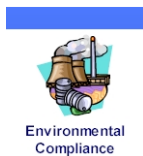




PERCHLOROETHYLENE DRY CLEANERS



COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: 103 0495	Date: 10/30/2008 Time In: 11:30AM Time Out: 11:55AM
Facility Name:	U-Wash
Facility Location:	20 West Morgan Street Tarpon Springs, FL, 34689
Responsible Official:	Georgina Ellerbee Phone No: 727-934-5978
Emis. Unit Description:	Existing small perchloroethylene drycleaning facility: One Dry-to-dry machine (1984).
Permit Number:	1030495-002-AG Exp. Date: 6/17/12
Facility Contact:	Georgina Ellerbee Phone: 727-934-5978
Compliance Status:	<input checked="" type="checkbox"/> IN <input type="checkbox"/> MNC <input type="checkbox"/> SNC

PART I: NOTIFICATION (Check appropriate box)

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

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
 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	<u>2. New small area source</u> Dry-to-dry only, x <140 gal/yr
Transfer only, x <200 gal/yr <input checked="" type="checkbox"/>	Transfer only, x <200 gal/yr <input type="checkbox"/>
Both types, x <140 gal/yr (Constructed before 12/9/91)	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	<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"/>	Transfer only, 200> x <1,800 gal/yr <input type="checkbox"/>
Both types, 140> x <1,800 gal/yr (Constructed before 12/9/91)	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 1 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: 40 Gallons. Jan 2008 highest. Current usage 20 gallons

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

If classification (3) has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). 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 type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" type="checkbox"/> NA |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly 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 45o F? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" type="checkbox"/> NA |
| 6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged? | <input 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 10 °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. If machines are equipped with a carbon adsorber?
Is the perc concentration equal to or less than 10 ppm? | <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 20 feet downstream of any bend, contraction, or expansion; is at least 20 feet from any bend contraction, or expansion; and downstream from no other exhaust? | <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 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 |
| 8. Maintained compliance plan, if applicable? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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"/> Y	
Physical detection (airflow felt through gaskets)	<input checked="" type="checkbox"/> Y	
Odor (noticeable perc odor)	<input checked="" type="checkbox"/> Y	
Use of halogen Detector instrumentation - Eco Sensors	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N/A
If using direct-reading instrumentation, is the equipment:	<input type="checkbox"/> Y	<input type="checkbox"/> N
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm	<input 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 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	10/30/2008
Inspector=s Name (Please Print)	Date of Inspection
	2009
Inspector=s Signature	Date of Next Inspection

ADDITIONAL SITE INFORMATION

Facility Name:	U-Wash
ARMS #:	103 0495

- *During the inspection of the facility, I met with Georgina Ellerbee, the responsible official of the dry to dry operations.*
- *I observed the calendar records for the perchloroethylene totals and weekly leak detection observations. She had performed last check on 10/17/2008. She does not have her own computer or access to internet. Mrs. Ellerbee copied month blanks from the calendar and is marking in each appropriate month for her records. (See photo)*
- *The highest 12 month total was 40 gallons for January 2008. Mrs. Ellerbee does not record the temperatures because it is not required for the existing small facility. She stated the business had been very slow. The most recent perc purchase was 19.3 gallons 3/4/2008.*
- *I observed the Union Spa machine, was not in operation at the time of the inspection. The dryer equipment, hazardous waste containers and Galaxy mister. evaporator were well maintained and closed. There were no perchloroethylene odors detected during the inspection of the facility.*
- *The perchloroethylene hazardous waste containers were located in secondary containment.*
- *The facility purchased the Halogen Detector, an Eco Sensor Halogen Detector, during 2007 last year. It is located by the dry to dry machine for constant monitoring of Perc, in her shop. This facility appears to be in compliance at this time.*
- *I gave her the P2 booklet, and inspection summary.*
- *The facility appears to be in compliance at this time.*

ADDITIONAL SITE INFORMATION

Facility Name:	U-Wash
ARMS #:	103 0495

Machine #1:				
Manufacturer	Union spa	Capacity	45	lbs
Model#	Home made model	Serial#		Mfg yr 1984
Machine #2:				
Manufacturer		Capacity		lbs
Model#		Serial#		Mfg yr

Notification (unpermitted sources only):

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

Record keeping :

1. Does facility have statement/specs as to the design accuracy of the temperature sensor? Y N
 (Temperature of 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:

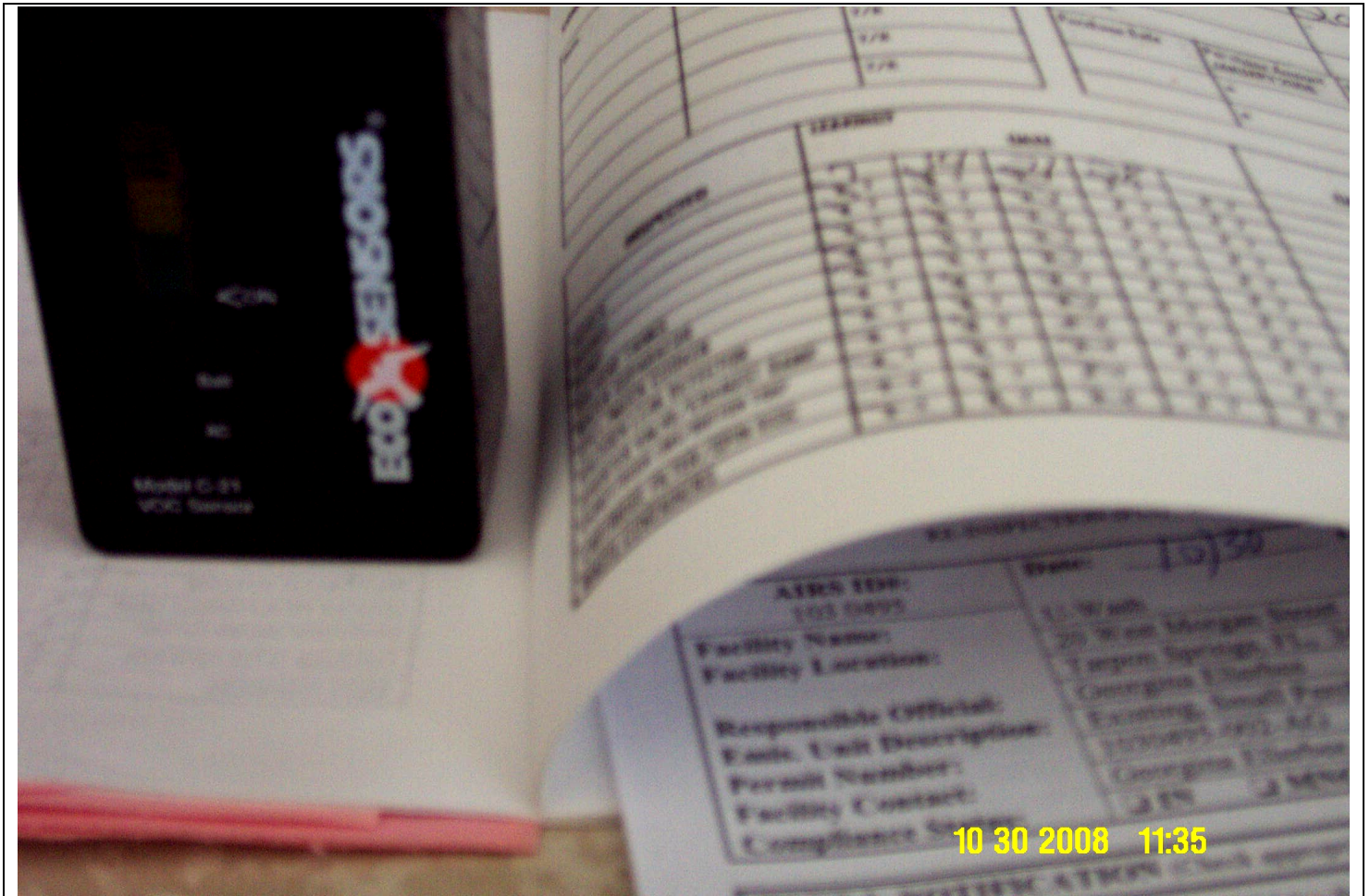
Manufacturer	Sussman Electric	Hp	24KW
Model #	Serial #	Mfg yr	

Fuel Type: Natural gas? Propane? Fuel oil?

Comments: Exempt from permit requirements

U-Wash

20 West Morgan Street, Tarpon Springs



Project Id: 66968 **Permit No:** 1030495-002-AG **Arms Number:** 0495

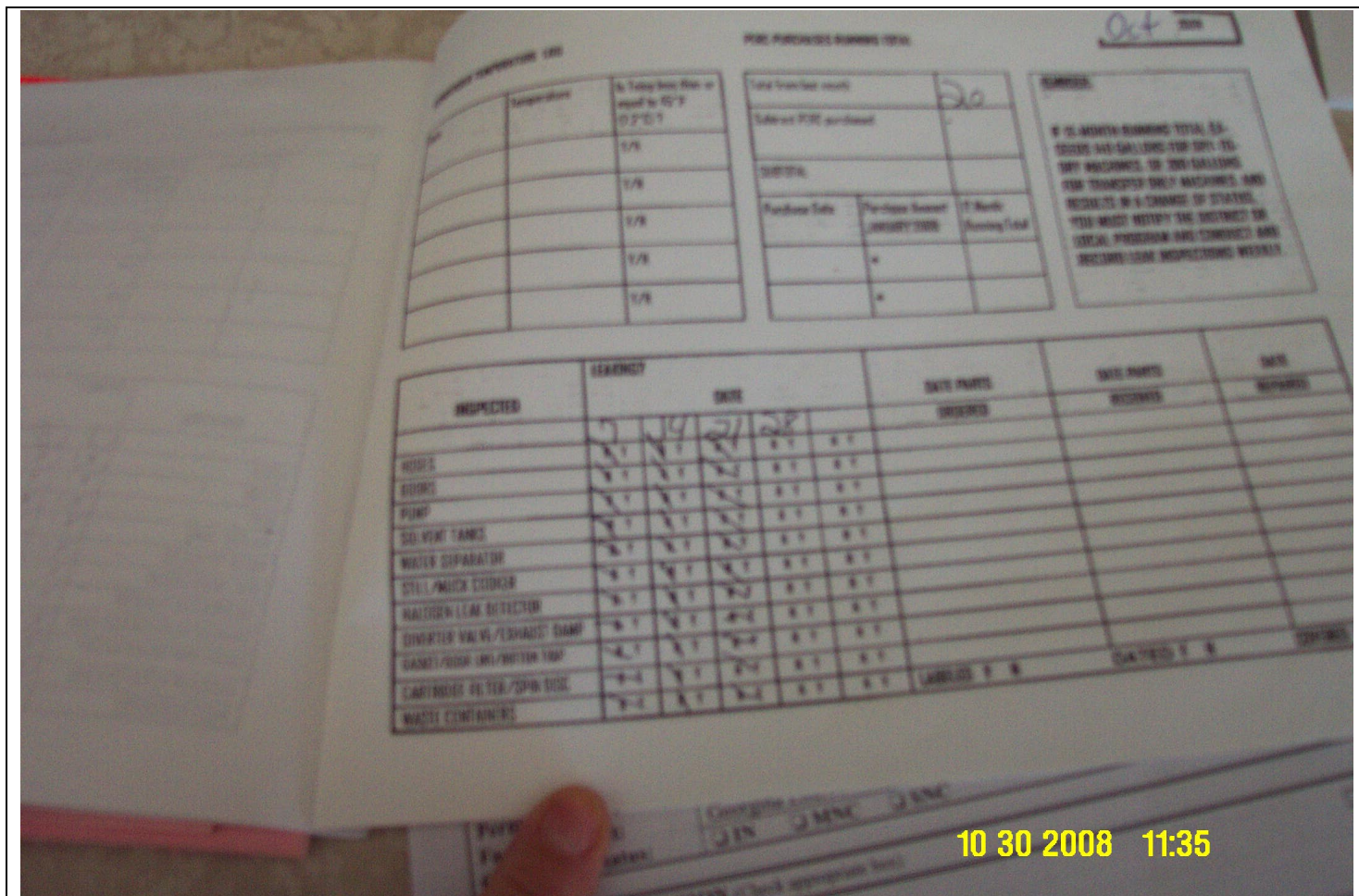
Inspector: Shea Jackson **Inspection Date:** 10/30/08

Source (EU): Existing, Small Perchloroethylene Dry Cleaner: One Dry-to-dry machine (1984).

Description: -The facility is using an Halogen detector made by Eco Sensors.

U-Wash

20 West Morgan Street, Tarpon Springs



Project Id: 66968 **Permit No:** 1030495-002-AG **Arms Number:** 0495
Inspector: Shea Jackson **Inspection Date:** 10/30/08
Source (EU): Existing, Small Perchloroethylene Dry Cleaner: One Dry-to-dry machine (1984).
Description: -The facility RO had blanks made of the record leak checks for monthly record usage.