

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	SATTARI DRY CLEANERS DBA DRY CLEAN USA		
2. Site Name (For example, plant name or number):			
3. Hazardous Waste Generator Identification Number:	299502075		
4. Facility Location:			
Street Address:	12020 ANDERSON ROAD		Zip Code:
City:	County:		
TAMPA	HILLSBOROUGH		33625
5. Facility Identification Number (DEP Use):	0571036		

Responsible Official

6. Name and Title of Responsible Official:	JAIPERSAUD (TOM) DEOLIE		
7. Responsible Official Mailing Address:			
Organization/Firm:			
Street Address:	12020 ANDERSON ROAD		Zip Code:
City:	County:		
TAMPA	HILLSBOROUGH		33625
8. Responsible Official Telephone Number:			
Telephone:	(813) 960-4939	Fax:	() -

Facility Contact (If different from Responsible Official)

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

#0571036

9/9 Mr. Deokie is the manager
in charge of all operation
of the facility. Talked
to Indru Jaehni at (805)
326-7131, he is the owner
and lives in Miami and
has not been to his store
in Tampa in 4 years. He
verified Mr. Deokie's title.

P. 15

4. should not be marked

P. 13

6. add title - Manager

RECEIVED

SEP 11 1999

OFFICE OF THE
TALLAHASSEE

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
Dry-to-Dry Unit									
(1) w/ ref. condenser		08-DEC-91							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(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?

~~80~~ 80 gallons

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

Tom Deokie
Signature

8.14.96
Date

✓

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: <u>1150</u>	TIME OUT: <u>1235</u>	AIRS ID#: <u>0571036</u>
TYPE OF FACILITY: <u>PERC Dry Cleaner</u>		
FACILITY NAME: <u># Dry Clean USA</u>		DATE: <u>7/21/97</u>
FACILITY LOCATION: <u>12020 Anderson Road</u>		
<u>Tampa, FL 33625</u>		
RESPONSIBLE OFFICIAL: <u>Jasperred Denkie</u>		PHONE NUMBER: <u>(813) 960-4839</u>

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.).

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
<i>Failed to keep records for leak inspections from May 11, 1997 (exclusive) to present.</i>	<i>Begin keeping records again. Bi-weekly requirements.</i>

COMMENTS:

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

DATE OF NEXT INSPECTION: ~1 year (Approximate)

INSPECTION CONDUCTED BY: James D Holton (Please Print)

INSPECTOR'S SIGNATURE: James D Holton PHONE NUMBER: (813) 272-5530

AIRS ID#: 0571036

acc

RECEIVED Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT AUG 11 1997
ANNUAL COMPLIANCE CERTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

FACILITY NAME: DRY Clean U.S.A DATE: 7-21-97
 FACILITY LOCATION: 12020 Anderson Rd. Tampa FL
33625

Annual Reporting Period: 11-01- 1996 TO 7-21 1997

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:

* Leak inspection Record Keeping
 Exact period of non-compliance: from 5-25-97 to 7-21-97
 Action(s) taken to achieve compliance: Begining keeping record
 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: from _____ to _____
 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: J. Persaud Deokie J. Deokie 7-21-97
 Name (Please Print) Signature Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0571036 DATE: 7/21/97 TIME IN: 1150 TIME OUT: 1235
FACILITY NAME: Day Clean USA
FACILITY LOCATION: 12020 Anderson Rd
Temp, FL 33625

PART I: NOTIFICATION

- (check appropriate box)
- 1. Existing facility notified DARM by 9/1/96
 - 2. New facility notified DARM 30 days prior to startup
 - 3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
(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) <input checked="" type="checkbox"/>	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91) <input type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	4. New large area source dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed on or after 12/9/91) <input type="checkbox"/>

This is a correct facility classification Y N

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 100 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
- 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 basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N
- 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? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N
Is the temperature differential equal to or greater than 20° F? Y N
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
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
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: *see notes*
a. documentation of leaks repaired w/in 24 hrs? or; Y N
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
4. Maintained calibration data? (for direct reading instruments only) 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
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly leak detection and repair inspection? Y N

↳ see notes

↳ up to 5/11/87

2. 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)

If using direct-reading instrumentation, is the equipment:

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

3. Has the facility maintained a leak log? Y N

4. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Muck cookers	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Door gaskets and seating	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Stills	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Filter gaskets and seating	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Exhaust dampers	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Pumps	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Diverter valves	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Solvent tanks and containers	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Cartridge filter housings	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Water separators	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N			

Jaipor sand (Tom) Deekie
Name of Responsible Official

James O. Holton
Inspector's Name (Please Print)

Jim O. Holt
Inspector's Signature

7/21/97
Date of Inspection

~1 yr
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION: Dry Clean USA

- The information on the machine is as follows: American Sprint XL35, S/N 312. Unit has a 35 lb maximum capacity.
- Perc supplier is Tampa Bay Cleaning Supply; Waste company used for waste pick-ups is Safety-Kleen.
- This unit is an existing small unit, and therefore has no refrigerated condenser, and does not require one.
- R. O. has leak inspection records up through May 11, 1997, but apparently got out of the system of performing this record keeping function. Inspection interval is bi-weekly, and there are no records from that point to the present. He had stated that he has been busy, and has not had the opportunity to perform this paper work. The importance of ensuring the completion of this documentation was discussed. The R. O. understood the necessity and requirements, and would start the record keeping again.

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 0930 TIME OUT: 1020 AIRS ID#: 0571036
 TYPE OF FACILITY: Peric Dry Cleaner
 FACILITY NAME: Dryclean USA DATE: 12-5-97
 FACILITY LOCATION: 12020 Anderson RD
Tampa, FL
 RESPONSIBLE OFFICIAL: JAI PERSAUD DEOKIE PHONE NUMBER: 813-960-4939

- 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.).
- 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
OUT OF BUSINESS	

COMMENTS:

N/A

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

DATE OF NEXT INSPECTION: 1 YR
(Approximate)

INSPECTION CONDUCTED BY: Bruce King
(Please Print)

INSPECTOR'S SIGNATURE: Bruce King 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#:	571036	DATE:	12-5-97	TIME IN:	0930	TIME OUT:	1020
FACILITY NAME:	Dry Clean USA						
FACILITY LOCATION:	12020 ANDERSON RD TAMPA, FL						
RESPONSIBLE OFFICIAL:	J. PERKINS	PHONE:	813-960-4939				
CONTACT NAME:	NONE	PHONE:	NONE				

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"/>	CLOSED <input type="checkbox"/> <input type="checkbox"/>

PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	<input type="checkbox"/> No notification form <input type="checkbox"/> Drop store/out of business/petroleum
A.	
1. Existing small area source <input type="checkbox"/> 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. New small area source <input type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)
3. Existing large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)
5. This is a correct facility classification <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can not determine	
If no, please check the appropriate classification:	
<input type="checkbox"/> facility qualified for a general permit as number _____ above	
<input type="checkbox"/> 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? | <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

Bruce King

Inspector's Name (Please Print)

12-5-97

Date of Inspection

Bruce King

Inspector's Signature

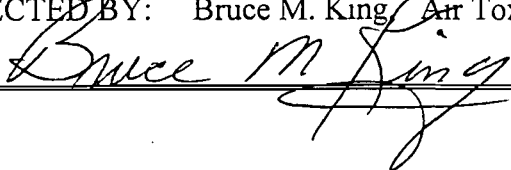
1 yr

Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Dryclean USA			PAGE 1 OF 1		
FACILITY ADDRESS: 12020 Anderson Rd			CITY: Tampa PHONE:		
MAILING ADDRESS: Same		CITY:	FLA	ZIP:	
INSPECTION DATE: December 5, 1997	TIME IN: 9:30	TIME OUT: 10:20	INSPECTION TYPE: III	STATUS: 3	
NEDS NUMBER: None 571036					
SOURCE DESCRIPTION: Dry Cleaner					
CONTACT(S):					

This location has a sign posted on the doors stating that they lost their lease and were not going to be providing further services. The phone number was changed to (813)920-8595. I called and talked to Mr. Ron Chandrakuar and he informed me the dry cleaning machine is for sale and currently in storage. He stated he did not know how to contact the owners.

INSPECTED BY: Bruce M. King, Air Toxics Engineer II 	DATE: December 5, 1997
--	------------------------

Z 333 613 617

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

AIRS ID 0571036

SATTARI DRY CLEANERS
JAIPERSAUD (TOM) DEOKIE
12020 ANDERSON ROAD
TAMPA FL 33625

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	

Fold at line over top of envelope to

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):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0571036

SATTARI DRY CLEANERS
JAIPERSAUD (TOM) DEOKIE
12020 ANDERSON ROAD
TAMPA FL 33625

4a. Article Number
2333-613-617

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
2/17

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
[Signature]

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

260001

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# 0571036

SATTARI DRY CLEANERS
JAIPERSAUD (TOM) DEOKIE
12020 ANDERSON ROAD
TAMPA FL 33625

RECEIVED
MAIL ROOM
FEB - 7 97

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

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

CERTIFIED

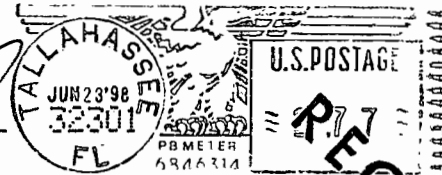
Z 333 613 529

18:34 06/23/98 TLH FL

MAIL

550304
MS5510

Fwd TO 5113 PENNSBURY DR
Tampa, FL 33621

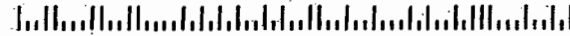


RECEIVED!
JUN 30 1998
Bureau of Air Monitoring
& Mobile Sources

Name _____
Address _____
City _____
State _____
Zip _____
RETURN TO _____
TO _____
SERIAL _____

- Moved, left no address
- No such number
- Attempted-Not Known

33623X5682



Z 333 613 529

US Postal Service
Receipt for Certified Mail

AIRS ID# 0571036

DRY CLEAN USA
JAIPERSAUD (TOM) DEOKIE
12020 ANDERSON ROAD
TAMPA FL 33625

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	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

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.
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- 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.

3. Article Addressed to:

AIRS ID# 0571036
DRY CLEAN USA
JAIPERSAUD (TOM) DEOKIE
12020 ANDERSON ROAD
TAMPA FL 33625

4a. Article Number

2333613529

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

Thank you for using Return Receipt Service.

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400
3755030400-5510

CERTIFIED

P 174 052 503-199

MAIL



U.S. POSTAGE
37
RECEIVED
JUL 23 1990
Bureau of Air Mail
& Mobile Services

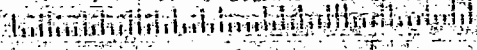
RETURN TO
UNCLAIMED

DRY CLEAN USA
5113 PENNSBURY DRIVE
TAMPA FL 33624

AIRS ID# 057103

FINAL NOTICE

35024 20500 / RACD



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):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fees.

3. Article Addressed to:

AIRS ID# 0571036
 DRY CLEAN USA
 JAIPERSAUD (TOM) DEOKIE
 5113 PENNSBURY DRIVE
 TAMPA, FL 33624

4a. Article Number

P 174 052 603

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

(Signature)

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

Domestic Return Receipt

P 174 052 603

US Postal Service

Receipt for Certified Mail

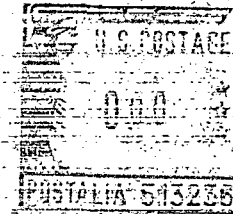
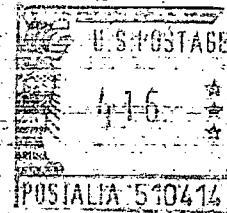
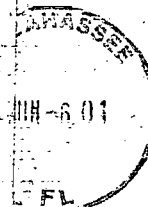
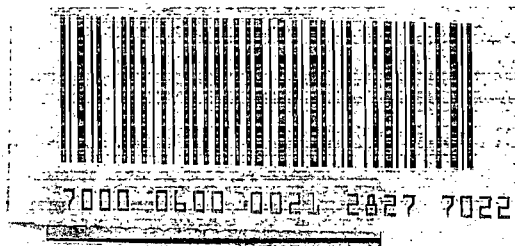
No Insurance Coverage Provided

Do not use for International Mail (See reverse)

Sent to	
Jaipersaud Deokie	
Street & Number	
5113 Pennsbury Drive	
Post Office, State, & ZIP Code	
Tampa FL 33624	
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	
TOTAL Postage & Fees	\$
Postmark or Date	June 30, 1998

PS Form 3800, April 1995

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550-304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32309-2400



Joe LBS

6/1/01

- Unintelligible or refused
 - Attempted - Not Known
 - Insuff. Address No. of Apt. # Date
 - No. Such Street Number
- DO NOT REMAIN IN THIS ENVELOPE**

RECEIVED
JUN 22 2001
Bureau of Air Monitoring
& Mobile Sources

10 AIRS ID # 0571036001AG
JAIPERSAUD, (TOM) DEOKIE
DRY CLEAN USA
12020 ANDERSON ROAD
TAMPA, FL 33625

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature _____ Agent
 Addressee

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

1. Article Addressed to:

10; AIRS ID # 0571036001AG
 JAIPERSAUD (TOM) DEOKIE
 DRY CLEAN USA
 12020 ANDERSON ROAD
 TAMPA FL 33625

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)
7210 663 060 7000 0600 0021 2827 7022

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

Sent to:

10 AIRS ID # 0571036001AG
 JAIPERSAUD (TOM) DEOKIE
 DRY CLEAN USA
 12020 ANDERSON ROAD
 TAMPA FL 33625

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	

PS Form 3800, April 1995

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

Article Number
7210663060 OGD

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Name (Please Print Clearly) (to be completed by mailer)
J. (Tom) DEOKIE
 Street, Apt. No., or PO Box No.
0571036001AG
 City, State, ZIP+4

PS Form 3800, July 1999 See Reverse for Instructions

7000 0600 0021 2827 7022

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

500307
MS5510

CERTIFIED

Z 333 613-688

MAIL

RETURNED
TO
SENDER

UNCLAIMED

RECEIVED
U.S. POSTAL SERVICE
Bureau of Air Monitoring
& Mobile Sources
APR 28 1998
FINAL NOTICE

AIRS ID# 0571036
SATTARI DRY CLEANERS
JAIPERSAUD (TOM) DEOKIE
12020 ANDERSON ROAD
TAMPA FL 33625

32362578422/2400

our RETURN ADDRESS completed on the reverse side.

SENDER:

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- Complete items 3, 4a, and 4b.
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I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID# 0571036

SATTARI DRY-CLEANERS
JAIPERSAUD (TOM) DEOKIE
12020 ANDERSON ROAD
TAMPA FL 33625

4a. Article Number
Z 333613688

4b. Service Type

Registered Certified

Express Mail Insured

Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

Thank you for using Return Receipt Service.

102565-87-B-0179 Domestic Return Receipt

Z 333 613 688

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

AIRS ID# 0571036

SATTARI DRY CLEANERS
JAIPERSAUD (TOM) DEOKIE
12020 ANDERSON ROAD
TAMPA FL 33625

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	