### Perchloroethylene Dry Cleaning Facility Notification

### Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner)	:
FLAMINGO INVESTMENT ENTERPRISES  2. Site Name (For example, plant name or number):	5. INC
FLAMINGO DAY CLEANERS (PLANT	)
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: 7613 49TH ST N	
City: PINEUAS PARK County: PINEUAS Zip Code	33781
55 (Facility Identification Number (DEP Use) 17 11 11 11 11 11 11 11 11 11 11 11 11	
Responsible Official	
6. Name and Title of Responsible Official:	·
ZUL VALJI PREGIDENIS	
7. Responsible Official Mailing Address:	
Organization/Firm:	
Street Address: 7613 49714 57 N City: County: Z	ip Code:
I HACTERS	33781
8. Responsible Official Telephone Number:	
Telephone: (813) 546-7075 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 Coo	de:
	· .
11. Facility Contact Telephone Number:  Telephone: ( ) - Fax: ( ) -	
1 ax. ( )	RECEIVE
	MAY 9 1997

Bureau of Air Monitoring & Mobile Sources

# #1030383

;	Flamingo Dry Cleaners
P.14 P.15	1.(c) mark out "X" 5.(d) not required, mark out "X" and initial
- ' !	
. i	

#### Facility Information

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

	. " -		Date	Date		Date	Date		Date	Date
			Machine	Control		Machine	Control		Machine	Control
			Initially	Device		Initially	Device		Initially	Device
Type of N	Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	,	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91	•	#3	02-M4R-92	02-MAR-9
Dry-to-D	ry Unit (SPRINT	300	)-	TOBTAL	MFE	7.				
	// ref. condenser	\	JUNE94	_		· ·			1	
(2) w	// carbon adsorber		00,70							
(3) w	/ no controls								7.2	
Washer 1	Unit		•		•	<u> </u>	•			
(4) w	/ ref. condenser			r						1
(5) w	v/ carbon adsorber						:			
(6) v	v/ no controls		·	,						
Dryer U	nit				·					
	v/ ref. condenser				Γ		T	Τ	T	
(8) v	v/ carbon adsorber							ļ		
(9) v	v/ no controls					ţ		1		
Reclaime	er Unit			1		·				·
(10)	w/ ref. condenser	1			T		T			
(11)	w/carbon adsorber	ļ · · · ·	l		<del>                                     </del>			+	<del>                                     </del>	
(12)	w/ no controls				<del>                                     </del>					
100	1 TO DRY		IEVOLVIO	345	<u></u>	W ~ C1	neen I	7	12 12 CD	MAL
о <i>В</i>	Control devices are	TE	ired but no	ent Pol	\S	ST BEE	EAICH	A7	(ON 34.	W. TS
(0)	, o	o roq	anca, oat no	. you misumie	· -			1.4	1121 643	6
(©) N	lo control devices	are r	required to be	e installed [	X	1			<b>.</b>	
(g)	to contact devices	m¢ 1	equiled to o	L Mistalled [	_// >					
2 (a) W	hat was the total	anani	tity of perchl	oroethylene	(nerc	) nurchased	in the latest 1	2 mc	onthe?	•
2.(4) (1	L 50			or ocary rene	(pore	) parenasea	m die idlese i			
•		J <b>5</b> αιι	0113							
(h) If	less than 12 mon	the b	ow many2 [	1 month	c					
	theck why it is les					1 New stor	ari Ini	4 501	kaan taaards	· r 1
	licck willy it is ics	s uia	it 12 monuis	. INCW OWNER	٠ ــــــ	New stot	c Di	7 1101	Keep records	٠ ـــــــا
									•	
3 What	t is the facility's s	011500	. classificatio	n bacad on t	ha da	finitions fou	nd in coation	(2) a	€Dad H9	
	cate with an "X".					minions rou	na m section	(3) 0	ratti:	
ran i	Existing small a	ırea s	ource [	,	lew s	mail area so	urce 💢	, 		
Wall			<u>.</u> .				_	_		
r~ ₽0.	Existing large a	rea co	ource [	1 <b>ì</b>	Jew l	arge area soi	irce [	1		

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4. What control technology is required on machines p (Indicate with an "X".)	oursuant to section (5) of P	art II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser	
New small area source Refrigerated condenser		
New large area source Refrigerated condenser		
5. A facility which contains non-exempt emissions uto Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	l hot water generating unit	
All steam and hot water generating units on-site (1) to boiler HP or less), and (2) are fired exclusively by no during which propane or fuel oil containing no more	atural gas except for perio	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site		
	and Recordkeeping Infor	mation
No such units on-site		
No such units on-site  Equipment Monitoring a		
Equipment Monitoring a  Check all logs which are required to be kept on-site		
Equipment Monitoring a Check all logs which are required to be kept on-site  (a) Purchase receipts and solvent purchases		uirements of this general permit:
Equipment Monitoring a Check all logs which are required to be kept on-site  (a) Purchase receipts and solvent purchases  (b) Leak detection inspection and repair	in accordance with the req	uirements of this general permit:
Equipment Monitoring a Check all logs which are required to be kept on-site  (a) Purchase receipts and solvent purchases  (b) Leak detection inspection and repair  (c) Refrigerated condenser temperature monitoring	in accordance with the req	uirements of this general permit:

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#### Surrender of Existing Air Permit(s)

	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
$(\times)$	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
I the und	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in
this notif statemen maintain	fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the sits made in this notification are true, accurate and complete. Further, I agree to operate and in 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.
I will pro	omptly notify the Department of any changes to the information contained in this notification.
Signatur	Date 4-30-97

DEP Form No. 62-213.900(2) Effective: 6-25-96 AIRS ID#: 1030383



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

FACILITY NAME: Flamingo Dry Cleaners DATE: 8/9/99 FACILITY LOCATION: 7913 49th St. N. # 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Pinellas Park, FL 33781 8 3 3
Annual Reporting Period: February 9, 1999 TO August 9, 1999
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.   YES  NO
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Facility did not have 12-month consecutive total records on-site at time of inspection Exact period of non-compliance: from February 9, 1999 to August 9, 1999
Action(s) taken to achieve compliance: Maintain 12 month consecutive tota and keep on-site.
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Facility did not have bi-weekly leak log on-site
Facility did not have bi-weekly leak log on-site At time of inspection.  Exact period of non-compliance: from February 9, 1997 to August 9, 1999
Action(s) taken to achieve compliance: Maintain bi-weekly leak log
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.
RESPONSIBLE OFFICIAL: ZULFINAR LALTI Signature  Name (Please Print)  Signature

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

# TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF IN	SPECTION: ANNUAL 🗹 COMPLAINT/DISC	OVERY 🗖 RE-INSPECTION	
AIRS ID#:	1030383 001 DATE: $8/9/99$ TIM	EIN: 917amTIME OUT: 10.0	43 <u>a.m</u>
FACILITY	NAME: Flamingo Dry Cleaners		· · · · · ·
FACILITY	<b>LOCATION:</b> 7613 49th St. N.		
	Pinellas Park, FL, 33781		
RESPONSI	IBLE OFFICIAL: Zul Valji	Phone No.: 546-7075	<del></del>
Permi	it No1030383-001-AG		
	Based of the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administrative	• •	to be in
. 🗹	Based on the results of the compliance requirements evaluated discrepancies were noted (only items which are checked ):	during this inspection, the following comp	oliance

### **Inspection Summary Report Guidance**

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

Compliance Requirement/Problem	Follow-up Action Required
Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.
No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions
Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.
Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.
The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.
Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.
Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.
Containers for perchloroethylene and/or perchloroethylen- containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.
Comments: Facility did not total and bi-weekly	t have 12-month consecutive leak log on-site.
measures to achieve compliance. Pinellas County will corrective actions have been taken.	nctions are required, you must take immediate corrective perform a follow-up inspection to determine that proper
Inspection Conducted by:  Inspector's Signature:  Jeffrey Morris  Inspector's Signature:	Monis (ym)
Phone Number: 464-4422	

Page 2 of 2

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

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<u> </u>	COMPLAINT/DI	SCOVERY 📙	
AIRS ID#: <u>1030383 001</u> FACILITY NAME:		•	•	7പ <sub>ര</sub> TIME OUT: _	
FACILITY LOCATION:	7613 49th St. 1	N	•		
	Pinellas Park, l	FL, 33781			
RESPONSIBLE OFFICIA	L: Zul Valji			PHONE: _546-7075	5
CONTACT:				PHONE:	
PART I: NOTIFICATION				· · · · · · · · · · · · · · · · · · ·	
(Check appropriate box)					_/
1. Existing facility notified	DARM By 9/1/96				
2. New facility notified DA	RM 30 days prior to s	startup			<u> </u>
3. Facility failed to notify D	ARM to use general	permit			u
PART II: CLASSIFICATI				***	
Facility indicated on notifica (Check appropriate box)	tion form that it is:		No notification Drop store / out	form of business / petroleur	n
A.  1. Existing small area so dry-to-dry only, x<14 transfer only, x<200 so both types, x<140 gala (Constructed before I	ource 0 gal/yr gal/yr /yr /2/9/91)	2.	New small area dry-to-dry only, transfer only, x- both types, x<1 (Constructed or	a source x < 140 gal/yr < 200 gal/yr 40 gal/yr a or after 12/9/91)	
3. Existing large area s dry-to-dry only, 140 transfer only, 200 < x < 1, both types, 140 < x < 1, (Constructed before	ource x<2,100 gal/yr 1,800 gal/yr 800 gal/yr 2/9/91)	4.	New large area dry-to-dry only, transfer only, 20 both types, 140 (Constructed or	source   140 <x<2,100 gal="" yr<br="">  00<x<1,800 gal="" yr<br="">  <x<1,800 gal="" yr<br="">  or after 12/9/91)</x<1,800></x<1,800></x<2,100>	
This is a correct facility clas	sification:	□n □ Ca	n not determine		
If no, please check the a  facility qualified  facility exceeds a	for a general permit a	s number			·
B. The total quantity of per facility was 80	chloroethylene (perc) gallons.	purchased v	vithin the precedi	ing 12 months by this o	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	ΩN	□NA		
2. Examining the containers for leakage?	⊈ Y	$\square_N$	□ NA		
3. Closing and securing machine doors except during loading/unloading?	⊈ Y	ПΝ			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	Z Y	ПN	□NA		
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	Y	ПN	⊡∕NA		
PART IV: PROCESS VENT CONTROLS					
In Part II-A:					
If classification (1) has been checked, no controls are required. Proceed to Pa	art V.				
If classification (2) has been checked, the machine should be equipped with a (complete A below)	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.	ither a must ha	efrigerate we been	ed		
If classification (4) has been checked, the machine should be equipped with a (complete A and B below.)	refrige	rated con-	denser		
A. Has the responsible official of all new sources and existing large area sou (check appropriate boxes)	rces:				
1. Equipped all machines with the appropriate vent controls?	QΥ	ПN			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☐ Y	ПΝ	□ NA		
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	QΥ	ПN	□NA		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ΟY	ПN			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	QΥ	ПN	□NA		
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged?	QΥ	□ N			

<u> </u>			
B. Has the responsible official of an existing large or new large area source also:			
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	□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?			□na □na
<ul> <li>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?</li> <li>4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc.</li> </ul>			□na □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?	<b>□</b> Y [	□N	□NA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	<b>□</b> Y [	□N	□NA
6. Routed airflow to the carbon adsorber (if used) at all times?	□Y [	□N	□NA
PART V: RECORDKEEPING REQUIREMENTS	· .	-	
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	₫y (	ΠN	
2. Maintained rolling monthly averages of perc consumption?		MN	
3. Maintained leak detection inspection and repair reports for the following:	<b>_</b> 1 '	₩.I.N	
a. documentation of leaks repaired w/in 24 hrs? or;	□Y (	ŒΝ	□NA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?			□NA
		<b>□</b> •• •	MA
4. Maintained calibration data? (for direct reading instrument only)	<b>□</b> Y (	<b>∟</b> N	WINA.
			©NA
4. Maintained calibration data? (for direct reading instrument only)	□Y (		,
<ul><li>4. Maintained calibration data? (for direct reading instrument only)</li><li>5. Maintained exhaust duct monitoring data on perc concentrations?</li></ul>	□y □ý	□n □n	,
<ul> <li>4. Maintained calibration data? (for direct reading instrument only)</li> <li>5. Maintained exhaust duct monitoring data on perc concentrations?</li> <li>6. Maintained startup/shutdown/malfunction plan?</li> </ul>	□y □ý	N O N	⊠na ⊠na

ART VI: LEAK DETECTIO	N ANI	D REF	PAIRS			
Does the responsible official coinspection?	onduct	a wee	kly (for s	mall sources bi-weekly leal	k detect	tion and repair
Has the facility maintained a le	ak log	;?			□Y	⊠N
Does the responsible official c	heck tl	ne follo	owing are	eas for leaks:		
Hose connections, fitting couplings, and valves	₫y	□N	□NA	Muck cookers	□Υ	□n ☑na
Door gaskets and seating	Y	ΠN	$\square$ NA	Stills	₫Y	□n □na
Filter gaskets and seating	₫Y	□N	□NA	Exhaust dampers	☑ÝY	□n □na
Pumps	ĭY	□N	□NA	Diverter valves	₽Ý	□n □na
Solvent tanks and containers	<b>□</b> Y	□N	□NA	Cartridge Filter housing	<b>T</b> Y	□n □na
Water separators	Y	ΠN	□NA		,	
Visual examination Physical detection Odor (noticeable p Use of direct-readi Halogen leak detect	n (cond (airflo erc odd ng inst ctor	densed w felt or) trumen	solvent of through go	of exterior surfaces) gaskets) ID/PID/calorimetric tubes)		
a Capable of detecting pe	rc vap	or con	centrațion	ns in a range of 0-500-ppm.		OY ON
b. Calibrated against a stan	dard g	as prio	r to and a	fter each use(PID/FID only).		$\square_{Y} \square_{N}$
c. Inspected for leaks and	bvioū	s signs	of wear o	on a weekly basis?		□Y □N
d. Kept in a clean and seco	ıre are	a whei	n not in u	se.		$\square_{Y} \square_{N}$
e. Verified for accuracy by	use of	duplic	cate samp	les (calorimetric only)?		□Y □N
Jeft Morri	Ş.			8/9	199	
Inspector's Name (Please Prin	11)			Date of ly	spection	n ·
Inspector's Signature				2/9 Approximate Date		
	Does the responsible official coinspection?  Has the facility maintained a let Does the responsible official colling to the second complete the second couplings, and valves.  Door gaskets and seating.  Filter gaskets and seating.  Pumps.  Solvent tanks and containers.  Water separators.  Which method of detection is Visual examination. Physical detection. Odor (noticeable puse of direct-reading. Halogen leak detection. Halogen leak detection. Capable of detecting per b. Calibrated against a stand.  c. Inspected for leaks and colling the second colling to the second	Does the responsible official conduct inspection?  Has the facility maintained a leak log Does the responsible official check the Hose connections, fitting couplings, and valves  Door gaskets and seating  Filter gaskets and seating  Pumps  Solvent tanks and containers  Y  Water separators  Which method of detection is used be Visual examination (condended percodent)  Odor (noticeable percodent)  Use of direct-reading instrument  a Capable of detecting percodent  b. Calibrated against a standard generated against a standard generated against a standard generated for leaks and obvious descriptions. Inspected for leaks and obvious descriptions are described for accuracy by use of the standard generated for	Does the responsible official conduct a wee inspection?  Has the facility maintained a leak log?  Does the responsible official check the follow the seconnections, fitting couplings, and valves  Door gaskets and seating  Filter gaskets and seating  Pumps  Solvent tanks and containers  Water separators  Which method of detection is used by the responsible examination (condensed Physical detection (airflow felt Odor (noticeable percodor)  Use of direct-reading instrumentation,  a Capable of detecting perconents detection.  If using direct-reading instrumentation,  a Capable of detecting perconents detection.  Linspected for leaks and obvious signs described for accuracy by use of duplication.  Inspector's Name (Please Print)	Has the facility maintained a leak log?  Does the responsible official check the following are Hose connections, fitting couplings, and valves  Door gaskets and seating  Filter gaskets and seating  Pumps  May  None  Solvent tanks and containers  My  None  Water separators  My  None  Which method of detection is used by the responsible Visual examination (condensed solvent of Physical detection (airflow felt through godor (noticeable percodor)  Use of direct-reading instrumentation (Final Detection)  If using direct-reading instrumentation, is the equal to a Capable of detecting percondensed solvent of Calibrated against a standard gas prior to and a container of the calibrated against a standard gas prior to and a container of the calibrated against a standard gas prior to and a container of the calibrated against a standard gas prior to and a container of the calibrated against a standard gas prior to and a container of the calibrated against a standard gas prior to and a container of the calibrated against a standard gas prior to and a container of the calibrated against a standard gas prior to and a container of the calibrated against a standard gas prior to and a container of the calibrated against a standard gas prior to and a container of the calibrated against a standard gas prior to and a container of the calibrated against a standard gas prior to and a container of the calibrated against a standard gas prior to and a container of the calibrated against a standard gas prior to and a container of the calibrated against a standard gas prior to and a container of the calibrated against a standard gas prior to and a container of the calibrated against a standard gas prior to and a container of the calibrated against a standard gas prior to and a container of the calibrated against a standard gas prior to and a container of the calibrated against a standard gas prior to and a container of the calibrated against a standard gas prior to and a container of the calibrated against a standard gas prior to and a co	Does the responsible official conduct a weekly (for small sources bi-weekly) lead inspection?  Has the facility maintained a leak log?  Does the responsible official check the following areas for leaks:  Hose connections, fitting couplings, and valves  Door gaskets and seating  Y N NA Muck cookers  Door gaskets and seating  Y N NA Exhaust dampers  Pumps  Solvent tanks and containers  Y N NA Cartridge Filter housing  Water separators  Which method of detection is used by the responsible official?  Visual examination (condensed solvent of exterior surfaces)  Physical detection (airflow felt through gaskets)  Odor (noticeable perc odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:  a Capable of detecting perc vapor concentrations in a range of 0-500-ppm.  b. Calibrated against a standard gas prior to and after fach use(PID/FID only).  c. Inspected for leaks and obvious signs of wear on a weekly basis?  d. Kept-in-a clean and secure area when not in use.  e. Verified for accuracy by use of duplicate samples (calorimetric only)?	Does the responsible official conduct a weekly (for small sources bi-weekly) leak detectinspection?  Has the facility maintained a leak log?  Does the responsible official check the following areas for leaks:  Hose connections, fitting couplings, and valves  Door gaskets and seating  Y N NA Muck cookers  Py  Door gaskets and seating  Y N NA Stills  YY  Pumps  Y N NA Exhaust dampers  YY  Pumps  YN NA Cartridge Filter housing  YN  Water separators  YN NA Cartridge Filter housing  YN  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 pere odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:  a Capable of detecting perc vapor concentrations in a range of 0-500-ppm.  b. Calibrated against a standard gas prior to and after fach use(PID/FID only).  c. Inspected for leaks and obvious signs of wear on a weekly basis?  d. Kept-irra clean and secure area when not in use.  e. Verified for accuracy by use of duplicate samples (calorimetric only)?

FACI	LITY DETAILS:
FACILITY NAME: Flamia	go Cleaners
Dry Cleaning Machine #1:	
Manufacturer Realst	Capacity 35 lbs
Model# <u>M280~35</u> Serial# <u>I</u>	
Dry Cleaning Machine #2: (New purcho	Machine) sed/operated 4/3/99
Manufacturer	lbs
Model# Serial#	Mfg yr
Boiler:	
Manufacturer	Hp
Model # Serial #	Mfg yr
Fuel Type: Natural gas? 🚨 propane?	☐ fuel oil? ☐
Notification (unpermitted sources only):  1. Was the facility assisted in filling out the 2. Did the facility insist on filling out its ow	
Record keeping:	
1. Does facility have statement/specs as to the statement of 45°F w/accuracy ±2°F,	ne design accuracy of the temperature sensor? Y \(\sigma\)N or 7.2°C w/accuracy of ±1.1°C)
Hazardous Waste:	
1. Is all perc. contaminated wastewater either	r treated or disposed of properly?
2. If wastewater is evaporated, is it an approve	
3. Does the facility have secondary contains	_/
4. Does the facility have secondary contains	nent for any perc. waste containers?
Comments:	
	·

Hoo

AIRS 10#: 1030383

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

FACILITY NAME:	Flaming	Dry Cle	aners	DATE:	2/9/99
FACILITY LOCATION:	7613 49	th St. N.	·		
		Pack, FL	33781		
Annual Reporting Period:	igust 18,	19 <u>98</u> то	Febru	ary 9	1999
Based on each term or condition of the 62-213.300, Florida Administrative			<u>-</u> -		Rule ]NO
If NO, complete the following:	•		•	^	
#1. Term or condition of the general	permit that has not been	in continuous complia	nce during the rep	orting parlod s	tated above:
Exact period of non-compliance: fro	m		to ¢ le	The state of the s	
Action(s) taken to achieve compliance	e:		Olie	P. Lie	1
Method used to demonstrate complia	nce:			Onicon.	
#2. Term or condition of the general	permit that has not been	in continuous complia	nce during the repo	orting period s	tated above:
Exact period of non-compliance: fro	n :	1	to		
Action(s) taken to achieve compliance	e:				
Method used to demonstrate complia	nce:	·			
As the responsible official, I hereby of made in this notification are true, accupon rolling averages of purchase reyear for transfer or combination facily	curate and complete. Fur ceipts, does not exceed 2,	ther, my annual consu	mption of perchlor	oethylene solv	ent, based
RESPONSIBLE OFFICIAL:	Name (Please Print)	1 Call M	Signature Signature	, Valy	2 9 90 Date

<sup>\*</sup>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	ON: ANNUAL ☑ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐							
AIRS ID#: 1030383	001 DATE: 2/9/99 TIME IN: 2:09 ρωΤΙΜΕ OUT: 2:53 ρ.m.							
FACILITY NAME:	Flamingo Dry Cleaners							
FACILITY LOCAT	ION:							
	Pinellas Park, FL, 33781							
RESPONSIBLE OFFICIAL: Zul Valji Phone No. 548-7075								
Permit No. 1036								
	he results of the compliance requirements evaluated during this inspection, the facility is found to be in see with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).							
	the results of the compliance requirements evaluated during this inspection, the following compliance cies were noted (only items which are checked):							

### **Inspection Summary Report Guidance**

Compliance Requirement/Problem	Follow-up Action Required
<u> </u>	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:						
	7					
	actions are required, you must take immediate corrective perform a follow-up inspection to determine that proper					
Inspection Conducted by:						
Inspector's Signature:	aniele					
Phone Number: 464-4422						

# PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		OMPLAINT/DIS	COVERY 🗖	
AIRS ID#: 1030383 001 FACILITY NAME:	1	•		<u> </u>	•
FACILITY LOCATION:	7613 49th St. N	٧.			
	Pinellas Park, F	FL, 33781			
RESPONSIBLE OFFICIA	L: Zul Valji			PHONE: _546-70	)75
CONTACT:				PHONE:	
PART I: NOTIFICATION					
(Check appropriate box)		-			
1. Existing facility notified	DARM By 9/1/96				<b>9</b>
2. New facility notified DA	RM 30 days prior to s	tartup			
3. Facility failed to notify D	ARM to use general p	permit			
PART II: CLASSIFICAT	ON				
Facility indicated on notificate (Check appropriate box)	ation form that it is:		No notification for Drop store / out of	orm of business / petrole	eum
A.  1. Existing small area and dry-to-dry only, x<10 transfer only, x<200 both types, x<140 ga (Constructed before	source 40 gal/yr gal/yr l/yr 12/9/91)	2.	New small area dry-to-dry only, transfer only, x < both types, x < 14 (Constructed on	source x<140 gal/yr 200 gal/yr 0 gal/yr or afier 12/9/91)	ם
3. Existing large area so 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)	4.	New large area dry-to-dry only, transfer only, 20 both types, 140 < (Constructed on	source 140 <x<2,100 gal="" y<br="">0<x<1,800 gal="" yr<br="">x&lt;1,800 gal/yr or after 12/9/91)</x<1,800></x<2,100>	r r
This is a correct facility clas	ssification:	□n □ Ca	n not determine		
II —	appropriate classificati for a general permit as bove limits and is not	s number			
B. The total quantity of perfacility was 3.5	chloroethylene (perc) gallons.	purchased v	ithin the preceding	ng 12 months by th	is 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?	MY.	ΠN	□ NA
2. Examining the containers for leakage?	☑ Y	ΠN	☐ NA
3. Closing and securing machine doors except during loading/unloading?	Y	ПN	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	Ø Y	ПN	□NA
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	☐ Y	ПN	☑ NA
			<u> </u>
PART IV: PROCESS VENT CONTROLS			_
In Part II-A:			
If classification (1) has been checked, no controls are required. Proceed to Pa	art V.		
If classification (2) has been checked, the machine should be equipped with a (complete A below)	refrige	rated cor	ndenser
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 : must h	refrigerat ave been	ed
If classification (4) has been checked, the machine should be equipped with a (complete A and B below.)	refrige	rated cor	ndenser
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?	ΔY	ΠN	
2. Equipped dry-to-dry machines with a closed-loop varior venting system?	☐ Y	ΠN	□ NA
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ΩY	□N	□NA
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	QΥ	ПN	•
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	☐ Y	ПN	□NA
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged?	☐ Y	ПN	

PA	PART VI: LEAK DETECTION AND REPAIRS							
1.	1. Does the responsible official conduct a weekly for small sources, bi-weekly) leak detection and repair inspection?  Responsible official MY IN  Checks for leaks on a  Weekly basis							
2.	Has the facility maintained a le	eak log	?	weekly	Dasis	$\mathbf{\nabla}_{\mathbf{Y}}$	□N	
3.	3. Does the responsible official check the following areas for leaks:							
	Hose connections, fitting couplings, and valves	$\mathbf{\mathbf{y}}_{\mathbf{Y}}$	□N	□NA	Muck cookers	□Υ	ON MNA	
	Door gaskets and seating	ŪΥ	$\square_N$	$\square$ NA	Stills	<b>T</b> Y	□n □na	
	Filter gaskets and seating	ΣY	ПN	□NA	Exhaust dampers	ĭY	□n □na	
	Pumps	<b>V</b> Y	$\square_N$	□NA	Diverter valves	¥Y	□n □na	
	Solvent tanks and containers	ΨY	$\square$ N	$\square_{NA}$	Cartridge Filter housing	ĽΫ́Υ	□n □na	
	Water separators	$\square$ Y	$\square$ N	$\square$ NA				
4.	4. Which method of detection is used by the responsible official?  Visual examination (condensed solvent of exterior surfaces)  Physical detection (airflow felt through gaskets)  Odor (noticeable perc odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:							
	a Capable of detecting perc vapor concentrations in a range of 0-500 ppm.							
	b. Calibrated against a stan			. \ /	//\		□y □n	
	c. Inspected for leaks and	obvious	signs	of wear on a	weekly basis?		□y □N	
	d. Kept in a clean and sec	ure are	a whei	n not in use.			□Y □N	
	e. Verified for accuracy by	use of	duplic	ate samples	(calorimetric only)?		□Y □N	
	Inspector's Name (Please Print)  Date of Inspection  8/9/99							
	Inspector's Signature Approximate Pate of Next Inspection							

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?	
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?	DY 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	OY ON ONA
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc. concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 dust diameters upstream from any bend contraction, or expansion; and downstream from no other inlet?	□Y □N □NA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □NA
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □NA
PA	ART V: RECORDKEEPING REQUIREMENTS	
H (c)	as the responsible official: heck appropriate boxes)	,
1.	Maintained receipts for perc purchased?	⊠iy □n
2.	Maintained rolling monthly averages of perc consumption?	DIV DIM
3.	Maintained leak detection inspection and repair reports for the following:	<b>41 4N</b>
	a. documentation of leaks repaired w/in 24 hrs? or;	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	a. documentation of leaks repaired w/m 24 ms? or,	DY DN DINA
	<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	DY DN MA
4.	•	
4. 5.	<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> <li>Maintained calibration data? (for direct reading instrument only)</li> </ul>	DY DN 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. 6.	<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> <li>Maintained calibration data? (for direct reading instrument only)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> </ul>	OY ON MA
5. 6.	<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> <li>Maintained calibration data? (for direct reading instrument only)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> <li>Maintained startup/shutdown/malfunction plan?</li> </ul>	OY ON MA OY ON MA OY ON MA

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FACILITY DETAILS:		
FACILITY NAME: Flamingo Dry Cleoners		
Dry Cleaning Machine #1:		
Manufacturer Excel American Sprint Capacity 35 lbs  Model# XL35 Serial# 198 Mfg yr 1989		
Dry Cleaning Machine #2:		
Manufacturer		
Boiler:		
Manufacturer Fulton Energy Pak Hp 15  Model # FB-015-FSerial # 500763 Mfg yr 1985  Fuel Type: Natural gas? propane? In fuel oil?		
Notification (unpermitted sources only):  1. Was the facility assisted in filling out the notification by the inspector?  2. Did the facility insist on filling out its own notification, and will send it to FDEP?	□Y □Y	□n n/a □n cy/a
Record keeping:  1. Does facility have statement/specs as to the design accuracy of the temperature sensor (temperature of 45°F w/accuracy ±2°F, or 7.2°C w/accuracy of ±1.1°C)	? 📮Y	□N N/A
Hazardous Waste:	(	
<ol> <li>Is all perc. contaminated wastewater either treated or disposed of properly?</li> <li>If wastewater is evaporated, is it an approved system, and using carbon filtration?</li> <li>Does the facility have secondary containment for the dry-dry machine?</li> <li>Does the facility have secondary containment for any perc. waste containers?</li> </ol>	☑Y □Y ☑Y ☑Y	□n □n N/a □n □n
Comments:		·

ADDITIONAL SITE INFORMATION:			
Responsible official,	identifica	eoch leak	check
		· .	
		<u>.</u>	
	<u> </u>		
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AIRS 10#: 1030383

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Flamingo Dry Cleaners & DATE \$/18/98
FACILITY LOCATION: 7613 49th St. N.
Pinellas Park, FL 33781 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Annual Reporting Period: November 21, 1997 TO August 18, 1998
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: fromto
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: fromto
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)  Name (Please Print)

<sup>\*</sup>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/DISCOVI	ERY RE-INSPECTION
AIRS ID#: 1030383 001 DATE: 5/18/98 TIME II	N: 9:52 a.m. TIME OUT: 10:15 a.m.
FACILITY NAME: Flamingo Dry Cleaners	all of C
FACILITY LOCATION: 7613 49th St. N.	30, 20
Pinellas Park, FL, 33781	9 7
RESPONSIBLE OFFICIAL: Zul Valji	Phone 813-546-7075
Permit No1030383-001-AG	
Based of the results of the compliance requirements evaluated during compliance with DEP Rule 62-213.300. Florida Administrative Compliance	· · · · · · · · · · · · · · · · · · ·

### **Inspection Summary Report Guidance**

Based on the results of the compliance requirements evaluated during this inspection, the following compliance <u>discrepancies</u> were noted (only items which are checked ):

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 $45^{\circ}F$ with an accuracy of $\pm 2^{\circ}F$ .	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: Inspector reviewed with facility manager how to perform 12 month consecutive total							
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: Jeffrey Morris							
Inspector's Signature:							
Phone Number: 464-4422							

# PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

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TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION	
AIRS ID#: 1030383 001  DATE: 8/18/98 TIME IN: 9:520 TIME OUT: 10  FACILITY NAME: Flamingo Dry Cleaners  FACILITY LOCATION: 7613 49th St. N.  Pinellas Park, FL, 33781  RESPONSIBLE OFFICIAL: Zul Valji  CONTACT: 24 / 24 / 24 / 25 / 3780 PRONE: 546-70	75
PART I: NOTIFICATION	
<ol> <li>(Check appropriate box)</li> <li>Existing facility notified DARM By 9/1/96</li> <li>New facility notified DARM 30 days prior to startup</li> <li>Facility failed to notify DARM to use general permit</li> </ol>	<b>d</b> 0 0
PART II: CLASSIFICATION	
Racility indicated on notification form that it is:   Check appropriate box	cleaning
facility was 35 gallons.	Cicanning

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?	<b>☑</b> y	ΠN	□ NA
2. Examining the containers for leakage?	Y	ПN	☐ NA
3. Closing and securing machine doors except during loading/unloading?	☑ Y	ΠN	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	☐YY	ΠN	□ NA
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	□Y	□N	PNA
DADT IV. BROCECC VENT CONTROL C			
In Part II-A:			
If classification (1) has been checked, no controls are required. Proceed to Pa	ırt V		
If classification (2) has been checked, the machine should be equipped with a (complete A below)		rated cond	lenser
If classification (3) has been checked, the machine should be equipped with e condenser or a carbon adsorber (complete A and B below). Carbon adsorber installed prior to September 22, 1993.	ither a must ha	refrigerate ave been	d
If classification (4) has been checked, the machine should be equipped with a (complete A and B below.)	refrige	rated cond	lenser
A. Has the responsible official of all new sources and existing large area sou (check appropriate boxes)	rces:		
1. Equipped all machines with the appropriate vent controls?	☐ Y	$\square_N$	
2. Equipped dry-to-dry machines with a closed loop vapor venting system?	☐ Y	ΠN	□ NA
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☐ Y	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?	☐ Y	ΠN	□NA
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged?	QΥ	ΩN	

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	<b>2</b> 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?	□Y	□N □N	□na □na
	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Is the perc concentration equal to or less than 100 ppm?  Assured that the sampling port on the carbon adsorber exhaust for measuring perc.	□Y □Y	□n □n	□na □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?	ΠY	□n	□NA
6.	Routed airflow to the carbon adsorber (if used) at all times?	ŪY	ŪN	□NA
PA	ART V: RECORDKEEPING REQUIREMENTS			
H: (cl	as the responsible official: neck appropriate boxes)			
1.	Maintained receipts for perc purchased?	$\mathbf{V}_{\mathbf{Y}}$	ΠN	
2.	Maintained rolling monthly averages of perc consumption?	Viv		
3.	Maintained leak detection inspection and repair reports for the following:		Äİ.	
	a. documentation of leaks repaired w/in 24 hrs? or; (No leaks report	ďΨY	$\square_{N}$	MNA
	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? (No leaks clostee		□N	™NA
4.	Maintained calibration data? (for direct reading instrument only)	′ <b>□</b> Y	$\Box$ N	ØNA
5.	Maintained exhaust duct monitoring data on perc concentrations?	□у	$\square$ N	ŬNA
6.	Maintained startup/shutdown/malfunction plan?	Y	$\square$ N	,
7.	/ No (enks reported)	□Y -	□N	<b>☑</b> NA
	Troolem corrected:	ПY	ΠN	<b>□</b> NA
ŏ.	Maintained compliance plan, if applicable?	$\square_{\mathrm{Y}}$	$\square N$	<b>V</b> NA

PA	PART VI: LEAK DETECTION AND REPAIRS					
1.	<ol> <li>Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?</li> </ol>					
2.	Has the facility maintained a le	eak log?			Y	$\square_N$
3.	Does the responsible official c	heck the follo	wing areas	for leaks:		
	Hose connections, fitting couplings, and valves	☑y □N	□NA	Muck cookers	<b>□</b> Y	□n □na
	Door gaskets and seating	Øy □N	$\square$ NA	Stills	<b>Ø</b> Y	□n □na
	Filter gaskets and seating		$\square$ NA	Exhaust dampers	ØΥ	□n □na
	Pumps		$\square$ NA	Diverter valves	<b>⊡</b> Y <sub>∕</sub>	□n □na
	Solvent tanks and containers		$\square$ NA	Cartridge Filter housing	Y	□n □na
	Water separators	□Y □N	□NA			
4.	4. Which method of detection is used by the responsible official?  Visual examination (condensed solvent of exterior surfaces)  Physical detection (airflow felt through gaskets)  Odor (noticeable perc odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector					
	a Capable of detecting pe		1	in,a range of 0-500 ppm.		ΠΥ ΠN
	b. Calibrated against a stan	_	\ \ \ \ \			
	c. Inspected for leaks and o	1	1 1-+	#\		□y □N
	d. Kept in a clean and secon	ure area wher	not in use.			$\square_{Y} \square_{N}$
	e. Verified for accuracy by	use of duplic	ate samples	(calorimetric only)?		□Y □N
	Inspector's Name (Please Print)  Date of Inspection  2/15/99  Approximate Date of Next Inspection					

FACILITY DETAILS:				
FACILITY NAME:	Flamingo Dry Cleaners			

FACILITY NAME:		
Dry Cleaning Machine #1:		
Manufacturer American Sprint Capacity 35 lbs		
Manufacturer American Sprint Capacity 35 lbs  Model# x - 35 Serial# 198 Mfg yr 1989		
Dry Cleaning Machine #2:		
Manufacturer Capacity lbs		
Model# Serial# Mfg yr		
Boiler:		
Manufacturer Fulton Energy Pak Hp 15		
Manufacturer Fulton Energy Pak Hp 15 Model # FB-015-F Serial # 500763 Mfg yr 1985		
Fuel Type: Natural gas? 🗹 propane? 🗖 fuel oil? 🗖		
Notification (unpermitted sources only):  1. Was the facility assisted in filling out the notification by the inspector?  2. Did the facility insist on filling out its own notification, and will send it to FDEP?  Record keeping:	ПY	□N N/A □N N/A
1. Does facility have statement/specs as to the design accuracy of the temperature sensor? (temperature of 45°F w/accuracy ±2°F, or 7.2°C w/accuracy of ±1.1°C)	Υ	UN N/A
Hazardous Waste:	/	
1. Is all perc. contaminated wastewater either treated or disposed of properly?	ØΥ	
2. If wastewater is evaporated, is it an approved system, and using carbon filtration?	LIY V	MN N/A
<ul><li>3. Does the facility have secondary containment for the dry-dry machine?</li><li>4. Does the facility have secondary containment for any perc. waste containers?</li></ul>	Z Y	□N
Comments:		:
·		
<del>-</del>		-

## TITLE V AIR QUALITY AIR GENERAL PERMIT

	INSPECTIO	N SUMMARY REPORT	•
TYPE OF INSPECTION:	ANNUAL 🗆	COMPLAINT/DISCOVERY	RE-INSPECTION I
TIME IN: 1:30 p.m.	TIME OU	T: 2:05 p.m.	AIRS ID# 1030383 001
TYPE OF FACILITY:	Perchloroethyle	ne Dry Cleaner	
FACILITY NAME:	Flamingo Dry	Cleaners DA	TE: November 21, 1997
FACILITY LOCATION :	7613 49th St. N	I., Pinellas Park, FL 3378	31
RESPONSIBLE OFFICIA	AL: Zul Valji	PHONE	NUMBER: (813) 546-7075
/ to be in compliance	with DEP Rule 62-213 of the compliance requires were noted:	3.300, Florida Administrative uirements evaluated during th	
Monthly purchase records as a twelve month rolling a	were not maintained	Develop and implement a remaintains monthly purchase rolling average.	ecordkeeping procedure that es (perc) as a twelve month
Did not maintain a log of l inspection and repair recor		1 1 1	eak detection inspection and log of leak detection inspection
Comments: Facility verified the manufa advisory letter to be sent.	cturing date of Decem	ber 11, 1984 using machine b	olueprints. Deficiencies remain,
The Annual Compliance Certific DATE OF NEXT INSPECTION	ON:	Teff Mo	spector. Yes ✓ No □
INSPECTOR'S SIGNATURE	Dall Cha	PHONE NUMB	

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Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	E-INSPECTION	<b>1</b> CO	MPLAIN I/DISCO	DVERY	u
RESPONSIBLE OFFICIAL :	Pinellas	Dry ch-St Park,	Cleaner N FL 33 ONE: 546	s 181 -707	
PART I: NOTIFICATION	<del></del>				
(check appropriate box)  1. New facility notified DARM 30 days  2. Facility failed to notify DARM to					
PART II: CLASSIFICATION					
Facility indicated on notification fo (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. Ne dry-to transfe both ty		40 gal/yr gal/yr al/yr		leum
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ g transfer only, $200 \le x \le 1,800$ galboth types, $140 \le x \le 1,800$ gallyr (constructed before $12/9/91$ )	al/yr dry-to- /yr transfe both ty (constr	er only, $200 \le x$ $ypes$ , $140 \le x \le x$ ructed on or after	≤ x ≤ 2,100 gal/yr ≤ 1,800 gal/yr 1,800 gal/yr er 12/9/91)		
		rmit as number		t	
B. The total quantity of perchloroeth facility was 35 gallons.	ylene (perc) purchased	within the pred	ceding 12 months	by this dry c	leaning

PART III: GENERAL CONTROL REQUIREMENTS						
Is the responsible official of the dry cleaning facility: (check appropriate boxes)						
1. Storing perchloroethylene in tightly scaled and impervious containers?	MY ON ON/A					
2. Examining the containers for leakage?	MY ON ON/A					
3. Closing and securing machine doors except during loading/unloading?	DY ON					
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	באחם אם צדם					
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON ON/A					
PART IV: PROCESS VENT CONTROLS						
In Part II-A:						
If classification 1 has been checked, no controls are required. Proceed to Part V						
If classification 2 has been checked, the machine should be equipped with a refri (complete A below).	gerated condenser					
If classification 3 has been checked, the machine should be equipped with either 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 refri (complete A and B below).	gerated condenser					
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)						
1. Equipped all machines with the appropriate vent controls?	OY ON					
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY DN DN/A					
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	אואם אם צם					
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	אם צם					
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A					
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	מם עם					

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

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	MY ON					
2. Maintained rolling monthly averages of perc consumption?	DY WN					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or,	DY MY DN/A					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY DAN DN/A					
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON EMIA					
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DXVA					
6. Maintained startup/shutdown/malfunction plan?						
7. Maintained deviation reports?	ØY □N ⊡N/A.					
Problem corrected?	OY ON ON/A					
8. Maintained compliance plan, if applicable?	DY ON WN/A					

PART VI: LEAK DETECTION AND REPAIRS						
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			MA ON		
2.	Has the facility maintained a leak log?			□Y <b>⊠</b> N		
3.	Does the responsible official check the	s?				
	Hose connections, fittings, couplings, and valves	TY ON ON/A	Muck cookers	DY ON ON/A		
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A		
	Filter gaskets and seating	אואם אם צאם	Exhaust dampers	DAY ON ON/A		
	Pumps	DAY ON ON/A	Diverter valves	CAY ON ON/A		
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	DY ON ON/A		
	Water separators	DY ON ON/A				
4.	Which method of detection is used by t	-	•			
	Visual examination (condensed solvent on exterior surfaces)					
Physical detection (airflow felt through gaskets)				<b>☑</b>		
Odor (noticeable perc odor)				₩		
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				ت .		
Halogen leak detector						
If using direct-reading instrumentation, is the equipment:				□N/A		
	a. Capable of detecting p	perc vapor concentration	s in a range of 0-500 ppm?	-OY ON		
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	after-each use	. אם צם		
	c. Inspected for leaks an	d dovious signs of wear	on a weekly basis?	OY ON		
d. Kept in a clean and secure area when not in use?				OY ON		
e. Verified for accuracy by use of duplicate samples (calorimetric only)?				DY DN		
	,			Ī		
=		<del></del>				
	Jeff Morris 11/21/97					
	Inspector s Name (Rease Print)  Date of Inspection					

Date of Inspection

Approximate Date of Next Inspection

#### ADDITIONAL SITE INFORMATION:

- -No leak log
- No rolling average
- No weekly temperature sensor Jota gn
- Has operation's manual
- -No proof that machine was monufactured before 12/91 letter will be sent by facility by 12/4/97 Facility varified date of 12/11/84 for machine man lufacturing date per blue prints.
  - Facility to be sent an advisory letter.

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

	/			
TYPE OF INSPECTION: ANNUA	AL 🗹	COMPLAINT/DISCOVE	RY □ RI	E-INSPECTION
TIME IN: 11:30 a.m.	TIME OU	Γ: 12:40 p.m.	AIRS ID#	1030383
TYPE OF FACILITY: Perc	chloroethyle	ne Dry Cleaner		
FACILITY NAME: Fla	amingo Dry C	Cleaners D	ATE: September	16, 1997
FACILITY LOCATION: 761	13 49th St. N	., Pinellas Park, FL	33781	
RESPONSIBLE OFFICIAL: Zu	ıl Valji	PHONE N	UMBER: 546-70	)75
Based of the results of the co to be in compliance with DE Based on the results of the co compliance discrepancies we COMPLIANCE REQUIREMEN	P Rule 62-213 ompliance requere noted:	.300, Florida Administra iirements evaluated duri	ative Code (F.A.C	c.). , the following
Monthly purchase records were not as a twelve month rolling average.	t maintained	Develop and implement maintains monthly pur- rolling average.		· .
Did not have a start-up, shutdown, (SSM) plan in place, along with ass recordkeeping, on site.	I	If no specific procedure manufacturer, develop for maintaining and op start-up and shutdown EPA's O&M manual n information is available	a SSM plan that of erating equipment associated with a may be used if no	lescribes procedures t during periods of malfunction. manufacturers
Did not maintain a log of leak detection and repair records.	ction	Develop and implement repair program. Maint and repair records.		<u> </u>
Did not measure and record the out temperature of the refrigerated cond the dry-to-dry machine (dryer, recla- weekly basis.	denser on	Develop and implement and record the outlet te temperature, measured not exceed 45°F.	mperature on a w	eekly basis. The

The Annual Compliance Certification form has been pDATE OF NEXT INSPECTION:		I submitted to the inspector	· Yes 🗹	No □
DITTE OF INEXT IN OF BETTOIN.		(Approximate)		
INSPECTION CONDUCTED BY:		Jeff Morri		<del></del>
INSPECTOR'S SIGNATURE:	Lawa_	_ PHONE NUMBER:	464-44	22
	Page <u></u> of <u></u>	_	Re	evised 10

Revised 10/96

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION D	, ,
AIRS ID#: 1030363 DATE: 9/15/97 TIME IN: 11:30 TIME OUT: 1  FACILITY NAME: Flamingo Cleaners  FACILITY LOCATION: 7613 49th St N  Pinellas Park, FL 33781  RESPONSIBLE OFFICIAL: Zul Valji PHONE: 546-70  CONTACT NAME: Zul Valji PHONE: 546-70	075
PART I: NOTIFICATION	
(check appropriate box) Existing facility notified DARM by	1/1/96 18
1. New facility notified DARM 30 days prior to startup	_ [2]
2. Facility failed to notify DARM to use general permit	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	
A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/y	y has gorized small Aren ic to into

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DN DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN CYNA 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 Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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?	ΟY	⊠N .
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ON ON/A
	Is the temperature differential equal to or greater than 20° F?	ÚΥ	ON ON/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	_	ON ON/A
4.	Assured that the sampling port of the carbon adsorber exhaust for measuring perc concentrations is at least 3 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,		□N □N/A .
5.	or expansion; and downstream from no other inlet?  Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?		ON ON/A
ب6,	Routed airflow to the carbon adsorber (if used) at all times?	DΥ	ON ON/A
PA	ART V: RECORDKEEPING REQUIREMENTS		
	as the responsible official: heck appropriate boxes)		
1.	Maintained receipts for perc purchased?	<b>Z</b> Y	□N
2.	Maintained rolling monthly averages of perc consumption?	$\Box$ Y	MN
3.	Maintained leak detection inspection and repair reports for the following:		

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	MA ON				
2. Maintained rolling monthly averages of perc consumption?	CIY <b>M</b> N				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	DY MY DN/A				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY EN DN/A				
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN CM/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DYNA				
6. Maintained startup/shutdown/malfunction plan? (temporarily w/repair) 7. Maintained deviation reports?  **Technician**  **Ticheck on reinspection**	OY N				
7. Maintained deviation reports? will check on reinspection)	MY ON ON/A				
Problem corrected?	מאַם אם עם				
8. Maintained compliance plan, if applicable?	OY ON GNA				

PA	ART VI: LEAK DETECTION AND	PART VI: LEAK DETECTION AND REPAIRS						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?			MA DN				
2.	Has the facility maintained a leak log?			DY MAN				
3.	Does the responsible official check the	following areas for leaks?						
	Hose connections, fittings, couplings, and valves	DY WIN DN/A	Muck cookers	OY ON ON/A				
	Door gaskets and seating	OY ON ON/A	Stills	DY EN DN/A				
	Filter gaskets and seating	OY ON/A	Exhaust dampers	DY DN DN/A				
	Pumps	DY MN DN/A	Diverter valves	DY ON DN/A				
	Solvent tanks and containers	DY DN DN/A	Cartridge filter housings	DY MN DN/A				
	Water separators	DY DY DN/A						
4.	Which method of detection is used by	the responsible official?		,				
	Visual examination (condensed s	solvent on exterior surfaces	)					
	Physical detection (airflow felt th	rough gaskets)	•	$\square$				
	Odor (noticeable perc odor)							
	Use of direct-reading instruments							
	Halogen leak detector							
	If using direct-reading insti	MN/A						
	a. Capable of detecting	DY DN						
	b. Calibrated against a (PID/FID only)?	ther each use	□У □И					
	c. Inspected for leaks an	nd obvious signs of wear on	a weekly basis?	OY ON				
	d. Kept in a clean and s	secure area when not in use	?	OY ON ·				
	e. Verified for accuracy	by use of duplicate sample	s (calorimetric only)?	DY DN				
				<i>r</i>				
_	Toff Marris 9/16/97							
	Inspector's Name (Please Pri	nt)	Date of Inspe	ction				
	ed la Man	rul	9/30/	197				
	Inspedior/s Signature		Approximate Date of	Next Inspection				

#### ADDITIONAL SITE INFORMATION:

American Sprint EXCEL Serial # 198 Model # XL35

-No rolling/running totals.
-No bi-weekly leak log.
-No weekly temperature log.
Cannot verify temp sensor.

- No operation & manual on-site

- removes waste water as hazardows Waste

- Need proof that machine was manf.

No rescignated condenser Im

- Fulton Bailer

AIRS ID#: 1030383

RECEIVED

0 0 4007

# DRY CLEANER AIR QUALITY GENERAL PERMIT 2 0 1997

ANNUAL COMPLIANCE CERTIFICATION FOR Mereau of Air Monitoring

	<u>a Mobile Sources</u>
FACILITY NAME: Flamings Cleaners	DATE: 9/15/97
FACILITY LOCATION: 7613 49th St N	
Pinellas Park, FL 33781	
Annual Reporting Period: September 15, 1996 TO	September 15, 1997
Based on each term or condition of the Title V general air permit, my facility has remained 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	<u> </u>
If NO, complete the following:	•
#1. Term or condition of the general permit that has not been in continuous compliance du	ring the reporting period stated above:
Monthy purchase records were not mai month rolling average Exact period of non-compliance: from September 5, 1996 to	ntained as a tuelle September 15, 1997
Action(s) taken to achieve compliance:  Develop and implement procedures that maint	· · · · · · · · · · · · · · · · · · ·
#2. Term or condition of the general permit that has not been in continuous compliance during the solution of the general permit that has not been in continuous compliance during the solution of the general permit that has not been in continuous compliance during the solution of the general permit that has not been in continuous compliance during the solution of the general permit that has not been in continuous compliance during the solution of the general permit that has not been in continuous compliance during the solution of the general permit that has not been in continuous compliance during the solution of the general permit that has not been in continuous compliance during the solution of the general permit that has not been in continuous compliance during the solution of the general permit that has not been in continuous compliance during the solution of the general permit that has not been in continuous compliance during the solution of the solution of the general permit that has not been in continuous compliance during the solution of the general permit that has not been in continuous compliance during the solution of the general permit that has not been in continuous compliance during the solution of the solution of the general permit that has not been in continuous compliance during the solution of the solution of the general permit that has not been in continuous compliance during the solution of the general permit that has not been in continuous compliance during the solution of the general permit that has not been in continuous compliance during the solution of the general permit that has not been in continuous compliance during the solution of the general permit that has not been in continuous compliance during the solution of the general permit that has not been during the solution of the general permit that has not been during the solution of the general permit that has not been during the solution of the general permit that has not been during the solution of the general permit that has not b	
Exact period of non-compliance: from <u>September 15, 1996</u> to	September 15, 1997
Action(s) taken to achieve compliance:  The no specific proced  from manufacturer de  Method used to demonstrate compliance:  Startup: Shutolown to	•
As the responsible official, I hereby certify, based on information and belief formed after re made in this notification are true, accurate and complete. Further, my annual consumption upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)  Signature	of perchloroethylene solvent, based

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

AIRS 10#: 1030383

## RECEIVED

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM OCT 2 0 1997

FACILITY NAME: Flomings Cleaners	Bureau of Air Monitoring  D'AMEbile Pourses 97
FACILITY LOCATION: 7613 49th SEN	
Pinellas Park, FC 33781	
Annual Reporting Period: September 15, 1996 TO Septem	aber 15, 1997
Based on each term or condition of the Title V general air permit, my facility has remained in compliance 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	a-L
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the report	rting period stated above:
Did not maintain a log of leak detection and repair records.  Exact period of non-compliance: from September 15, 1996 to September 1	,
Action(s) taken to achieve compliance:  Develop and implement a le inspection and repair production and repair	
#2. Term or condition of the general permit that has not been in continuous compliance during the report	
Did not measure and record outlet te refrigerated condeser on a weekly basis Exact period of non-compliance: from <u>September 15, 1946</u> to <u>September 15, 1946</u> to <u>September 15</u>	mperature of mber 15, 1997
Action(s) taken to achieve compliance:  Develop and implement moderate of the or Measure and record the or Measure and rec	onitorina progo
<i>y</i>	· · · · · · · · · · · · · · · · · · ·
As the responsible official, I hereby certify, based on information and belief formed after reasonable inqui made in this notification are true, accurate and complete. Further, my annual consumption of perchloro upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry faciliti year for transfer or combination facilities.	ethylene solvent, based
RESPONSIBLE OFFICIAL:  Name (Please Print)  Signature	9-15-97 Date

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

Acc

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

			1		<del></del>		
FACILITY NAME:	Flamina	JO D	cy Cle	aners	DAT	E: 2/9/	00
FACILITY LOCATION:	7613 49	th s	St N.		<del></del>		. ·
·	Pinellas	Pa	ck F	L 33781	· ·		
Annual Reporting Period:	August	9,	1999 7	o Febr	uary 9	216	700
Based on each term or condition 62-213.300, Florida Administrati						DEP Rule □NO	
If NO, complete the following:							
#1. Term or condition of the gen	eral permit that has no	ot been in co	ontinuous con	npliance during ti	ne reporting pe	riod stated abo	ve:
Exact period of non-compliance:	from			to			
Action(s) taken to achieve compli	ance:						
Method used to demonstrate comp	oliance:			·			
#2. Term or condition of the gene	eral permit that has no	t been in co	ontinuous con	npliance during th	e reporting per	iod stated abov	ve:
Exact period of non-compliance:	from			to			
Action(s) taken to achieve compli	ance:						
\ Method used to demonstrate comp	liance:		•	<u> </u>			
μ·							
As the responsible official, I herel made in this notification are true, upon rolling averages of purchase year for transfer or combination f RESPONSIBLE OFFICIAL:	accurate and complete receipts, does not exc	e. Further, ceed 2,100	my annual c gallons per y	onsumption of perear for dry-to dry	rchloroethylen facilities or 1, VAUT	e solvent, base 800 gallons pe 2- 9- 0 Date	ed .
•				R	ECEIV	ED	

\*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.

MAR 1 3 2000

Page of .

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

TYPE OF IN	SPECTION:	ANNUAL 🗹	COMPLAINT	'DISCOVER'	Υ 📮	RE-IN	ISPECTION	
AIRS ID#:	1030383	DATE: _	2/9/00 <del>2/2/00</del> >	TIME IN:	10:40	<u></u> ~TIM	E OUT: ⊥	1:20am
FACILITY	NAME:	Flamingo Dr	r <u>y Cleaners</u>			•		
FACILITY	LOCATION:	_7613 49th St. N.	· ·					
		Pinellas Park, FL	ے, 33781					
RESPONSIB	SLE OFFICIAL	: Zul Valji	_	· ·	Phone ?	No.: _	546-70	<u> 15</u>
	Permit No.		<u> </u>	Exp. Date:	4/:	30/0	)2_	
ď		ults of the compliand DEP Rule 62-213.3				ction, the	facility is fou	nd to be in
		ults of the complian ere noted (only item	-	•	this inspec	ction, the	e following co	mpliance

#### **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:	of Marcis						
: .	Inspector's Signature:	The Marie						
	Phone Number: 464/4	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						
	Pa	ge 2 <sup>J</sup> of 2						

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

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPI	AINT/DISCOVERY 🚨	
AIRS ID#: 1030388  FACILITY NAME:  FACILITY LOCATION:	<b>Date:</b> 2 <del>/2/</del> Flamingo Dry 7613 49th St. N	y Cleaners	ZIN: <u>10:40</u> , TIME OU	
RESPONSIBLE OFFICIA	-			
PART I: NOTIFICATION	Į .			
(Check appropriate box)  1. Existing facility notified  2. New facility notified DA  3. Facility failed to notify D	RM 30 days prior to st	•	·	d 0 0
PART II: CLASSIFICAT	ION		•	
	source 10 gal/yr gal/yr gal/yr 12/9/91) source (X. < 2,100 gal/yr < 1,800 gal/yr ,800 gal/yr 12/9/91) ssification:	Drop  2. New dry-to transfooth (Con.)  4. New dry-to transfooth (Con.)  In Can not on:  numbereligible for a gene.	above ral permit	al/yr yr
facility was 60		purchased within t	ne preceding 12 months by	oms ary cicaning

PART III: GENERAL CONTROL REQUIREMENTS			
Is the responsible official of the dry cleaning facility: (check appropriate boxes)			
1. Storing perchloroethylene in tightly sealed and impervious containers?	Y	□N	☐ NA
2. Examining the containers for leakage?	Y	ΠN	□ NA
3. Closing and securing machine doors except during loading/unloading?	Y	ΠN	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	Y	ПN	☐ NA
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	QΥ	ПN	☑ 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)		rated con	denser
If classification (3) has been checked, the machine should be equipped with excondenser or a carbon adsorber (complete A and B below). Carbon adsorber installed prior to September 22, 1993.	ither a i	refrigerate 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)	rces:		
1. Equipped all machines with the appropriate vent controls?	ĭ¥Y	ΠN	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	₫ Y	$\square$ N	☐ NA
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	<b>⊴</b> Y	ΠN	□NA
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly bi-weekly basis?	₽Y	□N	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	₫ Y	□N	□NA
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged?	✓ Y	□N	

В.				
l	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?	<b>⊈</b> 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?	□Y □Y		□na □na
	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Is the perc concentration equal to or less than 100 pour?	□Y □Y		□na □na
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc. concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 dust diameters upstream from any bend contraction, or expansion; and downstream from no other inlet?	ΩY	ПN	□NA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПY	ΠN	□NA
6.	Routed airflow to the carbon adsorber (if used) at all times?	ŪΥ	ΠN	□NA
PA	ART V: RECORDKEEPING REQUIREMENTS			
н	· · · · · · · · · · · · · · · · · · ·			
(cl	as the responsible official: heck appropriate boxes)			
l	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?	₽Y	□n	
1.		☑Y ⋈v	□N	
1. 2.	Maintained receipts for perc purchased?	데 <sub>Y</sub> 데 <sub>Y</sub>	□n	
1. 2.	Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?	☑Y ☑Y ☑Y	□N	⊠na
1. 2.	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;	ΨY	□N	yna Yna
1. 2. 3.	Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	✓Y □Y		
1. 2. 3.	Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instrument only)	□Y □Y □Y		⊠NA
1. 2. 3.	Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instrument only)  Maintained exhaust duct monitoring data on perc concentrations?	☑Y □Y □Y □Y		☑NA ☑NA
1. 2. 3. 4. 5. 6.	Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instrument only)  Maintained exhaust duct monitoring data on perc concentrations?			☑NA ☑NA
1. 2. 3. 4. 5. 6.	Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instrument only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?			Mna Mna Mna

PA	ART VI: LEAK DETECTION AND REPAIRS	
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and reprint inspection?  To check leaks weekly me	oair
2.	Has the facility maintained a leak log?	
3.	Does the responsible official check the following areas for leaks:	
	Hose connections, fitting couplings, and valves Y N NA Muck cookers Y N N	ΝΑ
	Door gaskets and seating Y ON ONA Stills Y ON ON	۱A
	Filter gaskets and seating Y N NA Exhaust dampers Y N N	<b>N</b> A
	Pumps	۱A
	Solvent tanks and containers Y N NA Cartridge Filter housing Y N N	١A
	Water separators $\square_{Y} \square_{N} \square_{NA}$	
4.	Which method of detection is used by the responsible official?  Visual examination (condensed solvent of exterior surfaces)  Physical detection (airflow felt through gaskets)  Odor (noticeable perc odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:	
	a Capable of detecting perc vapor concentrations in a range of 0-500 ppm.	J
	b. Calibrated against a standard gas prior to and after pach use(PID/FID only).	1
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	1
	d. Kept in a clean and secure area when not in use.	1
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	1
	Inspector's Name (Please Print)  Inspector's Signature  Approximate Date of Next Inspection	n

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

TYPE OF IN	SPECTION:	ANNUAL M COMPLAINT	7DISCOVERY 🖵	RE-INSPECTION $\Box$
AIRS ID#:	1030383	DATE:8/4/00	TIME IN: []: 200	<u>ων</u> ΤΙΜΕ ΟυΤ: 12:32ρ.Μ
FACILITY	NAME:	<u> Flamingo Dry Cleaners</u>		
FACILITY	LOCATION:	7613 49th Street North		
		Pinellas Park, FL, 33781		
RESPONSIB	BLE OFFICIAL:	Zul Valji	Phone	No.: <u>(727) 546-7075</u>
	Permit No.	_1030383-001-AG	Exp. Date:4/30	0/2002
e		ts of the compliance requirements ev DEP Rule 62-213.300, Florida Admi		
		Its of the compliance requirements e		ection, 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.			
<u> </u>	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 indicate that the outlet exhaust temperature of the refrigerated condense 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 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:				
	<u> </u>	· 			
	If the Inspection Summary Report indicates follow-up as measures to achieve compliance. Pinellas County will properties actions have been taken.				
	Inspection Conducted by:	Jeff Morris			
	Inspector's Signature:	John Mong			
	Phone Number: 464-4				
	Pa	ge 2 of 2			

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

TYPE OF INSPECTION:	ANNUAL L RE-INSPECTION	COMPLAINT/DISCOV	YERY 🚨
AIRS ID#: 1030383  FACILITY NAME:  FACILITY LOCATION:  RESPONSIBLE OFFICIAL  CONTACT:	Flamingo Dry 7613 49th Street Pinellas Park, FL  Zul Valji	, 33781	1 .
PART I: NOTIFICATION			
(Check appropriate box)  1. Existing facility notified I  2. New facility notified DAF  3. Facility failed to notify DAF	RM 30 days prior to star		<b>a</b>
PART II: CLASSIFICATION	ON		
facility exceeds ab	ource 0 gal/yr al/yr /yr 2/9/91) ource 0 x < 2,100 gal/yr 1,800 gal/yr 800 gal/yr 2/9/91) sification:  ppropriate classification or a general permit as not elimits and is not elimits	n: umber above igible for a general permit	ce 0 gal/yr 2 gal/yr 2 gal/yr 2 gal/yr 2 gal/yr 2 gal/yr 3 gal/yr 4 gal/yr 1,800 gal/yr 800 gal/yr 6 gal/yr
B. The total quantity of percentage facility was		rchased within the preceding 12	months by this dry cleaning

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

В.				
	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	<b>Y</b> Y	ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Is the temperature differential equal to or greater than 20°F?	□Y □Y		□na □na
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.	□Y □Y		□na □na
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc. concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 dust diameters upstream from any bend contraction, or expansion; and downstream from no other inlet?	□Y	ΠN	□na
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	$\square_{\mathrm{Y}}$	□N	□NA
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y	□N	□NA
г				
PA	ART V: RECORDKEEPING REQUIREMENTS			
				·
Ha (cl	ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: neck appropriate boxes)  Maintained receipts for perc purchased?	Ζίγ	□N	·
<b>H</b> a (ch	as the responsible official: neck appropriate boxes) Maintained receipts for perc purchased?	₫y	□N	·
Ha (ch 1.	As the responsible official: neck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?	⊴Y ⊴Y	□ N	
Ha (ch 1.	as the responsible official: neck appropriate boxes) Maintained receipts for perc purchased?	⊴Y ⊴Y ⊡Y	□N	✓NA
Ha (ch 1.	As the responsible official: neck 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;	✓Y ✓Y ✓Y □Y	□N □N	Øna □na
Ha (ch 1. 2. 3.	As the responsible official: neck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:			
Ha (cf 1. 2. 3.	As the responsible official: neck 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?	ΩY		□ NA
Ha (ch 1. 2. 3.	Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instrument only)	□Y □Y		INA INA
Ha (ch 1. 2. 3. 4. 5. 6.	Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instrument only)  Maintained exhaust duct monitoring data on perc concentrations?	□Y □Y □Y		INA INA
Ha (ch 1. 2. 3. 4. 5. 6.	As 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?  Maintained startup/shutdown/malfunction plan?	□Y □Y □Y □Y		INA INA INA

PA	ART VI: LEAK DETECTIO	N AN	D REI	PAIRS				
1.	Does the responsible official c inspection?	onduc	t a wee	ekly (for s	mall sources (bi-weekly) lea	k detect	tion and repair	
2.	Has the facility maintained a le	ak lo	g?			₫Y	$\square_{\mathrm{N}}$	
3.	Does the responsible official c	heck t	he foll	owing are	as for leaks:			
	Hose connections, fitting couplings, and valves	₫Y	□N	□NA	Muck cookers	□Y	□n <b>Y</b> na	
	Door gaskets and seating	₫Y	$\square_{N}$	$\square_{NA}$	Stills	¥Υ	$\square_N$ $\square_{NA}$	
	Filter gaskets and seating	₫Y	□N	□NA	Exhaust dampers	✓Y	□n □na	
	Pumps	$\mathbf{v}_{\mathbf{Y}}$	$\square_{N}$	□NA	Diverter valves	Y	□n □na	
	Solvent tanks and containers	$\mathbf{Z}_{\mathbf{Y}}$	□N	□NA	Cartridge Filter housing	$\mathbf{v}_{\mathbf{Y}}$	□n □na	
	Water separators	$\mathbf{v}_{\mathbf{Y}}$	ΠN	□NA				
4.	Physical detection Odor (noticeable p	n (cond (airflo erc od ng ins	densed ow felt or) trumen	solvent on through go attation (FI	f exterior surfaces) askets) D/PID/calorimetric tubes)		D D D D	
	a Capable of detecting pe	rc vap	or con	centration	s in a range of 0-500 ppm.		-OY ON	
	b. Calibrated against a stan	dard g	as prio	r to and af	exeach use(PID/FID only).		□Y □N	
	c. Inspected for leaks and c	bviou	s signs	pr wear or	n a weekly basis?		$\square_{Y} \square_{N}$	
	d. Kept in a clean and secu	ıre are	a wher	n not in us	se.		$\square_{Y}$ $\square_{N}$	
	e. Verified for accuracy by	use of	duplic	ate sample	es (calorimetric only)?		□Y □N	
	Reals ter M28035102 Eq D22  Teff Morris Inspector's Name (Please Print)  Inspector's Signature  Tender of declared of Next Inspection  Approximate Date of Next Inspection							

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

FACILITY NAME: Flamingo Dry Cleaners	Date:	8/4/00
FACILITY LOCATION: 7613 49th Street North		
Pinellas Park, FL, 33781	٠	
		. ,
Annual Reporting Period: February 9, 20 00 To A	ugust	<del>24,</del> 20 <u>00</u>
Based on each term or condition of the Title V general air permit, my facility has remained in a 213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	compliance v	with DEP Rule 62-
IF NO, complete the following:	<del>,</del> 70	
#1. Term or condition of the general permit that has not been in continuous compliance during	0	ng period stated above:
Exact period of non-compliance: from		
Action(s) taken to achieve compliance:	FII	······························
Action(s) taken to achieve compliance:  Method used to demonstrate compliance:		
#2. Term or condition of the general permit that has not been in continuous compliance during	g the reporting	ng period stated above:
		·
Exact period of non-compliance: fromto		
Action(s) taken to achieve compliance:	•	
Method used to demonstrate compliance:		· 
· · · · · · · · · · · · · · · · · · ·		· .
As the responsible official, I hereby certify, based on information and belief for that the statements made in this notification are true, accurate and complete. From perchloroethylene solvent, based upon rolling averages of purchase receipts, per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination.	urther, my does not e	annual consumption exceed 2,100 gallons lities.
RESPONSIBLE OFFICIAL: Zul Valji (Name, Please Print) Signature	$\mathcal{C}$	_ <u> </u>

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

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0026	Restricted Delivery Fee (Endorsement Required)		
	. Total Doctana & Fosc.	<b>©</b>	
0600	FLAMINGO DRY CL	AIRS ID # 103 EANERS	0383
7000	ZUL VALJI 7613 49TH STREET N PINELLAS PARK FL		
			erse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete  "Item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  AIRS ID # 1030383  FLAMINGO DRY CLEANERS  ZUL VALJI  7613 49TH STREET N  PINELLAS PARK FL 33781	A. Received by (Please Print Clearly)  B. Date of Delivery C. Signature  X
2. Article Number (Copy from service label)  7000 0600 026	7825 5624

(cut here)

#### THIS 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 APR 25 99

Do NOT Remove Label

AIRS ID # 1030383

FLAMINGO DRY CLEANERS ZUL VALJI 7613 49TH STREET N PINELLAS PARK FL 33781

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

	Z 333 (	667 192				
	US Postal Service Receipt for Certified Mail					
FI 21 76	AIRS ID # 1030383 FLAMINGO DRY CLEANERS ZUL VALJI 7613 49TH STREET N PINELLAS PARK FL 33781					
	Postage	\$				
	Certified Fee					
	Special Delivery Fee					
.0	Restricted Delivery Fee					
1995	Return Receipt Showing to Whom & Date Delivered					
, April	Return Receipt Showing to Whom, Date, & Addressee's Address					
800,	TOTAL Postage & Fees	\$				
Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address  TOTAL Postage & Fees Postmark or Date						

•

SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we can return this card to you.  Attach this form to the front of the mailpiece, or on the back if space does not permit.  Write "Return Receipt Requested" on the mailpiece below the article number.  The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	l eceipt Service.
AIRS ID # 1030383 FLAMINGO DRY CLEANERS ZUL VALJI 7613 49TH STREET N PINELLAS PARK FL 33781	4b. Service  Registere  Express	3 66 7 1 9 2  Type ed	ا كالمالية المالية الم إلى المالية ال
5. Received By: (Print Name)  6. Signature: (Addresses or Agent)  PS Form 3811, December 1994	8. Addresse and fee is	e's Address (Only if requested paid)  Domestic Return Receip	Thank

,	Z 333 US Postal Service Receipt for Cer	tified Mail
Z   76	LAMINGO DRY CLE UL VALJI 513 49TH STREET N INELLAS PARK FL 3	
	Postage	\$
	Certified Fee	
	Special Delivery Fee	
.0	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	-
Apri	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form <b>3800</b> , April 1995	Postmark or Date	

on the reverse side?	SENDER:  Other additional services.  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and delivered.	can return this e does not e number.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	Return Receipt Service.
ADDRESS completed	AIRS ID # 1030383  FLAMINGO DRY CLEANERS  ZUL VALJI 7613 49TH STREET N PINELLAS PARK FL 33781  4a. Article N Z 4b. Service 1 Registere Express 6 Return Rec 7. Date of De		s Mail □ Insured leceipt for Merchandise □ COD  Delivery	
Is your RETURN	5. Received By: (Print Name)  6. Signature: (Addressee of Agent)  X  PS Form 3811, December 1994	8. Addressée and fee is	e's Address (Only if requested paid)  Domestic Return Receipt	Thank you

#### Z 333 660 404

US Postal Service
Receipt for Certified Mail

AIRS ID# 1030383
FLAMINGO INVESTMENT ENTERPRISES INC
ZUL VALJI
7613 49TH STREET N
PINELLAS PARK FL 33781

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
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April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800,	TOTAL Postage & Fees	<b>\$</b>
PS Form 3800, April 1995	Postmark or Date	
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completed on the reverse side?	AIRS ID# 1030383		3 660 404	turn Receipt Service.
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RETU	5. Received By: (Print Name)		e's Address (Only if requested paid)	Thank yon
s your j	6. Signature: (Addressee or Agent)			
_	PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt			

Z 333 613 214 US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided. AIRS ID 1030383 FLAMINGO INVESTMENT ENTERPRISES INC ZUL VALJI 7613 49TH STREET N PINELLAS PARK FL 33781 Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered

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

ENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we can return this card to you.  Attach this form to the front of the mailpiece, or on the back if space does not permit.  Write "Return Receipt Requested" on the mailpiece below the article number.  The Return Receipt will show to whom the article was delivered and the date delivered.	
4a. Article N 4b. Service Registere Express Return Re 7. Date of Do	Type ed  Mail  Insured ceipt for Merchandise  COD
8. Addresse and fee is	e's Address (Only if requested
	4a. Article N  4b. Service  Register  Express  Return Re  7. Date of D  8. Addresse

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50,000 ROOM

FEB 23 99

Do NOT Remove Label

AIRS ID # 1030382

**OUR CLEANERS** GERALD R SPIRE 7500 10TH AVENUE ST PETERSBURG FL 33713

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 3753

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

MUUN JIAM **TOTAL AMOUNT DUE: \$50.00** 

RECEIVED

Do NOT Remove Label

AIRS ID 1030383

FLAMINGO INVESTMENT ENTERPRISES

INC

ZUL VALJI

**7613 49TH STREET N** 

PINELLAS PARK FL 33781

FOR GOVERNMENT USE ONLY

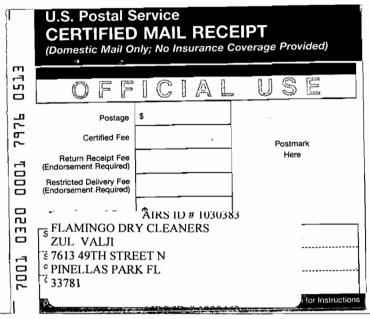
Org.: 37550101000 EO: B1

Fund: 20-2-035001

Оыј.: 002273

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se side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.	can return this			- (
reverse	card to you.  Attach this form to the front of the mailpiece, or on the back if space does not permit.  Write 'Return Receipt Requested' on the mailpiece below the article number.		1.  Addresse	ee's Address d Delivery	Service
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اِ تَ	PS Form <b>3811</b> , December 1994		Domestic Reti	urn Receipt	}



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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Received by (Please Print Clearly)  C. Signature  Agent  Addressee  D. Is delivery address different from item 1)  Yes  If YES, enter delivery address below:
AIRS ID # 1030383 FLAMINGO DRY CLEANERS ZUL VALJI 7613 49TH STREET N PINELLAS PARK FL 33781	3. Service Type  Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 7 0 0 1	0320 0001 7976 0513
PS Form 3811, July 1999 Domestic R	eturn Receipt 102595-99-M-1789



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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 # 1030383 FLAMINGO DRY CLEANERS ZUL VALJI **7613 49TH STREET N** 

PINELLAS PARK FL

33781

FOR GOVERNMENT U Org.: 37550101000 EO: 1

Fund: 20-2-035001

Obj.: 002273



#### THIS 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

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AIRS ID#1030383

FLAMINGO DRY CLEANERS ZUL VALJI 7613 49TH STREET N PINELLAS PARK FL 33781

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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CENTRE DIVIDE CONTROL DE LO THE BICHT					
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  AIRS ID # 1030383 FLAMINGO DRY CLEANERS	A. Received by (Please Print Clearly)  C. Signature  X				
ZUL VALJI 7613 49TH STREET N PINELLAS PARK FL 33781	3. Service Type  Certified Mail				
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PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789				

**U.S. Postal Service** CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) 6 8 Postage 귀 Certified Fee **Postmark** Return Receipt Fee (Endorsement Required) Here Restricted Delivery Fee (Endorsement Required) 밉 AIRS ID # 1030383 FLAMINGO DRY CLEANERS by mailer) S ZUL VALJI **7613 49TH STREET N** 7001 PINELLAS PARK FL 33781 or Instructions то тне віснт оғ ветиви арряеза. PLACE STICKER AT TOP OF ENVELOPE **ETE THIS SECTION ON DELIVERY** ■ Complete items 1, 2, and 3. Also complete B. Date of Delivery Beceived by (Please Print Clearly) item 4 if Restricted Delivery is desired. Print your name and address on the reverse C. Signati so that we can return the card to you. □ Agent Attach this card to the back of the mailpiece, □ Addressee or on the front if space permits. D. Is delivery address different from item 1? 1. Article Addressed to: ☐ No If YES, enter delivery address below: AIRS ID # 1030383 FLÅMINGO DRY CLEANERS ZUL VALJI 7613 49TH STREET N 3. Service Type PINELLAS PARK FL Certified Mail ☐ Express Mail Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

PS Form 3811, July 1999

2. Article Number (Copy from service label)

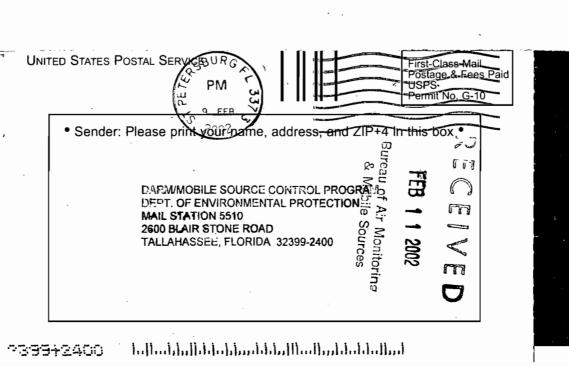
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33781

Domestic Return Receipt

102595-99-M-1789

☐ Yes



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	Street, Apr 7613 497	TH STREET N				
7000	PINELLA City, State,	AS PARK FL 3378	1			
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complète items_1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  C. Signature  Agent  Addressee
1. Article Addressed to:	D. Is delivery address different from item 1?
AIRS ID # 1030383001AG L VALJI AMINGO DRY CLEANERS	
3 49TH STREET N IELLAS PARK FL 33781	3. Service Type  □X Certified Mail □ Express Mail
•	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
40002870.00007027456	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic	c Return Receipt 102595-00-M-0952

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US Postal Service

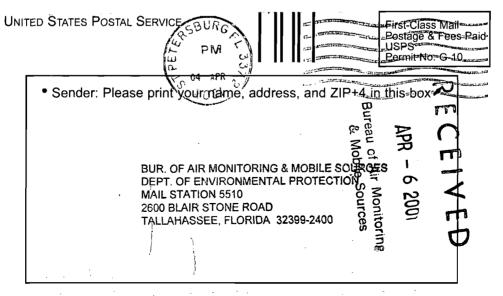
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

AIRS ID # 1030383

FLAMINGO DRY CLEANERS ZUL VALJI 7613 49TH STREET N PINELLAS PARK FL 33781

	Cartified Fee	
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	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
Aprii	Return Receipt Showing to Whom, Date, & Addressee's Address	
80	TOTAL Postage & Fees	\$
PS Form <b>3800</b>	Postmark or Date	

W , ·	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1;2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> 1 Article Addressed to:	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
AIRS ID # 1030383 FLAMINGO DRY CLEANERS ZUL *V'ALII .	
761349TH STREET N PINELLAS PARK FL 33781	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2 Article Number (Copy from service label)	



1,607		MAIL REC	EIPT Coverage Provided)
026 4126	Postage  Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee	\$	Postmark Here
7000 0600 00	Tot FLAMINGO ZUL VALJI Stree 7613 49TH S	DRY CLEANERS	S ID # 1030383
7	PS Form 3800, February	2000	See Heverse for Instructions

ADCKER AT TOP OF ENVELOPE	
Complete items 1, 2, and 3. Also comitem 4 if Restricted Delivery is desired Print your name and address on the riso that we can return the card to you. Attach this card to the back of the major on the front if space permits.  Article Addressed to:	everse C. Signature
AIRS ID FLAMINGO DRY CLEANERS ZUL VALJI 7613 49TH STREET N PINELLAS PARK FL 33781	3. Service Type Certified Mail
7	☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Copy from service label)	26/607
	Domestic Return Receipt 102595-99-M-1789

	FL. ZU 761	AMINGO DRY CLEA IL VALJI 13 49TH STREET N NELLAS PARK FL 33		13	
		Postage	\$		
		Certified Fee			
		Special Delivery Fee			
		Restricted Delivery Fee			
	1995	Return Receipt Showing to Whom & Date Delivered			
	April	Return Receipt Showing to Whom, Date, & Addressee's Address			
	900	TOTAL Postage & Fees	<b>\$</b>		
	PS Form <b>3800</b>	Postmark or Date			
CENDED ASSESSED		a same	COMPLETE THE SEC	STION ON DELIVE	
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  C. Signature	e Print Clearly)	Date of Delivery	
Article Addressed to:  FLAMINGO DRY CL ZUL VALJI	EAN	AIRS ID # 1030383 ERS	D. Is delivery address d If YES, enter deliver		
7613 49TH STREET N PINELLAS PARK FL	3378	180	/ <sub>□ Registered</sub>	Express Mal	for Merchandis
Z 210 663	)	<u> </u>	4. Hestricted Delivery?	(LAMA I CC)	Li res

Domestic Return Receipt

102595-99-M-1789

2°570 PP3 784

Receipt for Certified Mail

**US Postal Service** 

2. Article Number (Copy from service label)

PS Form 3811, July 1999

#### Z 210 662 473

**US Postal Service** 

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

AIRS ID # 1030383

FLAMINGO DRY CLEANERS ZUL VALJI **7613 49TH STREET N** PINELLAS PARK FL 33781

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:         <ul> <li>AIRS ID # 1030383</li> <li>FLAMINGO DRY CLEANERS</li> <li>ZUL VALJI</li> <li>7613 49TH STREET N</li> <li>PINELLAS PARK FL 33781</li> </ul> </li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X
2 Article Number (Copy from service label) 2 2 10 (a 6 2 4 7 3	

#### **Best Available Copy**

UNITED STATES POSTAL SERVICE



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

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTEDING
MAIL STATION 5510
TO BLAIR STONE ROAD
SSEE, FLORIDA 32399-2400
TO SSEE, FLORIDA 32399-2400 • Sender: Please print your name, address, and ZIP+4 in this box • 70

## Z 333 667 423

**US Postal Service** 

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

AIRS ID # 1030383

FLAMINGO DRY CLEANERS ZUL VALJI 7613 49TH STREET N . PINELLAS PARK FL 33781

	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
E 3	Postmark or Date	
PS Form <b>3800</b>		

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.  Article Addressed to:	A. Received by (Please Print Clearly)  C. Signature  X
AIRS ID # 1030383 FLAMINGO DRY CLEANERS ZUL VALJI 7613 49TH STREET N PINELLAS PARK FL 33781	3. Service Type  Certified Mail
	4. Restricted Delivery? (Extra Fee)

Domestic Return Receipt

102595-99-M-1789

PS Form 3811, July 1999

UNITED STATES POSTAL SERVICE



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

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

DARMAGDILE SOURCE CONTROL PROGRAM
DEPT. OF PLANTRONMENTAL PROTECTION
MAIL STATION 5510
2009 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32398 TABLE

# Z 333 667 414 00000 US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) | Compared to the content of the content

AIRS ID # 1030382

OUR CLEANERS GERALD R SPIRE 7500 10TH AVENUE. ST PETERSBURG FL 33713

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