



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

December 21, 1998

Ms. Mary E. Jones
The Village Coin Laundry & Dry Cleaners
Post Office Box 1363
Oldsmar, Florida 34677

Re: Facility No.: 1030439

Dear Ms. Jones:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 20, 1998.

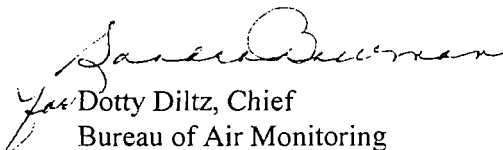
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

RECEIVED

NOV 18 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):			
THE VILLAGE COIN LAUNDRY & DRY CLEANERS		MARY E. JONES	
2. Site Name (For example, plant name or number):			
THE VILLAGE COIN LAUNDRY & DRY CLEANERS			
3. Hazardous Waste Generator Identification Number:			
CESQG			
4. Facility Location:			
Street Address: BUILDING C			
City: 3780 TAMPARD		County: PINELLAS	Zip Code: 34077
5. Facility Identification Number (DEP Use):			
1050499			

Responsible Official

6. Name and Title of Responsible Official:			
MARY E. JONES, OWNER			
7. Responsible Official Mailing Address:			
Organization/Firm: VILLAGE COIN LAUNDRY & DRY CLEANERS			
Street Address: P.O. BOX 1363			
City: OLDSMAR FL		County: PINELLAS	Zip Code: 34677
8. Responsible Official Telephone Number:			
Telephone: (813) 855 9834		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: () -	

1030439

11/30/98 Spoke to Gary Jones (son of
Mary E. Jones) and he stated
that the amount of pen purchased
in past 12 months is 19.2. Mrs.
Jones will call to verify the amount.

The amount of 19.2 was verified

P14

(c) Should be marked

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser									
(2) w/ carbon adsorber	<i>A</i>	<i>3/7/91</i>	<i>3/7/91</i>						
(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									

A purchased date. Machine was used when purchased.

(b) Control devices are required, but not yet installed

(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?

[19.2] 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

Mary E. Jones

Date

11/5/98



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

December 8, 1998

Ms. Mary E. Jones
The Village Coin Laundry & Dry Cleaners
3780 Tampard Building
Pinellas, Florida 34077

Re: Facility No.: 1030439

Dear Ms. Jones:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 18, 1998.

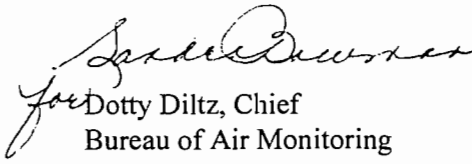
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If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

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"

Printed on recycled paper.

✓
10300

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

AIRS ID#:	103 (No ARMS# yet) ¹⁰³⁰⁴³⁹	DATE:	11/5/98	TIME IN:	10:00	TIME OUT:	11:00
FACILITY NAME:	Village Laundromat and Dry Cleaners						
FACILITY LOCATION:	3780 Tampa Rd. Oldsmar, FL, 34677						
RESPONSIBLE OFFICIAL:	Mary Jones			Phone:	7-853-9836		
Permit No. _____	Exp. Date: _____						

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 DEC 14 1998
 Bureau of Air Monitoring
 & Mobile Sources

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

Inspection Summary Report Guidance

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

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

Comments: Facility needs to apply for a Title II general permit for perchloroethylene dry cleaning

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

Inspection Conducted by: Margaret Hennis

Inspector's Signature: Margaret O. Hennis

Phone Number: 464-4422

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 103 *(No ARMS # yet)* DATE: 11/5/98 TIME IN: 10:00 TIME OUT: 11:00

FACILITY NAME: Village Laundromat and Dry Cleaners

FACILITY LOCATION: 3780 Tampa Rd.
Oldsmar, FL, 34677

RESPONSIBLE OFFICIAL: Mary Jones - Owner PHONE: 727-855-9836

CONTACT: Mary E. Jones, Gary Jones - Manager PHONE: A

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
February 1981 -- went into dry cleaning business

PART II: CLASSIFICATION

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

- | | |
|--|---|
| <p>A.</p> <ol style="list-style-type: none"> 1. Existing small area source <input checked="" type="checkbox"/>
dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr
both types, x < 140 gal/yr
(Constructed before 12/9/91) 3. Existing large area source <input type="checkbox"/>
dry-to-dry only, 140 < x < 2,100 gal/yr
transfer only, 200 < x < 1,800 gal/yr
both types, 140 < x < 1,800 gal/yr
(Constructed before 12/9/91) | <ol style="list-style-type: none"> 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) 4. New large area source <input type="checkbox"/>
dry-to-dry only, 140 < x < 2,100 gal/yr
transfer only, 200 < x < 1,800 gal/yr
both types, 140 < x < 1,800 gal/yr
(Constructed on or after 12/9/91) |
|--|---|

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

If no, please check the appropriate classification:

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 19.2 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? *(No record to verify this)* Y N

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

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

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

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

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

If using direct-reading instrumentation, is the equipment:

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

Margaret J. Hennis
Inspector's Name (Please Print)

11/5/98
Date of Inspection

Margaret J. Hennis
Inspector's Signature

1/5/99
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Uses John Golden - for maintenance. (From Ochs)

Cleaning machine American Suprema

Serial # A275 4397-1

Model # P9 750 HP

Electric boiler for Still's Steam

Dispose of separator water as Hazardous Waste

Reviewed some of the Hazardous Waste manifests

Has Containment (Secondary) for machine + waste.

No per odor was apparent. Machine did not appear to be leaking. Area around machine was clean. Owner indicated maintenance person comes by regularly to perform routine maintenance.

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

FACILITY NAME: Village Laundromat & Dry Cleaners DATE: 11/5/98
 FACILITY LOCATION: 3780 Tampa Rd.
Oldsmar FL 34677

Annual Reporting Period: September 5, 1997 TO November 5, 1998

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

If NO, complete the following:

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

Monthly purchase records were not maintained as a consecutive cumulative 12 months total
 Exact period of non-compliance: from November 5, 1997 to November 5, 1998
 Action(s) taken to achieve compliance: Will use calendar method
 Method used to demonstrate compliance: _____

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

Did not maintain a log of leak detection inspection and repair records
 Exact period of non-compliance: from November 5, 1997 to November 5, 1998
 Action(s) taken to achieve compliance: will use calendar method to record leak detection inspection
 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: MARY E SOWLES Mary E Jones 11/5/98
 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
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: Village Laundromat + Dry Cleaners **DATE:** 11/5/98
FACILITY LOCATION: 3780 Tampa Rd
Oldsmar, FL 34677

Annual Reporting Period: November 5 19 97 TO November 5 1998

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

If NO, complete the following:

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

Did not conduct bi-weekly leak detection and repair inspection.

Exact period of non-compliance: from November 5, 1997 to November 5, 1998

Action(s) taken to achieve compliance: Begin conducting bi-weekly leak detection & repair inspection

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

RESPONSIBLE OFFICIAL: MARY E. JONES Mary E Jones 11/5/98
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.

Acc

IRS ID#: 1030439

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: The Village Coin Laundry and Dry Cleaners DATE: 10/22/99 FACILITY LOCATION: 3780 Tampa Rd. Oldsmar FL 34677

Annual Reporting Period: 11/15 19 98 TO 10/22/99 19 99

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 2-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

RECEIVED

NOV 12 1999

NO, complete the following:

Supplied stated above: Bureau of Air Monitoring & Mobile Sources

Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Monthly purchase records were not maintained as a consecutive record.

Actual period of non-compliance: from April 1, 1999 to October 22, 1999 Action(s) taken to achieve compliance: Began up to date - Purchase Receipt System Method used to demonstrate compliance: Receipt System

Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Did not maintain a log of leak detection inspection and repair records.

Actual period of non-compliance: from April 1, 1999 to October 22, 1999 Action(s) taken to achieve compliance: Began to Record Inspections + Steps Taken Method used to demonstrate compliance: Step Taken

I, 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 on 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 D. Jones Name (Please Print) Signature Date 10/22/99

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

TITLE V AIR QUALITY AIR GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

AIRS ID#: <u>1030439 001</u>	DATE: <u>10/22/99</u>	TIME IN: <u>11:00</u>	TIME OUT: <u>11:45</u>
FACILITY NAME: <u>The Village Coin Laundry and Dry Cleaners</u>			
FACILITY LOCATION: <u>3780 Tampa Road</u> <u>Oldsmar, FL, 34677</u>			
RESPONSIBLE OFFICIAL: <u>Mary E. Jones</u>		Phone No.: <u>813-855-9836</u>	
Permit No. <u>1030439-001-AG</u>	Exp. Date: <u>12/08/2003</u>		

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

Inspection Summary Report Guidance

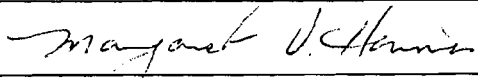
	Compliance Requirement/Problem	Follow-up Action Required
<input type="checkbox"/>	Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site.	If no specific procedures are available from the manufacturer, develop a SSM plan that describes procedures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

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

Comments: No leak log or usage records since April 1, 1999

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

Inspection Conducted by: Margaret Hennis

Inspector's Signature: 

Phone Number: 464-4422

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 1030439 001 DATE: 10/22/99 TIME IN: 11:00 TIME OUT: 11:45

FACILITY NAME: The Village Coin Laundry and Dry Cleaners

FACILITY LOCATION: 3780 Tampa Road
Oldsmar, FL, 34677

RESPONSIBLE OFFICIAL: Mary E. Jones PHONE: 813-855-9836

CONTACT: Gary Jones 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)

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

A.

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

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

If no, please check the appropriate classification:

facility qualified for a general permit as number _____ above

facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 0.792 gallons. Last purchase was 7/6/98.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

- | | | | |
|--|----------------------------|----------------------------|-----------------------------|
| 1. Equipped all machines with the appropriate vent controls? | <input 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"/> NA |
| 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"/> NA |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | <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"/> NA |
| 6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged? | <input type="checkbox"/> Y | <input type="checkbox"/> N | |

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? *Not since April 1, 1999* Y N
2. Maintained rolling monthly averages of perc consumption? *"* Y N
3. Maintained leak detection inspection and repair reports for the following: *Not since April 1, 1999*
 - a. documentation of leaks repaired w/in 24 hrs? or; *"* Y N NA
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? *"* Y N NA
4. Maintained calibration data? *(for direct reading instrument only)* Y N NA
5. Maintained exhaust duct monitoring data on perc concentrations? Y N NA
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? *No deviations* Y N NA
 Problem corrected? Y N NA
8. Maintained compliance plan, if applicable? Y N NA

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? *Per owners statement that he does.* Y N
No perc odors observed during insp.

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

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

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

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

If using direct-reading instrumentation, is the equipment:

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

Margaret V. Hennis
Inspector's Name (Please Print)

10/22/99
Date of Inspection

Margaret V. Hennis
Inspector's Signature

12/1/99
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

No usage & leak log since April 1, 1999. Was keeping
poundage / mileage logs. Last purchase was 7/6/98 for 19.2500
Owner's Son keeping records. He thought poundage was the requirement
for compliance w/ air rules. Requested correspondence to be sent to:

Address - 109 Hillcrest Dr.

Safety Harbor FL 34695

Will not issue WL if follow-up insp. reveals no
deficiencies

✓

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

AIRS ID#: <u>1030439 001</u>	DATE: <u>11/5/99</u>	TIME IN: <u>9:30</u>	TIME OUT: <u>4:35</u>
FACILITY NAME: <u>The Village Coin Laundry and Dry Cleaners</u>			
FACILITY LOCATION: <u>3780 Tampa Road</u> <u>Oldsmar, FL, 34677</u>			
RESPONSIBLE OFFICIAL: <u>Mary E. Jones</u>		Phone No.: <u>813-855-9836</u>	
Permit No. <u>1030439-001-AG</u>	Exp. Date: <u>12/08/2003</u>		

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

Inspection Summary Report Guidance

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

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 DEC - 6 1999
 Bureau of Air Monitoring
 & Mobile Sources

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

Comments: _____

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

Inspection Conducted by: **Margaret Hennis**

Inspector's Signature: *Margaret Hennis*

Phone Number: 464-4422

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: <u>1030439 001</u>	DATE: <u>11/5/99</u>	TIME IN: <u>9:20</u>	TIME OUT: <u>9:35</u>
FACILITY NAME: <u>The Village Coin Laundry and Dry Cleaners</u>			
FACILITY LOCATION: <u>3780 Tampa Road</u> <u>Oldsmar, FL, 34677</u>			
RESPONSIBLE OFFICIAL: <u>Mary E. Jones</u>		PHONE: <u>813-855-9836</u>	
CONTACT: <u>Mary Jones</u>		PHONE: _____	

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

PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (Check appropriate box)	
<p>A.</p> <p>1. Existing small area source <input checked="" type="checkbox"/> dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (Constructed before 12/9/91)</p> <p>3. Existing large area source <input type="checkbox"/> dry-to-dry only, 140 < x < 2,100 gal/yr transfer only, 200 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr (Constructed before 12/9/91)</p>	<p><input type="checkbox"/> No notification form</p> <p><input type="checkbox"/> Drop store / out of business / petroleum</p> <p>2. New small area source <input type="checkbox"/> dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (Constructed on or after 12/9/91)</p> <p>4. New large area source <input type="checkbox"/> dry-to-dry only, 140 < x < 2,100 gal/yr transfer only, 200 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr (Constructed on or after 12/9/91)</p>
This is a correct facility classification: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can not determine	
If no, please check the appropriate classification:	
<input type="checkbox"/> facility qualified for a general permit as number _____ above	
<input type="checkbox"/> facility exceeds above limits and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was <u>0</u> gallons.	

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

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

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

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

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

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

If using direct-reading instrumentation, is the equipment:

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

Margaret Hennis
Inspector's Name (Please Print)

11/5/99
Date of Inspection

Margaret V. Hennis
Inspector's Signature

11/2000
Approximate Date of Next Inspection

Rec'd
2/15/01
ASOP

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

FACILITY NAME:	The Village Coin Laundry and Dry Cleaners	DATE:	January 10, 2001
FACILITY LOCATION:	3780 Tampa Road Oldsmar, FL, 34677		

Annual Reporting Period: 10/22/99 20 _____ To Jan. 10 2001

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: Inadequate record keeping

Exact period of non-compliance: **from** April 2000 **to** Dec 2000
 Action(s) taken to achieve compliance: Verbal warning - facility must maintain
 Method used to demonstrate compliance: Bi weekly check records

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

Exact period of non-compliance: **from** _____ **to** _____
 Action(s) taken to achieve compliance: _____
 Method used to demonstrate compliance: _____

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

RESPONSIBLE OFFICIAL: Mary E. Jones Mary E Jones 1/10/01
 (Name, Please Print) Signature Date

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

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

AIRS ID	103 0439	DATE: <u>January 10, 2001</u> 12/8/03	TIME IN: <u>11:15</u>	TIME OUT: <u>12:15</u>
FACILITY NAME:	The Village Coin Laundry and Dry Cleaners			
FACILITY LOCATION:	3780 Tampa Road, Oldsmar, 34677			
RESPONSIBLE OFFICIAL:	Mary E. Jones	PHONE NUMBER:	813-855-9836	
Permit No.	1030439-001-AG	Exp. Date:	12/8/03	

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

	Compliance Requirement/Problem	Follow-up Action Required
<input type="checkbox"/>	Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated record keeping, on site.	If no specific procedures are available from the manufacturer, develop a SSM plan that describes procedures for maintaining and operating equipment during periods of start-up and shutdown associated with a malfunction. EPA's O&M manual may be used if no manufacturers information is available. Keep log of maintenance actions
<input type="checkbox"/>	Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
<input type="checkbox"/>	Monthly purchase records were not maintained as a consecutive twelve-month total.	Develop and implement a record keeping procedure that maintains monthly purchases (perc) as a consecutive twelve month total.
<input type="checkbox"/>	Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F.	Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2°F, or determine this by another method that the Department would consider appropriate.
<input type="checkbox"/>	Evaporator for separator wastewater does not incorporate a pre-filtration system.	Facility may choose to either dispose of perc-containing separator water as hazardous waste, or incorporate a carbon filtration system with the evaporator (as per the State's guidelines).
<input type="checkbox"/>	Did not store all perchloroethylene, and perchloroethylene containing waste in tightly sealed containers.	Store all perchloroethylene and perchloroethylene-containing waste in tightly sealed containers, which are impervious and chemically un-reactive to the solvent.
<input type="checkbox"/>	Did not maintain a log of leak detection inspection and repair records.	Develop and implement a leak detection inspection and repair program. Maintain a log of leak detection inspection and repair records.
<input checked="" type="checkbox"/>	Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.

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

Comments:

Leak check records not maintained on a bi-weekly basis. Ms. Jones stated she was marking in the note section of calendar "ok" after inspection and did not mark in provided space on calendar. Discussed need to maintain records on bi-weekly basis. Review comm. consecutive totals.

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

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

DATE OF NEXT INSPECTION Jan 10, 2007 (Approximate)

INSPECTION CONDUCTED BY: MICHELE LONG (Please Print)

INSPECTOR'S SIGNATURE: Michele Long PHONE NUMBER: 464-4422

ASLP

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#:	103 0439	DATE:	1/10/2001	TIME IN:	11:15	TIME OUT:	12:15
FACILITY NAME:	The Village Coin Laundry and Dry Cleaners						
FACILITY LOCATION:	3780 Tampa Road - P.O. Box 1363 - MAILING Oldsmar, FL, 34677 Oldsmar FL 34677						
RESPONSIBLE OFFICIAL:	Mary E. Jones			Phone No.: 813-855-9836			
PERMIT NO.	1030439-001-AG	EXP. DATE:	12/8/03				
CONTACT:	Mary E. Jones	PHONE:	813-855-9836				

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)

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

A.

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

This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:

facility qualified for a general permit as number _____ above.

facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene purchased within the preceding 12-months by this dry cleaning facility was 19.5 Gallons. 3/29/2000 purchase

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

NA

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 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"/> NA |
| 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"/> NA |
| 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 | |
| 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"/> NA |
| 6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged? | <input type="checkbox"/> Y | <input type="checkbox"/> N | |

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

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N NA
 Is the temperature differential equal to or greater than 70°F? Y N NA
3. Measured and recorded the perc concentration in the final drying cycle while the machine is venting to the atmosphere weekly at the end of the cycle if the machine is equipped with a carbon adsorber? Y N NA
 Is the perc concentration equal to or less than 10 ppm? Y N NA
4. Assured that the sampling location for perc concentrations is at least 2 meters upstream of any bend, contraction, or expansion; is at least 2 meters downstream from any vent or let? Y N NA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N NA
6. Routed airflow to the carbon adsorber (if used) at all times? Y N NA

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(Check appropriate boxes)

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

no deviation

PART VI: LEAK DETECTION AND REPAIRS

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

MARY JONES

Name of Responsible Official

MICHELE LONG

Inspector's Name (Please Print)

Michele Long

Inspector's Signature

D _____

A₂ _____

Do I make comments here like on Trip Summary

4/10, 2001

002

ct Inspection

ADDITIONAL SITE INFORMATION:

Machine #1: *American Suprema 750 HP*

Manufacturer	Capacity	lbs
--------------	----------	-----

Model#	Serial#	Mfg yr
--------	---------	--------

Machine #2:

Manufacturer	Capacity	lbs
--------------	----------	-----

Model#	Serial#	Mfg yr
--------	---------	--------

Notification (unpermitted sources only):

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

Record keeping :

- 1. Does facility have statement/specs as to the design accuracy of the temperature sensor? Y N
(Temperature of 45°F w/accuracy ±2°F, or 7.2°C w/accuracy of ±1.1°C)

Hazardous Waste:

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

Boiler:

Manufacturer	Hp
--------------	----

Model #	Serial #	Mfg yr
---------	----------	--------

Fuel Type: Natural gas? Propane? Fuel oil? - *etc*

Comments:

Saw Ty Check

ENFORCEMENT SUMMARY

INSPECTION DATE: Jan 10, 2001

ARMS # 1030439-001-A9

Viol#	Violation Description	Frequency	From	To
per00	Failure to notify and obtain a permit			
per01	No purchase records	Monthly		
per02	No perc. purchase rolling totals	Monthly		
per03	No leak log	Weekly / <u>Bi-weekly</u>	<u>April 2000</u>	<u>Dec 2000</u>
per04	No temp. log	Weekly		
per05	No SSM plan			
per06	Temp. sensor accuracy verification			
per07	No leak checks	Weekly / Bi-weekly		
per08	No temp. checks	Weekly		
per09	Perceptible leaks			
per10	No carbon absorber			
per11	No carbon absorber test	Weekly		
per12	No leak tight containers			
per13	No separator pre-filter			
per14	Leaks not repaired within 24hrs.			
per15	Repair refrig. cond./carbon abs. within 2 days			

Viol#	Comments
Per 03	<p>Verbal warning with Ms Jones, stated to her placing the word none or ok in the note section of the calendar is not adequate demonstration of bi-weekly record keeping of leak check log. Ms Jones stated she would maintain in provided area and on a bi weekly basis. Discussed this is a permit condition & could result in enforcement and possible penalties.</p>

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

OFFICIAL USE

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

Postmark
 Here

AIRS ID#1030439

Sent To THE VILLAGE COIN LAUNDRY & DRY
 CLEANING
 Street, Apt. No., or PO Box No. MARY E JONES
 PO BOX 1363
 City, State, ZIP+4 OLD SMAR FL
 34695

PS Form 3800, J...

7001 0320 0001 7976 6904

SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to:

AIRS ID#1030439
 THE VILLAGE COIN LAUNDRY & DRY
 CLEANING
 MARY E JONES
 PO BOX 1363
 OLD SMAR FL
 34695

2 Article Number
 (Transfer from service label)

7001 0320 0001 7976 6904

COMPLETE THIS SECTION ON DELIVERY

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

William E. Jones

C. Signature

X *William E. Jones*

Agent
 Addressee

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



3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



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

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

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
FEB 20 2003

61



7003 0500 0004 0144 3544

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Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Pos	10 1050439001AG
Sent To	THE VILLAGE COIN LAUNDRY & DRY CLEANING
Street, Apt. or PO Box	MARY E JONES
City, State	PO BOX 1363 OLDSMAR, FL 34677

*Received
 Oct 03
 Mar 04*

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

TO 1050439001AG
 THE VILLAGE COIN LAUNDRY & DRY
 CLEANING
 MARY E JONES
 PO BOX 1363
 OLDSMAR, FL 34677

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 9/9/3

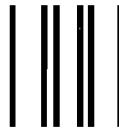
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

2 7003 0500 0004 0144 3544

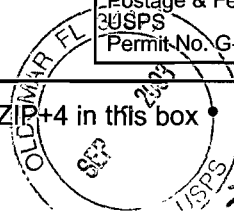
UNITED STATES POSTAL SERVICE



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

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

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



Bureau of Air Monitoring
& Mobile Sources

SEP 1 1 2003

RECEIVED



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390851

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 # 1030439

THE VILLAGE COIN LAUNDRY & DRY
CLEANING
MARY E JONES
109 HILLCREST DRIVE
SAFETY HARBOR FL 34695

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

RECEIVED
MAIL ROOM
JAN 11 00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

401036

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 # 1030439

THE VILLAGE COIN LAUNDRY & DRY
CLEANING
MARY E JONES
109 HILLCREST DRIVE
SAFETY HARBOR FL 34695

Bureau of Air Mail
& Mobile Services

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DEC 29 2000
MAIL ROOM

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

Box 1363
Oldover Fl 34677

12-22-00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413341 JAN22 2002

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 1030439
THE VILLAGE COIN LNDRY & DRYCLNG
MARY E JONES
PO BOX 1363
OLDSMAR FL
34695

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423248 FEB20 2003

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#1030439
THE VILLAGE COIN LAUNDRY & DRY
CLEANING
MARY E JONES
PO BOX 1363
OLDSMAR FL 34695

Bureau of Air Monitoring
& Mobile Sources

FEB 26 2003

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