNT DUE: $50.00

RECEIVED
MAIL ROOM
MAR - 2 98

Do NOT Remove Label

AIRS ID#1030409
RENAISSANCE VINOY RESORT
RONALD USRY
501 5TH AVENUE NE
ST PETERSBURG FL 33701

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

RENAISSANCE VINOY RESORT
ST. PETERSBURG
501 5TH AVENUE, N.E.
ST. PETERSBURG, FL 33701
(813) 894-1000

CHECK NUMBER
045426

DEPT. OF ENVIRONMENTAL PROTECTION

INVOICE NUMBER	INVOICE DATE	GROSS AMOUNT	DISCOUNT TAKEN	NET AMOUNT
WE21998PER	2/19/98	PERMIT FOR DRY CLEANER		50.00
CHECK DATE ▶	2/24/98		CHECK AMOUNT ▶	50.00

RENAISSANCE
HOTELS AND RESORTS

RECEIVED
MAR 04 1998
Bureau of Air Monitoring
& Mobile Sources

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

7000 1670 0013 3109 4910

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	10

Postmark Here: released 02

AIRS ID # 1030409001AG
TERESA LARRY
RENAISSANCE VINOY RESORT
501 5TH AVENUE NE
ST PETERSBURG FL
33701

PS Form 3800, May 2000 — See Reverse for Instructions

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

COMPLETE THIS SECTION ON DELIVERY

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

A. Received by *(Please Print Clearly)* — B. Date of Delivery: 1-31-02

C. Signature: X Theresa Brown ☐ Agent ☐ Addressee

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

1. Article Addressed to:

10 AIRS ID # 1030409001AG
TERESA LARRY
RENAISSANCE VINOY RESORT
501 5TH AVENUE NE
ST PETERSBURG FL
33701

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

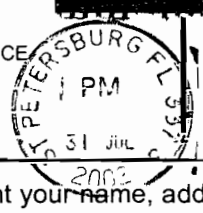
4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7000 1670 0013 3109 4910

PS Form 3811, March 2001 — Domestic Return Receipt — 102595-01-M-1424

FOLD AT DOTTED LINE

UNITED STATES POSTAL SERVICE



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

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

RECEIVED

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

AUG 0 8 20

Bureau of Air Monitoring
& Mobile Sources

2399+2400

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414467 FEB25 2002

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

TOTAL AMOUNT DUE: $50.00

33-610108

Do NOT Remove Label

AIRS ID # 1030409
RENAISSANCE VINOY RESORT
TERESA LARRY
501 5TH AVENUE NE
ST PETERSBURG FL
33701

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

RENAISSANCE VINOY RESORT AND GOLF CLUB
ST. PETERSBURG, FLORIDA

501 5TH AVENUE, N.E.
ST. PETERSBURG, FL 33701
(727) 894-1000

0000000003239
DEPT OF ENVIRON PROTECTION

CHECK NUMBER
0560584
0000560584

INVOICE NUMBER	INVOICE DATE	GROSS AMOUNT	DISCOUNT TAKEN	NET AMOUNT
WE021802	02/18/2002	50.00	.00	50.00
CHECK DATE ▶	02/21/2002		CHECK AMOUNT ▶	50.00

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

7000 0600 0026 4128 6297

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

Postmark Here

AIRS ID # 1030409
RENAISSANCE VINOY RESORT
TERESA LARRY
501 5TH AVENUE NE
ST PETERSBURG FL
33701

PS Form 3800, February 2000 — See Reverse for Instructions

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

SENDER: COM ... **N ON DELIVERY**

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

1. Article Addressed to:

AIRS ID # 1030409
RENAISSANCE VINOY RESORT
TERESA LARRY
501 5TH AVENUE NE
ST PETERSBURG FL
33701

7000 0600 0026 4128 6297

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

A. Received by *(Please Print Clearly)*: WILHEMINA WILDER — B. Date of Delivery: 2-9

C. Signature: x Wilhemina Wilder — ☐ 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

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-99-M-1789

Z 333 660 699

1999

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

Sent to

AIRS ID # 1030409
RENAISSANCE VINOY RESORT
RONALD USRY
501 5TH AVENUE NE
ST PETERSBURG FL 33701

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

PS Form **3800**, April 1995

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

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 1030409
RENAISSANCE VINOY RESORT
RONALD USRY
501 5TH AVENUE NE
ST PETERSBURG FL 33701

4a. Article Number
Z 333 660 699

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

7. Date of Delivery
2-13-99

5. Received By: *(Print Name)*

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

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

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

✓ 389549

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

TOTAL AMOUNT DUE: $50.00

RECEIVED
DEC 17 1999
Bureau of Air Monitoring & Mobile Sources

RECEIVED
MAIL ROOM
DEC 15 99

Do NOT Remove Label

AIRS ID # 1030409
RENAISSANCE VINOY RESORT
RONALD USRY
501 5TH AVENUE NE
ST PETERSBURG FL 33701

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

RENAISSANCE.
VINOY RESORT
ST. PETERSBURG, FLORIDA

501 5TH AVENUE, N.E.
ST. PETERSBURG, FL 33701
(813) 894-1000

000000006424
DEPARTMENT OF ENVIRONMENTAL

CHECK NUMBER
0539627
0000539627

INVOICE NUMBER	INVOICE DATE	GROSS AMOUNT	DISCOUNT TAKEN	NET AMOUNT
WE12899	12/08/1999	50.00	.00	50.00
CHECK DATE ▶	12/09/1999		CHECK AMOUNT ▶	50.00