



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

February 3, 1998

Mr. Gary R. Parsley, Sr.
China Boy Cleaners
3615 49th Street North
St. Petersburg, Florida 33710

Re: Facility No.: 1030414

Dear Mr. Parsley:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 9, 1998.

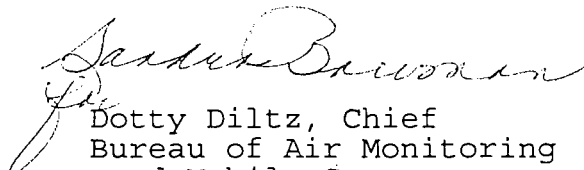
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

RECEIVED

JAN 9 1998

Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): CHINA BOY CLEANERS
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 3615 - 49th St. N. City: St. Petersburg County: Pinellas Zip Code: 33710
5. Facility Identification Number (DEP Use): 1030411

Responsible Official

6. Name and Title of Responsible Official: Gary R. Parsley, Sr. / Owner
7. Responsible Official Mailing Address: Organization/Firm: CHINA BOY CLEANERS Street Address: 3615 - 49th St. N. City: St. Petersburg County: Pinellas Zip Code: 33782
8. Responsible Official Telephone Number: Telephone: (813) 525-6893 Fax: () -

Facility Contact (If different from Responsible Official)

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

1030414

p15 5. Choose One

p16 Sign and date for changes

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	<i>#1</i>	<i>03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit									
(1) w/ ref. condenser		<i>15-JUN-95</i>	<i>15-JUN-95</i>						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

- (b) Control devices are required, but not yet installed (*has refrigerated condenser*)
- (c) No control devices are required to be installed

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

approx. gallons

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

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

- Existing small area source New small area source
- Existing large area source New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

All steam and hot water generating units exempt

No such units on-site

Equipment Monitoring and Recordkeeping Information

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

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

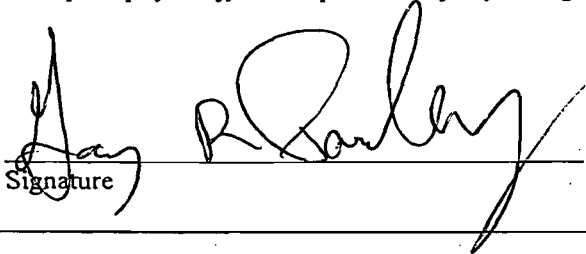
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____

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

Responsible Official Certification

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

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


Signature

12/2/97
Date

✓

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 9:50 a.m.	TIME OUT: 9:55 a.m.	AIRS ID# 1030414 001
TYPE OF FACILITY: Perchloroethylene Dry Cleaner		
FACILITY NAME: China Boy Cleaners	DATE: January 6, 1998	
FACILITY LOCATION : 3615 49th St. N, St. Petersburg, FL 33710		
RESPONSIBLE OFFICIAL: Carl Hawkins	PHONE NUMBER: (813) 526-6893	

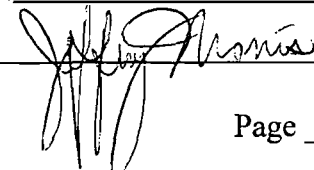
- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance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

Comments:

Facility is shutdown. Permit will need to be recinded. Owner left no forwarding address to be reached concerning the recinding of the permit.

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

INSPECTION CONDUCTED BY: _____ (Approximate)
Jeff Morris
(Please Print)

INSPECTOR'S SIGNATURE:  _____ PHONE NUMBER: 464-4422

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 1030414 DATE: 1/6/98 TIME IN: 9:50am TIME OUT: 9:55am
FACILITY NAME: China Boy Cleaners
FACILITY LOCATION: 3615 49th St N.
St. Petersburg, FL 33710
RESPONSIBLE OFFICIAL: Gary Parsley Phone No.: 525-6893
Permit No. 1030414-001-AG Exp. Date: unpermitted
Permit Pending

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.

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

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

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

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

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

AIRS ID#: 1030414

all RECEIVED
Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

JAN 9 1998 ✓

Bureau of Air Monitoring
& Mobile Sources

FACILITY NAME: China Boy Cleaners DATE: 12/2/97
 FACILITY LOCATION: 3615 49th St N
St Petersburg, FL 33710

Annual Reporting Period: December 2, 1996 TO December 2, 1997

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

If NO, complete the following:

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

Purchase receipts were not maintained properly
 Exact period of non-compliance: from December 2, 1996 to December 2, 1997
 Action(s) taken to achieve compliance: Maintain all purchase receipts in a log kept on-site
 Method used to demonstrate compliance: _____

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

Monthly purchase records were not maintained as a twelve month rolling average
 Exact period of non-compliance: from December 2, 1996 to December 2, 1997
 Action(s) taken to achieve compliance: Develop and implement a recordkeeping procedure that maintains a 12 month rolling average.
 Method used to demonstrate compliance: _____

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

RESPONSIBLE OFFICIAL: GARY R PARSELY [Signature] 12/2/97
 Name (Please Print) Signature Date

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

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Revised 10/1989

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

JAN 9 1998

Bureau of Air Monitoring
& Mobile Sources
DATE: 12/2/97

FACILITY NAME: China Boy Cleaners

FACILITY LOCATION: 3615 49th St N
St Petersburg, FL 33710

Annual Reporting Period: December 2, 1996 TO December 2, 1997

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

If NO, complete the following:

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

Did not maintain a log of leak detection and inspection records
Exact period of non-compliance: from December 2, 1996 to December 2, 1997

Action(s) taken to achieve compliance: Develop and implement a weekly leak detection log to be kept on site.
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:

Measure and record exhaust stream on the outlet exhaust of the refrigerated condenser. Did not have a sensor.
Exact period of non-compliance: from December 2, 1996 to December 2, 1997

Action(s) taken to achieve compliance: Install the temperature sensor and record the temperature on a weekly basis during cool down period.
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: GARY R PARLEY [Signature] 12/2/97
Name (Please Print) Signature Date

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

DRY CLEANER AIR QUALITY GENERAL PERMIT **JAN 9 1998**
 ANNUAL COMPLIANCE CERTIFICATION FORM
Bureau of Air Monitoring
& Mobile Sources
 FACILITY NAME: China Boy Cleaner DATE: 12/2/97
 FACILITY LOCATION: 3615 49th St N
St Petersburg, FL 33710
Annual Reporting Period: December 2, 1996 TO December 2, 1997
 Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule
 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

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

Did not verify the accuracy of the temperature
sensor.
 Exact period of non-compliance: from December 2, 1996 to December 2, 1997

Action(s) taken to achieve compliance: When temperature sensor is installed
 Method used to demonstrate compliance: verify the design accuracy of temperature
sensor is within $\pm 2^{\circ}\text{F}$ or $\pm 1^{\circ}\text{C}$.

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

Solvent waste container was not secured
 Exact period of non-compliance: from December 2, 1996 to December 2, 1997
 Action(s) taken to achieve compliance: Store perchloroethylene containers in
 Method used to demonstrate compliance: tightly sealed containers.

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: GARY R Parsley [Signature] 12/2/97
 Name (Please Print) Signature Date

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

RECEIVED

Revised 10/10

AIRS ID#: _____

JAN 9 1998

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

FACILITY NAME: China Boy Cleaners

DATE: 12/2/97

FACILITY LOCATION: 3615 49th St N
St Petersburg, FL 33710

Annual Reporting Period: December 2, 1996 TO December 2, 1997

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

If NO, complete the following:

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

The button trap was left open. Perchloroethylene odors at time of inspection.

Exact period of non-compliance: from December 2, 1996 to December 2, 1997

Action(s) taken to achieve compliance: Leaks shall be repaired within 24

Method used to demonstrate compliance: hours of detection, unless repair equipment must be ordered.

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

Did not apply for a Title V General Air Permit.

Exact period of non-compliance: from December 2, 1996 to December 2, 1997

Action(s) taken to achieve compliance: For each facility intending to operate

Method used to demonstrate compliance: under provisions of a Title V air general permit, a notification form shall be filled out by the responsible official. Notification filled out at time of the inspection.

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: Gary R Parsley

Name (Please Print)

Signature

12/2/97
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.

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

TYPE OF INSPECTION: ANNUAL COMPLAINT **DISCOVERY** RE-INSPECTION

TIME IN: 11:15 a.m.	TIME OUT: 1:15 p.m.	AIRS ID# :
TYPE OF FACILITY: Perchloroethylene Dry Cleaner		
FACILITY NAME: China Boy Cleaners	DATE: December 2, 1997	
FACILITY LOCATION : 3615 49th St. N, St. Petersburg, FL 33710		
RESPONSIBLE OFFICIAL: Gary Parsley	PHONE NUMBER:(813) 525-6893	

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
Monthly purchase records were not maintained as a twelve month rolling average.	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a twelve month rolling average.
Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F.	Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2°F, or determine this by another method that the Department would consider appropriate.
Did not 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.

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

DATE OF NEXT INSPECTION: December 16, 1997
(Approximate)

INSPECTION CONDUCTED BY: Jeff Morris
(Please Print)

INSPECTOR'S SIGNATURE:  PHONE NUMBER: 464-4422

✓

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 11:15 a.m.	TIME OUT: 1:15 p.m.	AIRS ID#: <i>1030414</i>
TYPE OF FACILITY: Perchloroethylene Dry Cleaner		
FACILITY NAME: China Boy Cleaners	DATE: December 2, 1997	
FACILITY LOCATION : 3615 49th St. N, St. Petersburg, FL 33710		
RESPONSIBLE OFFICIAL: Gary Parsley	PHONE NUMBER: (813) 525-6893	

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

Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Install a temperature sensor. 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.
Did not apply for a Title V General Air Permit.	For each facility intending to operate under the provisions of a Title V air general permit, the responsible official must submit the correct notification form for the specific general permit to be utilized. Inspector assisted facility in applying for the permit.
The button trap was left open at time of inspection causing the release of perchloroethylene vapors.	All leaks not requiring equipment parts are to be sealed at all times.

Comments:

The facility did not install secondary containment under the machine or for perchloroethylene-containing waste. The facility is a participant in the State's Drycleaner Clean-up Program. The secondary containment issue was referred to the Florida Department of Environmental Protection for possible enforcement action.

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

DATE OF NEXT INSPECTION: December 16, 1997
(Approximate)

INSPECTION CONDUCTED BY: Jeff Morris
(Please Print)

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

✓

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/ DISCOVERY
 RE-INSPECTION

AIRS ID#: 1030414 DATE: 12/2/97 TIME IN: 11:15 a.m. TIME OUT: 1:15 p.m.
 FACILITY NAME: China Boy Cleaners
 FACILITY LOCATION: 3615 49th St N
 St Petersburg, FL 33710
 RESPONSIBLE OFFICIAL: Gary Parsley PHONE: 525-6893
 CONTACT NAME: Gary Parsley PHONE: 525-6893

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

A.

<p>1. Existing small area source <input checked="" type="checkbox"/> <i>gm</i> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)</p> <p>3. Existing large area source <input checked="" type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)</p>	<p>2. New small area source <input type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)</p> <p>4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)</p>
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5. This is a correct facility classification Y N Can not determine

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 400 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

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

Hose connections, fittings, couplings, and valves	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	Muck cookers	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Door gaskets and seating	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	Stills	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Filter gaskets and seating	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	Exhaust dampers	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Pumps	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	Diverter valves	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Solvent tanks and containers	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	Cartridge filter housings	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Water separators	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A				
4. Which method of detection is used by the responsible official?
 - Visual examination (condensed solvent on exterior surfaces)
 - Physical detection (airflow felt through gaskets)
 - Odor (noticeable perc odor)
 - Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
 - Halogen leak detector
 - If using direct-reading instrumentation, is the equipment:
 - a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
 - b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
 - c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
 - d. Kept in a clean and secure area when not in use? Y N
 - e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

(Button Trap housing was left open (perc odors) at time of inspection)

Jeff Morris

Inspector's Name (Please Print)

Jeff Morris

Inspector's Signature

12/2/97

Date of Inspection

12/16/97

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Mfg: 1985 Miraclean 35-Lava
35 lb Capacity
Ser. # 1067

- Button Trap open at time of inspection
- purchase receipts not maintained.
- purchase receipts not maintained as a 12 month rolling average
- No leak log not maintained
- No Temperature sensor on the outlet exhaust of the refrigerated condenser
- Temperature sensor shall be designed for accuracy of $\pm 2^{\circ}\text{F}$ or $\pm 1.1^{\circ}\text{C}$
- No Notification

- 15 HP gas operated boiler.
- Wastewater removed as hazardous waste.
- No secondary containment for haz. waste
- No secondary containment for machine will install within 2 months

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

MC5521

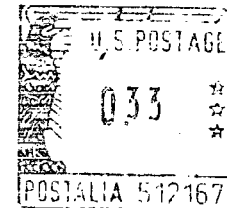
BAMMS/BCO
JOEY ROBERTS
5510

CHINA BOY CLEANERS
GARY R. PARSLEY SR
3615 49TH STREET N
ST PETERSBURG FL 33782



REASON CHECKED
ATTEMPTED DELIVERY _____
INSUFFICIENT ADDRESS _____
NO POSTAGE NECESSARY _____
DO NOT OPEN ENVELOPE _____
FORWARDED TO _____
VACANT _____
RTE No. 1221 INITIALS NR

12-4-99



A

RECEIVED
DEC - 4 1999
Bureau of Air Monitoring
& Mobile Sources

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2000

CERTIFIED

1 8 9 0 9 9 E E E Z

MAIL



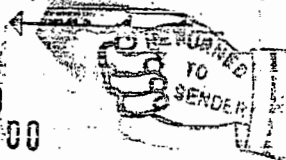
RECEIVED
FEB 15 1999
Bureau of Air Monitoring
& Mobile Sources

EXPIRED

FORWARDING ORDER

EXPIRED
FORWARDING ORDER

MS# 5510
37550301000



CHINA BOY CLEANERS
GARY R PARSLEY SR
3615 49TH STREET N
ST PETERSBURG FL 33782

AIRS ID # 1030414

Post Office by
Tallahassee

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
 AIRS ID # 1030414
 CHINA BOY CLEANERS
 GARY R PARSLEY SR
 3615 49TH STREET N
 ST PETERSBURG FL 33782

4a. Article Number
2333 660 681

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

Domestic Return Receipt



Z 333 660 681

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

Sent to
 AIRS ID # 1030414
 CHINA BOY CLEANERS
 GARY R PARSLEY SR
 3615 49TH STREET N
 ST PETERSBURG FL 33782

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

PS Form 3800, April 1995

CERTIFIED

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

7 333 667 199

U.S. POSTAGE
2 98
PB METER
6846314
TALLAHASSEE FL
APR - 1 99

37550301000
2529 1R MS#5S10
BAMMS
JOEY ROBERTS

RETURN TO SENDER
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

MOVED - FORWARDING
ORDER EXPIRED

AIRS ID # 1030414

CHINA BOY CLEANERS
GARY R. SLEY SR
3615 49TH STREET N
ST PETERSBURG FL 33782

RECEIVED
APR - 5 1999
Bureau of Air Monitoring
& Mobile Sources

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 1030414

CHINA BOY CLEANERS
 GARY R PARSLEY SR
 3615 49TH STREET N
 ST PETERSBURG FL 33782

4a. Article Number

Z 333 667 199

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Z 333 667 199

US Postal Service

Receipt for Certified Mail

AIRS ID # 1030414

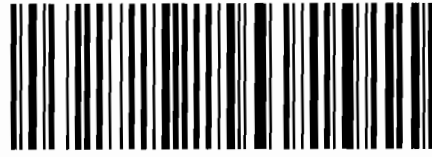
CHINA BOY CLEANERS
 GARY R PARSLEY SR
 3615 49TH STREET N
 ST PETERSBURG FL 33782

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

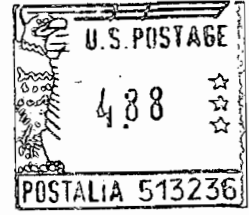
PS Form 3800, April 1995

REGISTERED MAIL

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400



7000 0520 0020 9373 1784



5510

5521

Handwritten: R. Parsley
UNDELIVERABLE
UNABLE TO FORWARD

Illustration: A hand pointing to the left.
UNDELIVERABLE
UNABLE TO FORWARD

RECEIVED
DEC 16 2002
Bureau of Air Monitoring
& Mobile Sources

10 AIRS ID # 1030414001AG
GARY R PARSLEY SR
CHINA BOY CLEANERS
3615 49TH STREET N
ST PETERSBURG FL 33782

FOLD AT DOTTED LINE
 TO THE RIGHT OF RETURN ADDRESS
 PLACE STICKER AT TOP OF ENVELOPE
SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

10 AIRS ID # 1030414001AG
 GARY R PARSLEY SR
 CHINA BOY CLEANERS
 3615 49TH STREET N
 ST PETERSBURG FL 33782

70000520002093731784

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	
X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Service Type	
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	
	<input type="checkbox"/> Yes

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

7000 0520 0020 9373 1784

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

Receipt
 Postmark Here
 03

10 AIRS ID # 1030414001AG

Recipient's
 GARY R PARSLEY SR
 CHINA BOY CLEANERS
 3615 49TH STREET N
 ST PETERSBURG FL 33782