

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,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Gary Robbins, Pinellas County

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



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 recompleted form to the address listed in the instructions and keep a copy of the form for your files. completed form to the address listed in the instructions and keep a copy of the form for your files.

| 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: 501 564 Ave. NE | | | | |
| | City: St. Petersburg County: Pinellas Zip Code: 33701 | | | | |
| 5. | Facility Identification Number (DEP Use ONLY do not fill in): | | | | |
| | The state of the s | 345 | | | |
| Res | ponsible Official | | | | |
| | Name and Title of Responsible Official: | _ | | | |
| | ne: Teresa Larry Title: Supervisor, Laundry Dept. | | | | |
| 7. | Responsible Official Mailing Address: | | | | |
| | Organization/Firm: Street Address: 501 5th Ave. NE | | | | |
| | City: St. PetersburgCounty: Pinellas ZipCode: 33701 | | | | |
| 8. | Responsible Official Telephone Number: | | | | |
| | Telephone: (727) 894-1000 Fax: (727)844-1970 | | | | |
| Fac | ility Contact (If different from Responsible Official) | | | | |
| 9. | Name and Title of Facility Contact (For example, plant manager): | | | | |
| 10. | Facility Contact Address: | | | | |
| | Street Address: | | | | |
| | City: Zip Code: | | | | |
| 11. | Facility Contact Telephone Number: | | | | |
| | Telephone: () - Fax: () - | | | | |
| | | | | | |

DEP Form No. 62-213.900(2)

Facility Name and Location

Effective: 2/24/99

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY How many dry-to-dry machines do you have on-site? For each dry-to-dry machine on-site, please provide the following information: Date Initially Purchased Control Device Required* Date Control Device Installed Status (if already included at time of From Manufacturer (circle one) (circle one) 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 adsorber1.(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: Control Device Required* Date Initially Purchased Date Control Device Installed Status From Manufacturer (circle one) (if already included at time of (circle one) 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 adsorber2.(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 [____]

DEP Form No. 62-213.900(2) Effective: 2/24/99

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 (NONE REQUIRED) [] New machines at small area source Refrigerated condenser [] | | | | | |
| Existing machines at large area source Carbon adsorber Refrigerated condenser Existing machines at large area source Refrigerated condenser Refrigerated condenser | | | | | |
| 5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria). | | | | | |
| All steam and hot water generating units exempt [X] OR No such units on-site [] | | | | | |
| How many boilers do you have on-site? [] | | | | | |
| For each boiler, indicate its horsepower (HP) rating: [\frac{\psi 50}{2}] [] | | | | | |
| What type of fuel do you use? [] propane [] No. 2 fuel oil [] No. 4 fuel oil [] Other (please list) | | | | | |
| 6. Equipment Monitoring and Recordkeeping Information | | | | | |
| Check all logs which are required to be kept on-site in accordance with the requirements of this general permit: | | | | | |
| (a) Purchase receipts and solvent purchases/solvent addition log | | | | | |
| (b) Leak detection inspection and repair | | | | | |
| (c) Refrigerated condenser temperature monitoring | | | | | |
| (d) Carbon adsorber exhaust perc concentration monitoring [] | | | | | |
| (e) Startup, shutdown, malfunction plan | | | | | |

DEP Form No. 62-213.900(2) Effective: 2/24/99 15

| 7. Surrender | of Existing DEP Air Permit(s) |
|----------------------------------|---|
| Please indica | te 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 |
| [<u>×</u>] | No DEP air permits currently exist for the operation of the facility indicated in this notification form (change of RO) |
| Responsible | Official Certification |
| statemen maintain comply v | fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form. |
| """ | omptly notify the Department of any changes to the information contained in this notification. |

DEP Form No. 62-213.900(2) Effective: 2/24/99



PINELLAS COUNTY DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

AIR QUALITY DIVISION 300 SOUTH GARDEN AVENUE CLEARWATER, FLORIDA 33756



COMMISSIONERS

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Kenneth T. Welch, Commissioner

PHONÉ: FAX: SUNCOM: SUNCOM FAX: A NOBIJE SOURCES

(727) 464-4422 (727) 464-4420 570-4422 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



Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



| FACILITY NAME: Renaiss | ance Vir | roy Resor | t | DATE: 11/10/97 |
|--|----------------------|---------------------|--------------------|---|
| FACILITY LOCATION: 501 5 | ith Ave | M.E. | | · · · · · · · · · · · · · · · · · · · |
| St. F | etersbur | q, FL 33 | 701 | |
| | | | | |
| Annual Reporting Period: Novem | ber 10, | 19 96 TO _ | Novem | oer 10, 1997 |
| Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F | | | | |
| If NO, complete the following: | | | | |
| #1. Term or condition of the general permit | that has not been in | continuous complian | ce during the repo | rting period stated above: |
| The responsible offi eligibility for a Title Exact period of non-compliance: from | V air gene | ral permite | | termine its ber 10, 1997 |
| Action(s) taken to achieve compliance: | Afacility | that open | totesai | dry cleaning |
| Method used to demonstrate compliance: | | man whith | · | |
| #2. Term or condition of the general permit Monthly purchase 12 month colling Exact period of non-compliance: from | records | were no | t maint | |
| Action(s) taken to achieve compliance: Method used to demonstrate compliance: | | implement that Ma | intains n | ord keeping nonthly purchas lling 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: Responsible of National Na | me (Please Print) | Bona | Signature | 11-10-97. Date |
| | | | | |

RECEIVED

fication requirements. It is at the

*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.

DEC 5 1997

| ATRS | m | ш. |
|------|---|----|
| AIRS | | * |

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| 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, 1997 | |
|---|---|
| Annual Reporting Period: November 10, 19.96 TO November 10, 19.7 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 tesigned to measure to the firm November 10, 1996 to November 10, 1997 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: Did not maintain a leak log detection inspection of non-compliance: November 10, 1996 to November 10, 1997 Action(s) taken to achieve compliance: Did not maintain a leak log detection inspection of non-compliance: November 10, 1996 to November 10, 1997 Action(s) taken to achieve compliance: November 10, 1996 to November 10, 1997 Action(s) taken to achieve compliance: November 10, 1996 to November 10, 1997 Action(s) taken to achieve compliance: November 10, 1996 to November 10, 1997 Action(s) taken to achieve compliance: November 10, 1997 to November 10, 1997 Action(s) taken to achieve compliance: November 10, 1997 to November 10, 1997 Action(s) taken to achieve compliance: November 10, 1997 Action(s) taken to achieve compliance: November 10, 1996 to November 10, 1997 Action(s) taken to achieve compliance: November 10, 1997 Action(s) taken to achieve compliance: November 10, 1996 to November 10, 1997 Action(s) taken to achieve compliance: November 10, 1996 to November 10, 1997 Action(s) taken to achieve accompliance accomplete. 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 ye | FACILITY NAME: Renaissance Vinoy Resort DATE: 11/10/9) |
| Annual Reporting Period: November 10, 1996 TO November 10, 197 Based on each term or condition of the Tide 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. TYES ANO 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 exact period of neasure 45° f with an approach of \$\frac{1}{2}\$ of \$\fr | FACILITY LOCATION: 501 5th Ave NE. |
| 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 SINO 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 tasing near to measure to the with an accuracy of £2°F Exact period adnon-compliance: from November 10, 1996 to November 10, 1997 Action(s) taken to achieve compliance: Method used to demonstrate compliance: Method used to demonstrate compliance: Method used to maintain a leak load (detection in specific leak 109) and repair records Exact period of non-compliance: from November 10, 1996 to November 10, 1997 Action(s) taken to achieve compliance: Method used to demonstrate compliance: Method used to demonstrate compliance: In specific leak 109 and repair records Exact period of non-compliance: In specific leak 109 and repair records Method used to demonstrate compliance: In specific leak 109 and maintain this 109 and maintain facilities. 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: Rowald USRY Rowald USRY | St Petersburg, FL 33701 |
| 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES ANO 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 tasing near the manufacture of the following of the period almon-compliance: Could not confirm that temperature sensor was tasing near the manufacture of the following of the manufacture of the | Annual Reporting Period: November 10, 1996 TO November 10, 197 |
| #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°t 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: Method used to demonstrate 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: Did not maintain a leak log (detection inspection from November 10, 1997 Action(s) taken to achieve compliance: Method used to demonstrate compliance: Develop and inflement a leak detection inspection from November 10, 1997 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: Rowald USRY Bonald Vag. | |
| Could not confirm that temperature sensor was the signed to measure 45° f with an accuracy of ±2° f November 10, 1996 to November 10, 1997 Action(s) taken to achieve compliance: Method used to demonstrate compliance: Method used to demonstrate compliance: That the temperature sensor is 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 in spection leak 109 and repair records Exact period of non-compliance: from November 10, 1996 to November 10, 1997 Action(s) taken to achieve compliance: Method used to demonstrate compliance: Method us | If NO, complete the following: |
| Action(s) taken to achieve compliance: Method used to demonstrate compliance: Method of the property | #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: |
| Action(s) taken to achieve compliance: Method used to demonstrate compliance: Method of the property | 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 |
| #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: Method used to demonstrate 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: Row Ald USRY Borald Vay 10-1097 | Action(s) taken to achieve compliance: Obtain verification from the manufacture |
| 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 detect log and mointain this 109 on a higher log and mointain 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: Rowald USRY Rowald Vay. 10-1097 | Method used to demonstrate compliance: that the temperature sensor is accuracy of £ 20F. |
| Action(s) taken to achieve compliance: Method used to demonstrate compliance: Develop and implement a leak detection of the statements o | #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: |
| 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: Rowald USRY Rowald Way. | 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 |
| 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: Rowald USRY Bonula Way. 10-10-7 | loo and maintain this looms |
| 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: Rowald USRY Bonald Way. | · · · · · · · · · · · · · · · · · · · |
| | 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 |
| Name (Please Print) / Signature \ Date | |
| | Name (Please Print) / Signature \ Date |

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

DEC 5 1997

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|---------|----|---|--|--|
| AIRS ID | #. | | | |

Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| | | | • . | |
|--|---------------------------|----------------------------------|---------------------|---------------------------------------|
| | ssance (5th Ave | 1 | esort | DATE: 11/10/97 |
| | etersbuc | | 3701 | |
| Annual Reporting Period:OJe | mber 10, | _1996 то _ | Novem | ber 10, 1997 |
| Based on each term or condition of the Title 62-213.300, Florida Administrative Code (| | | <u> </u> | |
| If NO, complete the following: | | | | |
| #1. Term or condition of the general permi | t that has not been in c | ontinuous complian | ce during the repo | rting period stated above: |
| Did not measure the exact period of non-compliance: from | re and ated con Novemb | record denser on er10,1996 | the ou a dfy-di | tlet temperaty |
| Action(s) taken to achieve compliance: Method used to demonstrate compliance: | | andre | cord tin | e outlet |
| #2. Term or condition of the general permi | t that has not been in c | ontinuous complian | ce during the repo | ting 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, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities. | and complete. Further | r, my annual consur | nption of perchlore | pethylene solvent, based |
| RESPONSIBLE OFFICIAL: ROWA | Me (Please Print) | Bona | 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.

DEC 5 1997

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Bureau of Air Monitoring & Mobile Sources

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: | ANNUAL | COMPLAINT/DISCOVERY |] F | RE-INSPECTION 🗹 |
|--|-----------------|---|------------|-----------------|
| TIME IN: 12:15 p.m. | TIME O | UT: 12:30 p.m. | AIRS ID# | 1030409 001 |
| TYPE OF FACILITY: | Perchloroethyle | ne Dry Cleaner | _ | |
| FACILITY NAME: | Renaissance V | inoy Resort | DATE: Jar | nuary 22, 1998 |
| FACILITY LOCATION: | 501 5th Ave NE | , St. Petersburg, FL 337 | 01 | |
| RESPONSIBLE OFFICIA | L: Ronald Usry | PHONE NUM | ИBER: (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 le inspection and repair record | | Develop and implement a le repair program. Maintain a and repair records. | | _ |

| The Annual Compliance Certification for | m has been properly certified and submitted to the inspector. | Yes 🗹 No 🗆 |
|---|---|--------------|
| DATE OF NEXT INSPECTION: | February 6, 1998 | <u> </u> |
| | (Approximate) | |
| INSPECTION CONDUCTED BY: | Jeff Morris | <u> </u> |
| INSPECTOR'S SIGNATURE: | PHONE NUMBER: | 164-4422 |
| | Page 1 of 1 | Paviged 10/0 |

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Revised 10/96

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| Renaissance Vinoy Resort Hazardous Waste Generator Identification Number: Street Address: 501 5th Ave N.E. City: St Petersburg, Fl. County: Pinellas Zip Code: 33701 Responsible Official Name and Title of Responsible Official: 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 Responsible Official Telephone Number: Telephone: (813) 894-1000 Fax: (813) 894-1685 Facility Contact (If different from Responsible Official) | 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): |
|--|---|
| Facility Location: Street Address: City: Schetersburg, Fl. County: Pinellas Zip Code: 33701 Facility Identification Number: (DEP Use): Responsible Official Name and Title of Responsible Official: Ronald K. USTY, Valet Supervisor Responsible Official Mailing Address: Organization/Firm: Renaissance Vinoy Resort Street Address: Sol Sth Ave N.E. City: St. Petersburg, Fl. County: Pinellas Zip Code: 33701 Responsible Official Telephone Number: Telephone: (813) 894-1000 Fax: (813) 894-1685 Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): O. Facility Contact Address: Street Address: City: County: Zip Code: | Renaissance Vinoy Rosort (Marriot Intl. Man) 2. Site Name (For example, plant name or number): |
| Facility Location: Street Address: City: Schetersburg, Fl. County: Pinellas Zip Code: 33701 Facility Identification Number: (DEP Use): Responsible Official Name and Title of Responsible Official: Ronald K. USTY, Valet Supervisor Responsible Official Mailing Address: Organization/Firm: Renaissance Vinoy Resort Street Address: Sol Sth Ave N.E. City: St. Petersburg, Fl. County: Pinellas Zip Code: 33701 Responsible Official Telephone Number: Telephone: (813) 894-1000 Fax: (813) 894-1685 Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): O. Facility Contact Address: Street Address: City: County: Zip Code: | O to |
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| Street Address: SOI SEN AVE N.E. City: St Petersburg, FL County: Pinellas Zip Code: 33701 Responsible Official Name and Title of Responsible Official: Ronald K. USry, Valet Supervisor Responsible Official Mailing Address: Organization/Firm: Renaissance Vincy Resort Street Address: Soi Sth Ave N.E. City: St. Petersburg, FL County: Pinellas Zip Code: 33701 Responsible Official Telephone Number: Telephone: (812) 894-1000 Fax: (813) 894-1685 Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): O. Facility Contact Address: Street Address: City: County: Zip Code: | 3. Hazardous Waste Generator Identification Number: |
| Responsible Official Name and Title of Responsible Official: Responsible Official Mailing Address: Organization/Firm: RenaiSpance Vinoy Resort Street Address: Soi Sth Ave Note. City: St., Retersburg, FL. County: Pinellas Zip Code: 33701 Responsible Official Telephone Number: Telephone: (813) 894 - 1000 Fax: (813) 894-1685 Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): O. Facility Contact Address: Street Address: City: County: Zip Code: | 4. Facility Location: |
| Responsible Official Name and Title of Responsible Official: Responsible Official Mailing Address: Organization/Firm: Renaissonce Vinoy Resort Street Address: Sol Sth Ave N.E. City: St., Petersburg, FL. County: Pinellas Zip Code: 33701 Responsible Official Telephone Number: Telephone: (813) 894-1685 Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): O. Facility Contact Address: Street Address: City: County: Zip Code: | Street Address: 501 5th Ave N.E. |
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| Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): 0. Facility Contact Address: Street Address: City: County: Zip Code: | 8. Responsible Official Telephone Number: |
| . Name and Title of Facility Contact (For example, plant manager): 0. Facility Contact Address: Street Address: City: County: Zip Code: | Telephone: (813) 894-1685 |
| . Name and Title of Facility Contact (For example, plant manager): 0. Facility Contact Address: Street Address: City: County: Zip Code: | |
| 0. Facility Contact Address: Street Address: City: County: Zip Code: | Facility Contact (If different from Responsible Official) |
| 0. Facility Contact Address: Street Address: City: County: Zip Code: | 9. Name and Title of Facility Contact (For example, plant manager): |
| Street Address: City: County: Zip Code: | |
| Street Address: City: County: Zip Code: | 10. Facility Control Address |
| City: County: Zip Code: | 10. Facility Contact Address: |
| | Street Address: |
| 1. Facility Contact Telephone Number: Telephone: () - RECEIVE | City: County: Zip Code: |
| Telephone: () - RECEIVE | 11. Facility Contact Telephone Number: |
| | Telephone: () - Fax: () - RECEIVE |
| | |
| DEC 5 1997 | DEC 5 1997 |

Bureau of Air Monitoring & Mobile Sources

#1030409

| | · · · · · · · · · · · · · · · · · · · |
|-------------|--|
| 12/18/97 | Spoke to Rongld Usary and he stated |
| | that he is the Reison in charge of |
| | the Dry Cleaning afaifment and he |
| | Spoke to Ronald Usary and he stated that he is the person in charge of the Dry Cleaning againment and he is the ultimate manager of that |
| | machine. |
| | |
| 014 Ke) | Should not be marked markout |
| | Should got be marked markout and initial |
| 016 | |
| | Responsible Official sign and data |
| | for sharges |
| | |
| | |
| <u> </u> | |
| | |
| | |
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| | |
| | |
| | |
| | • |

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 | Machine Initially Purchased | Control Device Installed | ID | Machine Initially Purchased | Control Device Installed | ID | Machine Initially Purchased | Control Device Installed |
|--|--|-----------------------------------|--------------------------|-------|-----------------------------------|--------------------------------|-------|-----------------------------------|--------------------------------|
| Example | #] | 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-90 | 15-JUN-92 | | | | | <u> </u> | |
| (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 | | | 1 | | | | | | |
| (9) w/ no controls | | | | | | 1 | | | |
| Reclaimer Unit | :. | | _ | | | | | | |
| (10) w/ ref. condenser | | | | | | | | | |
| (11) w/carbon adsorber | | | | 1 | , | | | | |
| (12) w/ no controls | | | | | | | | | |
| (b) Control devices are (c) No control devices 2.(a) What was the total | are | required to be | e installed [| × | J (ha | | | | endense |
| (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 so (Indicate with an "X". | | | | | finitions four | nd in section | (3) o | f Part II? | |
| Existing small a | rea s | source [] | · N | lew s | mall area sou | лсе 💢 | | | |
| Existing large a | Existing large area source New large area source | | | | | | | | |

| What control technology is required on machines p (Indicate with an "X".) | ursuant to section (5) of Part I | II of this notification form? |
|---|----------------------------------|--------------------------------|
| 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 uto Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site: | | |
| All steam and hot water generating units on-site (1) to boiler HP or less), and (2) are fired exclusively by no during which propane or fuel oil containing no more | ntural gas except for periods o | f natural gas curtailment |
| All steam and hot water generating units exempt No such units on-site | | |
| | | • |
| | | |
| Equipment Monitoring | nd Recordkeeping Informat | tion |
| Check all logs which are required to be kept on-site | in accordance with the require | ements of this general permit: |
| (a) Purchase receipts and solvent purchases | | X i |
| (b) Leak detection inspection and repair | <u>.</u> | X) |
| (c) Refrigerated condenser temperature monitoring | Ĺ | * |
| (d) Carbon adsorber exhaust perc concentration mod | nitoring [| |
| (e) Instrument calibration | . [| |
| (f) Start-up, shutdown, malfunction plan | [| ≯ i |

Surrender of Existing Air Permit(s)

| lease indicate with an "X" the appropriate selection: | | | | | | | |
|---|---|--|--|--|--|--|--|
| | l hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) | | | | | | |
| K | 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. | | | | | | | |
| Signatur | ald hay Date | | | | | | |

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| | NNUAL E-INSPECTION | -£9** | COMPLAINT/D | DISCOVERY | <u>a</u> |
|--|-----------------------|--|--|-------------------------------|----------|
| AIRS ID#: DAT FACILITY NAME: | E: 11/10/ | 97 TIME II | N: 9:30 | TIME OUT: 1 | 2: i5p. |
| FACILITY LOCATION: | | | / | | |
| | | | , FL 3: | | |
| responsible official : <u>R</u> | onald U | SM | PHONE: | 894-1001 | <u> </u> |
| CONTACT NAME: R | nnald U | lsry | PHONE: | 894-100 | <u> </u> |
| PART I: NOTIFICATION | | | | | |
| (check appropriate box) | | | | | |
| New facility notified DARM 30 da | ove prior to starts | ın | | | |
| 2. Facility failed to notify DARM to | • | | | | ∀ |
| | | | | | |
| PART II: CLASSIFICATION | | | | | |
| Facility indicated on notification fo (check appropriate box) A. | rm that it is: | | ☐ No notificatio☐ Drop store/out | n form t of business/petro | oleum |
| 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) | i t | 2. New small and dry-to-dry only, transfer only, x shouth types, x < 1 (constructed on a | x < 140 gal/yr < 200 gal/yr | | |
| 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ g transfer only, $200 \le x \le 1,800$ gal both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) | gal/yr d /yr t | transfer only, 20 both types, 140 | rea source $140 \le x \le 2,100 \text{ ga}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ | | |
| 5. This is a correct facility classifi | cation (| MC YE | □Can not determ | nine | |
| | alified for a gene | ral permit as nu | mber a ible for a general p | | |
| B. The total quantity of perchloroeth facility was 65 gallons. | vlene (perc) pur | chased within th | e preceding 12 mo | onths by this dry o | leaning |

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

| B. Has the responsible official of an existing large or new large area source also: | |
|--|-------------|
| Measured and recorded the exhaust temperature on the outlet side of the condenser lo on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | cated DY DN |
| Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | OY ON ON/A |
| Is the temperature differential equal to or greater than 20° F? | DY DN DN/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 | OY ON ON/A |
| Is the perc concentration equal to or less than 100 ppm? | OY ON ON/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 downstream or any bend, contraction, or expansion; and downstream from no other inlet? | OY ON ON/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? | OY ON ON/A |

| PART V: RECORDKEEPING REQUIREMENTS | | | | |
|---|------------|--|--|--|
| Has the responsible official: (check appropriate boxes) | | | | |
| 1. Maintained receipts for perc purchased? | MA ON | | | |
| 2. Maintained rolling monthly averages of perc consumption? | DY BW | | | |
| 3. Maintained leak detection inspection and repair reports for the following: | , | | | |
| a. documentation of leaks repaired w/in 24 hrs? or; | OY ON ON/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? | OY ON ONA | | | |
| 4. Maintained calibration data? (for applicable direct reading instruments) | DY DN MYA | | | |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | DY DN ØN/A | | | |
| 6. Maintained startup/shutdown/malfunction plan? | MA DN | | | |
| 7. Maintained deviation reports? | | | | |
| Problem corrected? | OY ON ON/A | | | |
| 8. Maintained compliance plan, if applicable? | DY DN MN/A | | | |

| PA | PART VI: LEAK DETECTION AND REPAIRS . | | | | | |
|--|---|----------|--------|------------------|------------------------------|-----------------|
| 1. | Does the responsible official conduct a v | veekly | (for | small sources, | ni-weekly) leak detection ar | nd repair |
| | inspection? | | | | | MY DN |
| 2. | Has the facility maintained a leak log? | | | | | DY ØW |
| 3. | Does the responsible official check the f | ollowi | ng ar | reas for leaks? | | |
| , | Hose connections, fittings, couplings, and valves | Y | ΠИ | □N/A | Muck cookers | DY ON ON/A |
| | Door gaskets and seating | ФY | ПN | □N/A | Stills | MY ON ON/A |
| | Filter gaskets and seating | Y | ПN | □N/A | Exhaust dampers | DY ON ON/A |
| | Pumps | ØΥ | ПΝ | □N/A | Diverter valves | ON ON ON/A |
| | Solvent tanks and containers | ΔY | □И | □N/A | Cartridge filter housings | MY ON ON/A |
| | Water separators | ØΥ | ПИ | □N/A | | |
| 4. | Which method of detection is used by the | e resp | onsib | ole official? | | / |
| | Visual examination (condensed so | lvent (| on ex | terior surfaces) | | 12 / |
| | Physical detection (airflow felt three | ough g | gaske | ts) | | 13 / |
| | Odor (noticeable perc odor) | | | | | Ø |
| | Use of direct-reading instrumentat | ion (F | ID/P | ID/calorimetric | tubes) | <u> </u> |
| Halogen leak detector | | | | | | |
| If using direct-reading instrumentation, is the equipment: | | | | | □N/A | |
| | a. Capable of detecting p | erc va | por c | oncentrations in | a range of 0-500 ppm? | OY ON |
| | b. Calibrated against a st (PID/FID only)? | andar | d gas | prior to and aft | er each use | OY ON |
| | c. Inspected for leaks and | lobyid | ous si | gns of wear on | a weekly basis? | OY ON |
| | d. Kept in a clean and se | cure a | rea w | hen not in use? | | OY ON |
| | e. Verified for accuracy b | y use | of du | plicate samples | (calorimetric only)? | OY ON |
| | · | | | | | |
| | | | • | | | |
| | | | | | , | |
| Jeff Marris | | | | | | |
| - | Inspector's Name (Please Print) Date of Inspection | | | | | |
| | Self Annie | / | | | 11/24 | 197 |
| | Inspector's Signature | • | | | Approximate pate of | Next Inspection |

VIC 3016 Dry-Dry Machine

Scrial P6-91-1263-7 Model # 1235 F/5-10011
-NO GP application
-No leak log.

- No weekly temp sensor 1601.

- No temperature sensor design accuracy verification

Operates by propane gas CleaverBrooks CB Packaged boiler 150HP Model CBH 700-60 Serial L90189 - hazordous waste / waste water secondary containment needed for haz

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT



TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY I

RE-INSPECTION □

| E OUT: 12:15 p.m. AIRS ID# | | | | | |
|--|--|--|--|--|--|
| TYPE OF FACILITY: Perchloroethylene Dry Cleaner | | | | | |
| Vinoy Resort DATE: November 10, 1997 | | | | | |
| I.E., St. Petersburg, FL 33701 | | | | | |
| 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. | | | | | |
| A Title V General Permit Notification Form was completed by the facility at time of inspection. | | | | | |
| 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. | | | | | |
| Develop and implement a leak detection inspection and repair program. Maintain a log of leak detection inspection and repair records. | | | | | |
| | | | | | |

| The Annual Compliance Certification DATE OF NEXT INSPECTION: | Form has been properly certified and submitted to the inspector. | Yes ☑ No ☐ |
|--|--|---------------|
| | (Approximate) | |
| INSPECTION CONDUCTED BY: | Jeff Morris | |
| INSPECTOR'S SIGNATURE: | PHONE NUMBER: | 464-4422 |
| | Page <u>I</u> of <u>2</u> | Revised 10/96 |

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: | ANNUAL TO | COMPLAINT/DISC | OVERY M | RE-INSPECTION [| |
|---|--|--------------------|-------------------|---|--|
| TIME IN: 9:30 a.m. | TIM | E OUT: 12:15 p.m. | AIRS I | ID# | |
| TYPE OF FACILITY: | Perchloroethyl | ene Dry Cleaner | | | |
| FACILITY NAME: | Renaissance | Vinoy Resort | DATE: No | ovember 10, 1997 | |
| FACILITY LOCATION | FACILITY LOCATION: 501 5th Ave. N.E., St. Petersburg, FL 33701 | | | | |
| RESPONSIBLE OFFICIA | AL: Ronald Usry | PH | ONE NUMBER | a: (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 recort temperature of the refriger | ated condenser on | and record the out | let temperature o | ing program. Measure on a weekly basis. The 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:

INSPECTION CONDUCTED BY:

INSPECTOR'S SIGNATURE:

Page 2 of 2

Revised 10/96

weekly basis.

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST



| TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION |
|---|
| AIRS ID#: 0409 001 DATE: 1/22/78 TIME IN: 12:15pm TIME OUT: 12:30pm |
| FACILITY LOCATION: 501 5th Ave NE |
| St. Petersburg, FL |
| RESPONSIBLE OFFICIAL: Ronald Usry Phone No.: 994-1000 |
| 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 |
| 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, $140 < x < 2,100 \text{ gal/yr}$ transfer only, $200 < x < 1,800 \text{ gal/yr}$ both types, $140 < x < 1,800 \text{ gal/yr}$ (Constructed before $12/9/91$) 4. New large area source dry-to-dry only, $140 < x < 2,100 \text{ gal/yr}$ transfer only, $200 < x < 1,800 \text{ gal/yr}$ both types, $140 < x < 1,800 \text{ gal/yr}$ (Constructed before $12/9/91$) |
| This is a correct facility classification: $\mathbf{\Delta}\mathbf{Y}$ $\mathbf{\Box}\mathbf{N}$ $\mathbf{\Box}$ 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 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 | \square N | I | |
| 2. Examining the containers for leakage? | ¥ | | 1 . | |
| 3. Closing and securing machine doors except during loading/unloading? | ₫ Y | | ı | |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | Y | | | |
| 5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | ☐ Y | ΠN | NA NA | |
| PART IV: PROCESS VENT CONTROLS | | | | |
| In Part II-A: | | | | |
| If classification (1) has been checked, no controls are required. Proceed to Par | rt V. | | | |
| If classification (2) has been checked, the machine should be equipped with a (complete A below) | refriger | ated | condenser | |
| 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 (complete A and B below.) | refriger | ated | condenser | |
| A. Has the responsible official of all new sources and existing large area sour | rces: | | | |
| (check appropriate boxes) | Mach_ | | Mach | |
| 1. Equipped all machines with the appropriate vent controls? | | | □ Y □ N | |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | YY | ΙN | □y □n | |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | □y 〔 | ΔN | □y □N | |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? | | ĴΝ | □y □n | |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? | QγÇ | JN | □y □N | |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying the coolant had been completely charged? | | N | □Y□N | |

| PA | ART VI: LEAK DETECTION AND F | REPAIR | S | | | | |
|----|--|------------|----------------|--|-------------|---|--|
| 1. | Does the responsible official conduct a | weekly lo | eak detection | and repair inspection? | Øy □N | | |
| 2. | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | a | | | | | | |
| | Use of direct-reading instrumentation (FID/PID/calorimetric tubes) | | | | | | |
| | If using direct-reading instrumentation | n, is the | equipment | : | | | |
| | a Capable of detecting perc var 0-500 ppm. b. Calibrated against a standard (PID/FID only). c. Inspected for leaks and obvious | gas prio | r to and after | r each use | OY ON OY ON | | |
| | d. Kept in a clean and secure are | ea when | not in use. | | □y □N | | |
| | e. Verified for accuracy by use (calorimetric only)? | of duplic | ate samples | | □Y □N | | |
| 3. | Has the facility maintained a leak log? | | | | □y □n | | |
| 4. | The following area should be checked f | or leaks | by the inspe | ctor: | | | |
| | Hose connections, fitting couplings, and valves | ŬY | □N | Muck cookers | Y ON | | |
| | Door gaskets and seating | ⊒Y | \square N | Stills | ØY □N | | |
| | Filter gaskets and seating | ۵Ý | \square N | Exhaust dampers | ☑Y □N | | |
| | Pumps | Ūy | □N | Diverter valves | ODY ON | | |
| | Solvent tanks and containers | ⊈ Y | ŪN | Cartridge Filter housing | ŬY □N | | |
| | Water separators | ₫Y | | · . | | | |
| | Name of Responsible Official Official Inspector's Name (Please Print) Inspector's Signature | | | Date of Inspection 2/5/9% Approximate Date of Next | | - | |

| _ | | | |
|------------------------------------|--|----------------------------|-----------------------|
| В. | Has the responsible official of an existing large or new large area source also: | | |
| 1. | Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | □Y | □N |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20° F? | □y □Ÿ | |
| | Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm? | □ Y | □n □na □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? | ΩY | □n □na |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | ŪΥ | □n □na |
| | | | |
| _6: | Routed airflow to the carbon adsorber (if used) at all times? | ΠY | □n □na |
| | Routed airflow to the carbon adsorber (if used) at all times? ART V: RECORDKEEPING REQUIREMENTS | □Y | □n □na |
| PA | | □Y · | □n □na |
| H: | ART V: RECORDKEEPING REQUIREMENTS | □Y □Y | |
| P / H : (c) | ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes) | □Y □Y □Y □Y □Y | |
| P / H : (c) | ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? | □Y ☑Y ☑Y ☑Y | ON ONA |
| H: (c) 1. 2. | ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? | □Y □Y □Y □Y | □N □NA □N □N □N □N □N |
| H: (c) 1. 2. | ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: | ☑Y ☑Y | ON ONA ON ON ON ON ON |
| H: (c) 1. 2. 3. | ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; | ØY ØY □Y | |
| H: (c) 1. 2. 3. | ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; 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 ✓Y ✓Y □Y | |
| H: (c) 1. 2. 3. | ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instrument only) Maintained exhaust duct monitoring data on perc concentrations? | □Y □Y □Y | |
| P/A Hi (c) 1. 2. 3. | ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instrument only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? | ØY ØY OY OY OY | |
| H: (c) 1. 2. 3. 4. 5. 6. | ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instrument only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? | ØY ØY OY OY OY | |

| ADDITIONAL | L SITE INFORMATION: | | |
|---------------------------------------|--|-----------------------------|----------------------------|
| Machine #1: Manufacturer | VIC | Capacity 30 | lbs |
| Model# | 1235 F/S-10011 Serial# P6-91-1263-7 | Mfg yr <u>1992</u> | |
| Machine #2: Manufacturer Model# | Serial# | | lbs |
| 1. Was the facil | npermitted sources only): lity assisted in filling out the notification by the inity insist on filling out its own notification, and w | • | MY ON |
| | g: have statement/specs as to the design accuracy of ture of 45°F w/accuracy ±2°F, or 7.2°C w/accuracy | - | or? DY DN N/A |
| 2. If wastewater 3. Does the faci | entaminated wastewater either treated or disposed is evaporated, is it an approved system, and using a little have secondary containment for the dry-dry reliting have secondary containment for any perc. was | carbon filtration? machine? | MY ON NA MY ON MY ON |
| Model # | Cleaver-Brooks CB Packaged Roile (BH 700-60 Serial # L90189 Natural gas? propane? fuel oil? | Mfg yr | , _ _ |
| Comments:f | Pacility is not maintaining | gits bi-week | ly leak log. |
| | | · | · |
| | | | |

| DITIONAL SITE INFORMATION: | | | |
|---------------------------------------|---------|----------|----------|
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TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

| 7 | TYPE OF INSPECTION: ANNUAL 🗹 COMI | PLAINT/DISCOVERY RE-INSPECTION | | | | | | |
|--------|--|---|--|--|--|--|--|--|
| | | 155 ance Vinoy Hotel The Ave. N.E. | | | | | | |
| | RESPONSIBLE OFFICIAL: Permit No. Exp. Date: | sery Phone No.: 89486009 | | | | | | |
| L | 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 Sum | mary Report Guidance | | | | | | |
| _] | 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. | | | | | | |
| ן | 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 | Facility may choose to either dispose of perc-containing separator | | | | | | |

records.

a pre-filtration system.

sealed containers.

repair records.

Did not store all perc, and perc-containing waste in tightly

Did not maintain a log of leak detection inspection and

water as hazardous waste, or incorporate a carbon filtration system

Store all perc and perc-containing waste in tightly sealed containers which are impervious and chemically unreactive to the solvent.

Develop and implement a leak detection inspection and repair

program. Maintain a log of leak detection inspection and repair

with the evaporator (as per the State's guidelines).

| ď | 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 |
| | Didinot 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. |
| | | |
| | | |
| L | Comments: Need to keep | weekly leak log undated |
| | Facility is missing o | ne week of data for the |
| | Amount July (7/13 | 7/18/98) m following: 2/6/98, 4/22/98, 8/3/98 |
| | | s are required, you must take immediate corrective measures to up inspection to determine that proper corrective actions have been |
| | The Annual Compliance Certification form has been properly | y certified and submitted to the inspector. Yes No No |
| | Inspection Conducted by: | Jeffrey Morris |
| | Inspector's Signature: | Jeffline |
| | Phone Number: 464-4422 | Date of next Inspection: 3/(2/98 (Approximate) |
| | Pa | age 2 of 2 V |

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

May 1977

| TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION |
|--|
| AIRS ID#: 1030409 001 DATE: 2/10/9% TIME IN: 1:00 partime out: 1:40 partime out: 1: |
| 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 |
| PART II: CLASSIFICATION Facility indicated on notification form that it is: (Check appropriate box) No notification form Drop store / out of business / petroleum |
| Facility indicated on notification form that it is: (Check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (Constructed before 12/9/91) Do notification form Drop store / out of business / petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (Constructed on or after 12/9/91) |
| Facility indicated on notification form that it is: (Check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr |
| Facility indicated on notification form that it is: (Check appropriate box) A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (Constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2,100 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""></x<2,100> |
| Facility indicated on notification form that it is: (Check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (Constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 < x < 2,100 gal/yr transfer only, 200 < x < 1,800 gal/yr transfer only, 200 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr (Constructed on or after 12/9/91) |

| 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 | ŪΝ | □ NA | | | |
| 2. Examining the containers for leakage? | Y Y | ПN | □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 Pa | ert V. | | | | | |
| If classification (2) has been checked, the machine should be equipped with a refrigerated condenser (complete A below) | | | | | | |
| If classification (3) has been checked, the machine should be equipped with e condenser or a carbon adsorber (complete A and B below). Carbon adsorber installed prior to September 22, 1993. | ither a i must ha | refrigerate ave been | ed | | | |
| If classification (4) has been checked, the machine should be equipped with a (complete A and B below.) | refrige | rated con | denser | | | |
| A. Has the responsible official of all new sources and existing large area sou (check appropriate boxes) | rces: | | | | | |
| 1. Equipped all machines with the appropriate vent controls? | | ПN | | | | |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | Y | ΠN | □ NA | | | |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | ¥Y | ΩN | □ NA | | | |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi weekly basis? | ⊴ Y | ΠN | | | | |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? | Y | ŪΝ | □NA | | | |
| 6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged? | Y | ΠN | | | | |

| B. Has the responsible official of an existing large or new large area sou | irce also: |
|--|---|
| 1. Measured and recorded the exhaust temperature on the outlet side of the located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | condenser |
| 2. Measured and recorded the washer exhaust temperature at the condenser outlet weekly? Is the temperature differential equal to or greater than 20° F? | inlet and Y N N N N N N N N N N N N N N N N N N |
| 3. Measured and recorded the perc concentration in the exhaust stream wee end of the final drying cycle while the machine is venting to the adsorber machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm? 4. Assured that the sampling port on the carbon adsorber exhaust for measurement. | G, if OY ON ONA OY ON ONA |
| concentrations is at least 8 duct diameters downstream of any bend, cont expansion; is at least 2 dust diameters upstream from any bend contraction expansion; and downstream from no other inlet? | raction, or |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with indiv condenser coils? | idual |
| 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) | |
| | Øy □n |
| Has the responsible official: (check appropriate boxes) | Øy On |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? | ✓Y □N ✓Y □N |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following a. documentation of leaks repaired w/in 24 hrs? or; | hems since Y IN MINA |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following a. documentation of leaks repaired w/in 24 hrs? or; | |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following a. documentation of leaks repaired w/in 24 hrs? or; (No prob b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | hems since Y IN MINA |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instrument only) | tems since III ON MNA us inspection Y ON MNA |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instrument only) 5. Maintained exhaust duct monitoring data on perc concentrations? | tems since III IN MNA us inspection III IN MNA III IN MNA |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instrument only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? | Lens since DY ON MNA Sinspection OY ON MNA OY ON MNA OY ON MNA MY ON |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instrument only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? | Lens since DY ON MNA Sinspection OY ON MNA OY ON MNA OY ON MNA MY ON |

| PA | PART VI: LEAK DETECTION AND REPAIRS | | | | | | |
|----|--|-------------|-------------|--------------|--------------------------|------------|--|
| 1. | 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? | | | | | | |
| 2. | Has the facility maintained a le | eak log | ? | | Y | MEN N | |
| 3. | Does the responsible official c | heck th | e follo | wing areas | for leaks: | | |
| | Hose connections, fitting couplings, and valves | ✓Y | □N | □na | Muck cookers | MY ON ONA | |
| | Door gaskets and seating | νZiγ | \square_N | □NA | Stills | MY ON ONA | |
| | Filter gaskets and seating | ₽Y | \square_N | \square NA | Exhaust damper's | DY ON ONA | |
| | Pumps | ĭ⊒Y | \square_N | □NA | Diverter valves | DY ON ONA | |
| | Solvent tanks and containers | □ Yy | \square_N | □NA | Cartridge Filter housing | Dry □n □na | |
| | Water separators | □ Y | \square_N | \square NA | | | |
| 4. | | | | | | | |
| | Inspector's Name (Please Print) Date of Inspection Inspector Sygnature Approximate Date of Next Inspection | | | | | | |

| FACILITY DETAILS: | | | | | | | |
|-------------------------------|---|---|--------------|----------------------|--|--|--|
| FACILITY NAME: | Renaissance V | inoy Hotel | | | | | |
| Dry Cleaning Mach | | l | | | | | |
| Manufacturer | <u>VI</u> C | Capacity <u>30</u> lbs | | | | | |
| | 1235-1001 Serial# P6-91-1263- | | | | | | |
| Dry Cleaning Mach | ine #2: | | | | | | |
| Manufacturer | | Capacity lbs | | | | | |
| Model# | Serial# | Mfg yr | | | | | |
| Boiler: | | | | | | | |
| Manufacturer | Cleaver-Brooks CB Packaged Boil | er Hp <u>150</u> | | | | | |
| Model # | CBH 700-60 Serial # L90189 | Mfg yr <u>1998</u> | | | | | |
| Fuel Type: | Natural gas? propane? fuel o | oil? 🗖 | | | | | |
| 1. Was the fac | mitted sources only): ility assisted in filling out the notification be lity insist on filling out its own notification | - | □Y | □n N/A □n N/A | | | |
| Record keeping: | | | | | | | |
| 1. Does facilit (temperatu | by have statement/specs as to the design accuracy ±2°F, or 7.2°C was | uracy of the temperature sensor (/accuracy of ±1.1°C) | ? ⊴ Y | ŪN . | | | |
| Hazardous Waste: | · | | | | | | |
| _ | contaminated wastewater either treated or di | | ⊻ Y | □N □ A I (A | | | |
| | er is evaporated, is it an approved system, and | · · | UY V | | | | |
| | cility have secondary containment for the di cility have secondary containment for any p | • • | | UN □N | | | |
| ii Boos tilo ia | only have becommany communities for any p | voic. Waste Containers. | | | | | |
| Comments: | | | | | | | |
| Lenk by Missing Facility | Tan 30,98, Feb 6, 1998, 1 is not recording p mo, consecutive to | April 22, 1998; Au erchloroethyle, otal Im | gust sc_f | recomis? Surchass | | | |

AIRS ID#: 1030409

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| FACILITY NAME: | Reno | <u> (SSane</u> | ce Vin | oy Ho | otel | DATE: _ | 9 /8/98 |
|--|-----------------------------------|-----------------------------|-----------------|--------------|--------------------|---------------|----------------------|
| FACILITY LOCATION: _ | 501 | 5th | Ave. N | 1€ | | | |
| | | Petersl | ourg, F | L 33 | 710 | | |
| | | | | | | | |
| Annual Reporting Period: | Janua | xry 22, | 19_9 | ₹ то | Augus | t 10, | 19 <u>9</u> 8 |
| Based on each term or conditi 62-213.300, Florida Administ | | | | | / | | Rule INO |
| If NO, complete the following | : | | | | • | P | |
| #1. Term or condition of the g | general permit | that has not bee | en in continuou | s compliance | e during the repo | orting period | stated above: |
| Exact period of non-compliance | ce: from | | | to | | J. L. | |
| Action(s) taken to achieve con | npliance: | | | | e Sollan | , 'c |) |
| Method used to demonstrate co | ompliance: _ | · | | | | Oring | |
| #2. Term or condition of the g | general permit | that has not bee | n in continuou | s compliance | e during the repo | orting period | stated above: |
| Exact period of non-compliance | ce: from _ | · | | to_ | | | |
| Action(s) taken to achieve con | ipliance: _ | | | • | | | |
| Method used to demonstrate co | ompliance: _ | | · | | | | · |
| As the responsible official, I he made in this notification are tr upon rolling averages of purch year for transfer or combinatio | ue, accurate a ase receipts, d | nd complete. F | urther, my ann | ual consump | otion of perchlor | oethylene sol | vent, based |
| RESPONSIBLE OFFICIAL: | | OALC K le (Please Print) | WSRY | Y B | mulch Signature | lisy. | 1-8-98 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)

William Davis TAL

(DAVIS W)

Subject: Vinoy Renaissance

Ann,

To:

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





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



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

| | Object | Org | Samas Acc | t# | | | | | | | | | | |
|-------|---------------|-----------------------|--------------------|--------------------|--------|-------------|-------------|---------------|--------|-------|-------------|---------|----------------|-----------------|
| F | 002273 | 37550101000 | 202035061 | | | | | | | | | | | |
| | | Amount | DDN | Receipt # | PNR | Name | Dep Date | Check # | Dep # | CL # | Cl Area | Payment | Remittance | Reference Acct |
| | | (50.00 | 62746 | | | RENATSSANC | 24-DEC-1998 | 0531736 | 990449 | 18040 | 3755 | 327974 | 300426 | 1030409 |
| | | 50.00 | 355255 | 246477 | | AL & UHDAK | 24-DEC-1998 | 3122 | 990453 | 18067 | 3755 | 313922 | 300334 | 0990405 |
| | | 50.00 | 355256 | 246478 | | WARRICK 5, | 24-0EC-1998 | 4898 0 | 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 | 3 00337 | 0112398 |
| | | 50,00 | 355259 | 246481 | | | 24-DEC-1998 | 2233 | 990453 | 18067 | 3755 | 313926 | 300338 | 1170360 |
| | | 50.00 | 355260 | 246482 | | ACOSTA CLE | 24-0EC-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 | | HUMT CLUB | 24-DEC-1998 | 4800 | 990453 | 18067 | 3755 | 313929 | 300341 | 1170075 |
| | | 50.00 | 355263 | 246485 | | SANDAL FOOT | 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 | | | 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 | 35526 9 | 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 | |
| | | 50.00 | 355272 | 246494 | | PORT CITY | 24-DEC-1998 | 56485 | 990453 | 18067 | 3755 | 313939 | 300351 | 0330228 |
| | | 50.00 | 355273 | 246495 | | | 24-DEC-1998 | 5499 | 990453 | 18067 | 3755 | 313940 | | 0310359 |
| | | 50.00 | 355274 | 2464 96 | | FIRST CLAS | 24-DEC-1998 | 8945 | 990453 | 18067 | 3755 | 313941 | 300353 | 0950344 |
| | | | _ | | | | | | | | | | | |
| | Objec | t Subtotal | | 1,: | 050.00 | | | | | | | | | |
| | 002278 | 37550101000 Amount | 202035001 DDN | Receipt # | PMR | Name | Bep Date | Check # | βep # | CL # | Cl Aree | Payment | Remittance | Reference Acct |
| | | | | | | | | 24071 | | | **** | | 704.5 | *************** |
| | | 200.00 | 355341 | 246569 | | CROSS ENVI | | 21974 | 990453 | 18067 | 3755 | 313824 | 300476 | |
| | | 1,000.00 | 355342 | 246570 | | LANG ENGIN | 24-0EC-1998 | 009144 | 990453 | 18067 | 3755 | 313825 | 300477 | |

| TYPE OF IN | SPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION |
|------------|---|
| AIRS ID#: | 1030409 001 DATE: 2/4/99 TIME IN: 10:35a, TIME OUT: 11:00a.m. |
| FACILITY | NAME: Renaissance Vinoy Resort |
| FACILITY | LOCATION: 501 5th Ave NE |
| | St. Petersburg, FL, 33701 |
| RESPONSI | BLE OFFICIAL: Phone No.: 834-1000 |
| Permi | it No. 1030409-001-AG Exp. Date: 12/18/2002 |
| ď | Based of the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). |
| | Based on the results of the compliance requirements evaluated during this inspection, the following compliance <u>discrepancies</u> were noted (only items which are checked): |

Inspection Summary Report Guidance

| Compliance Requirement/Problem | Follow-up Action Required |
|---|---|
| Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site. | If no specific procedures are available from the manufacturer, develop a SSM plan that describes procedures for maintaining and operating equipment during periods of start-up and shutdown associated with a malfunction. EPA's O&M manual may be used if no manufacturers information is available. Keep log of maintenance actions |
| Purchase receipts were not maintained properly. | Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption. |
| Monthly purchase records were not maintained as a consecutive twelve month total. | Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a consecutive twelve month total. |
| Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F. | Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2°F, or determine this by another method that the Department would consider appropriate. |
| Evaporator for separator wastewater does not incorporate a pre-filtration system. | Facility may choose to either dispose of perc-containing separator water as hazardous waste, or incorporate a carbon filtration system with the evaporator (as per the State's guidelines). |
| Did not store all perc, and perc-containing waste in tightly sealed containers. | Store all perc and perc-containing waste in tightly sealed containers which are impervious and chemically unreactive to the solvent. |
| 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: | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | Inspector's Signature: | não | | | | | | |
| | Phone Number: 464-1/422 | age 2 of 2 | | | | | | |

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

Q

| TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION | |
|--|--------------|
| AIRS ID#: 1030409 001 DATE: 2/4/99 TIME IN: 10:35a. of IME OUT: | |
| FACILITY LOCATION: 501 5th Ave NE | |
| St. Petersburg, FL, 33701 | |
| RESPONSIBLE OFFICIAL: Ron Usy PHONE: 894-1006 |) |
| CONTACT: PHONE: | |
| PART I: NOTIFICATION | |
| (Check appropriate box) | 4 |
| 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 / petroleur | n |
| 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: | |
| 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 facility was gallons. | dry cleaning |

| PA | RT III: GENERAL CONTROL REQUIREMENTS | | | | | | | |
|----|---|-----------------|------------------------|---------|--|--|--|--|
| | he responsible official of the dry cleaning facility: eck appropriate boxes) | | | | | | | |
| 1. | Storing perchloroethylene in tightly sealed and impervious containers? | Y | \square_N | □ NA | | | | |
| 2. | Examining the containers for leakage? | ☑ Y | \square N | ☐ NA | | | | |
| 3. | Closing and securing machine doors except during loading/unloading? | Y | ΠN | | | | | |
| 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? | QΥ | □N | NA | | | | |
| | | | | | | | | |
| PA | RT IV: PROCESS VENT CONTROLS | | | | | | | |
| In | Part II-A: | | | | | | | |
| | If classification (1) has been checked, no controls are required. Proceed to Part V. | | | | | | | |
| | If classification (2) has been checked, the machine should be equipped with a refrigerated condenser (complete A below) | | | | | | | |
| | If classification (3) has been checked, the machine should be equipped with e condenser or a carbon adsorber (complete A and B below). Carbon adsorber installed prior to September 22, 1993. | ither a must ha | refrigerat ave been | ted | | | | |
| | If classification (4) has been checked, the machine should be equipped with a (complete A and B below.) | refrige | rated cor | ıdenser | | | | |
| A. | Has the responsible official of all new sources and existing large area sou (check appropriate boxes) | rces: | | | | | | |
| 1. | Equipped all machines with the appropriate vent controls? | ₫ Y | □N | | | | | |
| 2. | Equipped dry-to-dry machines with a closed-loop vapor venting system? | ☑ Y | ΠN | ☐ NA | | | | |
| 3. | Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | V Y | ΠN | □NA | | | | |
| 4. | Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | Ý | ΠN | | | | | |
| 5. | Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? | Y Y | □N | □NA | | | | |
| 6. | Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged? | Y | ΠN | | | | | |
| 1 | | | | | | | | |

| Г | | | | | |
|---|--------------------------|--|-----------------------|----------------|-------------------|
| l | В. | Has the responsible official of an existing large or new large area source also: | | | |
| | 1. | Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | ✓Y | □N | |
| | 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20°F? | □Y □Y | □n □n | □na □na |
| | | Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm? Assured that the sampling port on the carbon adsorber exhaust for measuring perc. | □Y □Y | O _N | □na □na |
| | ٦. | concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 dust diameters upstream from any bend contraction, or expansion; and downstream from no other inlet? | □Y | □N | □NA |
| | 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | ПY | ΠN | □na |
| | 6. | Routed airflow to the carbon adsorber (if used) at all times? | П Υ | □n | □NA |
| Г | D A | | | | |
| | P P | ART V: RECORDKEEPING REQUIREMENTS | | | |
| ۴ | _ | ART V: RECORDKEEPING REQUIREMENTS as the responsible official: neck appropriate boxes) | | | |
| ۴ | Ha (cl | | √Y | | |
| | H a (cl | as the responsible official: neck appropriate boxes) | ☑Y ⋈y | | |
| | H a (ch 1. | Maintained rolling monthly averages of perc consumption? | ☑Y ☑Y | | |
| | H a (ch 1. | Maintained rolling monthly averages of perc consumption? | ☑Y ☑Y ☑Y | □N | □na |
| | H a (ch 1. | as the responsible official: neck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? | VY VY | | □NA |
| | Ha (ch 1. 2. | Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; / Nev 98 New Springs | Y | | □NA ☑NA |
| | Ha (ch 1. 2. | Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; / New 98 New Springs b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | VY VY | | □NA |
| | Ha (ch 1. 2. | Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; / Nev 98 New Springs b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instrument only) | VY VY | | □NA ☑NA |
| | Ha (ch 1. 2. 3. 4. 5. 6. | Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; (Nov. 98 New Springs) b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instrument only) Maintained exhaust duct monitoring data on perc concentrations? | Y Y Y Y Y | | □NA ☑NA |
| | Ha (ch 1. 2. 3. 4. 5. 6. | Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; / New 98 New Springs b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instrument only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? | Y Y Y Y Y | | □NA ☑NA ☑NA |

| PA | ART VI: LEAK DETECTION | N ANI | REP | PAIRS | | | | | |
|----|---|--|-------------|---------------|--|------------|---------------|--|--|
| 1. | Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? | | | | | | | | |
| 2. | Has the facility maintained a le | ak log | ? | | | ₫Y | \square_{N} | | |
| 3. | Does the responsible official cl | | | | | | | | |
| | Hose connections, fitting couplings, and valves | ΔY | □N | □NA | Muck cookers | □Y | ON ONA | | |
| | Door gaskets and seating | $\mathbf{\mathbf{\mathbf{\mathbf{y}}}}_{\mathrm{Y}}$ | \square_N | \square NA | Stills | ĭZY | □n □na | | |
| | Filter gaskets and seating | Y | ŪΝ | □NA | Exhaust dampers | Ø Y | □n □na | | |
| | Pumps | ΨY | ΠN | □NA | Diverter valves | Y | □n □na | | |
| | Solvent tanks and containers | ✓ Y | ΠN | □NA | Cartridge Filter housing | Y | □n □na | | |
| | Water separators | ØY | ŪΝ | □NA | | | | | |
| 4. | 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent of exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector | | | | | | | | |
| | If using direct-reading instru a Capable of detecting pe | | | | n a range of 0-500 ppm. | | OY ON | | |
| | | | | \ / | r cach use(PHD/FID only). | | □Y □N | | |
| | c. Inspected for leaks and o | | | 1) 4 | / | | □y □n | | |
| | d. Kept in a clean and sect | ire are: | a wher | n not in use. | | | □y □n | | |
| | e. Verified for accuracy by | use of | duplic | ate samples | (calorimetric only)? | | □Y □N | | |
| | Inspector's Name (Please Print) Inspector's Signature Approximate Date of Next Inspection Approximate Date of Next Inspection | | | | | | | | |

| | FACILITY DETAILS: | | |
|--|---|----------------|--------|
| FACILITY NAME: | Renaissance Vinoy Hotel | | |
| Dry Cleaning Mach | | | |
| | Capacity <u>30</u> lbs | | |
| Model# | 1235-1001 Serial# <u>P6-91-1263-7</u> Mfg yr <u>1992</u> | | |
| Dry Cleaning Mach | ine #2: | | |
| Manufacturer | Capacity lbs | | |
| Model# | Serial# Mfg yr | | |
| Model # Fuel Type: Notification (unper | Clearer-Brooks CD Pochaged Hp 150 CDH 700-60 Serial # 190189 Mfg yr 1998 Natural gas? propane? fuel oil? mitted sources only): ility assisted in filling out the notification by the inspector? | □у | □n N⁄A |
| 2. Did the faci | lity insist on filling out its own notification, and will send it to FDEP? | ПY | DN N/A |
| | y have statement/specs as to the design accuracy of the temperature sensoure of 45°F w/accuracy ±2°F, or 7.2°C w/accuracy of ±1.1°C) | r? ⊠ Y | □N |
| 2. If wastewate3. Does the face | contaminated wastewater either treated or disposed of properly? er is evaporated, is it an approved system, and using carbon filtration? cility have secondary containment for the dry-dry machine? cility have secondary containment for any perc. waste containers? | ☑Y □Y ŴY | |

| ADDITIONAL SITE INFORMATION. |
|---|
| Responsible official, Ron Usny, performed a leak theck and demonstrated/identified all leak theck points. |
| |
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| |
| |

AIRS ID#: 1030409

per

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| | | | | | |
|--|---------------------|-----------------------|-------------------|--------------|------------------|
| FACILITY NAME: Renais | sance V | inoy Ho | tel | DATE: | 2/4/99 |
| FACILITY LOCATION: 501 5 | Sth Ave | e. N.E. | | | |
| St. P. | tersbur | 9, FL3 | 3701 | | |
| | | <i>J</i> | | | |
| Annual Reporting Period: August | 10, | 19 <u>%</u> то | Febru | ory L | t, 19 9 9 |
| Based on each term or condition of the Title V gen 62-213.300, Florida Administrative Code (F.A.C.) | | | - | | P Rule NO |
| If NO, complete the following: | | | | | |
| #1. Term or condition of the general permit that h | as not been in cont | inuous compliance | during the repo | rting period | d stated above: |
| Exact period of non-compliance: from | | to | Bureau | 想 | 7 |
| Action(s) taken to achieve compliance: | | | Mosp | OF 15 | |
| Method used to demonstrate compliance: | | | · . | Solling | 5 0 |
| #2. Term or condition of the general permit that h | as not been in cont | inuous compliance | during the repo | rting period | l stated above: |
| Exact period of non-compliance: from | | to | | | |
| Action(s) taken to achieve compliance: | | | | | |
| Method used to demonstrate compliance: | | <u> </u> | | | <u> </u> |
| As the responsible official, I hereby certify, based of made in this notification are true, accurate and consupon rolling averages of purchase receipts, does not year for transfer or combination facilities. | nplete. Further, m | y annual consump | tion of perchlore | nethylene so | olvent, based |
| RESPONSIBLE OFFICIAL: Kowald Name (Ple | ase Print) | Dona | Signature | - | Date |
| _ | | | | | |

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

1030469

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| FACILITY NAME: Renaissance Vinoy Hotel PATE: 8/4/99 |
|--|
| FACILITY LOCATION: 501 5th Ave. N.E. |
| St. Petersburg, FL 33710 4 2 |
| Contraction of the second of t |
| 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 |
| 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 |
| Method used to demonstrate compliance: [In Spection and repair records] |
| |
| 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 Ronald Ling 8-4-97 Name (Please Print) Signature Date |
| <u> </u> |

^{*}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.

| TYPE O |)F INS | SPECTION: | ANNUAL | COMPLAIN | NT/DISCOVER | RY 🗖 | RE-INSPECTION | |
|---|--------|-------------|--------|------------------------|-------------|-------------|---------------------------|----------|
| AIRS I | ID#: _ | 1030409 001 | DATI | E: <u>8/4/99</u> | _ TIME IN: | 10:070 | TIME OUT: | : 15am |
| FACIL | LITY | NAME: | Rena | <u>issance Vinoy I</u> | lesort | | | |
| FACIL | LITY | LOCATION: | 501 51 | th Ave NE | | | | |
| | | | St. Pe | tersburg, FL, 337 | 01 | | <u>_</u> | |
| 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.). | | | | | | | | |
| . 5 | ⅎ | | | pliance requirements | _ | g this insp | ection, the following com | ıpliance |

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. |
| ত্র | 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. |
| Ø | 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 Tuly, 1999. | | | | |
| ٠ | 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: | \mathcal{A} | | | |
| | Inspector's Signature: | Mons | | | |
| | Phone Number: 464-4422 1 1 | | | | |

Page 2 of 2

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

1

| TYPE OF INSPECTION: ANNUAL GOMPLAINT/DISCOVERY RE-INSPECTION | | | | |
|--|--|--|--|--|
| AIRS ID#: 1030409 001 DATE: $8/4/99$ TIME IN: 10:070, TIME OUT: 11:150.0 | | | | |
| FACILITY LOCATION: 501 5th Ave NE | | | | |
| St. Petersburg, FL, 33701 | | | | |
| RESPONSIBLE OFFICIAL: Ren 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 IN I 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. | | | | |

| Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 2. In the responsible official of the dry cleaning facility: (check appropriate boxes) 3. Storing perchloroethylene in tightly sealed and impervious containers? 4. In the responsible official of the dry cleaning facility: (check appropriate boxes) 4. In the responsible official of the dry cleaning facility: (check appropriate boxes) 4. In the responsible official of the dry cleaning facility: (check appropriate boxes) 5. In the responsible official of the dry cleaning facility: (check appropriate boxes) 6. In the responsible official of the dry cleaning facility: (check appropriate boxes) 7. In the responsible official of the dry cleaning facility: (check appropriate boxes) 8. In the responsible official of the dry cleaning facility: (check appropriate boxes) 9. In the responsible official of the dry cleaning facility: (check appropriate boxes) 9. In the responsible official of the dry cleaning facility: (check appropriate boxes) 9. In the responsible official of the dry cleaning facility: (check appropriate boxes) 9. In the responsible of the dry cleaning facility: (check appropriate boxes) 9. In the responsible of the dry cleaning facility: (check appropriate boxes) 9. In the responsible of the dry cleaning facility: (check appropriate boxes) 9. In the responsible of the dry cleaning facility | | | | | | |
|---|--|--|--|--|--|--|
| 2. Examining the containers for leakage? | | | | | | |
| | | | | | | |
| 3. Closing and securing machine doors except during loading/unloading? | | | | | | |
| | | | | | | |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | | | | | | |
| 5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | | | | | | |
| | | | | | | |
| PART IV: PROCESS VENT CONTROLS | | | | | | |
| In Part II-A: | | | | | | |
| If classification (1) has been checked, no controls are required. Proceed to Part V. | | | | | | |
| If classification (2) has been checked, the machine should be equipped with a refrigerated condenser (complete A below) | | | | | | |
| If classification (3) has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993. | | | | | | |
| If classification (4) has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below.) | | | | | | |
| A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) | | | | | | |
| 1. Equipped all machines with the appropriate vent controls? | | | | | | |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | | | | | | |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | | | | | | |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | | | | | | |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? | | | | | | |
| 6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged? | | | | | | |

| • | |
|--|-------------------------------------|
| B. Has the responsible official of an existing large or new large area source also: | |
| 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | ⊠Y □N |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20°F? | OY ON ONA |
| 3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to offless than 100 ppm? 4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc. | OY ON ONA OY ON ONA |
| 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 | □Y □N □NA |
| | □Y □N □NA |
| PART V: RECORDKEEPING REQUIREMENTS | □Y □N □NA □ |
| PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) | ☑Y □N |
| PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? | |
| PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? | ☑Y □N |
| PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; | ☐Y ☐N |
| PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: | ☐Y ☐N ☐Y ŒN ☐Y ŒN ☐NA |
| PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | DY DN Y DN NA |
| PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instrument only) | OY ON OY ON OY ON OY ON OY ON |
| PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instrument only) 5. Maintained exhaust duct monitoring data on perc concentrations? | OY ON OY ON ONA OY ON ONA OY ON ONA |
| PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instrument only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? | Y ON OY MN ONA OY ON ONA OY ON MA |

| \mathbf{P} | ART VI: | LEAK DETECTIO | N ANI | REF | PAIRS | | | |
|--------------|---------------------|---|--|---------------------------------|--|--|--|-----------------------------|
| 1. | Does the inspection | | onduct | awee | kly (for sr | mall sources, bi-weekly) lea | k detect | ion and repair |
| 2. | Has the fa | cility maintained a le | eak logʻ | ? | | | ΠY | M |
| 3. | Does the 1 | responsible official c | heck th | e follo | owing area | as for leaks: | | |
| | | nections, fitting s, and valves | ¥Υ | □N | □NA | Muck cookers | ПY | ON ONA |
| | Door gasl | kets and seating | Y | ΠN | □NA | Stills | ₹YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY | □n □na |
| | Filter gas | kets and seating | Y | ΠN | □NA | Exhaust dampers | z y | □n □na |
| | Pumps | | ΨY | □N | □na | Diverter valves | $\mathbf{Z}_{\mathbf{Y}}$ | □n □na |
| | Solvent ta | anks and containers | ⊠ Y | □N | □NA | Cartridge Filter housing | $\mathbf{A}^{\mathbf{Y}}$ | □n □na |
| | Water ser | parators | Y | ΠN | □NA | | | |
| 4. | | ethod of detection is Visual examination Physical detection Odor (noticeable p Use of direct-readi Halogen leak detection | n (cond (airflowerc odo ng instr ctor | ensed w felt or) rumen | solvent of through ga station (FII | f exterior surfaces) askets) D/PID/calorimetric tubes) | | |
| | | _ | | | • | s in a range of 0-500 ppm. | | |
| | | | | | . Λ | rer each use(PID/FID only). | per established and a second a second and a second and a second and a second and a second a second and a second a second and a second a | \square_{Y} \square_{N} |
| | | pected for leaks and o | | (1 | | <u> </u> | | □y □n |
| | d. Ke | pt in a clean and seco | ure area | n when | n not in us | e. | | □y □n |
| | eYe | rified for accuracy by | use of | duplic | cate sample | es (calorimetric only)? | | □Y □N |
| | | | _ | | | | | <u></u> |
| | Inspecto | Teff Moca | آج | | | 8/4 | 199 | |
| - | | or's Name (Please Prin | 1t) ΑνΔ | | | Date of Ir 2/4/ Approximate Dat | spection 2006 e of Nex | o ot Inspection |

| installed refrigerated conscenses |
|--|
| 1 Carry 1 Day 1 Day 10 of |
| in weekly leak lag m |
| in weekly leak lag m |
| |
| |
| tacility did not maintain 12-month |
| - Facility did not maintain 12-month consecutive total and bi-weekly leak |
| 1 C Ti mag |
| log for July, 1999. pu |
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| 1 | TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION |
|---|--|
| | AIRS ID#: 1030409 DATE: 8/10/98 TIME IN: 1:00 parime out: 1:40 p.m. FACILITY NAME: Renaissance Vinoy Hotel Sol 5th Ave. N.E. St. Petersburg, FL RESPONSIBLE OFFICIAL: Ron Usery Phone No.: \$9421000 |
| | Permit No Exp. Date: Mo of Fig. A. |
| | Based of the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted (only items which are checked): |
| | Inspection Summary Report Guidance |
| | Compliance Requirement/Problem Follow-up Action Required |
| 1 | Did not have a start-up, shutdown, malfunction (SSM) If no specific procedures are available from the manufacturer, develop |

| | 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. | | |
| Ø | 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 |
|---|--|
| misposition. | 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. |
| . , | |
| | |
| Inspection's Signature: Phone Number: 464-4422 | $7/48/98$ m $4010 \% 00^{\circ}$ $2/6/98$ $4/22/98$, $8/98$ are required, you must take immediate corrective measures to up inspection to determine that proper corrective actions have been |
| [1 | nspection Conducted by: nspector's Signature: hone Number: 464-4422 |

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

| AIRS ID#: 1030409 001 | TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION |
|---|--|
| PART I: NOTIFICATION | FACILITY NAME: Renaissance Vinoy Resort FACILITY LOCATION: 501 5th Ave NE |
| (Check appropriate box) 1. Existing facility notified DARM By 9/1/96 2. New facility notified DARM 30 days prior to startup 3. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION Facility indicated on notification form that it is: (Check appropriate box) A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (Constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <xx<2.100 (constructed="" 12="" 200<xx<1.800="" 9="" 91)="" a="" above<="" acility="" appropriate="" as="" before="" check="" classification:="" correct="" facility="" for="" gal="" general="" if="" is="" no,="" number="" only,="" permit="" please="" qualified="" th="" the="" this="" transfer="" yr=""><th></th></xx<2.100> | |
| 1. Existing facility notified DARM By 9/1/96 2. New facility notified DARM 30 days prior to startup 3. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION Facility indicated on notification form that it is: (Check appropriate box) A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (Constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 9="" 91)="" a="" above<="" acility="" appropriate="" as="" before="" both="" check="" classification:="" correct="" facility="" for="" gal="" general="" if="" is="" no,="" number="" permit="" please="" qualified="" th="" the="" this="" types,="" yr=""><th>PART I: NOTIFICATION</th></x<2,> | PART I: NOTIFICATION |
| Facility indicated on notification form that it is: (Check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (Constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 < 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: If no, please check the appropriate classification: If acility qualified for a general permit as number above | Existing facility notified DARM By 9/1/96 New facility notified DARM 30 days prior to startup |
| A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (Constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2,100 (constructed="" 12="" 140<x<1,800="" 140<x<2,100="" 200<x<1,800="" 4.="" 9="" 91)="" a="" above<="" after="" appropriate="" area="" both="" check="" classification:="" correct="" dry-to-dry="" facility="" gal="" if="" is="" large="" new="" no,="" on="" only,="" or="" please="" source="" td="" the="" this="" transfer="" types,="" yr=""><td>PART II: CLASSIFICATION</td></x<2,100> | PART II: CLASSIFICATION |
| B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 145 gallons. | A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (Constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2.100 (constructed="" (perc)="" 12="" 200<x<1.800="" 9="" 91)="" a="" above="" and="" appropriate="" as="" b.="" before="" by="" check="" classification:="" cleaning<="" correct="" dry="" eligible="" exceeds="" facility="" for="" gal="" general="" if="" is="" limits="" months="" no,="" not="" number="" of="" only,="" perchloroethylene="" permit="" please="" preceding="" purchased="" qualified="" quantity="" td="" the="" this="" total="" transfer="" within="" yr=""></x<2.100> |

| PA | RT III: GENERAL CONTROL REQUIREMENTS | | _ | | | | |
|----|---|------------|------------|-------------|--|--|--|
| | he responsible official of the dry cleaning facility: eck appropriate boxes) | | | ; | | | |
| 1. | Storing perchloroethylene in tightly sealed and impervious containers? | Y Y | ΠN | □ NA | | | |
| 2. | Examining the containers for leakage? | Y Y | ΠN | ☐ NA | | | |
| 3, | Closing and securing machine doors except during loading/unloading? | ✓Y | ΠN | | | | |
| 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 | I NA | | | |
| | | _ | _ | | | | |
| PA | RT IV: PROCESS VENT CONTROLS | | | | | | |
| In | Part II-A: | | | | | | |
| | If classification (1) has been checked, no controls are required. Proceed to Pa | rt V. | | | | | |
| | If classification (2) has been checked, the machine should be equipped with a refrigerated condenser (complete A below) | | | | | | |
| | If classification (3) has been checked, the machine should be equipped with e condenser or a carbon adsorber (complete A and B below). Carbon adsorber installed prior to September 22, 1993. | | | d | | | |
| | If classification (4) has been checked, the machine should be equipped with a (complete A and B below.) | refrige | rated cond | lenser | | | |
| A. | Has the responsible official of all new sources and existing large area sou (check appropriate boxes) | rces: | | | | | |
| 1. | Equipped all machines with the appropriate vent controls? | | ΠN | | | | |
| 2. | Equipped dry-to-dry machines with a closed-loop vapor venting system? | Y | ΠN | □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 weekly/bi-weekly basis? | ☑ Y | ΠN | | | | |
| 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 | | | | |
| ı | | | | | | | |

| В. | 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? | ĭY | □N | |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20°F? | □Y □Y | □N | □na □na |
| | Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm? | □Y □Y | | □na □na |
| 4. | Assured that the sampling port on the carbon adsorber exhaust for measuring perc. concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 dust diameters upstream from any bend contraction, or expansion; and downstream from no other inlet? | □Υ | Ū'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? | ПΥ | Пм | |
| | | | | |
| | ART V: RECORDKEEPING REQUIREMENTS | | | |
| PA | | | | UNA . |
| PA Ha (ch | ART V: RECORDKEEPING REQUIREMENTS | <u>⊒</u> 1 | | LINA |
| PA Ha (ch | ART V: RECORDKEEPING REQUIREMENTS as the responsible official: neck appropriate boxes) | Zíy Øíy | | |
| PA Ha (ch 1. | ART V: RECORDKEEPING REQUIREMENTS as the responsible official: neck appropriate boxes) Maintained receipts for perc purchased? | Zíy Zíy | | A |
| PA Ha (ch 1. | ART V: RECORDKEEPING REQUIREMENTS as the responsible official: neck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; (No problems since | ✓Y ✓Y | | MNA |
| PA Ha (ch 1. | ART V: RECORDKEEPING REQUIREMENTS as the responsible official: neck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; (No problems Since the following) | ✓Y ✓Y | | ™NA |
| PA Ha (ch 1. 2. 3. | ART V: RECORDKEEPING REQUIREMENTS as the responsible official: neck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; (No problems since the province inspection) 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 ✓Y | | MNA MNA |
| PA Ha (ch 1. 2. 3. | ART V: RECORDKEEPING REQUIREMENTS as the responsible official: neck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; (No problems Since the following) | ✓Y ✓Y | | ⊠na ☑na |
| PA Ha (ch 1. 2. 3. 4. 5. | ART V: RECORDKEEPING REQUIREMENTS as the responsible official: neck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; (No problems since the following inspection) b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instrument only) | ✓Y ✓Y | | MNA MNA MNA |
| PA Ha (ch 1. 2. 3. | ART V: RECORDKEEPING REQUIREMENTS as the responsible official: neck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; (No problems since the following in the followi | ØY ØY ØY ØY | | MNA MNA MNA |
| PA Ha (ch 1. 2. 3. | ART V: RECORDKEEPING REQUIREMENTS as the responsible official: neck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; (No problems since b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instrument only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? | | | MNA MNA MNA MNA |
| PA Ha (ch 1. 2. 3. 4. 5. 6. 7. | ART V: RECORDKEEPING REQUIREMENTS as the responsible official: neck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; (No problems since the following in the followi | | | MNA MNA MNA MNA |

| PA | ART VI: LEAK DETECTIO | N ANI | O REP | PAIRS | | | |
|----|---|--------------|-------------|--------------|------------------------------|------|---------------------------|
| 1. | Does the responsible official conspection? | onduct | awee | kly (for s | | | _ |
| 2. | Has the facility maintained a le | eak log | ;? | | } | M RY | M N |
| 3. | Does the responsible official c | heck th | ne follo | owing are | eas for leaks: | | |
| | Hose connections, fitting couplings, and valves | ✓Y | □N | □NA | Muck cookers | ⊠Y | □n □na |
| | Door gaskets and seating | ΔY | \square_N | \square NA | Stills | ₽Y | □n □na |
| | Filter gaskets and seating | ₽Y | \square_N | □NA | Exhaust dampers | NY | □n □na |
| | Pumps | IJY | \square_N | □NA | Diverter valves | ΔY | □n □na |
| | Solvent tanks and containers | □ y Y | \square_N | □NA | Cartridge Filter housing | ₽¥ | □n □na |
| | Water separators | ŪΥ | \square_N | □NA | | | |
| 4. | 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent of exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: | | | | | | |
| | a Capable of detecting pe | rc vap | or con | centration | ns in a range of 0-500 ppm. | | OY ON |
| | b. Calibrated against a stan | dard g | as prio | to and a | fter each use(PID/FID only). | | □Y □N |
| | c. Inspected for leaks and o | bvious | signs | of wear o | \ on a weekly basis? | | $\square_{Y} \square_{N}$ |
| | d. Kept in a clean and sec | ure are | a when | n not in u | se. | | $\square_{Y} \square_{N}$ |
| | e. Verified for accuracy by | use of | duplic | cate samp | les (calorimetric only)? | | □y □n |
| | Inspector's Name (Please Print) Date of Inspection 3/12/99 Inspector's Signature Approximate Date of Next Inspection | | | | | | |

| | | | | <u></u> |
|---------------------------------------|---|---|---------------|---------------|
| | FACILITY DET | AILS: | | - |
| FACILITY NAME: | Renaissance V | linoy Hotel | | |
| Dry Cleaning Machine | #1: | l | | |
| Manufacturer | VIC | Capacity <u>30</u> lbs | | ٠. |
| Model# <u>12.3</u> | 35-1001 Serial# <u>P6-91-1263</u> - | -7 Mfg yr <u>1992</u> | | |
| Dry Cleaning Machine | #2: | | • | |
| Manufacturer | | lbs | | |
| Model# | Serial# | Mfg yr | | |
| Boiler: | | | | |
| Manufacturer _ C | <u> Cleaver-Brooks CBPackaged Boi</u> | <u>ller</u> Hp <u>150</u> | | |
| Model # _ <u>د</u> ر | <u>BH 700-60</u> Serial # <u>L90189</u> | Mfg yr <u>1998</u> | | |
| Fuel Type: Natu | ural gas? 🗖 propane? 🗹 fuel | oil? 📮 | | |
| Notification (unpermitte | ed sources only): | | | |
| 1. Was the facility | assisted in filling out the notification | by the inspector? | \square_{Y} | □N W/A |
| 2. Did the facility i | insist on filling out its own notification | n, and will send it to FDEP? | ΠY | □NN/A |
| Record keeping: | | | _ | |
| 1. Does facility have (temperature or | ve statement/specs as to the design acc f 45°F w/accuracy ±2°F, or 7.2°C v | curacy of the temperature sensor? v/accuracy of ±1.1°C) | ' ⊴ Y | □N |
| Hazardous Waste: | _ | | , | |
| | aminated wastewater either treated fr | | ∑ Y | □N □ ~ 1 C |
| | evaporated, is it an approved system, ar | | Ly | □N N/A |
| | y have secondary containment for the | | Y Y | ∐ N |
| 4. Does the facility | y have secondary containment for any | perc. waste containers? | Y | IJN |
| Comments: | | | | |

Lesk & Missing Jan 30,98, Feb 6, 1998, April 22, 1998, August records?

Facility is not recording perchloroethylene purchase
as a 12 mo, consecutive total Im

Z 333 LLO 715 CONTROL Service

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 | |
| 2 | Restricted Delivery Fee | |
| 199 | Return Receipt Showing to Whom & Date Delivered | |
| , Apri | Return Receipt Showing to Whom, Date, & Addressee's Address | |
| 800 | TOTAL Postage & Fees | \$ |
| PS Form 3800, April 1995 | Postmark or Date | |

AIRS ID#: 1030409

ANC

Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| FACILITY NAME: R | cenaissance Vinoy Hotel DATE: 2/3/60 |
|--|---|
| FACILITY LOCATION: | 501 Sth Ave. NE |
| 1 | St. Petersburg, FL 33701 |
| | J |
| Annual Reporting Period: Aug | Just 4, 1999 TO February 3, 2000 |
| | te V general air permit, my facility has remained in compliance with DEP Rule F.A.C.), during the period covered by this statement. YES NO |
| If NO, complete the following: | |
| #1. Term or condition of the general perm | it that has not been in continuous compliance during the reporting period stated above: |
| Exact period of non-compliance: from | |
| Action(s) taken to achieve compliance: | 30,7 |
| Method used to demonstrate compliance: | - SE |
| #2. Term or condition of the general permi | र 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: | |
| , is | |
| nade in this notification are true, accurate | based on information and belief formed after reasonable inquiry, that the statements and complete. Further, my annual consumption of perchloroethylene solvent, based does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per |
| RESPONSIBLE OFFICIAL: Ron Na | me (Please Print) Ronald Voy Signature Date |
| | |

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

Page ___ of ___.

| TYPE OF INS | PECTION: | ANNUAL | ☑ COMPLAIN | NT/DISCOVERY 📮 | RE-INSPECTION | 1 🗇 |
|--------------|---|--------------|---|--|---------------------------|--------------|
| AIRS ID#: _1 | 1030409 | DATI | E: <u>2/3/00</u> | TIME IN: ↓U:0° | مح TIME OUT: ا | 11:400,m |
| FACILITY N | NAME: | Renaissa | ince Vinoy Res | ort | | · |
| FACILITY L | OCATION: | 501 5th Ave | e NE | | | |
| | | St. Petersbu | ırg, FL, 33701 | | | |
| RESPONSIBL | RESPONSIBLE OFFICIAL: Ron Usery Phone No.: 894-1685 | | | | | |
| | Permit No. | 1030 | 409_ | Exp. Date: | 10/02 | · |
| | | - | • | evaluated during this insp ministrative Code (F.A.C.) | • | ınd to be in |
| | | | pliance requirements y items which are che | s evaluated during this inspected): | pection, the following co | mpliance |

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 as measures to achieve compliance. Pinellas County will perfective actions have been taken. | ctions are required, you must take immediate corrective perform a follow-up inspection to determine that proper |
| Inspection Conducted by: | Morris |
| Inspector's Signature: | 1 Comit |
| Phone Number: 464 | #22 ge 2 of 2 |

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: | ANNUAL RE-INSPECTION | | COMPLAINT/I | DISCOVERY 🗖 | |
|--|---|------------------------------------|---|---|---------------------------------------|
| AIRS ID#: 103 0 4 0 9 FACILITY NAME: FACILITY LOCATION: | | e Vinoy Re ie | sort | 1:09 ₀ ,TIME OUT: | · · · · · · · · · · · · · · · · · · · |
| RESPONSIBLE OFFICIA CONTACT: | L: Ron Usery | SRY | | PHONE: 894 | , |
| PART I: NOTIFICATION | | , | | | |
| (Check appropriate box) 1. Existing facility notified by the control of the cont | RM 30 days prior to s | • | | | Ø 0 0 |
| PART II: CLASSIFICATI | ON | | | · | |
| B. The total quantity of per- | source 0 gal/yr gal/yr (/yr //2/9/91) source x < 2,100 gal/yr 800 gal/yr 800 gal/yr 2/9/91) sification: | 2. 4. ion: s number eligible for | New small and dry-to-dry on transfer only, both types, x-(Constructed) New large and dry-to-dry on transfer only, both types, 1-(Constructed) an not determine above a general permine dry-to-dry on transfer only, both types, 1-(Constructed) | ut of business / petroleumea source ly, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr on or after 12/9/91) rea source ly, 140 < x < 2,100 gal/yr 200 < x < 1,800 gal/yr 40 < x < 1,800 gal/yr on or after 12/9/91) ne e it | |
| facility was 95 | | • | • | | |

| PART HII: 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 | \square N | □NA |
| 2. Examining the containers for leakage? | ∡ Y | ΠN | □ NA |
| 3. Closing and securing machine doors except during loading/unloading? | ✓Y | ΠN | : |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | Y Y | ПN | □ NA |
| 5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | ☐ Y | ΠN | M NA |
| | | | |
| PART IV: PROCESS VENT CONTROLS | | | |
| In Part II-A: | | | |
| If classification (1) has been checked, no controls are required. Proceed to Par | rt V. | | |
| If classification (2) has been checked, the machine should be equipped with a complete A below) | refriger | rated cond | lenser |
| If classification (3) has been checked, the machine should be equipped with eit condenser or a carbon adsorber (complete A and B below). Carbon adsorber n installed prior to September 22, 1993. | | | d |
| If classification (4) has been checked, the machine should be equipped with a recomplete A and B below.) | refrigei | ated cond | lenser |
| A. Has the responsible official of all new sources and existing large area sour (check appropriate boxes) | ces: | | |
| 1. Equipped all machines with the appropriate vent controls? | Y | ΠN | |
| 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? | Z Y | □ N | □NA |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly bi-weekly basis? | I Y | ПN | |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? | ⊈ Y | ΠN | □NA |
| 6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged? | ∃ Y | □ 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? | ØY □N |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20°F? | OY ON ONA |
| 3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm? | OY ON ONA OY ON ONA |
| 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 | |
| | |
| PART V: RECORDKEEPING REQUIREMENTS | ✓y □n |
| PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) | Y ON |
| PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? | Y ON |
| PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? | Y ON Y ON OY ON ONA |
| PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; | Y ON |
| PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | OY ON OY ON |
| PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instrument only) | OY ON ONA |
| PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instrument only) | OY ON OY ON ONA OY ON ONA OY ON ONA |
| PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instrument only) 5. Maintained exhaust duct monitoring data on perc concentrations? | OY ON OY ON ONA OY ON ONA OY ON ONA OY ON ONA |
| PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instrument only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? | OY ON OY ON ONA |

| PA | ART VI: LEAK DETECTIO | N ANI | D REF | PAIRS | | | |
|------------|--|--|-----------------------------------|-------------------------------------|---|--|-----------------------------|
| 1. | Does the responsible official c inspection? | onduct | t awee | kly for s | small sources, bi-weekly) leak | detect | ion and repair □N |
| 2. | Has the facility maintained a le | eak log | g? | | | Y | 水管 |
| 3. | Does the responsible official c | heck tl | he follo | owing are | eas for leaks: | | |
| | Hose connections, fitting couplings, and valves | Y Y | □N | □NA | Muck cookers | □Y | □n ɗna |
| . | Door gaskets and seating | Y | □N | □NA | Stills | T Y | |
| | Filter gaskets and seating | ₽Y | ΠN | □NA | Exhaust dampers | □ Y | □n □na |
| | Pumps | $\mathbf{Y}_{\mathbf{Y}}$ | ΠN | □NA | Diverter valves | Y | □n □na |
| | Solvent tanks and containers | ✓Y | □N | □NA | Cartridge Filter housing | Y | □n □na |
| | Water separators | ₽Y | ŪΝ | □NA | | | |
| 4. | Physical detection Odor (noticeable p | n (cond (airflo erc odd ng inst | densed w felt or) trumen | solvent of through gottentiation (F | of exterior surfaces) gaskets) ID/PID/calorimetric tubes) | | D D D D |
| | a Capable of detecting pe | rc vap | or con | centratio | ns in a range of 0-500 ppm. | and anterior | \Box Y \Box N |
| | b. Calibrated against a star | ıdard g | as prio | r to and a | fter each use(PID/FID only). | | □y □n |
| | c. Inspected for leaks and o | bvious | s signs | of wear o | on a weekly basis? | | □y □n |
| | d. Kept in a clean and sec | ure are | a wher | not in u | ise. | | \square_{Y} \square_{N} |
| | e. Verified for accuracy by | use of | duplic | ate samp | les (calorimetric only)? | | □Y □N |
| | Inspector's Name (Please Printing Inspector's Signature) | nt) | | | Date of Indian Approximate Date | Spection O Spection O O O O O O O O O O O O O | n kt Inspection |

AIRS ID 1630409

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. |
| 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 |
| 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: fromto |
| 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: Ron Usry (Name, Please Print) Responsible Official: Ron Usry (Name, Please Print) Responsible Official: 8-5-00 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 INS | SPECTION: | ANNUAL 🗹 COMPLA | AINT/DISCOVERY 📮 | RE-INSPECTION |
|-------------|--------------|---|------------------|--|
| AIRS/ID#: | 1030409 | DATE: 8/4/00 | TIME IN: 10/34 | antime out: 16:55au |
| FACILITY | NAME: | Renaissance Vinoy R | esort | <u> </u> |
| FACILITY | LOCATION: | _501 5th Avenue NE | | · |
| | | St. Petersburg, FL, 33701 | | |
| RESPONSIB | LE OFFICIAL: | : Ron Usry | Phone | e No.: <u>(727) 894-1685</u> |
| | Permit No. | _1030409-001-AG | Exp. Date:11/ | 10/2002 |
| d | | lts of the compliance requireme DEP Rule 62-213.300, Florida | | ection, the facility is found to be in |
| | | ults of the compliance requirement ere noted (only items which are | | pection, the following compliance |

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: | |
| Comments: | |
| | |
| If the Inspection Summary Report indicates follow-up ac measures to achieve compliance. Pinellas County will p corrective actions have been taken. | ctions are required, you must take immediate corrective perform a follow-up inspection to determine that proper |
| Inspection Conducted by: | eff Morris |
| Inspector's Signature: | fly Home |
| Phone Number: 464/4 | 422/ |
| Pa | ge v of 2 |

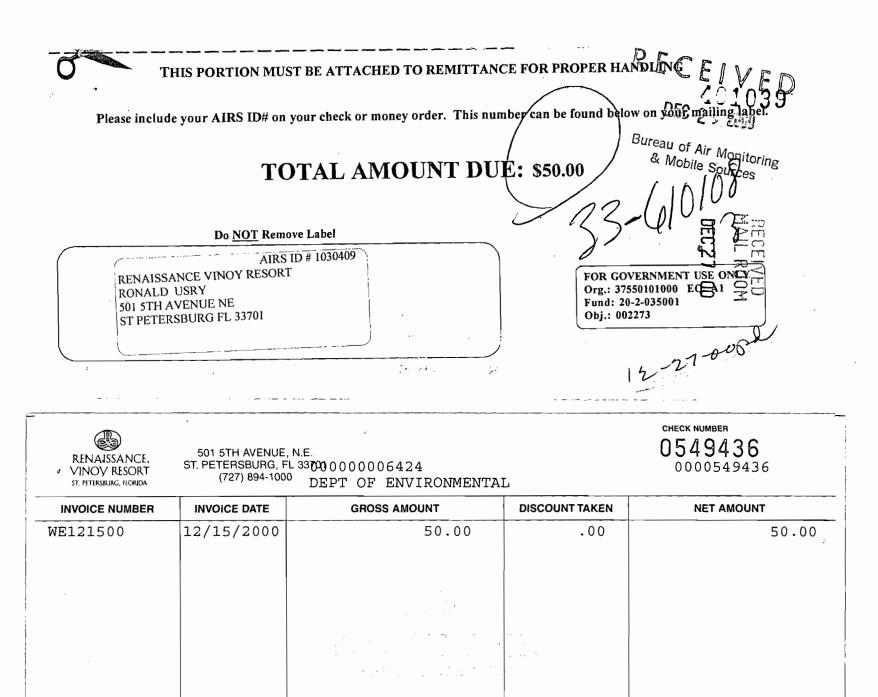
PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: | ANNUAL RE-INSPECTION | COMPLAINT/DISCOVERY 🗖 | |
|--|---|--|------------|
| AIRS ID#:_1030409 | Date:8/4/00 | TIME IN: 10:340 TIME OUT: | 10:55am |
| FACILITY NAME: | Renaissance Vin | noy Resort | |
| FACILITY LOCATION: | 501 5th Avenue NE | <u> </u> | |
| | St. Petersburg, FL, | 33701 | |
| RESPONSIBLE OFFICIAL | L: Ron Usry | PHONE: (727) 894-1 | 1685 |
| CONTACT: | Ron Usry | PHONE: (727) 894-1 | 1685 |
| PART I: NOTIFICATION | | <u></u> | |
| (Check appropriate box) | | | , |
| 1. Existing facility notified I | OARM By 9/1/96 | | 9 |
| 2. New facility notified DAF | RM 30 days prior to startu | p | |
| 3. Facility failed to notify D. | ARM to use general permi | it | |
| | | | |
| PART II: CLASSIFICATION | | | - |
| Facility indicated on notifica (Check appropriate box) | ion form that it is: | No notification form Drop store / out of business / petroleum | 1 |
| A. 1. Existing small area s dry-to-dry only, x < 140 transfer only, x < 200 g both types, x < 140 gal/ (Constructed before 1) | ource | 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 so dry-to-dry only, 140<> transfer only, 200 <x<- (constructed="" 1.<="" 140<x<1,8="" before="" both="" th="" types,=""><th>ource (<2,100 gal/yr 1,800 gal/yr (00 gal/yr (2/9/91)</th><th>4. New large area source dry-to-dry only, 140<x<2,100 (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" th="" transfer="" types,="" yr=""><th></th></x<2,100></th></x<-> | ource (<2,100 gal/yr 1,800 gal/yr (00 gal/yr (2/9/91) | 4. New large area source dry-to-dry only, 140 <x<2,100 (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" th="" transfer="" types,="" yr=""><th></th></x<2,100> | |
| | | | |
| B. The total quantity of perconstruction facility was | | hased within the preceding 12 months by this di | y cleaning |

| 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 | ΠN | □ NA | | |
| 3. Closing and securing machine doors except during loading/unloading? | Y | ΠN | | | |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | Q Y | □N | □NA | | |
| 5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | ΟY | □N | ✓NA | | |
| PART IV: PROCESS VENT CONTROLS | | | | | |
| In Part II-A: | | | | | |
| If classification (1) has been checked, no controls are required. Proceed to Pa | ut V. | | | | |
| If classification (2) has been checked, the machine should be equipped with a (complete A below) | If classification (2) has been checked, the machine should be equipped with a refrigerated condenser (complete A below) | | | | |
| If classification (3) has been checked, the machine should be equipped with e condenser or a carbon adsorber (complete A and B below). Carbon adsorber installed prior to September 22, 1993. | ither a i | efrigerate ive been | ed | | |
| If classification (4) has been checked, the machine should be equipped with a (complete A and B below.) | refrige | rated cond | lenser | | |
| A. Has the responsible official of all new sources and existing large area sou (check appropriate boxes) | rces: | | | | |
| 1. Equipped all machines with the appropriate vent controls? | ☑ Y | ΠN | | | |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | Y | \square N | □NA | | |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | Y | ΠN | □NA | | |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly bi-weekly basis? | Y | ΠN | | | |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? | ₫ _Y | ΩN | □NA | | |
| 6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged? | □Y | N | | | |
| | | | | | |

| B. Has the responsible official of an existing large or new large area source | also: |
|--|--|
| Measured and recorded the exhaust temperature on the outlet side of the cond located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | enser |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet outlet weekly? Is the temperature differential equal to or greater than 20°F? | and OY ON ONA |
| 3. Measured and recorded the perc concentration in the exhaust stream weekly a end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm? | □y □n □na □y □n □na |
| 4. Assured that the sampling port on the carbon adsorber exhaust for measuring concentrations is at least 8 duet diameters downstream of any bend, contraction expansion; is at least 2 dust diameters upstream from any bend contraction, or expansion; and downstream from no other inlet? | on, or |
| 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 | |
| | |
| PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? | ⊠y □n |
| Has the responsible official: (check appropriate boxes) | |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? | ✓Y □N |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; | qoorelataA □N □NY tortolary AA □N |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; | MY ON for copiaco door 5/20 MY ON ONA e charp for On One |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; | MY ON for copiaco door 5/20 MY ON ONA e charp for On One |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | Acoustaty ON ONA |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instrument only) | MY ON for copiacy door sixty ON ONA e charty ON ONA OY ON MNA |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instrument only) 5. Maintained exhaust duct monitoring data on perc concentrations? | MY ON for replaced door standy ON ONA echangedy ON ONA OY ON MA OY ON MA |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instrument only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? | TY ON for coplace door size y ON ONA e charge y ON ONA OY ON ONA OY ON ONA OY ON |

| PA | ART VI: LEAK DETECTIO | N ANI | D REF | PAIRS | | | |
|----|---|---------------------------------------|------------------------------------|---|---|--|---------------------------|
| 1. | Does the responsible official c inspection? | onduct | a wee | ekly(for sn | nall sources, bi-weekly) leak | | ion and repair |
| 2. | Has the facility maintained a le | eak log | ;? | | | ₫Y | \square_{N} |
| 3. | Does the responsible official c | heck tl | ne follo | owing area | s for leaks: | | |
| | Hose connections, fitting couplings, and valves | Y Y | ŪΝ | □NA | Muck cookers | QΥ | □n ⊴ na |
| | Door gaskets and seating | HY | ŪΝ | □NA | Stills | $\mathbf{Z}_{\mathbf{Y}}$ | □n □na |
| | Filter gaskets and seating | N/Y | □N | □NA | Exhaust dampers | $\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{$ | □n □na |
| | Pumps | $\mathbf{Q}_{\mathbf{Y}}$ | □N | □NA | Diverter valves | $\underline{\underline{\neg}}_{Y}$ | □n □na |
| | Solvent tanks and containers | Y Y | ΠN | □NA | Cartridge Filter housing | $\mathbf{V}_{\mathbf{Y}}$ | □n □na |
| | Water separators | $\mathbf{G}_{\mathbf{Y}}$ | ŪΝ | □NA | | | |
| 4. | Halogen leak detec | n (conc (airflorerc ode ng inst | densed w felt (or) rumen | solvent of through ga tation (FII | exterior surfaces) skets) D/PID/calorimetric tubes) | | 년 년 □ |
| | If using direct-reading instru | | | • | · | | FIV III |
| | | | | m | in a range of 0-500 ppm. | | |
| | c. Inspected for leaks and e | | | T / | / \ | | $\square_{Y} \square_{N}$ |
| | d. Kept in a clean and secu | | | ` / | | | □Y □N |
| | e. Verified for accuracy by | | | | • | | □y □N |
| | Inspector's Name (Please Print) Inspector's Sygnature | omy | | | 2/4/0 | Opection I do not nex | t Inspection |



CHECK AMOUNT

50.00

12/20/2000

CHECK DATE

| a | 233 كمو | P15 | 766 | |
|----------------------------------|---|--|-------------------|---|
| | US Postal Service Receipt for Cei No Insurance Coverage | tified Provided | Mail | |
|] | RENAISSANCE VINOY RONALD USRY 501 5TH AVENUE NE ST PETERSBURG FL 3 | RESOR | RS ID 103040 T | |
| | | | | 4 |
| | Certified Fee | | | |
| | Special Delivery Fee | | | |
| | Restricted Delivery Fee | | | 7 |
| 199 | Return Receipt Showing to Whom & Date Delivered | | | 7 |
| April | Return Receipt Showing to Whom, Date, & Addressee's Address | | - | 7 |
| 800 | TOTAL Postage & Fees | \$ | | 1 |
| PS Form 3800 , April 1995 | Postmark or Date | - | | |
| nd 4b | r additional services. on the reverse of this form s | so that we | can return this | I also wish to receive the following services (for an extra fee): |

.

| 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 card to you. | we can return this | I also wish to receive the following services (for an extra fee): |
|--|-------------------------------|---|
| Attach this form to the front of the mailpiece, or on the back if sp permit. | ace does not | 1. Addressee's Address |
| "Write "Return Receipt Requested" on the mailpiece below the art | | 2. Restricted Delivery |
| The Return Receipt will show to whom the article was delivered delivered. | and the date | Consult postmaster for fee. |
| AIRS ID 1030409 RENAISSANCE VINOY RESORT RONALD USRY 501°5TH AVENUE NE ST PETERSBURG FL 33701 | 4b. Service Registere Express | Type ed Mail Certified Insured ceipt for Merchandise COD |
| 6. Signature: (Addressee or Agent) | 8. Addressed and fee is | s Address (Only if requested paid) |
| PS Form 3811. December 1994 | 102595-97-B-0179 | Domestic Return Receip |

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

MAIL ROOM

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

| NVOICE NUMBER | INVOICE DATE | GROSS AMOUNT | DISCOUNT TAKEN | NET AMOUNT |
|---------------|--------------|--------------------------------|----------------|------------|
| /E21998PER | 2/19/98 | PERMIT FOR DRY CLEANER | Out of Air | 50:00 |
| | | REMAISSAN BOTELS AND RESORT | Salar Salar | Flogy CO |
| CHECK DATE | 2/24/98 | | CHECK AMOUNT ▶ | 50.00 |

| | U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) | | | |
|----------------|---|-----|--|--|
| 4910 | OFFIGIAL WSE | 2.9 | | |
| 1670 0013 3109 | Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Post: 10 AIRS ID # 1030409001AG Sent To RENAISSANCE WINCOM PERSON | _ | | |
| 7000 | RENAISSANCE VINOY RESORT Street, Apt. 501 5TH AVENUE NE ST PETERSBURG FL City, State, 33701 PS Form 3800, May 2000 GDD NSD 38 30 JH2 8 30 JH2 8 311 OL | tic | | |

| PS Form 3800, May 2000 | See Reverse to alins in this | | | |
|--|---|--|--|--|
| PLACE STICKER AT TOP OF ENVELOPE TO THE MOUT OF RETURN ADDRESS | ETE 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 1-31-07 C. Signature X Dubus Bloom Addressee D. Is delivery address different from item 12 Yes | | | |
| 1. Article Addressed to: 10 AIRS ID # 1030409001AG TERESA LARRY | D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No | | | |
| RENAISSANCE VINOY RESORT 501 5TH AVENUE NE ST PETERSBURG FL 33701 | 3. Service Type \$1, Certified Mail | | | |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes | | | |
| 2. Article Number (Transfer from service label) 4000 1670 | 0013 3109 4910 | | | |
| PS Form 3811, March 2001 Domestic Retr | urn Receipt 102595-01-M-1424 | | | |

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

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DARM/MOBILE SOURCE CONTROL PROGRAM DEPT. OF ENVIRONMENTAL PROTECTION AUG 0 8 201 MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring & Mobile Sources



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

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

501 5TH AVENUE, N.E. RENAISSANCE. VINOV RESORT ST. PETERSBURG, FL 337810 0 0 0 0 3 2 3 9
AND GOLE CLUB (727) 894-1000 DEPTE OF ENVIO

DEPT OF ENVIRON PROTECTION

CHECK NUMBER

| ST PETERSBURG, FLORIDA | DEPT OF ENVIRON PROTECTION | | | | | |
|------------------------|----------------------------|--------------|----------------|------------|--|--|
| 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 R (Domestic Mail Only; No Insura | |
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| 7 7 P C 7 | 1 | |
| item 4 if Restri ■ Print your nam | Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postal RENAISSANCE VIN Recipient's M TERESA LARRY Street, Apt. No. Street, Apt. No. ST PETERSBURG F | See Reverse for Instructions +DIH 3H1 O1. |
| 1. Article Addresse RENAISSANCE V TERESA LARRY | AIRS ID # 1030409 VINOY RESORT | X Wilkemia Wilde Agent Addressee Add |
| 501 5TH AVENUE ST PETERSBURG 33701 | G FL | 3. Service Type Certified Mail |
| 1 | <i>DOOQ64128629</i> Copy from service label) | 4. Restricted Delivery? (Extra Fee) Yes |
| PS Form 3811, | July 1999 Domestic Re | turn Receipt 102595-99-M-1789 |

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| ,, | Restricted De | livery Fee | | | | |
| PS Form 3800 , April 1995 | Return Receip Whom & Date | pt Showing to Delivered | to | | | |
| P in de | Return Receipt 5 Date, & Address | | om, | | | |
| o, | Date, & Address | | - - | | | |
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| ot edulevin sidditional services. Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. | | I also wish to re | eceive the | |
|--|--------------------------------------|-------------------------------|---|--|
| | at we can return this | following service extra fee): | es (for an see's Address ted Delivery | |
| Print your name and address on the reverse of this form so the card to you. Attach this form to the front of the mailpiece, or on the back if permit. | space does not | 1. Addressee's Address | | |
| ■ Write 'Return Receipt Requested' on the mailpiece below the a ■ The Return Receipt will show to whom the article was delivere | | 2. Restricted Delivery | | |
| delivered. | o and the date | Consult postrna | aster for fee. | |
| 3. Article Addressed to: AIRS ID # 1030409 RENAISSANCE VINOY RESORT | 4a. Article N 2.33 4b. Service | 36606 | 99 Mark Certified | |
| RONALD USRY | | ☐ Registered | | |
| 501 5TH AVENUE NE | ☐ Express | | Insured | |
| ST PETERSBURG FL 33701 | ☐ Return Re | eceipt for Merchandis | se 🗆 COD | |
| | 7. Date of D | Delivery - 5,8 | | |
| 5. Received By: (Print Name) | 8. Addresse and fee is | ee's Address (Only s paid) | | |
| 6. Signature: (Addressee or Agent) | | | • | |
| X L. Whitson | | | | |
| PS Form 3811 , December 1994 | | Domestic Re | turn Receipt | |



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: \$55.06 E I V E D

Do NOT Remove Label

AIRS ID # 1030409

RENAISSANCE VINOY RESORT RONALD USRY 501 5TH AVENUE NE ST PETERSBURG FL 33701 DEC 17 1997

Burcau of Air Monitoring

a Mobile Sources

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 MAIL F

CEIVED



501 5TH AVENUE, N.E. ST. PETERSBURG, FL 33700 0 0 0 0 0 0 6 4 2 4 (813) 894-1000 DEDARTMENT, OF 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 |
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| CHECK DATE | 12/09/1999 | | CHECK AMOUNT | 50.00 |