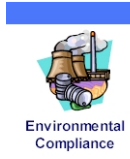




PERCHLOROETHYLENE DRY CLEANERS COMPLIANCE INSPECTION CHECKLIST



INSPECTION TYPE: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (CI)
RE-INSPECTION (FUI) COMPLAINT NO: 63449

AIRS ID#: 103 0341	Date: 10/14/2008 Time In: 2:30PM Time Out: 3:00PM
Facility Name:	Scott's Custom Cleaners
Facility Location:	755 Indian Rocks Road North Belleair Bluffs, FL, 33770
Responsible Official:	Michael Bassous Phone No: 727-585-4515
Emis. Unit Description:	Existing, large Perchloroethylene Dry Cleaner: Two Dry-to-dry machines. Miraclean purchased in 1986 (drained and shutdown), a Columbia USA unit is controlled by refrigerated condenser. An exempt Hurst 50 HP natural gas fired boiler is on-site.
Permit Number:	1030341-003-AG Exp. Date: 12/25/09
Facility Contact:	Michael Bassous Phone: 727-585-4515
Compliance Status:	<input type="checkbox"/> IN <input type="checkbox"/> MNC <input checked="" type="checkbox"/> SNC OWNERSHIP CHANGE, NO PRIOR NOTIFICATION - OPERATION CONTINUED WITHOUT VALID PERMIT

PART I: NOTIFICATION (Check appropriate box)

1. Existing facility notified DARM by 9/1/96	<input type="checkbox"/>
2. New facility notified DARM 30 days prior to startup	<input type="checkbox"/>
3. Facility failed to notify DARM to use general permit (30 days prior to ownership change)	<input checked="" type="checkbox"/>

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
 No Notification Form Drop-Off Store Out of business Petroleum Solvent Only

A.

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

This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:
 facility qualified for a general permit as number 3 above.
 facility exceeds above limits and is not eligible for a general permit

B. Highest 12-month consecutive total of perchloroethylene purchased in the preceding 12-month period: 139 Gallons. Highest total was 139 gallons in September 2008.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

- | | |
|---|--|
| 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> 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 _____ °F? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| 3. Measured and recorded the perc concentration in the exhaust _____ weekly at the end of the final drying cycle while the machine is venting to the atmosphere. Transfer machines are equipped with a carbon adsorber?
Is the perc concentration equal to or less than 10 _____? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| 4. Assured that the sampling location for the carbon adsorber exhaust for measuring perc. concentrations is at least _____ downstream of any bend, contraction, or expansion; is at least 2 _____ meters _____ from any bend contraction, or expansion; and downstream from no _____ let? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:

(Check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

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

Shea Jackson	October 14, 2008
Inspector=s Name (Please Print)	Date of Inspection
Inspector=s Signature	Within one or two years of this inspection
	Date of Next Inspection

ADDITIONAL SITE INFORMATION

Facility Name:	Scott's Custom Cleaners
ARMS #:	103 0341

- *During the inspection of the facility, I met with the dry to dry operator, Robert Vinson, and the responsible official; Mr. Michael Bassous.*
- *I observed the calendar record logs, for 2007 and 2008. The record showed the ranges of the dry to dry to be maintaining a temperature range of -1 thru -2°C during dryer cool downs. The weekly leak checks had been performed and were up to date. Mr. Vinson stated was using the Halogen detector. The facility had purchased the Halogen Detector Tek Mate last year. The operator, Robert Vinson has been using it for leak checks. (See photo).*
- *The 2008 calendar records were in a 2007 calendar. Mr. Vinson had used the extra 2007 calendar for records because had not received a 2008 calendar. I informed him that they were no longer sending calendars, but could download from internet. I gave him handout with internet site address for downloading calendars.*
- *They had not purchased any Perc since December 2007 for 30 gallons. Mr. Vinson, stated they were going to have to get Perc this week. He stated the business had been very slow. The facility did not have the usual amount of clothes processed or work activity as observed on previous inspections.*
- *I observed the Hazardous waste drum from the dry to dry equipment was sitting in the secondary containment at the back of machine and additional containers in separate containment area.*
- *Mr. Vinson stated that the boiler had been inspected for six hours. He stated they had added the rear doors and was approved for setback from property line by the code inspector.*
- *Mr. Bassous, R.O. was on site and signed the annual certification statement. He stated the business had been sold to his cousin, Hanna Ilia on 9/26/2008. I informed Mr. Bassous the facility appears to be in violation as he should have informed the new owner he should have submitted a new notification to BMM, 30 days prior to taking over the ownership of Scott's Cleaners.*
- *I gave Mr. Vinson, a blank notification form for new owner to fill out. I informed Mr. Bassous, and Robert Vinson that the new owner should fill out and send in a new notification as soon as possible. He stated I could contact him he is in Tennessee at 615-666-6425, and would be in town next week.*
- *10/16/2008 - I called number left message with his office, to contact me regarding the ownership of Scott's cleaners. Mr. Ilia was out of town.*
- *10/20/2008 – Mr. Ilia returned call and inquired about the filling out of the notification. He stated he had downloaded the form from the internet, but needed help for filling out. He stated he would be in town on 10/21/2008. I informed him I could help him over the phone or he could come to our office to fill out the form. He stated he would call me.*
- *I asked Mr. Ilia if he had already taken over ownership, he stated the business had already been signed over to him. Mr. Ilia stated that Mr. Bassous would remain as the facility contact and he may be hiring a new manager. I informed Mr. Ilia that the notification should have been completed 30 days prior to ownership change and this was a possible violation, which would result in warning letter and possible penalty.*

ADDITIONAL SITE INFORMATION

Facility Name:	Scott's Custom Cleaners
ARMS #:	103 0341

Machine #1:	Columbia USA			
Manufacturer	Columbia USA- TDMACCI 280MS	Capacity	80	lbs
Model#	Serial#	N850720461863	Mfg yr	2004
Machine #2:	Mira Clean (drained) Shutdown		Not in Operation	1986
Machine #3:	(Lindus) Removed		Capacity	lbs
Model#	Serial#		Mfg yr	

Notification (unpermitted sources only):

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

Record keeping :

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

Hazardous Waste:

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

Boiler:

Manufacturer	Hurst	Hp	50
Model #	Serial #	Mfg yr	2005

Fuel Type: Natural gas? Propane? Fuel oil?

Comments: The facility is in raising stack and place doors in the back to reduce exposure to neighboring Properties.

ENFORCEMENT SUMMARY

Facility Name:	Scott's Custom Cleaners
ARMS #:	103 0341

Viol#	Violation Description	Frequency	From	To
per00	Failure to notify and obtain a permit		9/26/08	10/14/08
per01	No purchase records	Monthly		
per02	No perc. purchase rolling totals	Monthly		
per03	No leak log	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly		
per04	No temp. log	Weekly		
per05	No SSM plan			
per06	Temp. sensor accuracy verification			
per07	No leak checks	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly		
per08	No temp. checks	Weekly		
per09	Perceptible leaks			
per10	No carbon absorber			
per11	No carbon absorber test	Weekly		
per12	No leak tight containers			
per13	No separator pre-filter			
per14	Leaks not repaired within 24hrs.			
per15	Repair refrig. cond./carbon abs. within 2 days			

Viol#	Comments
Per00	Mr. Michael Bassous, is no longer the current owner of facility. The facility was signed over to Mr. Hanna Ilia on 9/26/2008
	The facility failed to notify of new owner change 30 days prior to Mr. Hanna Ilia taking ownership.
	Rule 62-213.300(1)(a), Eligibility Determination.
	(a) A perchloroethylene dry cleaning facility is eligible to operate under the terms and conditions of the Title V air general permit established at Rule 62-213.300(1)(a), F.A.C., provided the responsible official has submitted a completed Part III of this notification form to the Department at least 30 days prior to beginning operations under the general permit and, throughout the term of the general permit,

Scott's Custom Cleaners

755 Indian Rocks Road North, Belleair Bluffs



Project Id: 67013 **Permit No:** 1030341-003-AG **Arms Number:** 0341

Inspector: Shea Jackson **Inspection Date:** 10/14/08

Source (EU): Existing, Large Perchloroethylene Dry Cleaner: Two Dry-to-dry machines. Miraclean purchased in 1986 and a Lindus purchased 1995. Both units are controlled by refrigerated condensers. An exempt 50 HP natural gas fired boiler is on-site.

Description: -The dry cleaner machine operator, Mr. Vinson holding the Halogen detector used to perform the leak checks

Scott's Custom Cleaners
755 Indian Rocks Road North, Belleair Bluffs



Project Id: 67013 **Permit No:** 1030341-003-AG **Arms Number:** 0341

Inspector: Shea Jackson **Inspection Date:** 10/14/08

Source (EU): Existing, Large Perchloroethylene Dry Cleaner: Two Dry-to-dry machines. Miraclean purchased in 1986 and a Lindus purchased 1995. Both units are controlled by refrigerated condensers. An exempt 50 HP natural gas fired boiler is on-site.

Description: -The dry cleaner machine in operation during cool down cycle 2 C, hazardous waste containers in secondary containment no Perc odors detected.