

Department of Environmental Protection

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

David B. Struhs Secretary

June 22, 1999

Mr. Frederick Smith
Taurus Cleaners
1401 22nd Street South
St. Petersburg, Florida 33711

Re: Facility No.: 1030456

Dear Mr. Smith:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 10, 1999.

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, of 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

Bowman, Sandy

From: Matt McCann [mmccann@co.pinellas.fl.us]

Sent: Monday, June 30, 2003 3:01 PM

To: Grant, Patricia; Bowman, Sandy

Cc: Gary Robbins; Butler, Rick

Subject: Re: Pay 02NoPay.xls

Below I have listed the facilities in Pinellas County your records indicate that have not paid their Title V general permit 2002 annual operations fee . I've included information that may assist you.

1030294 Quick's Dry Cleaning, Inc. dba NORTH HERCULES DRY CLEANERS

1030294-003-AG

Date Permit Issued - 1/20/03 Renewal. Replaces 1030119-005-AV

1030328 CLASSIC CLEANERS

1030328-002-AG

Date Permit Issued - 2/24/02 Re-entitlement. Former permit 1030328-001-AG

1030372 Boundless Blessings, Inc. dba PALMS CLEANERS

1030372-003-AG

Date Permit Issued - 3/15/03 Notice of entitlement for new owners. Facility named changed from Palms Cleaners, Inc. to Boundless Blessings, Inc. (dba Palms Cleaners). RO changed from Peter R. Swanson to Kristin C. Bercume. Former permit for this site was 1030372-002-AG

1030381 Quick's Dry Cleaning, Inc. dba HARBOR CLEANERS

1030381-003-AG

Date Permit Issued - 1/20/03 New owner. Facility now owned by Quick's Dry Cleaning, Inc.dba Harbor Cleaners. RO changed from Albert D. Berry to Ronald Quick. Former permit 1030381-002-AG

1030383 FLAMINGO DRY CLEANERS

1030383-001-AG

Records review - 8/21/02 Facility was discovered to be-operating without a valid GPV. A <u>copy</u> of new notification was received at Pinellas County office on 10/24/03

1030456 TAURUS CLEANERS

1030546-001-AG

Date last inspected - 11/18/02 The facility appears to be locked, closed and out of business, based

on inspection. No forwarding address.

1030462 Yogi Cleaners, Inc. dba DIAMOND CLEANERS

1030462-002-AG

Date Permit Issued - 2/16/03 New owner and name change. Name changing from A & R Enterprises, Inc. dba Diamond Cleaners to Yogi Cleaners. Former permit 1030462-001-AG.

>>> "Bowman, Sandy" <Sandy.Bowman@dep.state.fl.us> 6/30/03 2:27:02 PM >>>

Hey All!

According to our records, the attached list identifies those facilities that have not paid their Title V general permit 2002 annual operations fee. Some of these facilities may no longer be in business or they may have changed ownership. If you are aware of any such changes, please let us know so that we may update the database.

Penalty letters were mailed in April to 140 facilities. If you are interested in pursuing enforcement for non-payment and would like copies of letters mailed or signed certified receipts, please contact Pat Grant.

Thank you Have a safe and happy Fourth!

Sandy

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

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

Facility Name and Location		
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):		
Taurus Clea	ners, Inc.	
2 Site Name (For example, plant name or number):		
Tourus Clea	ners	
3. Hazardous Waste Generator Identification Number:		
<u>.</u> :		
4. Facility Location:		
Street Address: 1401 22nd 56, S,	S. Zin Codo: 307	
City: St. Petersburg County: Pinello	Zip Code: 33711	
5. Facility Identification Number (DEP Use ONLY - do not fill in		
	1030456	
Responsible Official		
6. Name and Title of Responsible Official: Name: Frederick Smith - Owner on Ti	tle: Ourses	
The property of the same of th		
7. Responsible Official Mailing Address:		
Organization/Firm: Taurus Cleaners Street Address: 1401 22nd St. S.	·	
City: St. Petersburg County: Pinellas	Zip Code: 33711	
8. Responsible Official Telephone Number:		
	ax: () -	
Facility Contact (If different from Responsible Official)		
9. Name and Title of Facility Contact (For example, plant manag	ger):	
·		
10. Facility Contact Address:		
Street Address: City: County:	Zip Code:	
County.	2.p ====	
11. Facility Contact Telephone Number:		
Telephone: () - Fa	ax: () -	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

1030456

5. Based on information, provided, "all steam and hot water generating whits extempt" should be marked.

"No such unity on-site should be marked.

"marked out and initialed.

13

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY				
How many dry-to-dry machines do you have on-site?				
For each dry-to-dry mach	ine on-site, pleas	e provide the following informatio	n: '	
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")	
6/87 Val	ore Existing Ne	ew (RC)CA/None required		
9/89 For	enterxisting Ne	ew RC/CA/None required		
	Existing/Ne	ew RC/CA/None required		
*CONTROL DEVICE KI	EY: $RC = r$	efrigerated condenser CA =	carbon adsorber	
1.(b) TRANSFER MAC	HINES ONLY			
How many washers do yo	ou have on-site?			
How many dryers/reclaim				
# No + ransfer machine If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a NEW unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:				
permit). For each transfer	er machine on-sit	e, please provide the following info		
Date Initially Purchased From Manufacturer	Status (circle one)	e, please provide the following info Control Device Required* (circle one)		
Date Initially Purchased	Status	Control Device Required*	Date Control Device Installed (if already included at time of	
Date Initially Purchased	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of	
Date Initially Purchased	Status (circle one) Existing/New	Control Device Required* (circle one) RC/CA/None required	Date Control Device Installed (if already included at time of	
Date Initially Purchased	Status (circle one) Existing/New Existing/New Existing/New	Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required	Date Control Device Installed (if already included at time of	
Date Initially Purchased From Manufacturer *CONTROL DEVICE K	Status (circle one) Existing/New Existing/New Existing/New Existing/Rew	Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required	Date Control Device Installed (if already included at time of purchase, write "SAME")	
Date Initially Purchased From Manufacturer *CONTROL DEVICE K	Status (circle one) Existing/New Existing/New Existing/New Existing/Rew	Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required efrigerated condenser CA =	Date Control Device Installed (if already included at time of purchase, write "SAME")	
Date Initially Purchased From Manufacturer *CONTROL DEVICE K	Status (circle one) Existing/New Existing/New Existing/New Existing/New EY: RC = r roethylene (perc) ns (You must fill	Control Device Required* (circle one) RC/CA/None required RC/CA/None required RC/CA/None required refrigerated condenser	Date Control Device Installed (if already included at time of purchase, write "SAME")	
CONTROL DEVICE K 2.(a) How much perchlo [39.8] gallo (b) If less than 12 more	Status (circle one) Existing/New Existing/New Existing/New Existing/New EY: RC = r roethylene (perc) ns (You must fill	Control Device Required (circle one) RC/CA/None required RC/CA/None required RC/CA/None required refrigerated condenser	Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber nonths?	
CONTROL DEVICE K 2.(a) How much perchlo [39.8] gallo (b) If less than 12 more	Status (circle one) Existing/New Existing/New Existing/New Existing/New EY: RC = r roethylene (perc) ns (You must fill	Control Device Required (circle one) RC/CA/None required RC/CA/None required RC/CA/None required refrigerated condenser	Date Control Device Installed (if already included at time of purchase, write "SAME") carbon adsorber p records:	

What is the facility's source classification based of Indicate with an "X". Select one classification	
Small Area Source	<u> </u>
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
Large Area Source	
Dry-to-dry machines only on-site Transfer only on-site Both machine types on-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing machines at small area source (NONE REQUIRED)	New machines at small area source Refrigerated condenser []
Existing machines at large area source Carbon adsorber Refrigerated condenser	New machines at large area source Refrigerated condenser []
	units shall not be eligible to use the general permit pursuant to hot water generating units on-site meet the following e (see attached memo for the criteria).
All steam and hot water generating units exempt No such units on-site	OR
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP) rating	:[120] []
What type of fuel do you use? [] propane [] No. 2 fue [] No. 6 fue	
6. Equipment Monitoring and Recordkeeping Inform	mation
Check all logs which are required to be kept on-site	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent	addition log
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mo	nitoring []
(e) Startup, shutdown, malfunction plan	[*]

7. Surrender o	f Existing DEP Air Permit(s)		
Please indicate	e with an "X" the appropriate selection:		
	[] I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are		
[X]	No DEP air permits currently exist for the operation of the facility indicated in this notification form.		
Responsible C	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. Print name of responsible official			
f Signature	5-21-47 Date		

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Facility Name and Location

- 1. Facility Owner/Company Name Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
- 2. Site Name Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
- 3. Hazardous Waste Generator Identification Number Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
- 4. Facility Location Enter the street address and zip code of the facility and the city and county in which it is located.
- 5. Facility Identification Number (DEP Use ONLY) Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

- 6. Name and Title of Responsible Official Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
- 7. Responsible Official Mailing Address Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
- 8. Responsible Official Telephone Number Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

Name and Title of Facility Contact - Enter the name of the facility contact, if other than the
responsible official. For example, a plant manager could be designated as the facility contact for
Department inspections.

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION COMPLAINT/DISCOVERY	
AIRS ID#: 1030456 FACILITY NAME: Tourus Cleaners FACILITY LOCATION: 2261 34th St. S./Laker St. Petersburg, FL RESPONSIBLE OFFICIAL: Frederick Smith PHONE: CONTACT: PHONE:	321-5577
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	
The state of the s	 .
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (Check appropriate box) No notification form Drop store out of business /	petroleum
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (Constructed before 12/9/91) 2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (Constructed on or after 12/9/91)	r 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 < 2,10 transfer only, 200 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr (Constructed on or after 12/9/91)	0 gal/yr gal/yr gal/yr 7yr 9791)
This is a correct facility classification: \Box Y \Box N \Box Can not determine	
If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months facility was gallons.	s by this dry cleaning

PA	RT VI: LEAK DETECTIO	N ANI	REP	PAIRS			
1.	Does the responsible official c inspection?	onduct	a wee	kly (for s	mall sources, bi-weekly) leal	detect	ion and repair
2.	Has the facility maintained a le	ak log	?			\square_{Y}	□ N
3.	Does the responsible official c	heck th	e follo	owing are	as for leaks:		
	Hose connections, fitting couplings, and valves	□Υ	□N	□NA	Muck cookers	□Y	□n □na
	Door gaskets and seating	\square_{Y}	\square_N	\square_{NA}	Stills	· □Y	□n □na
. 	Filter gaskets and seating	ПY	□N	□NA	Exhaust dampers	\square_{Y}	□n □na
	Pumps	ПY	\square_{N}	□ŅA	Diverter valves	□Y	\square_N \square_{NA}
	Solvent tanks and containers	□Y	□N	PNA	Cartridge Filter housing	□Y	□n □na
	Water separators	\square_{Y}	ΠN	DIVA	·		
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 percodor) 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.						
	b. Calibrated against a stan	dard ga	as prio	r to and at	fter each use(PID/FID only).	٠.	□Y □N
	c. Inspected for leaks and obvious signs of wear on a weekly basis?						
	d. Kept in a clean and secure area when not in use.						
	e. Verified for accuracy by	use of	duplic	cate sampl	es (calorimetric only)?		$\square_{Y} \square_{N}$
Inspector's Name (Please Print) Inspector's Signature Approximate Date of Next Inspection							
	(X V / /						

AIRS ID#: 1030456

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ANIVORD CONTRIBUTED CERTIFICATION OF THE P
FACILITY NAME: Tourus Cleaners DATE: 5/21/99
FACILITY LOCATION: 1401 22 nd St. S.
St. Petersburg, FL 3371130 6
Annual Reporting Period: January 15, 1999 TO May 21, 1999 (facility opened)
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:
Facility did not complete an FDEP Perchloroethylene Dry
Facility did not complete an FDEP Perchloroethylene Dry Cleaner Air General Permit Notification Form Exact period of non-compliance: from January 15, 1999 to May 21, 1999
Action(s) taken to achieve compliance: Complete the notification form
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:
Facility did not maintain a leak detection log
Exact period of non-compliance: from January 15,1999to May 21, 1999
Action(s) taken to achieve compliance: Maintain a log of leak detection and repair records. Method used to demonstrate compliance:
i ²
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: Frederick Lismith Rend 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.

AIRS ID#:	•	
· · · · · · · · · · · · · · · · · · ·		

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Taurus Cleaners	DATE: 5/21/99
FACILITY LOCATION: 1401 22nd St S.	
St. Petersburg, FL 33711	
Annual Reporting Period: January 15, 1999 TO May 21 (Facility opened)	19.99
Based on each term or condition of the Title V general air permit, my facility has remained in compliance v 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. TYES	with DEP Rule
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting	g period stated above:
Monthly purchase records were not maint as a consecutive 12 month total. Exact period of non-compliance: from	, 1999
Action(s) taken to achieve compliance: Develop and implement a reco Procedure that maintains mon Method used to demonstrate compliance: Of perchloroethylene as a consecu	_
#2. Term or condition of the general permit that has not been in continuous compliance during the reportin	g period stated above:
Exact period of non-compliance: from	
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 made in this notification are true, accurate and complete. Further, my annual consumption of perchloroeth upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities of year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Suit Suit Signature Name (Please Print)	ylene solvent, based

^{*}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 \square COMPLAINT DISCOVERY \square RE-INSPECTION \square				
AIRS ID#: 1030456 DATE: 5/26/99 TIME IN: 11:1000 TIME OUT: 11:550.m				
FACILITY NAME: Taurus Cleaners				
FACILITY LOCATION: 1401 22nd St.S.				
St. Petersburg, FL 33711				
RESPONSIBLE OFFICIAL: Frederick Smith Phone No.: 327-8384				
Permit No Exp. Date:				
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.).				

Inspection Summary Report Guidance

discrepancies were noted (only items which are checked):

Ø

Based on the results of the compliance requirements evaluated during this inspection, the following compliance

	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.
Ø	Did not maintain a log of leak detection inspection and repair records.	Develop and implement a leak detection inspection and repair program. Maintain a log of leak detection inspection and repair records.

	Compliance Requirement/Problem	Follow-up Action Required			
	Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.			
	No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions			
	Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.			
	Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.			
	The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.			
	Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.			
	Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.			
	Containers for perchloroethylene and/or perchloroethylen- containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.			
X	Facility did not notify	Complete the FDEP Perchloroethylen Dry Cleaner Air General Permit Notification form.			
	Comments: Facility has been in operation for 3 months.				
	If the Inspection Summary Report indicates follow-up actions are required, you must take immediate corrective measures to achieve compliance. Pinellas County will perform a follow-up inspection to determine that proper corrective actions have been taken.				
	Inspection Conducted by: Inspector's Signature: Inspector's Signature:				
	Phone Number: 464-442/2 //				

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINTIDISCOVERY RE-INSPECTION COMPLAINTIDISCOVERY COMPL	
AIRS ID#: DATE:	- - :
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	<i>,</i>
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="" (perc)="" 12="" 140<x×1,800="" 140<x×2,100="" 200<x×1,800="" 4.="" 9="" 91)="" a="" above="" and="" appropriate="" area="" as="" b.="" before="" both="" by="" check="" classification:="" cleaning<="" correct="" dry="" dry-to-dry="" eligible="" exceeds="" facility="" for="" gal="" general="" if="" is="" large="" limits="" months="" new="" no,="" not="" number="" of="" only,="" perchloroethylene="" permit="" please="" preceding="" purchased="" qualified="" quantity="" source="" td="" the="" this="" total="" transfer="" types,="" within="" yr=""><td>g</td></x<2,100>	g
facility was 39,8 gallons. (3 months)	g

PART III: GENERAL CONTROL REQUIREMENTS					
Is the responsible official of the dry cleaning facility: (check appropriate boxes)					
1. Storing perchloroethylene in tightly sealed and impervious containers?	☑ Y	□N	□NA		
2. Examining the containers for leakage?	☑ Y	ΠN	□ NA		
3. Closing and securing machine doors except during loading/unloading?	⊡ Y	ΠN			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	Y Y	ПN	□NA		
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☐ Y	□N	© MA		
PART IV: PROCESS VENT CONTROLS			<u> </u>		
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 con	denser		
If classification (3) has been checked, the machine should be equipped with e condenser or a carbon adsorber (complete A and B below). Carbon adsorber installed prior to September 22, 1993.	ither a r must ha	refrigerate ave been	ed		
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	Πи			
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?	QΥ	ΩN	□NA		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ΩY	□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?	ΩY	□N			

В.		
ı	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?	Dy 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 ONA
	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm?	□Y □N □NA □Y □N □NA
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc. concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 dust diameters upstream from any bend contraction, or expansion; and downstream from no other inlet?	DY DN DNA
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
PA	ART V: RECORDKEEPING REQUIREMENTS	
YY.		
cl (cl	as the responsible official: neck appropriate boxes)	
	as the responsible official: neck appropriate boxes) Maintained receipts for perc purchased?	✓Y □N
1.		DV M
1. 2.	Maintained receipts for perc purchased?	OY ON
1. 2.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	OY ON ONA
1. 2.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	OY MIN ONA
1. 2. 3.	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;	□Y ☑N □NA
1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY MIN ONA
1. 2. 3.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instrument only)	OY MN ONA OY MN ONA OY ON MNA
1. 2. 3. 4. 5. 6.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instrument only) Maintained exhaust duct monitoring data on perc concentrations?	OY MONA OY MONA OY ON MA
1. 2. 3. 4. 5. 6.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instrument only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	OY MONA OY ON ONA OY ON MA OY ON MA

PART VI: LEAK DETECTION AND REPAIRS								
1.	Does the responsible official coinspection?	onduct a	wee	kly (for sn	nall sources, bi-weekly) leak detec	tion and repair	
2.	Has the facility maintained a le	eak log?				□Y	ĭN	
3.	Does the responsible official c	heck the	follo	owing area	s for leaks:			
	Hose connections, fitting couplings, and valves	ďy c	J _N	□NA	Muck cookers	ŪY	On Yna	
	Door gaskets and seating	Y C	Π	□NA	Stills	ĭ¥Y	□n □na	
	Filter gaskets and seating	CY C	ΪN	\square_{NA}	Exhaust dampers	$\mathbf{Z}_{\mathbf{Y}}$	□n □na	
	Pumps	ĭy (Π	□NA	Diverter valves	✓Y	□n □na	
	Solvent tanks and containers		Π	□NA	Cartridge Filter hou	ısing 🗹 Y	□n □na	
	Water separators	Y .	□N	□NA				
4.	4. Which method of detection is used by the responsible official? Visual examination (condensed solvent of exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment:							
	a Capable of detecting pe	rc vapor	cond	centrations	s in a range of 0-500 p	pm.	DY UN	
	b. Calibrated against a stan	dard gas	prio	r to and aft	er each use (PHD/FID or	nly).	\square_{Y} \square_{N}	
	c. Inspected for leaks and o	obvious si	igns	of wear on	a weekly basis?		\square_{Y} \square_{N}	
	d. Kept in a clean and seco	ure area v	wher	n not in us	2.		\square_{Y} \square_{N}	
	e. Verified for accuracy by	use of du	uplic	ate sample	s (calorimetric only)?		□Y. □N	
	Inspector's Name (Please Print) Inspector's Signature Teff Morris Date of Inspection Approximate Date of Next Inspection							
	· () (6//							

FACILITY DETAILS:	
FACILITY NAME: Taurus Cleaners	
Dry Cleaning Machine #1:	
Manufacturer Valore Capacity 35 lbs	
Model# Serial# 30-0287-2801 Mfg yr 1987	
Dry Cleaning Machine #2:	
Manufacturer Forenta Capacity 35 lbs	
Model# <u>47</u> Serial# <u>1044</u> Mfg yr <u>1789</u>	
Boiler:	
Manufacturer Williams Davis Hp 120	
Model # 15-170 Serial # 8366 Mfg yr 1788	·
Fuel Type: Natural gas? 🛛 propane? 🗖 fuel oil? 🗖	
Notification (unpermitted sources only): 1. Was the facility assisted in filling out the notification by the inspector? 2. Did the facility insist on filling out its own notification, and will send it to FDEP? Record keeping: 1. Does facility have statement/specs as to the design accuracy of the temperature sensor (temperature of 45°F w/accuracy ±2°F, or 7.2°C w/accuracy of ±1.1°C)	OY ON WA
Hazardous Waste:	,
 Is all perc. contaminated wastewater either treated or disposed of properly? If wastewater is evaporated, is it an approved system, and using carbon filtration? Does the facility have secondary containment for the dry-dry machine? Does the facility have secondary containment for any perc. waste containers? 	MY ON OY ONNA MY ON OY ON installed 15/99
Comments:	
	
·	

Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

			<u> </u>	
FACILITY NAME:	Taurus	leaners		DATE: 11/8/99
FACILITY LOCATION:	1401 22n	d St.S.		, , , _
	St. Peters	burg, FL	33711	
Annual Reporting Period: May	20,	19 99 то _	Novem	ber 8, 1999
Based on each term or condition of the Titl 62-213.300, Florida Administrative Code (with DEP Rule
If NO, complete the following:		~	Bure	
#1. Term or condition of the general permi	t that has not been in co	ontinuous complian	during the reporting	ng period stated above:
Facility did not and repair record	maintain	a bi-weel	1000	leak detection
Exact period of non-compliance: from	19/24 2	.0, 19.99 t	og & Noven	Dec 8, 1999
Action(s) taken to achieve compliance: Method used to demonstrate compliance:	and repair	and impl program ctionins	. Maintain pection & 1	leak detection
#2. Term or condition of the general permi				•
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:		•		
i Method used to demonstrate compliance:				
Is the responsible official, I hereby certify, made in this notification are true, accurate a pon rolling averages of purchase receipts, wear for transfer or combination facilities. RESPONSIBLE OFFICIAL:	and complete. Further,	my annual consumi	otion of perchloraeth	vlene solvent hased

^{*}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 INSP	ECTION: AN	nual 🗹 com	PLAINT/DISCOVERY 🚨	RE-INSPECTION 📮
AIRS ID#: 10 FACILITY N. FACILITY LO	AME:	DATE: 11/8 Taurus Cleane 1401 22nd Street	rs	PATIME OUT: 2:32p.m.
		St. Petersburg, F	L, 33711	
RESPONSIBI	LE OFFICIAL:	Frederick Smith	Phone	No.: 727-327-8384
Permit N	To. 1030546-001-A	G Exp. Date:	06/11/2004	
		•	rements evaluated during this insprida Administrative Code (F.A.C.)	ection, the facility is found to be in
		f the compliance requi	rements evaluated during this inspare checked):	pection, the following compliance

Inspection Summary Report Guidance

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

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

Comments: Facility has not maintained a bi-	weekly
leak detection log since initial inspection	7
May 20, 1999 (m) Verbal warning to maintain be log. If the Inspection Summary Report indicates follow-up actions are required, you must take immediate of	
If the Inspection Summary Report indicates follow-up actions are required, you must take immediate of	

measures to achieve compliance. Pinellas County will perform a follow-up inspection to determine that proper corrective actions have been taken.

Inspection Conducted by:

Jeffrey Morris

Inspector's Signature:

Phone Number:

Page 2 of 2

PERCHLORGETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	RE-INSPECTION	COMPLAINT/I	DISCOVERY U	
AIRS ID#: 1030546 001 FACILITY NAME: FACILITY LOCATION:	Taurus Cleaners 1401 22nd Street So St. Petersburg, FL,	outh	Op.mTIME OUT: 2	:32p.m.
RESPONSIBLE OFFICIA CONTACT:	L: Frederick Smith	Smíth	PHONE: 727-327-83	<u>_</u> _
PART I: NOTIFICATION				
(Check appropriate box) 1. Existing facility notified l 2. New facility notified DAl 3. Facility failed to notify D	RM 30 days prior to startup	·	otitied an)	<u></u>
PART II: CLASSIFICATI	ON			
Facility indicated on notificate (Check appropriate box) A. 1. Existing small area is dry-to-dry only, x<14 transfer only, x<200 is both types, x<140 gal (Constructed before 1) 3. Existing large area is dry-to-dry only, 140 transfer only, 200 both types, 140 x This is a correct facility class.	ource 0 gal/yr gal/yr 2/9/91) ource x < 2,100 gal/yr 1,800 gal/yr 800 gal/yr 2/9/91)	2. New small ar dry-to-dry onl transfer only, both types, x < (Constructed)	ea source y, x<140 gal/yr x<200 gal/yr 140 gal/yr on or after 12/9/91) ea source y, 140 <x<2,100 12="" 200<x<1,800="" 9="" 91)<="" after="" gal="" on="" or="" th="" yr=""><th></th></x<2,100>	
If no, please check the a	ppropriate classification: or a general permit as num ove limits and is not eligil	nberabove	e	
B. The total quantity of perfacility was55	chloroethylene (perc) purch	hased within the prece	ding 12 months by this dry	cleaning

PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
1. Storing perchloroethylene in tightly sealed and impervious containers?	₫ Y	ΠN	□NA	
2. Examining the containers for leakage?	Y	ΠN	□ NA	
3. Closing and securing machine doors except during loading/unloading?	Y	ΠN		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	₫ Y	ΠN	□NA	
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	Q Y	□ N	⊠ NA	
PART IV: PROCESS VENT CONTROLS				
In Part II-A:				
If classification (1) has been checked, no controls are required. Proceed to Pa	ırt V.	market .		
If classification (2) has been checked, the machine should be equipped with a (complete A below)	refrige	ated cond	denser	
If classification (3) has been checked, the machine should be equipped with e condenser or a carbon adsorber (complete A and B below). Carbon adsorber installed prior to September 22, 1993.	ither a r must ha	efrigerate ve been	ed	
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:		5%	
1. Equipped all machines with the appropriate vent controls?	ΩY	DΝ		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	Y	ΩN	□NA	
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	QΥ	ΠN	□NA	
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	QΥ	ΠN		
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	ΩY	\square_{N}	□NA	
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged?	☐ Y	ΠN	· ·	

B. Has the responsible office	ial of an existing large or new large area source also:		<i></i>
	e exhaust temperature on the outlet side of the condenser		
located on dry-to-dry, recla	aimer, and dryer machines on a weekly basis?	N	
	e washer exhaust temperature at the condenser inlet and $\Box_{\mathbf{Y}}$	\square_{N}	□NA
outlet weekly? Is the temperature diff	ferential equal to or greater than 20° F?	\square_N	□NA
_			
	e perc concentration in the exhaust stream weekly at the le while the machine is venting to the adsorber, if		
machines are equipped wit	th a carbon adsorber?	\square_{N}	□NA
Is the perc concentrati	ion equal to decless than 100 ppm?	ΠN	□NA
4. Assured that the sampling	port on the carbon adsorber exhaust for measuring perc.		
	duct diameters downstream of any bend, contraction, or		
expansion; and downstream	st diameters upstream from any bend contraction, or m from no other inlet?	ΠN	□NA
5 Favinged transfer weeking	on (demons and similar and supplied to the dividual		
condenser coils?	es (dryers, reclaimers, and washers) with individual	\square N	□NA
C D / 1 d d d d d d d d d d d d d d d d d d	1 1 (C 1) (11) 0 DV	□INT	DINTA
6. Routed airflow to the carb	on adsorber (if used) at all times?	N	□NA
6. Routed airflow to the carb PART V: RECORDKEEPING		N	□NA
PART V: RECORDKEEPIN	NG REQUIREMENTS	□N	□NA
PART V: RECORDKEEPII Has the responsible official: (check appropriate boxes)	NG REQUIREMENTS	-	□NA
PART V: RECORDKEEPING Has the responsible official: (check appropriate boxes) 1. Maintained receipts for pe	NG REQUIREMENTS erc purchased?	□N	□NA
PART V: RECORDKEEPING Has the responsible official: (check appropriate boxes) 1. Maintained receipts for percent and the percent per	NG REQUIREMENTS erc purchased?	-	□NA
PART V: RECORDKEEPING Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perpendicular and the per	NG REQUIREMENTS erc purchased? ly averages of perc consumption?	□n □n	□NA
PART V: RECORDKEEPING Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perpending monthly and the second s	NG REQUIREMENTS erc purchased? ly averages of perc consumption? inspection and repair reports for the following: leaks repaired w/in 24 hrs? or; □ Y		
PART V: RECORDKEEPING Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perposed 2. Maintained rolling monthly 3. Maintained leak detection and a documentation of leak documentation of leak documentation of leak days and particular to the leak days are the leak days and particular to the leak days and particular t	In the state of the state of the following: It is precious and repair reports for the following: It is precious and repair reports for the following: It is precious and repair leak and leak repaired to repaired to repair leak and leak repaired to repaired to re		□NA
PART V: RECORDKEEPING Has the responsible official: (check appropriate boxes) 1. Maintained receipts for pe 2. Maintained rolling monthle 3. Maintained leak detection a. documentation of leading to be documentation of leading with 2 days and paid. 4. Maintained calibration date	In the state of the state of the state of the following: It is pection and repair reports for the following: It is pection and repair reports for the following: It is pection and repair leak and leak repaired of the state o		□NA □NA
PART V: RECORDKEEPING Has the responsible official: (check appropriate boxes) 1. Maintained receipts for pe 2. Maintained rolling monthle 3. Maintained leak detection a. documentation of leak documentation document	In the state of the state of the following: It is pection and repair reports for the following: It is pection and repair reports for the following: It is pection and repair leak and leak repaired to repair leak and leak repaired to receipt? It is pection and repair leak and leak repaired to repair leak and leak repaired to receipt? It is pection and repair reports for the following: It is pecti		□NA □NA ☑NA
PART V: RECORDKEEPING Has the responsible official: (check appropriate boxes) 1. Maintained receipts for pe 2. Maintained rolling monthle 3. Maintained leak detection and documentation of leak documentation data	In the second strain that the second strain t		□NA □NA ☑NA
PART V: RECORDKEEPIN Has the responsible official: (check appropriate boxes) 1. Maintained receipts for pe 2. Maintained rolling monthl 3. Maintained leak detection a. documentation of l b. documentation of l w/in 2 days and pa 4. Maintained calibration dat 5. Maintained exhaust duct n 6. Maintained startup/shutdo	In the second strain that the second strain t		□NA □NA ☑NA

PA	RT VI: LEAK DETECTION	N AN	D REF	PAIRS				
1.	Does the responsible official of inspection?	conduct	t a wee	kly (for s	small sources bi-weekly leak	detect	ion and repair □N	
2.	Has the facility maintained a	eak log	g?			\square_{Y}	\boxtimes_{N}	
3.	Does the responsible official of	heck th	he follo	owing are	eas for leaks:			
	Hose connections, fitting couplings, and valves	₫y	□N	□na	Muck cookers	□Y	□n ⊡na	
	Door gaskets and seating	✓Y	\square_{N}	□NA	Stills	₫Y	\square_{N} \square_{NA}	
	Filter gaskets and seating	ΨY	ΠN	□na	Exhaust dampers	$\mathbf{v}_{\mathbf{Y}}$	□n □na	
	Pumps	₫y	ΠN	□NA	Diverter valves	☑Y	□n □na	
	Solvent tanks and containers	⊡ Y	ΠN	□NA	Cartridge Filter housing	₫Y	□n □na	
	Water separators	Y	\square_{N}	□NA				
4.	4. Which method of detection is used by the responsible official? Visual examination (condensed solvent of exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment:							
	a Capable of detecting po	erc vap	or con	centration	ns in a range of 0-500 ppm.		DY DN	
	b. Calibrated against a star	ndard ga	as priq	r to and a	her each use(PID/FID only).		$\square_{Y} \square_{N}$	
	c. Inspected for leaks and	obvious	s signs	or wear o	n a weekly basis?		□y □n	
	d. Kept in a clean and sec	ure are	ا a wher	n not in u	se.		□Y □Ņ	
	e. Verified for accuracy by	use of	duplic	ate sampl	les (calorimetric only)?		□y □N	
	e. Verified for accuracy by use of duplicate samples (calorimetric only)? Text Morris Inspector's Name (Please Print) Inspector's Signature Approximate Date of Next Inspection							

ADDITIONAL SITE INFORMATION:
- Facility has not maintained bi-weekly leak detection log since initial inspection on 5/20/99. Im Verbal warning to facility to maintain bi-weekly leak log.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Tourus Cleaners	DATE: 5/26/00
	1401 22nd St S.	
	St. Petersburg, FL	33711
Annual Reporting Period:	lovember 8, 1999 to M	ay 26, 2000
•	Title V general air permit, my facility has remained in compute $(F.A.C.)$, during the period covered by this statement.	_
If NO, complete the following:		
#1. Term or condition of the general p	ermit that has not been in continuous compliance during the $$.	reporting period stated above:
Exact period of non-compliance: from	to	R
Action(s) taken to achieve compliance:		Surea Surea
Method used to demonstrate compliance	e:	Mobba A
#2. Term or condition of the general p	ermit 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 complianc	e:	
made in this notification are true, accu	tify, based on information and belief formed after reasonable rate and complete. Further, my annual consumption of perceipts, does not exceed 2,100 gallons per year for dry-to dry faces. Name (Please Print) Signature	hloroethylene solvent, based

^{*}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 IN	SPECTION:	ANNUAL	COMPLAI	NT/DISCOVERY	RE-II	NSPECTION	
AIRS ID#:	1035456	DATI	E: _5/2 6 /00	TIME IN:_§	5:09am TIM	ne out: _9	:02a,m.
FACILITY	NAME:	Taurus (Cleaners	,			
FACILITY	LOCATION:	_1401_22nd S	Street South				
		St. Petersbu	rg, FL, 33711			·	
RESPONSIB	BLE OFFICIAL	Frederick	Smith	<u>··</u> .	Phone No.: .	327-839	<u> </u>
	Permit No.	103645	56-001-AG	Exp. Date: _	3/21/04	}	
ď		-	•	s evaluated during th	-	e facility is foun	d to be in
			pliance requiremen titems which are ch	ts evaluated during the	nis inspection, th	ne following com	pliance

Inspection Summary Report Guidance

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

Compliance Requirement/Problem	Follow-up Action Required
Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.
No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions
Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.
Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.
The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.
Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.
Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.
Containers for perchloroethylene and/or perchloroethylen- containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.
Comments:	· · · · · · · · · · · · · · · · · · ·
- Comments.	:
	ctions are required, you must take immediate corrective perform a follow-up inspection to determine that proper
Inspection Conducted by:	eft Morris
Inspector's Signature:	Spring Trans
Phone Number: 464-4	47/

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NUAL -INSPECTION -	COMPLAINT/DISCOVERY
AIRS ID#:_1030年56 FACILITY NAME: FACILITY LOCATION:	Date: 5/2 6/ 00 Taurus Cleaners 1401 22nd Street So	TIME IN: 8:0900 TIME OUT: 9:0200
RESPONSIBLE OFFICIAL: _ CONTACT:	St. Petersburg, FL, 3 Frederick Smith Fredrick Smith	PHONE: 327-8384 PHONE: 327-8384
PART I: NOTIFICATION		
(Check appropriate box) 1. Existing facility notified DAR 2. New facility notified DARM 3 3. Facility failed to notify DARM	30 days prior to startup	t (Facility notified on) May 20, 1999
PART II: CLASSIFICATION		
II	e //yr 21) 100 gal/yr 21) ation: Y N priate classification: general permit as num limits and is not eligible coethylene (perc) purch	
facility was 89 gall		., .

PART III: GENERAL CONTROL REQUIREMENTS			
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	N°		-
1. Storing perchloroethylene in tightly sealed and impervious containers?	⊈Y	ŪΝ	□NA
2. Examining the containers for leakage?	Ū∕Y	ПN	□ NA
3. Closing and securing machine doors except during loading/unloading?	Y	ŪΝ	
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?	QY	N	© NA
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 cond	lenser
If classification (3) has been checked, the machine should be equipped with econdenser or a carbon adsorber (complete A and B below). Carbon adsorber installed prior to September 22, 1993.			ed
If classification (4) has been checked, the machine should be equipped with a (complete A and B below.)	refrige	rated cond	lenser
A. Has the responsible official of all new sources and existing large area sou (check appropriate boxes)	rces:		
1. Equipped all machines with the appropriate vent controls?	QΥ	ΠN	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☐ Y	ПN	□ NA
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	QΥ	ΠN	□NA
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	QΥ	ΠN	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	☐ Y	ΠN	□NA
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged?	ΠY	ΩN	

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 ONA OY ON ONA
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm?	OY ON ONA OY ON ONA
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc. concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 dust diameters upstream from any bend contraction, or expansion; and downstream from no other inlet?	□y □n □na
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□y □n □na
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □NA
P	ART V: RECORDKEEPING REQUIREMENTS	
H (c	as the responsible official: heck appropriate boxes)	_
1.	Maintained receipts for perc purchased?	OY ON
2.	Maintained rolling monthly averages of perc consumption?	MY ON
3.	Maintained leak detection inspection and repair reports for the following:	
	a. documentation of leaks repaired w/in 24 hrs? or;	DY DN DYNA
	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 Ū⁄na
4.	Maintained calibration data? (for direct reading instrument only)	□Y □N ☑NA
5.	Maintained exhaust duct monitoring data on perc concentrations?	DY ON BÍNA
6.	Maintained startup/shutdown/malfunction plan?	DY DN
7.	Maintained deviation reports?	□y □n ⊡na
	Problem corrected?	□y □n □ma

PA	ART VI: LEAK DETECTIO	N AN	D REF	PAIRS			,	
1.	Does the responsible official c inspection?	onduct	t a wee	kly (for si	mall sources bi-weekly leal	detect ☑Y	ion and repair □N	
2.	Has the facility maintained a le	ak log	g?		:	ĭ₫Y	□N	
3.	Does the responsible official c	heck tl	he foll	owing area	as for leaks:			
	Hose connections, fitting couplings, and valves	ĭY	□N	□NA	Muck cookers	ŪΥ	On Ana	
	Door gaskets and seating	IJY	ΠN	□NA	Stills	ŒY	□n □na	
	Filter gaskets and seating	□ Y	□N	□NA	Exhaust dampers	₽Y	□n □na	
	Pumps	D Y	□N	□NA	Diverter valves	YE	□n □na	
	Solvent tanks and containers	☑Y	ΠN	□NA	Cartridge Filter housing	☑Y	□n □na	
	Water separators	□Y	ΠN	□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 perc vapor concentrations in a range of 0-500 ppm. $\Box Y$ $\Box N$							
	b. Calibrated against a stan	dard g	as prio	r to and af	ter each use(PID/FID only).		\square_{Y} \square_{N}	
	c. Inspected for leaks and o	bviou	s signs	of wear or	a weekly basis?		□Y □N	
	d. Kept in a elean and secure area when not in use.							
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?							
	Inspector's Name (Please Print) Inspector's Signature Approximate Date of Next Inspection							

BEST AVAILABLE COPY

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

A A A A C C A THOSE BY LITTING	TYPE	OF	INSPECTION:
--------------------------------	------	----	-------------

ANNUAL

A COMPLAINTIDISCOVERY

RE-INSPECTION

AIRS ID#: 1030456 DATE: 12/2/97 TIME IN: 11:40a.m. TIME OUT: 11:45a.m
FACILITY NAME: Tourus Cleaners
FACILITY LOCATION: 2261 34th St S
St Petersburg, FL 33712
RESPONSIBLE OFFICIAL:PHONE:
CONTACT NAME: Fred Smith PHONE: 321-5577
PART I: NOTIFICATION
(check appropriate box)
1. New facility notified DARM 30 days prior to startup
2. Facility failed to notify DARM to use general permit
PART II: CLASSIFICATION
Facility indicated on notification form that it is: (check appropriate box) A.
1. Existing small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 200 gal/yr dry-to-dry only, x < 140 gal/yr dry-to-dry-t
3. Existing large area source \Box 4. New large area source \Box dry-to-dry only, $140 \le x \le 2,100$ gal/yr dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) (constructed on or after $12/9/91$)
5. 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 scaled and impervious containers?	DY DN DNA			
2. Examining the containers for leakage?	DY DN ZN/A			
3. Closing and securing machine doors except during loading/unloading?	DY DN			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A			
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A			
PART IV: PROCESS VENT CONTROLS				
In Part II-A:				
If classification 1 has been checked, no controls are required. Proceed to Part V.				
If classification 2 has been checked, the machine should be equipped with a refri (complete A below).	gerated condenser			
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber musinstalled prior to September 22, 1993	a refrigerated of have been			
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated condenser			
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?	OY ON			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	· DY DN DN/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/birweekly basis?	מס עם			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אם צם			

2 of 5

BEST AVAILABLE COPY

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ØÝ ON ON/A
Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other injet?	- OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	
	OY ON
(check appropriate boxes)	אם עם חם עם
(check appropriate boxes) 1. Maintained receipts for perc purchased?	
(check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	
(check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	ОУ ОИ
 (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; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days 	OY ON ON/A
(check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON/A
 (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; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for applicable direct reading instruments) Maintained exhaust duct monitoring data on perc concentrations? 	OY ON ON/A OY ON ON/A OY ON ON/A
 (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; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for applicable direct reading instruments) Maintained exhaust duct monitoring data on perc concentrations? 	OY ON ON/A
 (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; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for applicable direct reading instruments) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? 	□Y □N □Y □N □N/A □Y □N □N/A □Y □N □N/A □Y □N □N/A □Y □N □N/A

Davised 9/11/07

P	PART VI: LEAK DETECTION AND REPAIRS						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			OY ON			
2.	Has the facility maintained a leak log?			OY ON			
3.	Does the responsible official check the	following areas for leak	s?	, per ell			
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	OY ON ON/A			
	Door gaskets and seating	OY ON ON/A	Stills	OY ON ONA			
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	OY ON ON/A			
	Pumps	DX DN DNA	Divorter valves	OY ON ON/A			
	Solvent tanks and containers	DY DU DUA	Cartridge filter housings	OY ON ON/A			
	Water separators	OY ON ONA		İ			
4.	Which method of detection is used by the	responsible official?					
	Visual examination (condensed so	olvent on exterior surface	es)				
	Physical detection (airflow felt thr	ough gaskets)					
	Odor (noticeable perc odor)						
	Use of direct-reading instrumental						
	Halogen leak detector						
	If using direct-reading instru	pment:	□N/A				
	a. Capable of detecting p	s in a range of 0-500 ppm?	OY ON				
	b. Calibrated against a st (PID/FID only)?	tandard gas prior to and	after each use	OY ON			
	c. Inspected for leaks and	d obvious signs of wear	on a weekly basis?	OY ON			
	d./Kept in a clean and se	cure area when not in us	se?	OY ON			
	e. Verified for accuracy b	by use of duplicate samp	les (calorimetric only)?	OY ON			
	Inspector's Name (Please Print) Date of Inspection						
	Date of Inspection						
	- Link Krome						
	Inspector's Signature Approximate Date of Next Inspection						

ADDITIONAL SITE INFORMATION:

Drop-Off for Can-Do Cleaners

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Taurus Cleaners	Date:11/9/00
FACILITY LOCATION	N: 1401 22nd Street South	p
	St. Petersburg, FL, 33711	
Annual Reporting Period:	May 26, 2000 T	0 8 9 ovember 9, 20 00
Based on each term or condition 213.300, Florida Administrative	on of the Title V general air permit, my facility he Code (F.A.C.), during the period covered by the	as remained in compliance with DEP Rule 62-
IF NO, complete the follow	ing:	
_	•	mpliance during the reporting period stated above:
Facility di Perchloroeti Exact period of non-compliance	dnot have the 12- nylene record. se: from May 26, 2000	month consecutive November 9, 2000
Action(s) taken to achieve com Method used to demonstrate co	ompliance: Facility shall he notation the 12-1	to November 9, 2000 ave available and nonth consecutive perchlorous
		ompliance during the reporting period stated above:
Facility	lid not have the	bi-weekly perchloracthi
Exact period of non-compliance	e: from May 26, 2000	6 November 9, 2000
Action(s) taken to achieve com	opliance: Facility shall	nave available and weekly leaklog.
Method used to demonstrate co	ompliance:	weekly reaking.
As the responsible official that the statements made of perchloroethylene solv per year for dry-to-dry factors. RESPONSIBLE OFFICIAL ACTORS ASSESSED ASSESS	in this notification are true, accurate and tent, based upon rolling averages of purcificities or 1,800 gallons per year for trans	and belief formed after reasonable inquiry, complete. Further, my annual consumption hase receipts, does not exceed 2,100 gallons after or combination facilities.
	(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: Tourus Cleaners Date: 11/9/00
FACILITY LOCATION: 1401 22nd Street South
FACILITY LOCATION: 1401 22 nd Street South St. Petersburg, FL 33711
Annual Reporting Period: May 26, 2000 To November 9, 2000
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. \Box YES \nearrow 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:
Facility did not conduct bi-weekly leak detection/19
Exact period of non-compliance: from May 26, 2000 to November 9, 2000
Exact period of non-compliance: from May 26, 2000 to November 9, 2000 Action(s) taken to achieve compliance: beak checks for the dry-dry Machine Shall be conducted on a bi-weekly basis. Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: fromto
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.
RESPONSIBLE OFFICIAL: Frederick i. Smith Fund John 11-9-00 (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 IN	SPECTION:	ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION					
AIRS ID#:	1030455	DATE: 11/9/00 TIME IN: 10:55am TIME OUT: 11:30am					
FACILITY	NAME:	Taurus Cleaners					
FACILITY	LOCATION:	1401 22nd Street South					
		St. Petersburg, FL, 33711					
RESPONSI	RESPONSIBLE OFFICIAL: Frederick Smith Phone No.: (727) 327-8384						
	Permit No.	1030456-001-AG Exp. Date: 5/21/04					
		ults of the compliance requirements evaluated during this inspection, the facility is found to be in DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).					
ⅎ		ults of the compliance requirements evaluated during this inspection, the following compliance ere noted (only items which are checked):					

Inspection Summary Report Guidance

	Compliance Requirement/Problem	Follow-up Action Required
	Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site.	If no specific procedures are available from the manufacturer, develop a SSM plan that describes procedures for maintaining and operating equipment during periods of start-up and shutdown associated with a malfunction. EPA's O&M manual may be used if no manufacturers information is available. Keep log of maintenance actions
	Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
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				
C	Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.				
	No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions.				
	Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.				
	Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.				
	The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.				
	Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.				
	Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.				
	Containers for perchloroethylene and/or perchloroethylen- containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.				
	Comments: Facility did not have	records on-site at the time of				
	inspection, 12-month consecu	records on-site at the time of utive perchloroethylene total is tection log is missing for				
	missing. Bi-weekly leak det	tection log is missing for				
	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:	f Mocris (gm)				
	Inspector's Signature:					
	Phone Number: 4614422					

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION,	COMPLAINT/DISCOVERY
AIRS ID#: 1030456	Date:	
FACILITY NAME:	Taurus Clean	ners
FACILITY LOCATION:	1401 22nd Street Sc	outh
_	St. Petersburg, FL,	33711
RESPONSIBLE OFFICIAL	L: _ Frederick Smith	PHONE : (727) 327-8384
CONTACT:	Fredrick Smith	PHONE : (727) 327-8384
PART I: NOTIFICATION		
(Check appropriate box)		
1. Existing facility notified D	OARM By 9/1/96	
2. New facility notified DAR	LM 30 days prior to startur	•
3. Facility failed to notify DA	ARM to use general permi	t (Facility did not not 20, 1999)
PART II: CLASSIFICATION		
Facility indicated on notificat (Check appropriate box)	ion form that it is:	No notification form Drop store / out of business / petroleum
A. 1. Existing small area so dry-to-dry only, x<140 gransfer only, x<200 gransfer both types, x<140 galf (Constructed before 12	ource) gal/yr al/yr yr yr 2/9/91)	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 so dry-to-dry only, 140 <x (constructed="" 12<="" 140<x<1,8="" 200<x<1="" before="" both="" only,="" th="" transfer="" types,=""><th>ource <2,100 gal/yr 1,800 gal/yr 00 gal/yr 2/9/91)</th><th>4. New large area source dry-to-dry only, 140 < x < 2,100 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)</th></x>	ource <2,100 gal/yr 1,800 gal/yr 00 gal/yr 2/9/91)	4. New large area source dry-to-dry only, 140 < x < 2,100 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 class	ification: 🗹Y 🗅N	☐ Can not determine
	opropriate classification: or a general permit as num ove limits and is not eligib	
		hased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS					
Is the responsible official of the dry cleaning facility: (check appropriate boxes)					
1. Storing perchloroethylene in tightly sealed and impervious containers?	Y	ΠN	□ NA		
2. Examining the containers for leakage?	Y	ΠN	□ NA		
3. Closing and securing machine doors except during loading/unloading?	IJ√Y	□N			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	₫ Y	□N	□NA		
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	Y	□N	☑ NA		
			· ·		
PART IV: PROCESS VENT CONTROLS					
In Part II-A:					
If classification (1) has been checked, no controls are required. Proceed to Pa	ırt 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 e condenser or a carbon adsorber (complete A and B below). Carbon adsorber installed prior to September 22, 1993.	ither a r must ha	efrigerate ve been	ed		
If classification (4) has been checked, the machine should be equipped with a (complete A and B below.)	refrige	rated con	denser		
A. Has the responsible official of all new sources and existing large area sou (check appropriate boxes)	rces:				
1. Equipped all machines with the appropriate vent controls?	□ 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	ΠN	□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	ΠN	□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?	Úγ	ΩN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20°F?	□Y □Y		□NA □NA
	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm?	□Y □Y		□na □na
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc. concentrations is at least 8 duet diameters downstream of any bend, contraction, or expansion; is at least 2 dust diameters upstream from any bend contraction, or expansion; and downstream from no other inlet?	□Y	□N	□NA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПY	□N	□NA
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y	□N	□NA
PA	ART V: RECORDKEEPING REQUIREMENTS			
Ha (cl	as the responsible official: neck appropriate boxes)			
	Maintained receipts for perc purchased?	ØΥ	□N	
2.	Maintained rolling monthly averages of perc consumption?	Πv	₫N	
3.	Maintained leak detection inspection and repair reports for the following:	' 1		
	a. documentation of leaks repaired w/in 24 hrs? or;	\Box Y	ΔN	\square 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? 	\square_{Y}	NE	□NA
4.	Maintained calibration data? (for direct reading instrument only)	\square_{Y}	\square N	⊴ NA
5.	Maintained exhaust duct monitoring data on perc concentrations?	\square_{Y}	\square N	NA
١.		_/	_	
6.	Maintained startup/shutdown/malfunction plan?	₫Y	\square N	
	Maintained startup/shutdown/malfunction plan? Maintained deviation reports?	☑ Y		□NA
			□N	MA MA

PA	RT VI: LEAK DETECTIO	AND REPAIRS	<u> </u>			
1.	Does the responsible official c inspection?	nduct a weekly (fo	or small sources bi-weekly leak	detection and repair		
2.	Has the facility maintained a le	ık log?		OY ØN		
3.	Does the responsible official c	eck the following	areas for leaks:			
	Hose connections, fitting couplings, and valves	dy □n □n	A Muck cookers	OY ON YNA		
	Door gaskets and seating	Qy On On	A Stills	Øy □n □na		
	Filter gaskets and seating	y on on	A Exhaust dampers	ØY □N □NA		
	Pumps	oy on on	A Diverter valves	ƴy □n □na		
	Solvent tanks and containers	ďy □n □n/	A Cartridge Filter housing	ɗy □n □na		
	Water separators	dy on on	A			
4.	Physical detection Odor (noticeable p Use of direct-readi Halogen leak detec	(condensed solve airflow felt through to odor) g instrumentation or	nt of exterior surfaces) th gaskets) (FID/PID/calorimetric tubes)	গ্ৰা প্ৰ		
	If using direct-reading instru					
	a Capable of detecting pe	vapor concentra	tions in a range of 0-500 ppm.	⊔Y UN		
	b. Calibrated against a stan	ard gas prior to an	d after each use(PID/FID only).	□Y □N		
	c. Inspected for leaks and o	vious signs of wea	ar on a weekly basis?	□Y □N		
	d. Kept in a clean and seco	e area when not i	n use.	□Y □N		
	e. Verified for accuracy by	se of duplicate sar	mples (calorimetric only)?	□Y □N		
	Inspector's Name (Please Print) Inspector's Signature Approximate Pate of Next Inspection					

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

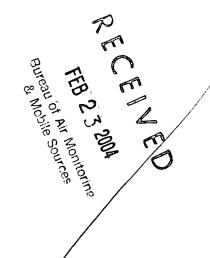






7003 0500 0004 0140 8192

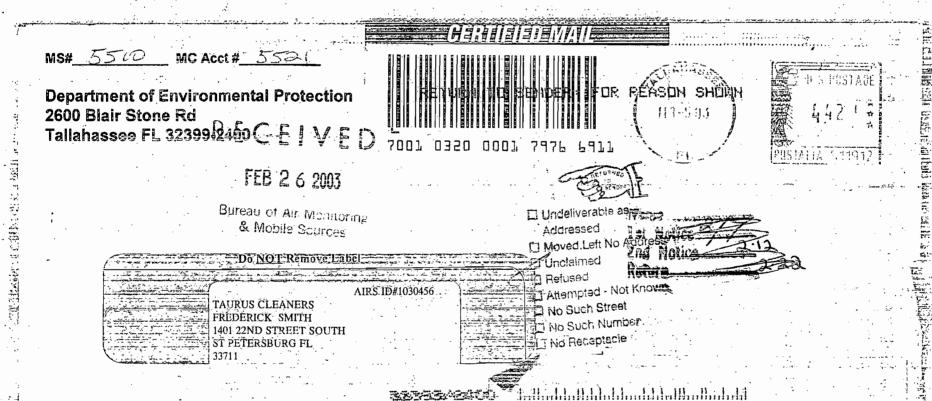




W

: 1030456001AG 10 : TAURUS CLEANERS INC : 1401 22nd Street S ST PETERSBURG, FL 33711

CERTIF (Domestic II) For delivery ii Po Certifie Return Recieg (Endorsement Req (Endorsement Req I 10304560 III 10304560 III 10304560 III 10304560 III 10304560 III 10304560	Mail Only; No Instantant of Street S RSBURG, FL 3.	RECEIPT Urance Coverage Pro Website at www.usps.c Postpie Huffe	ark	ļ
SENDER: COMPLETE THIS SECT	TION	COMPLETE THIS SEC	CTION ON DELIV	/ERY
 Complete items 1, 2, and 3. Also item 4 if Restricted Delivery is deserted. Print your name and address on the so that we can return the card to 	sired. the reverse you.	A. Signature X B. Received by (Printer	ed Name)	☐ Agent ☐ Addressee C. Date of Delivery
Attach this card to the back of the or on the front if space permits.	e mailpiece,	D. Is delivery address d	lifferent from item	1?
1. Article Addressed to:		If YES, enter deliver		
1030456001AG TAURUS CLEANERS INC	10			e e e out of the second
1401 22nd Street S ST PETERSBURG, FL 33711		Registered	☐ Express Mail ☐ Return Recei ☐ C.O.D.	pt for Merchandise
		4. Restricted Delivery?	(Extra Fee)	☐ Yes
Article Number (Transfer from service labe	7003 0500	0 4000 0140	8745	I
PS Form 3811, August 2001	Domestic Ret	urn Receipt		102595-02-M-1540
		,		,



SENDER: COMPLETE THIS SECTION. A. Received by (Please Print Clearly) ☐ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Frint your name and address on the reverse so that we can return the card to you. C. Signature ☐ Agent Attach this card to the back of the mailpiece, X ☐ Addressee or on the front if space permits. 1. Article Addressed to: If YES, enter delivery address below: AIRS ID#1030456 TAURUS CLEANERS FREDERICK SMITH 1401 22ND STREET SOUTH Service Type ST PETERSBURG FL Certified Mail ☐ Express Mail 33711 ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7001 0320 0001 7976 6911 (Transfer from service label) PS Form 3311, March 2001 Domestic Return Receipt 102595-01-M-1424

(Domestic Mail Only: No Insurance Coverage Provided): 5 ம Postage 5 Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee $\overline{}$ (Endorsement Required) ்ப AIRS ID#1030456 m TAURUS CLEANERS FREDERICK SMITH Street, Apt. 1401 22ND STREET SOUTH or PO Box N ST PETERSBURG FL City. State, 33711 문

STATE OF FLORIDA
DEPARTMEN TENVIRONMENTAL PROSESSION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



7001 0320 0001 7976 2661

E C E 1 V E D

و الله والمستمالية والمساورة المساورة المستمالية والمستمالية والمس

TAURUS CLEANERS FREDERICK SMITH 1401 22ND STREET SOUTH ST PETERSBURG FL

电话节点交流区等温度

いいないのは

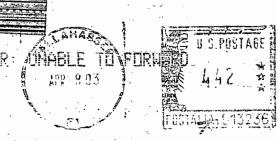
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, 	A. Signature X
or on the front if space permits. 1. Article Addressed to: AIRS ID#1030456 TAURUS CLEANERS	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
FREDERICK SMITH 1401 22ND STREET SOUTH ST PETERSBURG FL 33711	3. Service Type ☑ Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7001 0320 000	1 7976 2661
PS Form 3811, August 2001 Domestic Re	eturn Receipt 102595-02-M-1540
US: Posial Gerille (Pomestication)	Service DMAILRECEIPT Only-No-Insurance-Coverage Provided)
Postage Certified Fer Return Receipt Fer (Endorsement Required Endorsement Required Endorsement Required	Postmark Here
Total Balance CLI Ser TAURUS CLI Str. FREDERICK Str. 1401 22ND S' CT ST PETERSE 33711	SMITH TREET SOUTH

Sell Siller

5510

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





hallanhladlatelidiringahlafulljulljullatida

्त र र स्वापित	US Postal Se GERHALL (Bomestic Mail Onl	A AVAIVE	RECEIPI rance Coverage Provid	Sed)
1 0	PRESENTATION CONTRACTOR	· · · · · · · · · · · · · · · · · · ·	STORE THE PARTY OF	T
ំ ៤០	,	ا الله الاسمال الاس السابا	The second s	
3-10	1.7 1		(A)	-
3 1 = □	Postage	\$		N :
30	[-		200	1.
37	Certified Fee		- Hostman	rk :_
r	Return Receipt Fee		(XV)	
	(Endorsement Required)		- 17)	i i
007	Restricted Delivery Fee (Endorsement Required)			
ž 🗖	(2.100		AIRS ID#1030456	
22	Total !		AIRS ID#1056	
	Sent To. TAURUS CL	EANERS		. 1
1 1	Semily	HTTM2	TITI	
:	1401 22ND S	TREET SO	UIN	
15	Street, 1401 221	JUKG FL		
חחחר	City, Sla 33711			
1	- Washington - May 200	Testal Central Section	See Revers	CHICIMIA THE CHICAGO

Z 210 661 227

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

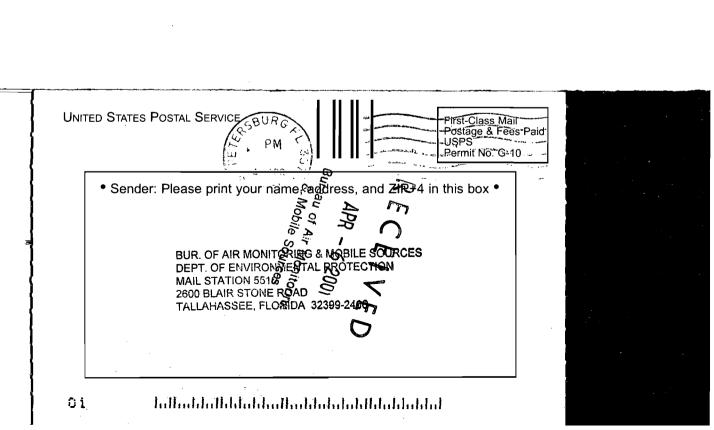
Do not use for International Mail (See reverse)

AIRS ID # 1030456

TAURUS CLEANERS FREDERICK SMITH 1401 22ND STREET SOUTH ST PETERSBURG FL 33711

	Certified Fee	
	Special Delivery Fee	
_	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
PS Form 3800,	TOTAL Postage & Fees	\$
2	Postmark or Date	
ē		
Š		
_		

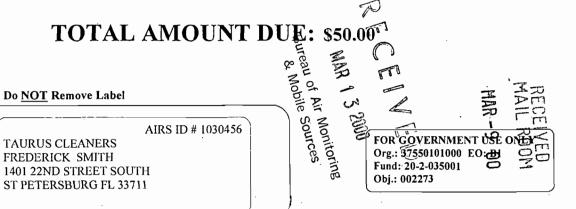
<u>. </u>	<u>'</u>
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Deliver; is desired. ■ Print your name and address on the reverse	A. Received by (Please Print Clearly) B. Date of Delivery
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	C. Signature
1 Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AIRS ID # 1030456	,
TAURUS CLEANERS FREDERICK SMITH	<u> </u>
1401 22ND STREET SOUTH ST PETERSBURG FL 33711	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise
	□ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes
2 Article Number (Copy from service label) Z 2 1 0 661 2 2 7	的具点 (1800 · 1800 · 1800 · 1800 · 1800 · 1800 · 1800 · 1800 · 1800 · 1800 · 1800 · 1800 · 1800 · 1800 · 1800 · 1
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0393370

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



P 174 052 527 2000 US Postal Service
Receipt for Certified Mail AIRS ID # 1030456 TAURUS CLEANERS FREDERICK SMITH 1401 22ND STREET SOUTH ST PETERSBURG FL 33711 Postage \$ **Certified Fee** Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees Postmark or Date

The series of th		
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1?	
Article Addressed to:	If YES, enter delivery address below:	
TAURUS CLEANERS FREDERICK SMITH 1401 22ND STREET'SOUTH		
ST PETERSBURG FL 33711	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.	
P144 052 524	4. Restricted Delivery? (Extra Fee)	
2. Article Number (Copy from service label)		
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789		

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
5525			
7825	Postage Certified Fee	\$	Postmark
0026	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here
7000 0600	T Re TAURUS CLEAN FREDERICK SM St 1401 22ND STRE ST PETERSBURG	IERS IITH ET SOUTH	# 1030456
Ĺ	PS		for Instructions

	- P. C
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 1030456 TAURUS CLEANERS FREDERICK SMITH 1401 22ND STREET SOUTH	A. Beceived by (Please Print Clearly) C. Signature X Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
ST PETERSBURG FL 33711	3. Service Type
OTTETERODOROTE 35/11	☐ Certified Mail ☐ Express Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7 000 0 600 0000 000 7	325 5525
PS Form 3811, July 1999 Domestic Ret	

Z 210 PPS 584

US Postar Service a Receipt for Certified Mail

AIRS ID # 1030456

TAURUS CLEANERS FREDERICK SMITH 1401 22ND STREET SOUTH ST PETERSBURG FL 33711

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1996	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800,	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	

The state of the s	
NDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attachathis card to the back of the mailpiece, or on the front if space permits.	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
AIRS ID # 1030456	· ·
TAURUS CLEANERS	
FREDERICK SMITH	
1401 22ND STREET SOUTH	3. Service Type
ST PETERSBURG FL 33711	Certified Mail
Z 210662 284	4. Restricted Delivery? (Extra Fee)
Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-17	

B	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail: Only; No Insurance Coverage Provided)			
080		(6.20 <u>2.2</u>		
4126	Postage Certified Fee	\$.	Postmar	k
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here	
7000 0600	Reci TAURUS CLE FREDERICK Stre 1401 22ND ST. City ST PETERSBU	ANERS SMITH REET SOUTH	 	
	PS A			Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1?
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AIRS ID # 1030456 TAURUS CLEANERS FREDERICK SMITH 1401 22ND STREET SOUTH	
ST PETERSBURG FL 33711	3. Service Type
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service Japel) 4126 0	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

And the second of the second	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
365	· ·			
19 P	Postage	\$		
다	Certified Fee		Postmark	
0.026	Return Receipt Fee (Endorsement Required)		Here	
	Restricted Delivery Fee (Endorsement Required)			
8	Total Posta		# 1030456	
0600	TAURUS CLEANERS FREDERICK SMITH			
	Street, Apt. No. 1401 22ND STREET SOUTH ST PETERSBURG FL			
7000	City, State, Zif 33711			
	PS Form 3800, February 2	2000	See Reverse for Instr	ructions

SENDER: GOMEETE SOURCE SIGHT OF RETURN ADDRESS	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) C. Signature X. W. C. W. C. Signature X. Addressee
1. Article Addressed to: 1030456 Taurus Cleaners Frederick Skith	D. Is delivery address different from item 1?
1401 22 nd Street South St Petersburg FL 33711 70000600000064128/236	3. Service Type Certified Mail
2. Article Number (Copy from service label)	:
PS Form 3811, July 1999 Domestic Ret	rurn Receipt 102595-99-M-1789

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
40			A STANCE OF THE REAL PROPERTY.
0148	0 6 6	ICIAL	. USE
76	Postage	\$	
2	Certified Fee		Postmark
100	Return Receipt Fee (Endorsement Required)		Here
0 0 (Restricted Delivery Fee (Endorsement Required)		
		AIRS ID # 1030456	5
) กับ	TAURUS CLEANERS FREDERICK SMITH		
E 0			
_	1401 22ND STREET SOUTH		
7007	ST PETERSBURG FL 33711		
i.	PS Form 3800. January 2	001	See Reverse for Instructions

1.

H VI TOBIOBENAETOBE TO VHE BIGHT	ProEsmore
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 1030456 TAURUS CLEANERS FREDERICK SMITH 1401 22ND STREET SOUTH 	A Received by (Please, Print Clearly) B. Date of Delivery C. Bisrlature Agent D'Addressee B. Is delivery address different from item 1? If YES, enter delivery address below:
ST PETERSBURG FL 33711	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)
7001 0320 0001 7976 0148	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
<u></u>			
11 11 6	OFF	ICIAL	USE
7.5	Postage	\$	
7	Certified Fee		Postmark
0007	Return Receipt Fee (Endorsement Required)		Here
	Restricted Delivery Fee (Endorsement Required)		
2	To*	AIKS ID # 1030456	
03	Ser TAURUS CLE FREDERICK		
c-3	Str 1401 22ND STREET SOUTH		
7007	or i ST PETERSBURG FL Cit 33711		
<u></u>	PŜ ¹	The second secon	or Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 1030456	A. Redeived by (Please Print Clearly) B. Date of Delivery 4492 C. Signature X
TAURUS CLEANERS FREDERICK SMITH	
1401 22ND STREET SOUTH	3. Service Type
ST PETERSBURG FL 33711	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789