

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

September 10, 1998

Mr. Edwin Ostrand Paradise Cleaners #10 1701 Coachman Plaza Drive Clearwater, Florida 33759-1905

Facility No.: Re: 1030432

Dear Mr. Ostrand:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 19, 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

Mr. Gary Robbins, Pinellas County

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



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

August 20, 1998

Mr. Edwin Osterand Paradise Cleaners #10 1701 Coachman Plaza Drive Clearwater, Florida 33759-1905

Dear Mr. Osterand:

Thank you for your submittal of the Perchloroethylene Dry Cleaning Facility Notification form received by the Department on August 19.

The form you used to notify the Department of your intent to use the general permit is still a draft and has not yet been approved. Therefore, I am sending you the notification form that is currently in effect [DEP Form 62-213.900(2), Effective 6-25-96]. Please complete and submit this form to the Department in the enclosed envelope.

I appreciate your attention to this matter and apologize for any inconvenience. If you have any questions, please call either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman

Mobile Source Control Section

Bureau of Air Monitoring and

Mobile Sources

SB\

Enclosures

cc: Margaret Hennis, Pinellas County

Rick Butler 1

INTEROFFICE MEMORANDUM

Date: 31-Oct-2000 03:48pm

From: Jeffrey Morris

jmorris@co.pinellas.fl.us

Dept: Tel No:

To: Sandy.Bowman (Sandy.Bowman@dep.state.fl.us)
CC: Matthew McCann (mmccann@co.pinellas.fl.us)

Subject: Paradise Cleaners #10 (1030432 001)

The facility lost its lease and ceased operation approximately two months ago. An inspection of the facility performed on 10/31/00, to verify shutdown, revealed that the dry-dry machine had been drained of perchloroethylene, removed and transported to Cleaners Equipment, Inc., a local dry cleaning machine maintenance company.

Therefore, the facility is deemed in compliance by shutdown. The Title V General Permit should be recinded.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

			ス	J
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	ro	4	П
	PHIL-AM CORPORATION	& Surgarus	£ (
2.	Site Name (For example, plant name or number):	8 04	70	Ш
	PARADISE CLEANERS #10	Air I	2	1
3.	Hazardous Waste Generator Identification Number:	OT SOL	3	
	1030432	_l itorir rces		,
4.	Facility Location: 1201 COACHMAN PLAZA DR. Street Address:	60		
	City: CLEARWATER County: PINE 11A 5 Zip Code: 33 78	59-19	25	
5.	Facility Identification Number (DEP Use):	22		

Responsible Official

6.	Name and Title of Responsible Official:	RESIDENT	
7.	Responsible Official Mailing Address: Organization/Firm: PHIL-AM Street Address: 1701 COACHMAA City: CLEARWATER	CORP. PLAZA DR. County: PINELLAS	Zip Code: 33759-1905
√8.	Responsible Official Telephone Number: Telephone: (727) 791 - 1390	Fax: (プ ユ フ) フタ1	- 1390

Facility Contact (If different from Responsible Official)

9.	Name and Title of Facility Con	tact (For example, plant n	nanager):	
10.	. Facility Contact Address:		<u></u>	
	Street Address: City:	County:	Zip Code:	
11.	Facility Contact Telephone Nur Telephone: ()	nber: -	Fax: () -	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page I3 of 16

014	
(la)	add date control device installed
(c)	Should not be marked. Markout and
•	in the
3.	Existing small ared source should not be marked. Mark out and instial.
-	not be marked. Mark out ond initial.
	Merz sprall ared source should be
	marked.
p15	Existing large area source R.C.
4.	Existing Langlarea Source R.C.
	should not be marked Marbout and
	initial. New small aged source should be marked
0.1/	snowd we marked
10 10 1	Choose one
- Comp	
	Responsible official segmand
	dute for changes made

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	12-DEC-94	12-1-44						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit				W.	idat kari se 1466				
(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	116.6% km	Formalia Salad							
(10) w/ ref. condenser									
(11) w/carbon adsorber								,	
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total (a) (b) If less than 12 mon Check why it is less	are requant	equired to be ity of perchlo ons	installed [perc)	_] purchased in	_	-		[] 941
3. What is the facility's so (Indicate with an "X". Existing small at Existing large ar	Selectrea so	et one classifi	cation only.) Ne	w sm	nitions found nall area sour rge area sour	rce []	Part II?	
Existing large ar	ea so	urce	Ne	w lai	ge area sour	ce [J		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machine (Indicate with an "X".)	es pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser [\(\sigma\)]
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
	is units shall not be eligible to use the general permit pursuant and hot water generating units on-site meet the following te:
	l) have a total heat input of 10 million BTU/hr or less (298 o natural gas except for periods of natural gas curtailment ore than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
•	
Equipment Monitoring	g and Recordkeeping Information
Check all logs which are required to be kept on-si	te in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	<u>[X]</u>
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	g [X]
(d) Carbon adsorber exhaust perc concentration m	onitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

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 pron	nptly notify the Department of any changes to the information contained in this notification.					
Signature	8-31-98 Date					

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INS	SPECTION: Ar	NNUAL 🖵 COMPLAIN I/DI	SCOVERY L	RE-INSPECTION	ب <u>ت</u>	
AIRS ID#:	1030432 001	DATE: <u>7/19/99</u> T	(U)	_TIMEOUT: _3	115	
FACILITY :	NAME:	Paradise Cleaners #10	urea 2			
FACILITY :	FACILITY NAME: Paradise Cleaners #10 FACILITY LOCATION: 1701 Coachman Plaza Dr.					
		Clearwater, FL, 33759	le Scu			
RESPONSIBLE OFFICIAL: Edwin Ostrand Phone No.: 791-1390						
Permit	No. <u>1030432-001-</u>	AG Exp. Date: 09/09/2003	਼ 			
		of the compliance requirements evalu P Rule 62-213.300, Florida Administ		•	d to be in	
	Based on the results	of the compliance requirements evalu	nated during this insp	ection, the following com	pliance	

Inspection Summary Report Guidance

discrepancies were noted (only items which are checked):

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 $45^{\circ}F$ with an accuracy of $\pm 2^{\circ}F$, 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 indicatin 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.
		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: Provided Dry Clear Operator.	ing information to equipment
	• • • • • • • • • • • • • • • • • • • •	actions are required, you must take immediate corrective perform a follow-up inspection to determine that proper
	Inspection Conducted by: Margaret Henni	is
	Inspector's Signature: Mangaret U.	Henris
:	Phone Number: 464-4422	· · · · · · · · · · · · · · · · · · ·

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION -	
AIRS ID#: 1030432 001 DATE: 7/9/99 TIME IN: 3:00 TIME OUT: 3:15 FACILITY NAME: Paradise Cleaners #10 FACILITY LOCATION: 1701 Coachman Plaza Dr. Clearwater, FL, 33759	- - -
RESPONSIBLE OFFICIAL:Edwin Ostrand PHONE:791-1390 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) 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="" 140<xx<1,800="" 200<x<1,800="" 4.="" 9="" 91)="" a="" appropriate="" area="" before="" both="" check="" classification:="" classification:<="" correct="" dry-to-dry="" facility="" gal="" if="" is="" large="" new="" no,="" only,="" please="" source="" td="" the="" this="" transfer="" types,="" yr=""><td></td></x<2,100>	
facility qualified for a general permit as number above	

PART III: GENERAL CONTROL REQUIREMENTS			-		
Is the responsible official of the dry cleaning facility: (check appropriate boxes)					
Storing perchloroethylene in tightly sealed and impervious containers?	U/Y	ΠN	□ NA		
2. Examining the containers for leakage?	Ū.Y	ΠN	☐ NA		
3. Closing and securing machine doors except during loading/unloading?	<u>u</u> y	ΠN			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?		□N	□NA		
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	□ Y	N 🗆 N	D MA		
PART IV: PROCESS VENT CONTROLS					
In Part II-A:					
If classification (1) has been checked, no controls are required. Proceed to Pa	ırt 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 (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?	¥	ΠN			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ĽΥ	\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?	Ūγ	ΩN			
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	ПN			

	· ·	
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?	OY ON
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 OMA
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 OMA
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?	Oly On Olma
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON PIŃA
б. —	Routed airflow to the carbon adsorber (if used) at all times?	OY ON OMA
PA	ART V: RECORDKEEPING REQUIREMENTS	
Ha (cl	as the responsible official: neck appropriate boxes)	
1.	Maintained receipts for perc purchased?	DAY ON
2.	Maintained rolling monthly averages of perc consumption?	ON ON
3.	Maintained leak detection inspection and repair reports for the following:	GI GIN
	a. documentation of leaks repaired w/in 24 hrs? or;	Day On Ona
	 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	ON ONA
4.	Maintained calibration data? (for direct reading instrument only)	DY DN GNA
5.	Maintained exhaust duct monitoring data on perc concentrations?	DY DN DNA
6.	Maintained startup/shutdown/malfunction plan?	ΩN ΩN
7.	Maintained deviation reports?	DY ON ONA
	Problem corrected?	DY DN DNA
8.	Maintained compliance plan, if applicable?	DY ON ONA

PA	ART VI: LEAK DETECTIO	N AN	D REI	PAIRS			·
1.	Does the responsible official c inspection?	onduct	t a wee	kly (for sm	all sources bi-weekly) leak	detect	
2.	Has the facility maintained a le	eak log	g?			OY	ΠN
3.	Does the responsible official c	heck tl	ne foll	owing areas	for leaks:		
	Hose connections, fitting couplings, and valves	Y Ŷ	ŪN	□NA	Muck cookers	GÝ	□n □na
	Door gaskets and seating	P Y	ΠN	\square NA	Stills	ΘÝ	ON ONA
	Filter gaskets and seating	QÝ	ΠN	□NA	Exhaust dampers	QY	ON ONA
	Pumps	QY	ΠN	□NA	Diverter valves	ĽY	ON ONA
	Solvent tanks and containers	<u>O</u> Ý	Пи	□NA	Cartridge Filter housing	Q _Y	□n □na
	Water separators	Q _Y	ŪΝ	□NA			
4.	Which method of detection is used by the responsible official? Visual examination (condensed solvent of exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector						
	If using direct-reading instrumentation, is the equipment: a Capable of detecting perc vapor concentrations in a range of 0-500 ppm.						
	a Capable of detecting perc vapor concentrations in a range of 0-500 ppm.b. Calibrated against a standard gas prior to and after each use(PID/FID only).						
	c. Inspected for leaks and o						OY ON
	d. Kept in a clean and seco	ure are	a wher	not in use.			□y. □n
	e. Verified for accuracy by	use of	duplic	ate samples	(calorimetric only)?		□Y □N
	Mangaret Hennig Inspector's Name (Please Prin	S nt)			7/19/99 Date of Ins	•	n
_	Mangenet 1.4 Inspector's Signature	fam	us_		Approximate Date		xt Inspection

ACC

AIRS ID#:	1030432
,	

Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

<u> </u>		
FACILITY NAME: Paradis	Cleaners	P DATE: 7/6/99
FACILITY LOCATION: 1701	Coachmer Dr.	BE C
	anweter FL 33759	See Co
Annual Reporting Period:	/ 19 <u>98</u> то	Files 3 6 1999
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 complia	ance during the reporting period stated above:
Didnot maintain alog	of leak detection ingret	For and repair records
Exact period of non-compliance: from	September 15, 198	to July 6, 1998
Action(s) taken to achieve compliance:	COMPLETED DEP	CALFUDAR.
Method used to demonstrate compliance:	MOUNTED ON MACHIN	E
the dry to-dry machine	on a weekly basis	of the refrigacted condinser of
Exact period of non-compliance: from	September 15, 1998	to July 4, 1999
Action(s) taken to achieve compliance:	COMPLETED DE	P CACELDAR.
Method used to demonstrate compliance:	MOUNTED ON /	MACHINE.
1*		
As the responsible official, I hereby certify, be made in this notification are true, accurate a upon rolling averages of purchase receipts, a year for transfer or combination facilities.	and complete. Further, my annual considers not exceed 2,100 gallons per year	umption of perchloroethylene solvent, based for dry-to dry facilities or 1,800 gallons per
RESPONSIBLE OFFICIAL:		EDWAN 057RAND 7-6-99
Nan	ne (Please Print)	Signature Date

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

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSI	PECTION: ANN	UAL G COMPLAINT/DISCO	OVERY U RE-INSPECTION U						
AIRS ID#: <u>1</u>	030432 001	DATE: <u>7/6/99</u> TIME	CIN: 1:45 TIME OUT: 3:00						
FACILITY N	AME:	Paradise Cleaners #10							
FACILITY L	OCATION:	1701 Coachman Plaza Dr.							
	Clearwater, FL, 33759								
RESPONSIB:	RESPONSIBLE OFFICIAL: Edwin Ostrand Phone No.: 791-1390								
Permit No. 1030432-001-AG Exp. Date: 09/09/2003									
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.).									
		ne compliance requirements evaluated	during this inspection, 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.
A	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
다	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
먑	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: No wak log or temp	readine montoing Since Oct. 1998;
		actions are required, you must take immediate corrective perform a follow-up inspection to determine that proper
	corrective actions have been taken.	
	Inspection Conducted by: Margaret Henn	<u>is</u>
	Inspector's Signature: Man gant V. A	Comes
	Phone Number: 464-4422	

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION
AIRS ID#: 1030432 001 DATE: 5/10/99 TIME IN: 1645 TIME OUT: 3:00
FACILITY NAME: Paradise Cleaners #10
FACILITY LOCATION: 1701 Coachman Plaza Dr.
Clearwater, FL, 33759
RESPONSIBLE OFFICIAL:Edwin Ostrand PHONE: _791-1390
CONTACT: Ceorge Zeino 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) Drop store / out of business / petroleum
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 dry cleaning facility was gallons.

PART III: GENERAL CONTROL REQUIREMENTS		<u></u>				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)						
1. Storing perchloroethylene in tightly sealed and impervious containers?	ΘÝ	□N	□NA			
2. Examining the containers for leakage?	ŪÝ	ΠN	□NA			
3. Closing and securing machine doors except during loading/unloading?	ΞÝ	ΠN				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	⊉ Y	ПN	□NA			
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	QΥ	□N —	□ NA			
PART IV: PROCESS VENT CONTROLS						
In Part II-A:						
If classification (1) has been checked, no controls are required. Proceed to Pa	ırt V.					
If classification (2) has been checked, the machine should be equipped with a (complete A below)	refrige	rated cond	enser			
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?	Ŷ	ΠN				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	Ý	ПN	□NA			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	Q Y	ŪΝ	□NA			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Not Since 9/15/95	☐ Y	<u>o</u> n				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	¥Ý	□N	□NA			
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged?	ĽÝ	□N				

BEST AVAILABLE COPY

3. Has the responsible official of an existing large or new large area source	e also:
Measured and recorded the exhaust temperature on the outlet side of the collocated on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ndenser
Measured and recorded the washer exhaust temperature at the condenser inloutlet weekly? Is the temperature differential equal to or greater than 20°F?	et and DY DN DNA DY DN DNA
Measured and recorded the perc concentration in the exhaust stream weekly 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?	f Oy On Ona Oy On Ona
Assured that the sampling port on the carbon adsorber exhaust for measuring concentrations is at least 8 duct diameters downstream of any bend, contract expansion; is at least 2 dust diameters upstream from any bend contraction, expansion; and downstream from no other inlet?	tion, or
Equipped transfer machines (dryers, reclaimers, and washers) with individu condenser coils?	al Oy On GNA
Routed airflow to the carbon adsorber (if used) at all times?	DY ON BNA
'ART V: RECORDKEEPING REQUIREMENTS	
Ias the responsible official: check 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;	DY DIN ONA
 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 DAY DNA
. Maintained calibration data? (for direct reading instrument only)	Dy On Dina
. Maintained exhaust duct monitoring data on perc concentrations?	Dy Dn Qma
. Maintained startup/shutdown/malfunction plan?	DY ON
. Maintained deviation reports?	Øý On Ona
Problem corrected? no house loss of the	
Problem corrected? no poblems / clevich ans	Dy On Ona

PA	ART VI: LEAK DETECTIO	N AN	D REI	PAIRS			
1.	Does the responsible official c inspection? Not Sin				small sources, bi-weekly) leal		tion and repair
2.	Has the facility maintained a le	eak log	?			\square_{Y}	D Ń
3.	Does the responsible official c	heck th	ne follo	owing are	eas for leaks:		
	Hose connections, fitting couplings, and valves	ΩY		□NA	Muck cookers	ΟY	On Ona
	Door gaskets and seating	\square_{Y}	3N	□NA	Stills	Ωy	ON ONA
	Filter gaskets and seating	QΥ	QŃ	□NA	Exhaust dampers	ΩY	M ONA
	Pumps	\square_{Y}		\square NA	Diverter valves	\square_{Y}	ON ONA
	Solvent tanks and containers	ŪΥ	⊒Kı	□NA	Cartridge Filter housing	ΩY	DAY DINA
	Water separators	\square_{Y}	QK	\square NA			
4.	Which method of detection is used by the responsible official? Visual examination (condensed solvent of exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) to exact the solution of the s						
	a Capable of detecting perc vapor concentrations in a range of 0-500 ppm.						
	b. Calibrated against a stan	dard ga	s prio	to and a	fter each use(PID/FID only).		Ωy Ω _N
	c. Inspected for leaks and o	bvious	signs	of wear c	on a weekly basis?		□Y □N
	d. Kept in a clean and secu	ire area	a when	not in u	se.		□y □n
	e. Verified for accuracy by	use of	duplic	ate samp	les (calorimetric only)?		□y □N
	Inspector's Name (Please Pringle). Y	Jenni Jenni Jenni	5		Date of Ins	Spection of Nex	t Inspection

pre	•
•	

AIRS ID#: 1030432

Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

THIT CLE		<u> </u>	
FACILITY NAME: faradis	e Cleaners		DATE: 7/6/99
FACILITY LOCATION:	Coachmen	Dr. 0, 0, 0	,
- Cla	parweter AL	3375 900	
		911 Jan	-
Annual Reporting Period:	19	98 TO CLESTING	<u>4</u> 19 <i>99</i>
Based on each term or condition of the Title			_
62-213.300, Florida Administrative Code (F	F.A.C.), during the period co	vered by this statement. LY	es Uno
If NO, complete the following:	•	`	
#1. Term or condition of the general permi	t that has not been in continu	ous compliance during the repo	orting period stated above:
Didnot maintain alog	of leak detection	inspettion and rep	air records
Exact period of non-compliance: from	September 15,	199 to July (1999
Action(s) taken to achieve compliance:	COMPLETED	DEP CALFNOR	R.
Method used to demonstrate compliance:	MOUNTED ON	MACHINE.	
		44.	1
#2. Term or condition of the general permit Did not measure and reco The au to-an machin	rd the outlesting	granne of the refor	erting period stated above:
Exact period of non-compliance: from	September 15,	1998 to July 1	4,1999
Action(s) taken to achieve compliance:	COMPLETED	DEP CACE	LDAR.
Method used to demonstrate compliance:	MOUNTED (BN MACHINE.	
i .		<u> </u>	
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, my o	annual consumption of perchlor	oethylene solvent, based
RESPONSIBLE OFFICIAL:	1. Oshu	EDWIN 057	RAND 7-6-49
Na	me (Please Print)	Signature	Date

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

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL G COMPLAINT/DIS	SCOVERY 🖵 RE-	-INSPECTION U	
AIRS ID#: 1030432 001	DATE: <u>~//6/99</u> TI	ME IN: <u>/ 145</u> TI	ME OUT: 3:00	
FACILITY NAME:	Paradise Cleaners #10	- · · · · · <u>-</u>		
FACILITY LOCATION	: 1701 Coachman Plaza Dr.			
	Clearwater, FL, 33759			
RESPONSIBLE OFFICIAL: Edwin Ostrand Phone No.: 791-1390				
Permit No. 1030432-001-AG Exp. Date: 09/09/2003				
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

		<u> </u>
	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.
Ø	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.
D	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			
면	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			
맙	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: No leak log or temperature monitoring Since Oct. 1998				
	If the Inspection Summary Report indicates follow-up actions are required, you must take immediate corrective measures to achieve compliance. Pinellas County will perform a follow-up inspection to determine that proper corrective actions have been taken.				
	Inspection Conducted by: Margaret Henni	is			
	Inspector's Signature: Man janufe V. Henry				
	Phone Number: 464-4422				

PEL ILOROETHYLENE DRY CLEANE. TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION			
AIRS ID#: 1030432 001 DATE: 5/6/99 TIME IN: 1645 TIME OUT: FACILITY NAME: Paradise Cleaners #10 FACILITY LOCATION: 1701 Coachman Plaza Dr.	3:00		
Clearwater, FL, 33759			
RESPONSIBLE OFFICIAL:Edwin Ostrand PHONE:791-139	90		
CONTACT: George Zeiro PHONE:	·		
PART I: NOTIFICATION			
(Check appropriate box)			
1. Existing facility notified DARM By 9/1/96	9		
2. New facility notified DARM 30 days prior to startup			
3. Facility failed to notify DARM to use general permit			
	<u>-</u>		
PART II: CLASSIFICATION			
Facility indicated on notification form that it is: (Check appropriate box) No notification form Drop store / out of business / petroleu	ım		
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) 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 (constructed="" 12="" 140<x<1,800="" 140<x<2,100="" 200<x<1,800="" 4.="" 9="" 91)="" 91)<="" after="" area="" before="" both="" dry-to-dry="" gal="" large="" new="" on="" only,="" or="" source="" td="" transfer="" types,="" yr=""><td></td></x<2,100>			
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 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?	ΘÝ	ΠN	□ NA		
2. Examining the containers for leakage?	Q Y	ПN	☐ NA		
3. Closing and securing machine doors except during loading/unloading?	Ωrý	ΠN			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	Ø Ýy	□N	□NA		
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☐ Y	ŪΝ	DINA		
					
PART IV: PROCESS VENT CONTROLS					
In Part II-A:					
If classification (1) has been checked, no controls are required. Proceed to Pa	art V.				
If classification (2) has been checked, the machine should be equipped with a (complete A below)	refrige	rated con	denser		
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.)	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 sou (check appropriate boxes)	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?	TY	ΠN			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	Ÿ	ΠN	□ NA		
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	<u>J</u> y	ŪN	□NA		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Not Since 4/5/95	ΟY	<u>O</u> tn			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	UÝ	□ N	NA		
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged?	TY	□N			

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?	AND CON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	Dy On Ona Oy On Ona
	Is the temperature differential equal to or greater than 20°F?	OI 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 Oma Oy On Oma
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?	Dy Din Comá
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY ON BNA
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY ON PINA
== P <i>A</i>	ART V: RECORDKEEPING REQUIREMENTS	
Ha (cl	as the responsible official: neck appropriate boxes)	
1.	Maintained receipts for perc purchased?	DY ON
	Maintained rolling monthly averages of perc consumption?	OY On
3.	Maintained leak detection inspection and repair reports for the following:	الماليب المت
	a. documentation of leaks repaired w/in 24 hrs? or;	DY DY DNA
	 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 DIN DNA
.ļ.	Maintained calibration data? (for direct reading instrument only)	DY DN DMA
5.	Maintained exhaust duct monitoring data on perc concentrations?	DY DN DRA
6.	Maintained startup/shutdown/malfunction plan?	DY ON
7.	Maintained deviation reports?	DY ON ONA
	Problem corrected? no problems / devictions	DY ON PINA

PA	PART VI: LEAK DETECTION AND REPAIRS					
1.	Does the responsible official c inspection?				nall sources, bi-weekly) leak	detection and repair
2.	Has the facility maintained a le	eak log	;?			OY DA
3.	Does the responsible official c	heck th	ne folla	owing area	s for leaks:	•
	Hose connections, fitting couplings, and valves	□Y	<u> </u>	□NA	Muck cookers	Oy Briona
	Door gaskets and seating	ΩY	ME	□NA	Stills	DY ON ONA
	Filter gaskets and seating	ΩY	ON	□NA	: Exhaust dampers	DY PN DNA
	Pumps	ΩY	QŃ	□NA	Diverter valves	DY ON ONA
	Solvent tanks and containers	ΩY		□na	Cartridge Filter housing	DY DIN DNA
	Water separators	Ωγ		□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) to arroft 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 stan	dard g	as prio	r to and afte	er each use(PID/FID only).	□Y □N
	c. Inspected for leaks and o	bvious	signs	of wear on	a weekly basis?	$\square_{\mathrm{Y}} \square_{\mathrm{N}}$
	d. Kept in a clean and seco	are are	a wher	not in use	•	\square_{Y} \square_{N}
	e. Verified for accuracy by	use of	duplic	ate samples	s (calorimetric only)?	□Y □N
	Ma care F / /s Inspector's Name (Please Prin	(Land	ι' ς		Date of Ins	5 spection
	Inspector's Signature	4eur	is		Approximate Date	of Next Inspection
	mapootor aldigitaturo				* rpprominate Date	OF TANKE THIS DOOR OUT

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Paradise Cleaners #10	DATE: 1/2-1/00
FACILITY LOCATION: 1701 Coachman Plana In. Clearwater, FL 33759	
Class and El north	
- CRAPWATER, 1-2 33759	·
Annual Reporting Period: July 19 1999 TO July	anuary 31 300
Based on each term or condition of the Title V general air permit, my facility has remained 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statem	-
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance du	ring the reporting period stated above:
Exact period of non-compliance: fromto	
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 du	ring the reporting period stated above:
Exact period of non-compliance: fromto	
Action(s) taken to achieve compliance:	RECER
Method used to demonstrate compliance:	RECEIVED
	FEB 1 1 2000
As the responsible official, I hereby certify, based on information and belief formed after remade in this notification are true, accurate and complete. Further, my annual consumption upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry year for transfer or combination facilities.	Bureau of Air Machina easonable inquiry, that the statements a n of perchloroethylene solvent, based
RESPONSIBLE OFFICIAL: Name (Please Print) 1 Sig	mature $\frac{1-\lambda 1-\delta x_0}{Date}$
Fuelum Detrom	nature 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 GOMPLAINT	ADISCOVERY RE-INSPECTION
AIRS ID#: 1030432	DATE: 1/20/00	TIME IN: /2:00 TIME OUT: /2:30
FACILITY NAME:	Paradise Cleaners #10	
FACILITY LOCATION:	1701 Coachman Plaza Dr.	
_	Clearwater, FL, 33759	
RESPONSIBLE OFFICIAL:	Edwin Ostrand	Phone: 727-791-1390
Permit No.	1630432	Exp. Date:09/09/2003
,		

- 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

_		<u></u>		
	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 condition in Part II, Section 7(e) of the general permit provisions			
	Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.			
	Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.			
	The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.			
	Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.			
	Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.			
	Containers for perchloroethylene and/or perchloroethylen-containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.			
	Comments:	· · · · · · · · · · · · · · · · · · ·			
	If the Inspection Summary Report indicates follow-up actions are required, you must take immediate corrective measures to achieve compliance. Pinellas County will perform a follow-up inspection to determine that proper corrective actions have been taken.				
	Inspection Conducted by: Margaret	V. Hennis			
*,	Inspection Conducted by: Margaret V. Hennis Inspector's Signature: Whyperet O. Hennis				
	Phone Number:	464-4422			

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAI	NT/DISCOVERY [<u> </u>	
AIRS ID#: 1030432 FACILITY NAME: FACILITY LOCATION: RESPONSIBLE OFFICIAL CONTACT:	Paradise Clean 1701 Coachman F Clearwater, FL, 3 AL: Edwin Ostrand	ners #10 Plaza Dr. 33759	PHONE:	727-791	· · · · · · · · · · · · · · · · · · ·
PART I: NOTIFICATION					
(Check appropriate box) 1. Existing facility notified 2. New facility notified DA 3. Facility failed to notify D	RM 30 days prior to start		· ·		
PART II: CLASSIFICAT	ION				
Facility indicated on notific (Check appropriate box) A. 1. Existing small area dry-to-dry only, x<12 transfer only, x<200 both types, x<140 ga (Constructed before) 3. Existing large area dry-to-dry only, 140-transfer only, 200<-x-both types, 140<-x<1 (Constructed before)	source 40 gal/yr gal/yr gal/yr 12/9/91)	2. New smann dry-to-dry-transfer of both type (Constru	cation form re / out of business / pall area source y only, x<140 gal/yr only, x<200 gal/yr es, x<140 gal/yr cted on or after 12/9/ ge area source y only, 140 <x<2,100 12="" 200<x<1,800="" 9="" <="" after="" cted="" gal="" on="" only,="" or="" td=""><td><u> </u></td><td></td></x<2,100>	<u> </u>	
This is a correct facility class If no, please check the and the facility qualified facility exceeds a	ssification:	umber gible for a general j	above permit	hy this day o	looning
B. The total quantity of perfacility was	- · · · ·	ichased within the	preceding 12 months	by uns ary c	icaning

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?	ΘÝ	ПN	□ NA	
2. Examining the containers for leakage?	ΘY	ΠN	□ NA	
3. Closing and securing machine doors except during loading/unloading?	ŪŀY	ΠN		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	□ -Y	ПN	□NA	
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	QΥ	□ N	⊕tna	
PART 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 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 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	ΠN	□ NA	
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	¥Y	ПN	□NA	
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	⊎ Y	ПN		
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	· .	

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?	OY On
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?	DAY ON DINA
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?	DN DNA
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?	MARIN ONA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	MY ON MA
6.	Routed airflow to the carbon adsorber (if used) at all times?	Oy On Ona
PA	ART V: RECORDKEEPING REQUIREMENTS	
H: (c)	as the responsible official: heck appropriate boxes)	
	Maintained receipts for perc purchased?	⊡rý □n
2.	Maintained rolling monthly averages of perc consumption?	DÝ On
3.	Maintained leak detection inspection and repair reports for the following:	Said A Said A
	a. documentation of leaks repaired w/in 24 hrs? or;	gý On Ona
	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	Qy On Ona
4.	Maintained calibration data? (for direct reading instrument only)	Oy On Ona
	Maintained exhaust duct monitoring data on perc concentrations?	Oy On Ona
	Maintained startup/shutdown/malfunction plan?	OY ON
7.	Maintained deviation reports?	DY ON ONA
	Problem corrected? No deviations	OY ON ONA
Ω	Maintained compliance plan, if applicable?	DV DN DNA

PA	PART VI: LEAK DETECTION AND REPAIRS							
1.	Does the responsible official c inspection?	onduc	t a wee	kly (for s	mall sources, bi-weekly) leak	detect	^	
2.	Has the facility maintained a le	eak log	g?			ΘÝ	□N	
3.	Does the responsible official c	heck t	he follo	owing are	as for leaks:			
	Hose connections, fitting couplings, and valves	₽Ý	□и	□na	Muck cookers	₽Ý	□n □na	
ı	Door gaskets and seating	O Y	ΠN	\square_{NA}	Stills	□ Y	□N □NA	
	Filter gaskets and seating	Y Y	ΠN	□NA	Exhaust dampers	ΘÝ	□n □na	
	Pumps	ŪΎ	ΠN	\square_{NA}	Diverter valves	₽Y	□n □na	
	Solvent tanks and containers	₽'n	ΠN	\square_{NA}	Cartridge Filter housing	ШY	□n □na	
	Water separators	₽Ý	ΠN	\square 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	s in a range of 0-500 ppm.		□y □n	
	b. Calibrated against a stan	dard g	as prio	r to and a	fter each use(PID/FID only).		$\square_{Y} \square_{N}$	
	c. Inspected for leaks and o	obviou	s signs	of wear o	on a weekly basis?		\square_{Y} \square_{N}	
	d. Kept in a clean and secu	ıre are	a wher	not in us	se.		□y □n	
	e. Verified for accuracy by	use of	duplic	ate sampl	les (calorimetric only)?		\square_{Y} \square_{N}	
	Margaret Hennis Inspector's Name (Please Print) Margaret Hennis Date of Inspection 1/0/ Inspector's Signature Approximate Date of Next Inspection							

MERCANTILE BANK

PHIL-AM CORPORATION, N.A. 1701 COACHMAN PLAZA DRIVE CLEARWATER, FL 33759-1905

2/18/99

PAY TO THE Dept. of Environmental Protection ORDER OF

**50.00

Fifty and 00/100****

DOLLARS

Dept. of Environmental Protection Title V Air General Permits Receipts P.O. Box 3070

Tallahassee, FL 32315-3070

MEMO: AIRS ID # 1030432

Ell Other

SECURITY FEATURES: MICRO PRINT TOP & BOTTOM BORDERS COLORED PATTERN - ARTIFICIAL WATERMARK ON REVERSE SIDE - MISSING FEATURE INDICATES A COPY

PHIL-AM CORPORATION

Dept. of Environmental Protection 02/13/99

Bill #1998

2/18/99

1924

50.00

RECEIVED MALL ROOM

Checking

AIRS ID # 1030432

50.00

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



7001 0320 0001 7976 3514





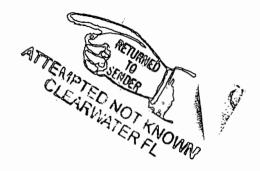
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DECEIVED

JUN 1 2 2003

Bureau of Air Monitoring
& Mobile Sources

10 AIRS ID # 1030432001AG EDWIN OSTRAND PHIL-AM CORP 1701 COACHMAN PLAZA DRIVE CLEARWA'TER FL 33759-1905



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	7976	Postage Certified Fee	\$		M Postmari	Γ 2	
	000	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required))	
,	7001 0350	Street, Apt. No. PHIL or PO Box No.	IRS ID # 1030 IN OSTRAND -AM CORP COACHMAN ARWATER FL	pi.AZ	A DRIVE		
■ Complete item 4 if F	item Restri	PS Form 3800. BROTESIANE SO GOLD WESTOLD S 1, 2, and 3. Also concided Delivery is desire	mplete	сом	See Reverse fo	or Instructions	☐ Agent
so that w Attach thi	e can is car	e and address on the return the card to you do the back of the mif space permits.	u.	B. Re	eceived by (Prin	ted Name)	C. Date of Delivery
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	CHM	RP MAN PLAZA DRIVE R FL 33759-1905	L		ervice Type Certified Mail Registered Insured Mail	☐ Express Ma ☐ Return Rece ☐ C.O.D.	il eipt for Merchandise
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2. Articl	700	7 0350 0007	7976 3	514			
PS Form 38	11, A	August 2001	Domestic Ret	urn Red	eipt	ger t	102595-02-M-1540
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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392332

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 # 1030432

PARADISE CLEANERS #10 EDWIN OSTRAND 1701 COACHMAN PLAZA DRIVE CLEARWATER FL 33759-1905 RECEIVED MAIL ROOM

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

PHIL-AM CORPORATION
Dept. of Environment Protection
02/12/00

Bill #1030432

2/15/'00

2857 50.00

Checking

1030432

50.00

Z 333 660 697 US Postal Service **Receipt for Certified Mail** No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 1030432 PARADISE CLEANERS #10 EDWIN OSTRAND 1701 COACHMAN PLAZA DRIVE CLEARWATER FL 33759-1905 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 Form

the right of the return adds Fold at line over top of envelope to SENDER: I also wish to receive the ■Complete items 1 and/or 2 for additional services. ■Complete items 3, 43, and 4b. following services (for an ■ Print your name and address on the reverse of this form so that we can return this completed on the reverse extra fee): card to you. Service Attach this form to the front of the mailpiece, or on the back if space does not 1. Addressee's Address permit. Write "Return Receipt Requested" on the mailpiece below the article number. 2. Restricted Delivery ■The Return Receipt will show to whom the article was delivered and the date Consult postmaster for fee. delivered. 3. Article Addressed to: 4a. Article Number using Return AIRS ID # 1030432 PARADISE CLEANERS #10 4b. Service Type **EDWIN OSTRAND** ☐ Registered Certified 1701 COACHMAN PLAZA DRIVE RETURN ADDRESS ☐ Express Mail Insured CLEARWATER FL 33759-1905 ☐ Return Receipt for Merchandise ☐ COD ত 7. Date of Delivery Thank you 5. Received By: (Print Name) 8. Addressee's Address (Only if requested and fee is paid) 6. Signature: (Addressee or Agent) Domestic Return Receipt PS Form **3811**, December 1994

		Zr 333, US Postal Service Receipt for Cer	tified Mail
	EDV 1701	ADISE CLEANERS # VIN OSTRAND COACHMAN PLAZA ARWATER FL 33759	A DRIVE
		Postage	 \$
		Certified Fee	
		Special Delivery Fee	
	10	Restricted Delivery Fee	
ļ	199	Return Receipt Showing to Whom & Date Delivered	
١	April	Return Receipt Showing to Whom, Date, & Addressee's Address	
	800	TOTAL Postage & Fees	\$
	PS Form 3800 , April 1995	Postmark or Date	

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 card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	ceipt Service.
ADDRESS completed	AIRS ID # 1030432 PARADISE CLEANERS #10 EDWIN OSTRAND 1701 COACHMAN PLAZA DRIVE CLEARWATER FL 33759-1905	4b. Service ↑ ☐ Registere ☐ Express I	Type ad	you for using Return Re
Is your RETURN	5. Received By: (Print Name) 6. Signature: (Appressee or Agent) X PS Form 3611, December 1994	8. Addressee and fee is	a's Address (Only if requested paid) Domestic Return Receipt	Thank

	P 174 05	2 523					
,	US Postal Service						
1	PARADISE CLEANER EDWIN OSTRAND 701 COACHMAN PL CLEARWATER FL 33						
	Postage	\$					
	Certified Fee						
'	Special Delivery Fee						
ر (Restricted Delivery Fee						
199	Return Receipt Showing to Whom & Date Delivered						
April	Return Receipt Showing to Whom, Oate, & Addressee's Address						
TOTAL Postage & Fees \$							
PS Form 3800 , April 1995		1					

JA/6 0 ≥	Fold at line over top of a	
SENDER: COMPLETE	S HIND ON DE	LIVERY
 Complete items 1, 2, and 3. Also completem 4 if Restricted Delivery is desired. Print your name and address on the reso that we can return the card to you. Attach this card to the back of the maior on the front if space permits. 	everse C. Signature	2-12-0€ □ Agent □ Addressee
Article Addressed to:	D. Is delivery address different from it If YES, enter delivery address bel	
AIRS ID # 103 PARADISE CLEANERS #10 EDWIN OSTRAND 1701 COACHMAN PLAZA DRIVE CLEARWATER FL 33759-1905	3. Service Type Certified Mail ☐ Express N	tail ceipt for Merchandise
P174052523	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number (Copy from service label)		
PS Form 3811, July 1999	Domestic Return Receipt	102595-99-M-1789