



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

August 27, 1998

Mr. Albert Laey, Jr.  
Premier Cleaners  
14837 North Florida Avenue  
Tampa, Florida 33613

Re: Facility No.: 0571206

Dear Mr. Laey:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 20, 1998.


Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office  
Bureau of Air Monitoring and Mobile Sources MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, Fl 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

  
for Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Mr. Thomas Shelton, Hillsborough County

*"Protect, Conserve and Manage Florida's Environment and Natural Resources"*

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

RECEIVED

AUG 20 1998  
Bureau of Air Monitoring  
& Mobile Sources

|  |                                      |           |        |
|--|--------------------------------------|-----------|--------|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): | Premier Cleaners (Refa Venture, Inc) |           |        |
| 2. Site Name (For example, plant name or number):                                  | Same                                 |           |        |
| 3. Hazardous Waste Generator Identification Number:                                |                                      |           |        |
| 4. Facility Location:  | 14837 N. Fla. Ave                    |           |        |
| Street Address:  |                                      |           |        |
| City:  | Tampa, FL                            | County:   | Hills. |
|  |                                      | Zip Code: | 33613  |
| 5. Facility Identification Number (DEP Use):                                       | 0571206                              |           |        |

Responsible Official

|  |                           |           |       |
|--|---------------------------|-----------|-------|
| 6. Name and Title of Responsible Official: | Albert Lee Jr. / Co-Owner |           |       |
| 7. Responsible Official Mailing Address:   |                           |           |       |
| Organization/Firm:                         |                           |           |       |
| Street Address:                            | 14837 N. Fla. Ave         |           |       |
| City:                                      | Tampa, FL                 | County:   | Hills |
|  |                           | Zip Code: | 33613 |
| 8. Responsible Official Telephone Number:  |                           |           |       |
| Telephone:                                 | (813) 264-0695            | Fax:      | ( ) - |

Facility Contact (If different from Responsible Official)

|   |         |           |       |
|---|---------|-----------|-------|
| 9. Name and Title of Facility Contact (For example, plant manager): | Same    |           |       |
| 10. Facility Contact Address:                                       |         |           |       |
| Street Address:   |         |           |       |
| City:   | County: | Zip Code: |       |
| 11. Facility Contact Telephone Number:                              |         |           |       |
| Telephone:  | ( ) -   | Fax:      | ( ) - |

0571206

p14

1(c) Should not be marked. Mark out  
and initial.

p15

(c) Required. Should be marked



p16

Responsible official sign and date  
for changes.

**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.

| Type of Machine         | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed |
|-------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|
| <i>Example</i>          | #1 | 03-OCT-93                        | 12-NOV-93                     | #2 | 08-DEC-91                        |                               | #3 | 02-MAR-92                        | 02-MAR-92                     |
| <b>Dry-to-Dry Unit</b>  |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (1) w/ ref. condenser   |    | <i>1990</i>                      | <i>same</i>                   |    |                                  |                               |    |                                  |                               |
| (2) w/ carbon adsorber  |    | <i>N/A</i>                       |                               |    |                                  |                               |    |                                  |                               |
| (3) w/ no controls      |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| <b>Washer Unit</b>      |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (4) w/ ref. condenser   |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (5) w/ carbon adsorber  |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (6) w/ no controls      |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| <b>Dryer Unit</b>       |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (7) w/ ref. condenser   |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (8) w/ carbon adsorber  |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (9) w/ no controls      |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| <b>Reclaimer Unit</b>   |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (10) w/ ref. condenser  |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (11) w/ carbon adsorber |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (12) w/ no controls     |    |                                  |                               |    |                                  |                               |    |                                  |                               |

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

150 gallons

(b) If less than 12 months, how many? 6 months

Check why it is less than 12 months: New owner:  New store:  Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
(Indicate with an "X".)

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 units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

All steam and hot water generating units exempt   
No such units on-site

### Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate 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) \_\_\_\_\_

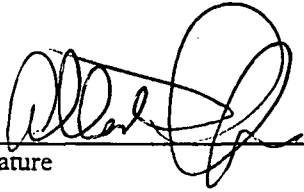
No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

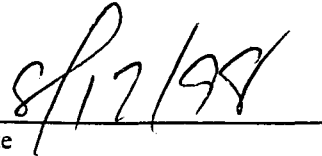
*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further,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

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

Signature



Date



✓

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

**TYPE OF INSPECTION:** ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

|  |                        |                                     |
|--|------------------------|-------------------------------------|
| TIME IN: <u>13:30</u>  | TIME OUT: <u>15:30</u> | AIRS ID#: <u>571206</u>             |
| TYPE OF FACILITY: <u>PERC DRY CLEANER</u>                                |                        |                                     |
| FACILITY NAME: <u>PREMIER CLEANERS</u>                                   |                        | DATE: <u>9/1/98</u>                 |
| FACILITY LOCATION: <u>14837 N. FLORIDA AVE</u><br><u>TAMPA, FL 33613</u> |                        |                                     |
| RESPONSIBLE OFFICIAL: <u>ALBERT LEE, JR</u>                              |                        | PHONE NUMBER: <u>(813) 264-0675</u> |

- N/A*  Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- N/A*  Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM               | FOLLOW-UP ACTION REQUIRED |
|--|---------------------------|
| <u>BUSINESS WAS SOLD TO TERRACE CLEANERS</u> |                           |
|  |                           |
|  |                           |
|  |                           |
|  |                           |
|  |                           |

**RECEIVED**  
 OCT 16 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO  *N/A*

DATE OF NEXT INSPECTION: N/A  
(Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU  
(Please Print)

INSPECTOR'S SIGNATURE: *Roger Zhu* PHONE NUMBER: (813) 272-5530

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID#: 571206 DATE: 9/1/98 TIME IN: 13:30 TIME OUT: 15:30  
 FACILITY NAME: PREMIER CLEANERS  
 FACILITY LOCATION: 14837 N. FLORIDA AVE  
TAMPA, FL 33613  
 RESPONSIBLE OFFICIAL: ALBERT LEE, JR PHONE: (813)264-0675  
 CONTACT NAME: SAME PHONE: SAME

**PART I: NOTIFICATION**

(check appropriate box)

1. New facility notified DARM 30 days prior to startup

2. Facility failed to notify DARM to use general permit  N/A

**PART II: CLASSIFICATION**

Facility indicated on notification form that it is:  
 (check appropriate box)  No notification form  
 Drop store/out of business/petroleum

**A.**

|  |  |
|--|--|
| 1. Existing small area source <input type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91)   | 2. New small area source <input type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91)   |
| 3. Existing large area source <input type="checkbox"/><br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed before 12/9/91) | 4. New large area source <input type="checkbox"/><br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed on or after 12/9/91) |

5. 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 \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

**B.** The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was \_\_\_\_\_ gallons.



**PART III: GENERAL CONTROL REQUIREMENTS**

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

- 1. Storing perchloroethylene in tightly sealed and impervious containers?  Y  N  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/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 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?  Y  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 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  N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  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 type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the temperature differential equal to or greater than 20° F?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the perc concentration equal to or less than 100 ppm?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

- |  |  |
|--|--|
| 1. Maintained receipts for perc purchased?   | <input type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Maintained rolling monthly averages of perc consumption?  | <input 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,  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Maintained calibration data? (for applicable direct reading instruments)  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintained exhaust/duct monitoring data on perc concentrations?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Maintained startup/shutdown/malfunction plan?   | <input type="checkbox"/> Y <input type="checkbox"/> N                              |
| 7. Maintained deviation reports?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Problem corrected?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 8. Maintained compliance plan, if applicable?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/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?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |  |                           |  |
|---|--|---------------------------|--|
| Hose connections, fittings, couplings, and valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |  |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on 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:**  N/A
- Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
  - Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
  - Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
  - Kept in a clean and secure area when not in use?  Y  N
  - Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

ROBERT ZHU

Inspector's Name (Please Print)

*[Handwritten Signature]*

Inspector's Signature

9/1/98

Date of Inspection

N/A

Approximate Date of Next Inspection

INSPECTION REPORT FORM  
 ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

|   |                   |                    |                                      |            |
|---|-------------------|--------------------|--------------------------------------|------------|
| FACILITY: Premier Dry Cleaners            |                   |                    | PAGE 1 OF 1                          |            |
| FACILITY ADDRESS: 14837 N. Florida Avenue |                   |                    | CITY: Tampa<br>PHONE: (813) 264-0675 |            |
| MAILING ADDRESS: Same                     |                   | CITY: Tampa        | FLA                                  | ZIP: 33613 |
| INSPECTION DATE:<br>June 23, 1998         | TIME IN:<br>13:00 | TIME OUT:<br>15:30 | INSPECTION TYPE:<br>non-CDS          | STATUS:    |
| NEDS NUMBER: None                         |                   |                    |                                      |            |
| SOURCE DESCRIPTION: Perc Dry Cleaner      |                   |                    |                                      |            |
| CONTACT(S): Albert Lee Jr.                |                   |                    |                                      |            |

Today I incidentally found this new dry cleaner, Premier Dry Cleaners, by visiting other dry cleaning facilities. The new owner, Mr. Albert Lee Jr., told me that he just bought this new store two months ago from Daniel Dry Cleaners (a drop store only) and purchased a used dry cleaning machine from somebody else. The facility has been in operation since then.

I gave Mr. Lee Jr. a Notification form and a compliance calendar. I also explained to him what he would be expected to do to meet the requirement.

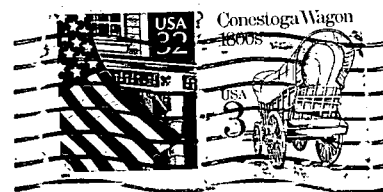
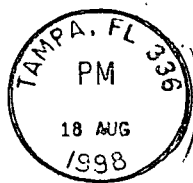
As a result of meeting with Mr. Lee Jr., he said he is going to send out the form to the FDEP in Tallahassee by this week and start the record keeping immediately. I also requested him to mail me a copy of the notification form when he files the application in order for us to keep track on it.

The first inspection for this facility will be conducted within 60 days.

Follow-up on 9/1/98: It was found on today's visit for the purpose of annual inspection that Premier Dry Cleaners at this location was sold to the Terrace Cleaners. I will meet with Mr. Hanif Kurji, the new owner, tomorrow morning in this location to determine this facility's status. For further details, please see my inspection report in the Terrace Cleaners file.

|                         |                     |
|-------------------------|---------------------|
| INSPECTED BY: Roger Zhu | DATE: June 23, 1998 |
|-------------------------|---------------------|

Premier Cleaners  
14837 N. Fla. Ave  
Tampa, FL 33613



General Permits Section  
Bureau of Air Monitoring & Mobile Sources  
MS 5510  
Dept. of Environmental Protection  
2600 Blair Stone - N.D.  
~~Tallahassee~~



TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 13:00 TIME OUT: 15:30 AIRS ID#: ~~None~~ FBDO2774  
 TYPE OF FACILITY: PERC DRY CLEANER 0571206  
 FACILITY NAME: PREMIER DRY CLEANERS DATE: 6/23/98  
 FACILITY LOCATION: 14837 N. FLORIDA AVE  
 TAMPA, FL 33613  
 RESPONSIBLE OFFICIAL: ALBERT LEE JR. PHONE NUMBER: (813) 977-8265

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.500, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|--------------------------------|---------------------------|
| NEEDS PERMIT                   |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |
|                                |                           |

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 JUL 15 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO  u/a

DATE OF NEXT INSPECTION: 60 DAYS (Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU (Please Print)

INSPECTOR'S SIGNATURE: *Roger Zhu* PHONE NUMBER: (813) 272-5530

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  
 RE-INSPECTION

|  |                      |                             |                        |
|--|----------------------|-----------------------------|------------------------|
| AIRS ID#: <u>TBDD02774</u><br><u>NONE</u>                                | DATE: <u>6/23/98</u> | TIME IN: <u>13:00</u>       | TIME OUT: <u>15:30</u> |
| FACILITY NAME: <u>PREMIER DRY CLEANERS</u>                               |                      |                             |                        |
| FACILITY LOCATION: <u>14837 N. FLORIDA AVE</u><br><u>TAMPA, FL 33613</u> |                      |                             |                        |
| RESPONSIBLE OFFICIAL: <u>ALBERT LEE JR.</u>                              |                      | PHONE: <u>(813) 977-265</u> |                        |
| CONTACT NAME: <u>SAME</u>  |                      | PHONE: <u>SAME</u>          |                        |

**RECEIVED**  
 JUL 13 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

**PART I: NOTIFICATION**

(check appropriate box)

|   |                          |
|---|--------------------------|
| 1. New facility notified DARM 30 days prior to startup  | <input type="checkbox"/> |
| 2. Facility failed to notify DARM to use general permit | <input type="checkbox"/> |

**PART II: CLASSIFICATION**

Facility indicated on notification form that it is:  
(check appropriate box)

|   |  |
|---|--|
| <p><input type="checkbox"/> 1. Existing small area source<br/>dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>transfer only, <math>x &lt; 200</math> gal/yr<br/>both types, <math>x &lt; 140</math> gal/yr<br/>(constructed before 12/9/91)</p> <p><input type="checkbox"/> 3. Existing large area source<br/>dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>(constructed before 12/9/91)</p> <p>5. This is a correct facility classification <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can not determine</p> <p>If no, please check the appropriate classification:<br/> <input type="checkbox"/> facility qualified for a general permit as number _____ above<br/> <input type="checkbox"/> facility exceeds above limits and is not eligible for a general permit</p> | <p><input type="checkbox"/> No notification form</p> <p><input type="checkbox"/> Drop store/out of business/petroleum</p> <p><input type="checkbox"/> 2. New small area source<br/>dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>transfer only, <math>x &lt; 200</math> gal/yr<br/>both types, <math>x &lt; 140</math> gal/yr<br/>(constructed on or after 12/9/91)</p> <p><input type="checkbox"/> 4. New large area source<br/>dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>(constructed on or after 12/9/91)</p> |
|---|--|

**B.** The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was \_\_\_\_\_ gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

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

- |   |  |
|---|--|
| 1. Storing perchloroethylene in tightly sealed and impervious containers?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 2. Examining the containers for leakage?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading?  | <input 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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 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 type="checkbox"/> N/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 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?   | <input type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 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 type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?                 | <input 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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input 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?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
Is the temperature differential equal to or greater than 20° F?  Y  N  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  N  N/A  
Is the perc concentration equal to or less than 100 ppm?  Y  N  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?  Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly averages of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or;  Y  N  N/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?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/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?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |  |                           |  |
|---|--|---------------------------|--|
| Hose connections, fittings, couplings, and valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |  |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on 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:**  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

ROGER ZHU

Inspector's Name (Please Print)

*Roger Zhu*

Inspector's Signature

6/23/98

Date of Inspection

60 DAYS

Approximate Date of Next Inspection

INSPECTION REPORT FORM  
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Premier Dry Cleaners PAGE 1 OF 1

FACILITY ADDRESS: 14837 N. Florida Avenue CITY: Tampa  
PHONE: (813) 977-8265

MAILING ADDRESS: Same CITY: Tampa FLA ZIP: 33613

|                                   |                   |                    |                             |         |
|-----------------------------------|-------------------|--------------------|-----------------------------|---------|
| INSPECTION DATE:<br>June 23, 1998 | TIME IN:<br>13:00 | TIME OUT:<br>15:30 | INSPECTION TYPE:<br>non-CDS | STATUS: |
|-----------------------------------|-------------------|--------------------|-----------------------------|---------|

NEDS NUMBER: None

SOURCE DESCRIPTION: Perc Dry Cleaner

CONTACT(S): Albert Lee Jr.

Today I incidentally found this new dry cleaner, Premier Dry Cleaners, by visiting other dry cleaning facilities. The new owner, Mr. Albert Lee Jr., told me that he just bought this new store two months ago from Daniel Dry Cleaners (a drop store only) and purchased a used dry cleaning machine from somebody else. The facility has been in operation since then.

I gave Mr. Lee Jr. a Notification form and a compliance calendar. I also explained to him what he would be expected to do to meet the requirement.

As a result of meeting with Mr. Lee Jr., he said he is going to send out the form to the FDEP in Tallahassee by this week and start the record keeping immediately. I also requested him to mail me a copy of the notification form when he files the application in order for us to keep track on it.

The first inspection for this facility will be conducted within 60 days.

**RECEIVED**  
JUL 13 1998  
Bureau of Air Monitoring  
& Mobile Sources

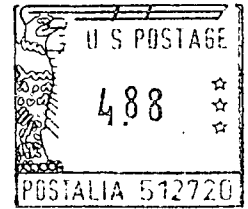
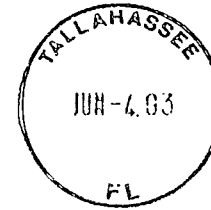
INSPECTED BY: Roger Zhu

DATE: June 23, 1998

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



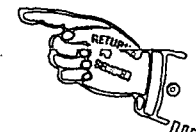
7001 0320 0001 7976 3545



FOREST HILLS ANNEX 33613-9998  
 Attempted Not Known  Vacant  
 No Such Number  Street  
 Insuff Address  Need Apt #  Suite #  
 No Mail Receptacle  Refused  
 Undeliverable as Addressed,  
Unable To Forward (Expired)  
Carrier Init. \_\_\_\_\_ Rt. \_\_\_\_\_ Date \_\_\_\_\_  
**DO NOT REMAIN IN THIS ENVELOPE**

RECEIVED  
JUN 10 2003  
Bureau of Air Monitoring  
& Mobile Sources

*foe*



NOT DELIVERABLE  
AS ADDRESSED,  
UNABLE TO FORWARD

*Unk*

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

OFFICIAL USE

7001 0320 0001 7976 3545

|   |    |
|---|----|
| Postage   | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |

*Mulero*  
 03  
 Postmark Here

Total Price: 10 AIRS ID # 0571206001AG

|                        |  |
|------------------------|--|
| Sent To                | ALBERT LEE JR                                  |
| Street, Apt. or PO Box | PREMIER CLEANERS<br>14837 NORTH FLORIDA AVENUE |
| City, State            | TAMPA FL 33613                                 |

PS Form 3800, January 2001 See Reverse for Instructions

**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:

10 AIRS ID # 0571206001AG  
 ALBERT LEE JR  
 PREMIER CLEANERS  
 14837 NORTH FLORIDA AVENUE  
 TAMPA FL 33613

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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  
 (Tran: 7001 0320 0001 7976 3545)

0367587

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

RECEIVED  
MAIL ROOM  
APR 13 99

**TOTAL AMOUNT DUE: \$75.00**

Do NOT Remove Label

AIRS ID # 0571201

SUN VILLAGE CLEANERS  
KI H HAN  
4540 W VILLAGE DRIVE  
TAMPA FL 33624

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj.: 002273

P 174 052 325

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

AIRS ID # 0571201

SUN VILLAGE CLEANERS  
KI H HAN  
4540 W VILLAGE DRIVE  
TAMPA FL 33624

PS Form 3800, April 1995

|   |    |
|---|----|
| Certified Fee   |    |
| Special Delivery Fee  |    |
| Restricted Delivery Fee                                     |    |
| Return Receipt Showing to Whom & Date Delivered             |    |
| Return Receipt Showing to Whom, Date, & Addressee's Address |    |
| TOTAL Postage & Fees  | \$ |
| Postmark or Date  |    |

Is your RETURN ADDRESS completed on the reverse 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 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

SUN VILLAGE CLEANERS  
KI H HAN  
4540 W VILLAGE DRIVE  
TAMPA FL 33624

AIRS ID# 0571201

4a. Article Number

P174 052 325

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

4/3/95

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Chris Lohrey*

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.