

Department of Environmental Protection

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

David B. Struhs Secretary

August 12, 1999

Mr. In Taek Ma Hi Tech Cleaner 5523 Roosevelt Boulevard Clear Water, Florida 33706

Re: Facility No.: 1030459

Dear Mr. Ma:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July12, 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

Butler, Rick

From: Sent:

Thomas, Bruce X.

Thursday, January 18, 2001 1:58 PM Butler, Rick zip code change

To:

Subject:

355 1030459

Rick,

Pwu-sheng Liu of Pinellas County asked that we change the zip code for a local Dry Cleaner in the database to the following:

Hi Tech Cleaners 5523 Roosevelt Blvd. Clearwater 33760

Thanks

BT



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.

1. Facility Owner/Company Name (Name of corporation, agency, or indiv	idual owner):
Mi Tech	
2. Site Name (For example, plant name or number):	
1-1 Tech (earlet. 3. Hazardous Waste Generator Identification Number:	
3. Hazardous Waste Generator Identification Number:	
CES99	
C L 29 7	
4. Facility Location: 5523 Roosevelt Blvd Street Address:	
City: Clear Weter County: Pintles	Zip Code: 33706
5. Facility Identification Number (DEP Use ONLY - do not fill in):	
19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	1000450
Responsible Official	
6. Name and Title of Responsible Official:	. 40
Name: IN THE MA Title: 7. Responsible Official Mailing Address: H; Tech Cheaner Organization/Firm: (25.2.2 M. a. 1) 17 17 17	DWNER
7 Demonstra Official Mailine Adding 11: Tarrib Character at	
7. Responsible Official Mailing Address: A Transfer	
1 Organization Thin 5 123 Kinge Ver 1 D/19.	
Street Address:	
Street Address:	Zip Code: 33706
Street Address: City: (Le ar Water County:); nellas	
Street Address: City: (Le ar Water County:); ne) a 8. Responsible Official Telephone Number:	Zip Code: 33706
Street Address: City: (Le ar Water County:); ne) a 8. Responsible Official Telephone Number:	
Street Address: City: (Le ar Water County:); ne) a 8. Responsible Official Telephone Number:	Zip Code: 33706
Street Address: City: (Le ar Water County:); ne) a 8. Responsible Official Telephone Number: Telephone: (727)5-36-1288 Fax: (Zip Code: 33706
Street Address: City: (Le a - Water County:); ne) R 8. Responsible Official Telephone Number: Telephone: (727)5-36-1288 Fax: (Facility Contact (If different from Responsible Official)	Zip Code: 33706
Street Address: City: (Le ar Water County:); ne) R 8. Responsible Official Telephone Number: Telephone: (727)5-36-1288 Fax: (Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager):	Zip Code: 33706
Street Address: City: (Le a - Water County:); ne) R 8. Responsible Official Telephone Number: Telephone: (727)5-36-1288 Fax: (Facility Contact (If different from Responsible Official)	Zip Code: 33706
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Street Address: City: (Zip Code: 33706
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Street Address: City: (- -	Zip Code: 33706
Street Address: City: (Zip Code: 33706

DEP Form No. 62-213.900(2)

Effective: 2/24/99

1030459

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P/5	Buch and to It of 17/1/00
<u> </u>	Based on purchasedate of 12/1/88 and 12,0 gals per purhased in part, 12
	months, the day to day quarting
	is not reprised to have a
	is not required to home a refrigerated conclenser or water
	celosopher
	None required should be circled
p16	, v
3.	Small crea source should be marked. Markout Large area source and initial.
-	murked. Muskout Large area
· -	source and initial.
4.	Existing mochine at small area source should be marked.
	source should be marked.
	Existing machine a large area
	source should be marked out
64.	and initially
<u> </u>	Not required for Existing small
017	source Marsout and initialy
P17	B.O. sign and date for cleanges
	programme and the second

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY How many dry-to-dry machines do you have on-site? For each dry-to-dry machine on-site, please provide the following information: Date Control Device Installed Date Initially Purchased Status Control Device Required* From Manufacturer (circle one) (circle one) (if already included at time of purchase, write "SAME") 12/1/88 Existing/New (RC)CA/None required Existing/New RC/CA/None required Existing/New RC/CA/None required *CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber1.(b) TRANSFER MACHINES ONLY How many washers do you have on-site? How many dryers/reclaimers do you have on-site? If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a NEW unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information: Date Initially Purchased Status Control Device Required* Date Control Device Installed From Manufacturer (if already included at time of (circle one) (circle one) purchase, write "SAME") Existing/New RC/CA/None required Existing/New RC/CA/None required Existing/New RC/CA/None required *CONTROL DEVICE KEY: RC = refrigerated condenserCA = carbon adsorber2.(a) How much perchloroethylene (perc) have you used within the last 12 months? [/20] gallons (You must fill this in) (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: Did not keep records: New store: [] New machine []

DEP Form No. 62-213.900(2) Effective: 2/24/99 Unopened store [____] (date of expected opening __

 What is the facility's source classification based on Indicate with an "X". Select one classification or 	
Small Area Source	
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 []
5. A facility which contains non-exempt emissions of Rule 62-213.300, F.A.C. Verify that all steam and hexemption criteria or that no such units exist on-site	
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:	201
What type of fuel do you use? [] No. 2 fuel [] No. 6 fuel	
6. Equipment Monitoring and Recordkeeping Inform	nation
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 a	addition log
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	nitoring
(d) Carbon adsorber exhaust perc concentration mor	nitoring []
(e) Startup, shutdown, malfunction plan	

7. Surrender of Existing DEP Air Permit(s) Please indicate 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 [_____ No DEP air permits currently exist for the operation of the facility indicated in this notification

Responsible Official Certification

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

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

Print name of responsible official

Signature Tak M-

7-8-99 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

- I. 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

9. 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.



Department of Environmental Protection

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

David B. Struhs Secretary

July 13, 1999

Mr. In Taek Ma Hi Tech Cleaners 5523 Roosevelt Boulevard Clearwater, Florida 33706

Dear Mr. Ma:

The Bureau of Air Monitoring and Mobile Sources recently received your Perchloroethylene Dry Cleaning Notification Form and check (#0096) in the amount of \$50.00.

We appreciate your submittal. However, your check is being returned to you since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation and subject to the requirements of the general permit. The Department will send you an invoice in time for the next payment cycle.

If you have any questions, please call me at 850/921-9583.

Sincerely,

Sandra Bowman

Environmental Manager

Mobile Source Control Section

Bureau of Air Monitoring

and Mobile Sources

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TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF IN	SPECTION:	ANNUAL	COM	PLAINT/DIS	COVERY L	R	E-INSPECTION	M	<u></u>
AIRS ID#: FACILITY	1030459 001 NAME:		E: 8/27		ME IN: <u>//</u>	<i>'40</i> _7	TIME OUT:	C.	
FACILITY	LOCATION:	5523]	Roosevelt B	slvd.			Nor Al	5/00	7
		Cleary	vater, FL, 3	3706			· Soll doi). 6.——	
RESPONSI	BLE OFFICIA	AL: In Tae	k Ma		Ph	one No.:	<u>727-536-128</u>	8 170	
Permi	it No. <u>1030459-0</u>	01-AG	Exp. Date:	08/12/2004					
<u> </u>	Based of the resu compliance with		•		_	_	on, the facility is	found to	be in
. 🗆	Based on the resu				ed during this	inspection	on, the following	; complia	ince

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: Owner tightened but	ts on cover to still bottom-clear of while machine was operating
•	perform a follow-up inspection to determine that proper
Inspection Conducted by: Margaret Henni	
Inspector's Signature: Mayent	2 V. James
Phone Number: 464-4422	

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	C C	OMPLAINT/DISCO	VERY 🖵	,
AIRS ID#: 1030459 001 FACILITY NAME: FACILITY LOCATION:	DATE: 80 Hi Tech Clea 5523 Roosevelt Clearwater, FL,	ners Blvd.	ГІМЕ IN: <u>//.'У</u> д	TIME OUT: /2	2:10
RESPONSIBLE OFFICIA			PH	ONE: <u>727-536-1</u> 2	288
CONTACT: In To	2ek Ma		PH	ONE:	
PART I: NOTIFICATION			,		
(Check appropriate box) 1. Existing facility notified 1 2. New facility notified DA 3. Facility failed to notify D	RM 30 days prior to st	-	Pat St Ethis Change	Lenk åD A	
PART II: CLASSIFICATI	ON				
Facility indicated on notifica (Check appropriate box)	ation form that it is:	_	No notification form Drop store / out of bu	siness / petroleum	
A. 1. Existing small area so dry-to-dry only, x<14 transfer only, x<200 so both types, x<140 gal (Constructed before 1)	ource 0 gal/yr gal/yr /yr /2/9/91)	2.	New small area sour dry-to-dry only, x<14 transfer only, x<200 both types, x<140 ga (Constructed on or a	rce 40 gal/yr gal/yr l/yr fter 12/9/91)	
3. Existing large area s dry-to-dry only, 140 < transfer only, 200 < x < both types, 140 < x < 1, (Constructed before 1	ource x≺2,100 gal/yr 1,800 gal/yr 800 gal/yr 2/9/91)	4.	New large area soundry-to-dry only, 140-transfer only, 200 < x-both types, 140 < x < 1 (Constructed on or a	ce <x<2,100 gal="" yr<br=""><1,800 gal/yr ,800 gal/yr fter 12/9/91)</x<2,100>	
This is a correct facility clas	sification: 🛂 [□N □ Ca	n not determine		
If no, please check the a facility qualified to facility exceeds a		number	_	·	
B. The total quantity of per facility was		purchased w	ithin the preceding 12	2 months by this dr	y cleaning

PART III: GENERAL CONTROL REQUIREMENTS						
Is the responsible official of the dry cleaning facility: (check appropriate boxes)						
Storing perchloroethylene in tightly sealed and impervious containers?	ĽΎ	\square_{N}	□ NA			
2. Examining the containers for leakage?	ĽΥ	ПN	□ NA			
3. Closing and securing machine doors except during loading/unloading?	₽'n	ПN				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY	ПN	NA			
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	\ \ \ \ \ \ \ \ \	ПN	Ū∗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 refrigerated condenser (complete A below)						
If classification (3) has been checked, the machine should be equipped with e condenser or a carbon adsorber (complete A and B below). Carbon adsorber installed prior to September 22, 1993.	either a i must ha	refrigerat ave been	ed			
If classification (4) has been checked, the machine should be equipped with a (complete A and B below.)	refrige	rated con	denser			
A. Has the responsible official of all new sources and existing large area sou (check appropriate boxes)	A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)					
1. Equipped all machines with the appropriate vent controls?	₽Y	ΠN				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	Ø⊦Y	ПN	□NA			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ŪŁY	□N	□NA			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	₽Y	ПN				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	<u>u</u> y	ПN	□NA			
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged?	ΘÝ	ПN	· ·			

BEST AVAILABLE COPY

B. Has the responsible official of an existing large or new large	area source also:
1. Measured and recorded the exhaust temperature on the outlet sid located on dry-to-dry, reclaimer, and dryer machines on a weekl	
2. Measured and recorded the washer exhaust temperature at the co- outlet weekly? Is the temperature differential equal to or greater than 20° F?	UY UN UNA
3. Measured and recorded the perc concentration in the exhaust streend of the final drying cycle while the machine is venting to the machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm?	eam weekly at the
4. Assured that the sampling port on the carbon adsorber exhaust for concentrations is at least 8 duct diameters downstream of any be expansion; is at least 2 dust diameters upstream from any bend c expansion; and downstream from no other inlet?	nd, contraction, or
5. Equipped transfer machines (dryers, reclaimers, and washers) with condenser coils?	ith individual
(D - + 1 - i - G + + 1 1 1 - + - (i 1) - + - 11 + i 0	
6. Routed airflow to the carbon adsorber (if used) at all times?	DY ON DAYA
ART V: RECORDKEEPING REQUIREMENTS	
PART V: RECORDKEEPING REQUIREMENTS	
ART V: RECORDKEEPING REQUIREMENTS Has the responsible official: check appropriate boxes)	
ART V: RECORDKEEPING REQUIREMENTS Has the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	OY On
ART V: RECORDKEEPING REQUIREMENTS Has the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	OY On
ART V: RECORDKEEPING REQUIREMENTS Has the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the form	DY ON ONA paired OY ON ONA
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the form a. documentation of leaks repaired w/in 24 hrs? or;	DY ON ONA paired OY ON ONA
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the form a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak rew/in 2 days and parts installed w/in 5 days of receipt?	DY ON Dillowing: DY ON ONA Daired DY ON ONA DY ON ONA DY ON ONA
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the form and documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak rew/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instrument only)	DY ON Dillowing: DY ON ONA Daired DY ON ONA DY ON ONA DY ON ONA
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the form and documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak rew/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	DY ON DIV ON DIV ON DIV ON ONA Paired OY ON ONA OY ON ONA OY ON ONA
ART V: RECORDKEEPING REQUIREMENTS Has the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the form and accumentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak rew/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?	DY ON DISTRICT ON ONA Paired OY ON ONA OY ON ONA

PA	ART VI: LEAK DETECTIO	N AND	REF	PAIRS			<u> </u>
1.	Does the responsible official c inspection?	onduct a	a wee	kly (for sm	all sources, bi-weekly) leak		tion and repair
2.	Has the facility maintained a le	ak log?	ı			ΘΥ	\square N
3.	Does the responsible official c	heck the	follo	owing areas	for leaks:		
	Hose connections, fitting couplings, and valves		ΠN	□NA.	Muck cookers	AN	ON ONA
	Door gaskets and seating	UY I	ΠN	\square NA	Stills	gý	□n □na
	Filter gaskets and seating	UY !	ΠD	□NA	Exhaust dampers	136 7	4EIN LANA
	Pumps	UY I	ΠN	□NA	Diverter valves	OY	□n □na
	Solvent tanks and containers	Øy ∣	ΠN	\square NA	Cartridge Filter housing	□ Y	□n □na
	Water separators	CHI	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 pe	rc vapor	cond	centrations	in a range of 0-500 ppm.		□y □N
	b. Calibrated against a stan	dard gas	prior	to and after	r each use(PID/FID only).		□y □n
	c. Inspected for leaks and c	bvious s	signs	of wear on a	a weekly basis?		\square_{Y} \square_{N}
	d. Kept in a clean and secu	ire area	when	not in use.			\square_{Y} \square_{N}
	e. Verified for accuracy by	use of d	luplic	ate samples	(calorimetric only)?	1	□y □N
	Margaret Hennis Inspector's Name (Please Prin Magaret V. Huma Inspector's Signature	nt)			8/2-7/89 Date of Ins 8/2-000 Approximate Date	•	n et Inspection

ADDITIONAL SITE INFORMATION:		
Doner à a large existing as usage exceed 140 gallons/12 months.	will like	ely
exceed 140 gallons/12 months.		
Mailed D.O.R. Brochuses (gross receigles tox) to	Mr. Mer.	8/27/99.
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TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION
AIRS ID#: $\underline{1030459001}$ DATE: $\underline{8/27/99}$ TIME IN: $\underline{4/9/9}$ TIME OUT: $\underline{121/9}$
FACILITY NAME: Hi Tech Cleaners
FACILITY LOCATION: 5523 Roosevelt Blvd.
Clearwater, FL, 33706
RESPONSIBLE OFFICIAL: In Tack Ma Phone No.: 727-536-1288
Permit No. 1030459-001-AG Exp. Date: 08/12/2004
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):

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°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: Owner tightened bul	to on cover to still bottom-clean
ent. No perc odor-appara	to on cover to still bottom-cleane with while machine was operating
	nctions are required, you must take immediate corrective perform a follow-up inspection to determine that proper
Inspection Conducted by: Margaret Henni	is
Inspector's Signature: Mayant	2 V. Jama
Phone Number: 464-4422	

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NUAL -INSPECTION		COMPLAINT/I	DISCOVERY 🚨		
AIRS ID#: <u>1030459 001</u> FACILITY NAME:	DATE: 80	•		/ '4's TIME OUT	: <u>/Z:/</u>	10
FACILITY LOCATION:						
FACILITY LOCATION:	5523 Roosevelt					
	Clearwater, FL	, 33706			.	
RESPONSIBLE OFFICIAL: _	In Taek Ma			PHONE:727-:	536-1288	
CONTACT: In Tack	Ma			PHONE:	- -	
PART I: NOTIFICATION			,			
(Check appropriate box)						
1. Existing facility notified DAR	'M By 9/1/96					
2. New facility notified DARM	30 days prior to s	tartup				<u>-</u>
3. Facility failed to notify DARM	M to use general p	permit	·	· .·.		
PART II: CLASSIFICATION						
Facility indicated on notification (Check appropriate box)	form that it is:	Ç	No notification Drop store / o	n form ut of business / petro	leum	
A. 1. Existing small area sourd dry-to-dry only, x<140 gally transfer only, x<200 gally both types, x<140 gallyr (Constructed before 12/9/	ce	2.	New small and dry-to-dry on transfer only, both types, x-(Constructed	rea source ly, x<140 gal/yr x<200 gal/yr <140 gal/yr on or after 12/9/91)		
3. Existing large area sourd dry-to-dry only, 140 <x<2 (constructed="" 12="" 140<x<1,800="" 200<x<1,80="" 9)<="" before="" both="" only,="" td="" transfer="" types,=""><td>te ,100 gal/yr 0 gal/yr gal/yr 91)</td><td>4</td><td>New large ar dry-to-dry on transfer only, both types, 1² (Constructed</td><td>rea source ly, 140<x<2,100 <br="" gal="">200<x<1,800 gal="" yr<br="">10<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,100></td><td>'yr</td><td></td></x<2>	te ,100 gal/yr 0 gal/yr gal/yr 91)	4	New large ar dry-to-dry on transfer only, both types, 1 ² (Constructed	rea source ly, 140 <x<2,100 <br="" gal="">200<x<1,800 gal="" yr<br="">10<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,100>	'yr	
This is a correct facility classific	ation: 🖳 [Can not determin	ne	**	
If no, please check the appro facility qualified for a facility exceeds above	general permit as	s number _				
B. The total quantity of perchlog facility was gall	• •	purchased	within the prece	eding 12 months by the	his dry cle	aning

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?	¥Ý	\square_{N}	□NA			
2. Examining the containers for leakage?	ĽΥ	\square N	□NA			
3. Closing and securing machine doors except during loading/unloading?	¥Y	\square_N				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	UY	ПN	□ NA			
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?						
PART IV: PROCESS VENT CONTROLS						
In Part II-A:	-	_				
If classification (1) has been checked, no controls are required. Proceed to Pa	art V					
•	n (2) has been checked, the machine should be equipped with a refrigerated condenser					
If classification (3) has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993.						
If classification (4) has been checked, the machine should be equipped with a 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?	ŪΥ	ΠN				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	□ry	□N	□NA			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	₽Y	□N	□NA			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	Q _Y	□N				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	<u>U</u> Ý	□ N	□NA			
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged?	ΘÝ	ПN				

BEST AVAILABLE COPY

B. Has the responsible official of an existing large or new large area source also:	
1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ety 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
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?	Oy On Ona
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY ON DA
6. Routed airflow to the carbon adsorber (if used) at all times?	DY DN DNA
ART V: RECORDKEEPING REQUIREMENTS	
ART V: RECORDKEEPING REQUIREMENTS Has the responsible official: check appropriate boxes)	
	GHY ON
Has the responsible official: Check appropriate boxes)	
Has the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	OY ON
Has the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	
Has the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or;	DY ON
Has the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ONA
Has the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instrument only)	OHY ON ONA OHY ON ONA
Has the responsible official: heck appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instrument only)	OHY ON ONA OHY ON ONA OHY ON ONA
Has the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instrument only) Maintained exhaust duct monitoring data on perc concentrations?	OHY ON ONA
Has the responsible official: heck appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instrument only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan?	OHY ON ONA OHY ON ONA OHY ON ONA OHY ON ONA OHY ON OHA OHY ON

PART VI: LEAK DETECTIO	N AND REPAIRS					
Does the responsible official c inspection?	onduct a weekly (for sm	all sources, bi-weekly) leak	detection and repair			
2. Has the facility maintained a le	eak log?		UY ON			
3. Does the responsible official c	3. Does the responsible official check the following areas for leaks:					
Hose connections, fitting couplings, and valves	GY ON ONA	Muck cookers	DAN ONA			
Door gaskets and seating	Gy On Ona	Stills	DÝ ON ONA			
Filter gaskets and seating	OY ON ONA	Exhaust dampers	DAHON ONA			
Pumps	AND NO PE	Diverter valves	OY ON ONA			
Solvent tanks and containers	Qy On Ona	Cartridge Filter housing	DY ON ONA			
Water separators	OY ON ONA					
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	erc vapor concentrations	in a range of 0-500 ppm.	OY ON			
b. Calibrated against a stan	dard gas prior to and afte	er each use(PID/FID only).	□Y □N			
c. Inspected for leaks and o	obvious signs of wear on	a weekly basis?	□Y □N			
d. Kept in a clean and sec	ure area when not in use	·	\square_{Y} \square_{N}			
e. Verified for accuracy by	use of duplicate sample	s (calorimetric only)?	, □Y □N			
Margaret Hennis Inspector's Name (Please Print Margaret V. Huma Inspector's Signature	nt)	8/2-7/89 Date of Ins 8/2-000 Approximate Date	spection of Next Inspection			

ADDITIONAL SITE INFORMATION:						
Doner à a large existing as usage will likely exceed 140 gallons /12 months.						
Mailed D.O.R. Brochures (gross receigles tox) to un. Ma. 8/27/99.						

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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

· — —			
FACILITY NAME: #TO Tech FACILITY LOCATION: 553 Clear	Meaners	DATI	E: 1/3/60
FACILITY LOCATION: 553	Roose vell	,	
6/00-	Dator PL 3:	2704	
(/ear	00	5 / 0 6	: :
Annual Reporting Period: Augus	- 27 1999 20	TO January	3/ 20 <u>00</u>
Based on each term or condition of the Title	V general air permit, my facility	has remained in compliance with DI	EP Rule
62-213.300, Florida Administrative Code (F	A.C.), during the period covered	d by this statement. YES	□NO
If NO, complete the following:			
#1. Term or condition of the general permit t	hat has not been in continuous	compliance during the reporting perio	od stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:		. :	
#2. Term or condition of the general permit t	hat has not been in continuous	totototo	od stated above:
Exact period of non-compliance: from		toto	VE
Action(s) taken to achieve compliance:	÷	B_{Ur_0}	200
Method used to demonstrate compliance:		& Mobile Mon	
		& Mobile Source	s coring
As the responsible official, I hereby certify, be in this notification are true, accurate and compurchase receipts, does not exceed 2,100 gall combination facilities. RESPONSIBLE OFFICIAL:	nplete. Further, my annual con lons per year for dry-to dry faci	formed after reasonable inquiry, that sumption of perchloroethylene solven lities or 1,800 gallons per year for tra	the statements made at, based upon ansfer or
Nan	ne (Please Print)	Signature D	ate

^{*}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.

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTI	ON 🗓	COMPLAINT/DISCOVERY	1
AIRS ID#: 1030459 FACILITY NAME: FACILITY LOCATION:	5523 Roo	Cleaners esevelt Blvd. er, FL, 33706	TIME IN: 12:36 TIME O	OUT: _ 3 0 0
RESPONSIBLE OFFICIA	L: In Taek M	1 a	PHONE: _5	536-1288
CONTACT:	In Taek N	<u> </u>	PHONE:	536-1288
PART I: NOTIFICATION	I			
(Check appropriate box)				
1. Existing facility notified	DARM- By 9/1/ 9	76		4
2. New facility notified DA	RM 30 days pric	or to startup		
3. Facility failed to notify D	ARM to use ger	neral permit	•	
PART II: CLASSIFICAT	[ON-			
Facility indicated on notifice (Check appropriate box)	ation form that it	is:	No notification form Drop store / out of business / pe	etroleum
A. 1. Existing small area dry-to-dry only, x < 14 transfer only, x < 200 both types, x < 140 ga (Constructed before)	source 0 gal/yr gal/yr /yr /y/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/s	91)
3. Existing large area dry-to-dry only, 140-transfer only, 200-x-both types, 140-x-1 (Constructed before	source :x<2,100 gal/yr <1,800 gal/yr 800 gal/yr 12/9/91)	1	4. New large area source dry-to-dry only, 140 < x < 2,100 transfer only, 200 < x < 1,800 ga both types, 140 < x < 1,800 gally (Constructed on or after 12/9/9	gal/yr ffyr r 91)
This is a correct facility class If no, please check the second facility qualified facility exceeds a	appropriate class for a general per	ification: mit as numbe		
B. The total quantity of per facility was/2_<		perc) purchas	sed within the preceding 12 months l	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?	₽'n	ПN	□ NA		
3. Closing and securing machine doors except during loading/unloading?	ΨY	ΠN			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	⊒ Ý	ΠN	□ NA		
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	□.Y	□ N	OHNA		
PART IV: PROCESS VENT CONTROLS					
In Part II-A:					
If classification (1) has been checked, no controls are required. Proceed to Pa	ırt V.				
If classification (2) has been checked, the machine should be equipped with a refrigerated condenser (complete A below)					
If classification (3) has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993.					
If classification (4) has been checked, the machine should be equipped with a (complete A and B below.)	refrige	rated cond	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?	U/Y	ΠN	□ NA		
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	Qγ	ПN	□NA		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ΘY	□N			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	ΨY	□N	□NA		
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged?	<u>G</u> Ý	□N			

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? Is the temperature differential equal to or greater than 20°F?	OY ON E	
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 G	
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?	OY ON C	D NA
Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON G	9ma
Routed airflow to the carbon adsorber (if used) at all times?	OY ON 5	AME.
ART V: RECORDKEEPING REQUIREMENTS		
as the responsible official: heck appropriate boxes)		
	□ry □n	
Maintained rolling monthly averages of perc consumption?	DAY DIN"	
Maintained leak detection inspection and repair reports for the following:		
a. documentation of leaks repaired w/in 24 hrs? or;	□Y □N [NA
b. documentation of parts ordered to repair leak and leak repaired	DY ON C	NA
	□y □n [AME
intermed cancer data. Gov. an ear volume, and a more const,	D D	
Maintained exhaust duct monitoring data on perc concentrations?	□Y □N Ū	ANA
Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	OY ON C	4NA
Maintained startup/shutdown/malfunction plan?	OY On	□na
	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? Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm? Assured that the sampling port on the carbon adsorber exhaust for measuring perc. 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? Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Routed airflow to the carbon adsorber (if used) at all times? ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained receipts for perc purchased? Maintained leak detection inspection and repair reports for the following:	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? 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? Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm? Assured that the sampling port on the carbon adsorber exhaust for measuring perc. concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; and downstream from no other inlet? Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Routed airflow to the carbon adsorber (if used) at all times? ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained receipts for perc purchased? 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)

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PA	ART VI: LEAK DETECTION	N AN	D REF	PAIRS		·	
1.	Does the responsible official of inspection?	conduc	t a wee	kly (for sı	nall sources, bi-weekly) leak		ion and repair
2.	Has the facility maintained a	eak log	; ?			ďÝ	\square N
3.	Does the responsible official	heck t	he follo	owing area	as for leaks:		
	Hose connections, fitting couplings, and valves	⊠Y	□N	□NA	Muck cookers	ŪÝ	□n □na
	Door gaskets and seating	⊒Y	ΠN	□NA	Stills	Y	□n □na
	Filter gaskets and seating	₫Y	□и	\square_{NA}	Exhaust dampers	ØÝ	□n □na
	Pumps	₫y	Пи	\square NA	Diverter valves	ØÝ	\square N \square NA
	Solvent tanks and containers	ØΥ	ΠN	\square NA	Cartridge Filter housing	Y	□n □na
	Water separators	Y	ПN	\square NA			
4.	4. Which method of detection is used by the responsible official? Visual examination (condensed solvent of exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector						
	If using direct-reading instr	ument	ation,	is the equ	ipment:		
	a Capable of detecting p	erc vap	or con	centration	s in a range of 0-500 ppm.		UY UN
	b. Calibrated against a sta	ndard g	as prio	r to and af	ter each use(PID/FID only).		□Y □N
	c. Inspected for leaks and	obviou	s signs	of wear o	n a weekly basis?		□Y □N
5	d. Kept in a clean and sec	ure are	a wher	not in us	e.		□y □n
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?					$\square_{Y} \square_{N}$	
	Mangaret Jennis Inspector's Name (Please Print) Mangaret Jennis //31/63 Date of Inspection						

ADDITIONAL SITE INFORMATION:			
assisted rowner w/ quest	in about wasto water		
waporafor maintenane.	advised owner to		
contact mas for com of a	mak i wstrucking advised		
fin carbon weeds to be a	Abord owner to Just just welsing adorsed Longel al same time according		
manfacturers scomment	30		
	/		
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TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF IN	SPECTION:	ANNUAL 🛚	COMPLAINT	/DISCOVERY 📮	RE-INSPECTION
AIRS ID#:	1030459	DATE: _	1/31/00	TIME IN: 12.70	_TIME OUT: _i3:00
FACILITY	NAME:	<u> Hi Tech Cle</u>	eaners	•	
FACILITY	LOCATION:	5523 Roosevelt	Blvd.		
		Clearwater, FL,	33706		
RESPONSIE	BLE OFFICIAL:	In Taek Ma		Phone 2	No.:
	Permit No.			Exp. Date:	
			-	valuated during this inspecting this constrative Code (F.A.C.).	ction, the facility is found to be in
		-	nce requirements e		ction, the following compliance

Inspection Summary Report Guidance

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

Compliance Requirement/Problem	Follow-up Action Required			
 Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.			
No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions			
Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.			
Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.			
The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.			
Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.			
Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.			
Containers for perchloroethylene and/or perchloroethylen- containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.			
Comments: @				
If the Inspection Summary Report indicates follow-up actions are required, you must take immediate corrective measures to achieve compliance. Pinellas County will perform a follow-up inspection to determine that proper corrective actions have been taken.				
Inspection Conducted by: Margaret U. †	tennis			
Inspection Conducted by: Margaret V. Henris Inspector's Signature: Margaret D. Henris				
Phone Number: 464-4422				

ACC

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Hi Tech Cleaners	Date:	10/30/00
FACILITY LOCATION:	5523 Roosevelt Blvd.	P	
	Clearwater, FL, 33706	·	
Based on each term or condition	of the Title V general air permit, my faccode (F.A.C.), during the period covered	cility has remained in complia	2 30 00 nce with DEP Rule 62- ES □ NO
IF NO, complete the following	g:	, ,	&
#1. Term or condition of the ger	neral permit that has not been in continu	ous compliance during the rep	orting period stated above:
Exact period of non-compliance:	from	to	
Action(s) taken to achieve comp	liance:		
Method used to demonstrate con	npliance:		· .
#2. Term or condition of the ge	neral permit that has not been in continu	ious compliance during the re	porting period stated above:
Exact period of non-compliance:	from	to	·
Action(s) taken to achieve comp	liance:		
Method used to demonstrate con	npliance:		· · · · · · · · · · · · · · · · · · ·
that the stâtements made in	I hereby certify, based on inform this notification are true, accura nt, based upon rolling averages of lities or 1,800 gallons per year for	e and complete Further.	my annual consumption
RESPONSIBLE OFFICIA	L: <u>In Taek Ma</u> (Name, Please Print)	Signature	16-30. Date

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

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🗹 COMPLAINT	DISCOVERY RE-INSPECTION
AIRS ID#: 1030459	DATE:10/30/00	TIME IN: 10:320 TIME OUT: 10070 M.
FACILITY NAME:	Hi Tech Cleaners	
FACILITY LOCATION:	5523 Roosevelt Blvd.	
	Clearwater, FL, 33706	
RESPONSIBLE OFFICIAL	: In Taek Ma	Phone No.: 536-1288
Permit No.	1030459-001-AG	Exp. Date: 7/8/02
	olts of the compliance requirements ev DEP Rule 62-213.300, Florida Admi	valuated during this inspection, the facility is found to be in nistrative Code (F.A.C.).
Based on the results of the compliance requirements evaluated during this inspection, the following compliance		

Inspection Summary Report Guidance

discrepancies were noted (only items which are checked):

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

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

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY
AIRS ID#: 1030 459 FACILITY NAME:	_ Date: <u>10/30/0</u> Hi Tech Clea	
FACILITY LOCATION:	5523 Roosevelt Blv	vd.
	Clearwater, FL, 33	5706
RESPONSIBLE OFFICIA	L: In Taek Ma	PHONE: 536-1288
CONTACT:	In Taek Ma	PHONE: 536-1288
PART I: NOTIFICATION		
(Check appropriate box)		
1. Existing facility notified I	OARM By 9/1/96	<u>ব</u>
2. New facility notified DAF	RM 30 days prior to startu	ip 🖵
3. Facility failed to notify Da	ARM to use general perm	ait 🔲
PART II: CLASSIFICATION	ON	
Facility indicated on notifica (Check appropriate box)	tion 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 transfer only, x<200 g both types, x<140 gall (Constructed before 1).	ource 0 gal/yr al/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 transfer only, 200 <x<-both 140<x<1,8<br="" types,=""></x<-both> (Constructed before 1.	ource < < 2,100 gal/yr 1,800 gal/yr 300 gal/yr 2/9/91)	4. New large area source dry-to-dry only, 140 <x<2,100 (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" th="" transfer="" types,="" yr=""></x<2,100>
This is a correct facility class		☐ Can not determine
II	or a general permit as nur pove limits and is not eligi	
B. The total quantity of perconfacility was 126		chased 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?	Z Y	ΠN	□NA	
2. Examining the containers for leakage?	Y	ΠN	☐ NA	
3. Closing and securing machine doors except during loading/unloading?	₫ Y	ΩN		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	Y	ПN	□ NA	
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	□ _. 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	rt V.			
If classification (2) has been checked, the machine should be equipped with a (complete A below)	refrige	rated con	denser	
If classification (3) has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993.				
If classification (4) has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below.)				
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)				
1. Equipped all machines with the appropriate vent controls?	\mathbf{A}^{A}	ΩN	-,	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	I Y	ΩN	□ NA	
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	T Y	ŪΝ	□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?		ΠN	□NA	
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged?	☑ Y	N S		

В.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	⊠Y □N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20°F?	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? Assured that the sampling port on the carbon adsorber exhaust for measuring perc.	□Y □N □NA □Y □N □NA
	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
PA	ART V: RECORDKEEPING REQUIREMENTS	
H: (cl	as the responsible official: heck appropriate boxes)	
	Maintained receipts for perc purchased?	ØY □N
2.	Maintained rolling monthly averages of perc consumption?	MV DN
3.	Maintained leak detection inspection and repair reports for the following:	
	a. documentation of leaks repaired w/in 24 hrs? or;	OY ON MA
	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 MA
4.	•	
4. 5.	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 ON MA
_	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 ON MA
5.	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 ON MA OY ON MA
5. 6.	 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 ON MA OY ON MA OY ON MA

PA	RT VI: LEAK DETECTIO	N AN	D REI	PAIRS			
1.	Does the responsible official c inspection?	onduc	t a wee	ekly (for s	small sources, bi-weekly) leal	k detect	tion and repair
2.	Has the facility maintained a le	eak log	3 ?			$\mathbf{Q}_{\mathbf{Y}}$	\square_{N}
3.	Does the responsible official c	heck t	he foll	owing are	eas for leaks:		
	Hose connections, fitting couplings, and valves	ĭ¥Y	ΠN	□NA	Muck cookers	□Y	On Ona
	Door gaskets and seating	$\mathbf{\Xi}_{\mathbf{Y}}$	ΠN	□NA	Stills	I Y	□n □na
	Filter gaskets and seating	Y	ΠN	□NA	Exhaust dampers	\square_{Y}	□n ⊴na
	Pumps	⊈Y	ΠN	□NA	Diverter valves	$\mathbf{Z}_{\mathbf{Y}}$	□n □na
	Solvent tanks and containers	Ľ Y Y	ΠN	□NA	Cartridge Filter housing	$\mathbf{\underline{\sigma}}_{\mathrm{Y}}$	□n □na
	Water separators	$\mathbf{v}_{\mathbf{Y}}$	\square_{N}	□NA			
4.	Physical detection Odor (noticeable p	n (cond (airflo erc ode ng inst	densed w felt or) trumen	solvent of through go	of exterior surfaces) gaskets) ID/PID/calorimetric tubes)	;	00000
	a Capable of detecting pe	rc vap	or con	centration	ns in a range of 0-500 ppm.		OY ON
	b. Calibrated against a stan	dard g	as pro	r to and a	Her each use(PID/FID only).		\square_{Y} \square_{N}
	c. Inspected for leaks and c	byiou	signs	of wear o	n a weekly basis?		$\square_{Y} \square_{N}$
	d. Kept in a clean and secu	ıre are	a whei	n not in u	se.		\square_{Y} \square_{N}
	e. Verified for accuracy by	use of	duplic	cate sampl	es (calorimetric only)?		\square_{Y} \square_{N}
	Inspector's Name (Please Pringle) Inspector's Signature	ot)			16/30 Date of In 4/30 Approximate Date	pection of Nex	n xt Inspection

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.

Facility Name and Location	
1. Facility Owner/Company Name (Name of corporation	n, agency, or individual owner):
Hi TECH (leaning & Lau 2. Site Name (For example, plant name or number):	ndry Inc.
2. Site Name (For example, plant name or number):	
3. Hazardous Waste Generator Identification Number:	-
CESQG	
4. Facility Location:	Rlvd
Street Address: 53 23 1003 County: D	nellas Zip Code: 33760
4. Facility Location: Street Address: 5523 Roosevelt City: Clear Water County: P;	nella) 21,0000. 35/60
5. Facility Identification Number (DEP Use ONLY - do	not fill in):
	1030459-001
Responsible Official	
6. Name and Title of Responsible Official:	/1
Name: IN TAEK MA	Title: Owner
7. Responsible Official Mailing Address:	
Organization/Firm: Street Address:	
City: County:	Zip Code:
	·
8. Responsible Official Telephone Number:	-
Telephone: (727) 536-1288	Fax: () -
Facility Contact (If different from Responsible Official	
9. Name and Title of Facility Contact (For example, pla	nt manager):
10. Facility Contact Address:	
Street Address: City: County:	7in Codo:
City: County:	Zip Code:
11. Facility Contact Telephone Number:	-
Telephone: () -	Fax: () -
	· · · · · · · · · · · · · · · · · · ·

DEP Form No. 62-213.900(2)

Facility Information

1.(a) DRY-TO-DRY M	ACHINES ONL	Y	
How many dry-to-dry ma	chines do you ha	ve on-site?	
For each dry-to-dry mach	ine on-site, pleas	e provide the following information	1:
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")
	Existing N	ew RC/CA/None required) <u> </u>
	Existing/N	ew RC/CA/None required	
	Existing/N	ew RC/CA/None required	
*CONTROL DEVICE K	EY: RC = r	refrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?		
How many dryers/reclain	ners do you have	on-site?	
unit. If the transfer machi 1993, it is a NEW unit (r	ne was purchased to units purchased		
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")
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	
 .	Existing/New	RC/CA/None required	
[/ 3 S] gallo	roethylene (perc)	have you used within the last 12 methis in)	carbon adsorber onths?
(b) If less than 12 mor	•	- 	
Check why it is les	ss than 12 months	:: New owner: [] Did not keep	
,		New store: New machine	
		Unopened store [] (date of ex	xpected opening

√3. What is the facility's sourc Indicate with an "X". Se		on the definitions found in section (3) of Part 11? only.)
Small Area Source		
Transfer on	machines only on-site aly on-site ine 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		
Transfer on	machines only on-site aly on-site tine 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 (Indicate with an "X".)	s required on machines	pursuant to section (5) of Part II of this notification form?
Existing machines a (NONE REQUIRED		New machines at small area source Refrigerated condenser []
Existing machines a Carbon adsorber Refrigerated conden		New machines at large area source Refrigerated condenser []
Rule 62-213.300, F.A.C. Ve	rify that all steam and	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 gene No such units on-site	erating units exempt	OR
How many boilers do you have	ve on-site?	
For each boiler, indicate its h	orsepower (HP) rating	
What type of fuel do you use	?] propane] No. 2 fue] No. 6 fue	
6. Equipment Monitoring and	d Recordkeeping Infor	mation
Check all logs which are requ	uired to be kept on-site	in accordance with the requirements of this general permit:
(a) Purchase receipts and solv	vent purchases/solvent	addition log
(b) Leak detection inspection	and repair	<u>K</u> 1
(c) Refrigerated condenser te	mperature monitoring	ĹX
(d) Carbon adsorber exhaust	perc concentration mo	nitoring [X
(e) Startup, shutdown, malfu	inction plan	

DEP Form No. 62-213.900(2)

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing DEF

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

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

Responsible Official Certification

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

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

IN TACK MA

Print name of responsible official

I tak Ma

8-26-01

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IMPORTANT

A facility is eligible to operate under a Title V air general permit for no more than five (5) years. Your facility is approaching the end of the five (5) year period for which it was entitled to operate with an air Title V general permit

• If you wish to **continue** your entitlement, please complete the enclosed notification form and return it to the Department of Environmental Protection at the address included with the notification form. A fee is not required with this notification submittal

If you are a new owner, please check this and return this form with your completed notification form.

If you are a **new RO** (Responsible Official), and/or your existing business has **moved** to a new location, please check this box and return this form with your completed notification form.

• If you do not wish to continue your eligibility, please disregard this notice.

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.

Facility Name and Location
Facility Name and Location 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
The factor of th
2. Site Name (For example, plant name or number):
Hitech Cleaner
3 Hazardous Waste Generator Identification Number:
0002-3974-82 Safety-Kleen
4. Facility Location: Street Address: 5523 Rossevelt Blvd. City: Clear Water County: Pinellas Zip Code: 33760
City: Chearwater County: Pinellas Zip Code: 33760
5. Facility Identification Number (DEP Use ONLY - do not fill in):
1030459-00
Responsible Official
6. Name and Title of Responsible Official: Name: IN TACK MA Title: Owner
Name: IN TAEK MA Title: Owner
7. Responsible Official Mailing Address:
Organization/Firm:
Street Address: City: County: Zip Code:
City. County. Zip code.
8. Responsible Official Telephone Number:
Telephone: (727) 536-1288 Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
·
10. Facility Contact Address:
Street Address: City: County: Zip Code:
City: County: Zip Code:
11. Facility Contact Telephone Number:
11. Facility Contact Telephone Number: Telephone: () - RECEIVED (
RECEIVED RECEIVED ANDERONALES
AND - O'L MANUES
DEP Form No. 62-213.900(2) AUG 0,5 2002 Bureaugn Air Monitoring
DEP Form No. 62-213.900(2) Effective: 2/24/99 Bureau of Air Monitoring

Bureau of Air Monitoring & Mobile Sources

Facil	ity Information
1.(a)	DRY-TO-DRY

1.(a) DRY-TO-DRY M	ACHINES ONL	.Y	
How many dry-to-dry ma	chines do you ha	ve on-site?	
For each dry-to-dry mach	ine on-site, pleas	e provide the following information	on:
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")
08-17EC_9	Existing	ew RC/CA/None required	Same
	Existing/N	ew RC/CA/None required	
	Existing/No	ew RC/CA/None required	
*CONTROL DEVICE K	EY: RC = 1	refrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	ou have on-site?	[]	
How many dryers/reclain	ners do you have	on-site? []	
unit. If the transfer machi 1993, it is a NEW unit (n	ne was purchased to units purchased	d from the manufacturer between l	December 9, 1991, it is an EXISTING December 9, 1991 and September 22, December 9, 1991 and September 22, December 9, 1991 and September 22, December 9, 1991, it is an EXISTING December 9, 1991 and September 22, December 19, 1991 and September 24, Dece
From Manufacturer	(circle one)	(circle one)	(if already included at time of purchase, write "SAME")
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	·
	Existing/New	RC/CA/None required	
*CONTROL DEVICE K		refrigerated condenser CA =	carbon adsorber
[] gallo	ns (You must fil	l this in)	
(b) If less than 12 mor	oths, how many?	[] months	
• •	•	s: New owner: [] Did not kee	ep records: []
, , , , , , , , , , , , , , , , , , , ,		New store: New machin	
		Unopened store [] (date of	expected opening)

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)
Small Area Source 90
Dry-to-dry machines only on-site (used less than 140 gallons of perc per year) Transfer only on-site (used less than 200 gallons of perc per year) Both machine types on-site (used less than 140 gallons of perc per year)
Large Area Source []
Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year) Transfer only on-site (used 200 - 1,800 gallons of perc per year) Both machine types on-site (used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing machines at small area source (NONE REQUIRED) Mew machines at small area source Refrigerated condenser
Existing machines at large area source Carbon adsorber Refrigerated condenser Carbon adsorber Refrigerated condenser Carbon adsorber Refrigerated condenser
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).
All steam and hot water generating units exempt No such units on-site OR
How many boilers do you have on-site?
For each boiler, indicate its horsepower (HP) rating: [] []
What type of fuel do you use? [] propane [] No. 2 fuel oil [] No. 4 fuel oil [] Other (please list)
6. Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent addition log
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Startup, shutdown, malfunction plan

7. Surrender	of Existing DEP Air Permit(s)
Please indica	te with an "X" the appropriate selection:
	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are
	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible	Official Certification
this notig statemen maintain comply v I will pro Print nam	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and a the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form. Somptly notify the Department of any changes to the information contained in this notification. TNAME WE DEPARTMENT OF THE PROPERTY O

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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.

HI-TECH CLEANERS

5523 Roosevelt Boulevard Clearwater, FL 33760

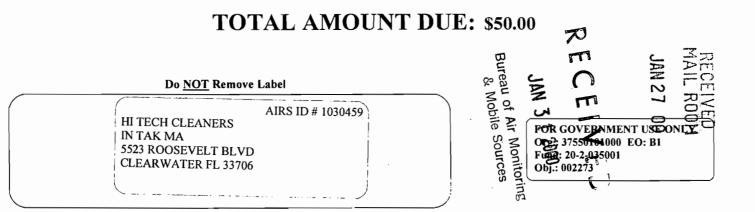




General Permits Section
Bureau of Air Monitoring & Mobil Sources, MSSS10
Department of Environmental Protection
2600 Blair Stone Rd.

Tallahassee, Til.

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



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

TOTAL AMOUNT DUE: \$50.00

400564

Do NOT Remove Label

OFOEKELESE

HI TECH CLEANERS IN TAK MA 5523 ROOSEVELT BLVD CLEARWATER FL 33706 AIRS ID # 1030459

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

PM 18 DEC 2000

Inflantia Mandida Inflanta Mandia I

TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070



411963 DEC20 2001

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1030459 HI TECH CLEANERS IN TAK MA 5523 ROOSEVELT BLVD CLEARWATER FL 33760

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273





TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070



423005 FEB142003

1

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

HI TECH CLEANERS IN TAK MA 5523 ROOSEVELT BLVD CLEARWATER FL 33760

AIRS ID#1030459

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

Obj.: 002273

I HIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

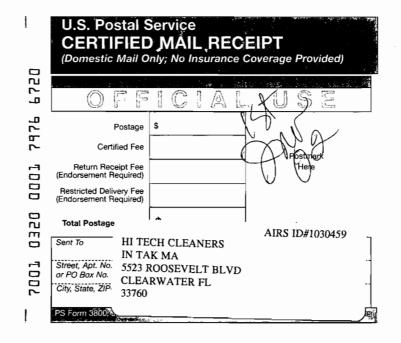
Do NOT Remove Label

1030459 IN MA HI TECH CLEANERS **3523 ROOSEVELT BLVD** CLEARWATER FL 33760

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273



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 Deliv C. Signature X	
1 Article Addressed to: AIRS ID#1030459 HI TECH CLEANERS IN TAK MA	If YES, enter delivery address below:	
5523 ROOSEVELT BLVD CLEARWATER FL 33760	3. Service Type Certified Mail	dise
,	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2 Article Number (Copy from service label)	7001 0320 0001 7976 6720	
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-00-M-09	952

